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# Social Emergency and Crisis Intervention in Large European Cities



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# HOMELESS *in Europe*



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This edition of the **FEANTSA** magazine brings to a close our work on the annual theme of “Social Emergency and Crisis Intervention in large European cities” that has taken place throughout the course of 2005. It is worth beginning any discussion of social emergency with a brief consideration of the meaning and content of this concept. The phrase “social emergency” comes from France, where it was coined by Xavier Emmanuelli, founder of the emergency helpline for homeless people “Samu social,” in a borrowing from medical terminology. Emmanuelli felt that considering the problem of street homelessness in terms of an emergency, similar to a medical emergency, though with different factors at play, was a useful way of driving home the immediacy of the problem. He also felt that approaching it in such a fashion helped to frame the problem, in order to begin to put in place workable solutions. Thus “social emergency” refers directly to rough sleeping and street homelessness, presenting them in the light of pressing problem, requiring urgent intervention. The intervention elaborated by Emmanuelli himself – the emergency helpline in order to signal the need for shelter – has also come to be considered under this same heading of “social emergency”. Thus “social emergency” comprises two elements: consideration of the problem of street homelessness; and the development of responses. The initial responses at least, tend to be emergency responses that seek to cater for basic needs: the need for shelter; for food; for clothing and for basic medical care – which are generally considered under the heading of “crisis intervention”.

The stark reality of street homelessness in large European cities emerged clearly in the research and exchanges undertaken within **FEANTSA**. Worryingly, it pointed to a situation that is worsening, as numbers of rough sleepers increase and previously unseen profiles begin to appear on the streets and in services. The reports from **FEANTSA**'s members highlighted growing numbers of migrants, both documented and undocumented that are using emergency homelessness services; women accompanied by children are also a growing group, as are young people and even people in employment. However, getting a comprehensive picture of the real situation is also rendered difficult by the lack of data collection in this area, despite the need for accurate and representative data in order to develop effective policy responses. So what responses to this complex and changing problem of street homelessness have been developed across Europe? There is a growing worry, that in the face of this pressing and deep-seated problem, a “sticking-plaster” approach is increasingly being adopted – one that does not look beyond the most immediate and superficial needs of this highly vulnerable group, in order to offer a long-term solution. Thus a focus on “social emergency” can be problematic, if only emergency measures are offered – supplementary hostel places, more free meals, distribution of blankets etc. What is more, this policy approach is increasingly dominating to the exclusion of others in many European countries.

These are themes that are taken up by our contributors in their articles. Michel Mercadié, Vice President of **FEANTSA**, offers an overview in his article of the findings of the research produced by **FEANTSA** on social emergency. The article contributed by Association Prohabitage of Spain on developments in the city of Barcelona warns that strengthening a crisis intervention approach to street homelessness often goes hand in hand with the development

of more coercive public order policies, which seek to make homelessness less visible in the streets of cities. Preben Brandt of Project Udenfor highlights the inadequacies of existing homelessness policies in Denmark, which are failing to reach vulnerable rough sleepers, despite adequate capacity in services. He identifies networking and cooperation between the public and civil society sector as a vital element in building effective strategies to reduce street homelessness. The need for interdisciplinary networking and close collaboration between policy makers and the NGO sector is also a central theme of the article by Luigi Leonori, President of SMES-Europa. It also examines the high incidence of mental illness among rough sleepers and the need for tailored approaches to meeting their needs. He particularly emphasises the importance of effective and holistic outreach work.

The question of the evolving profiles of rough sleepers is taken up by two of our contributors. Dutch researcher Lia Van Doorn examines the seldom evoked issue of how the profiles of rough sleepers change over time, as the strains of living in the street take their toll. She highlights how this could effectively be taken into consideration in the development of policy and of service responses. Camila Rodrigues of Servico Jesuita aos Refugiados looks at the situation of non-EU migrants in Portugal and the factors that lead them into street homelessness and make it so terribly difficult to get out. Her contribution highlights the fact that services simply do not have the tools at their disposal to deal with the needs of migrants and to offer them realistic solutions. In his article, Petr Janousek of Czech Organisation S.A.D. describes how services have tried to rise to the challenge of collecting data on the shifting and changing group of roofless people in the Czech Republic. He outlines the technology and approach that have been developed with a view to filling the information gap on this group. He also highlights the importance of data collection for the evaluation of services and the development of effective policies and approaches.

The final three contributors describe how, in the face of this problem and the inadequacy of crisis responses, they have sought to develop new approaches and ideas. Christl van Gerven, Department of Social Services and Employment City of Rotterdam, outlines in her article how Rotterdam has joined forces with other European cities in a network, in order to develop effective strategies to prevent and tackle homelessness through exchange and analysis of experience. Markus Reiter of organisation neunerHAUS in Austria describes in his article how a new and innovative concept for homeless accommodation came to be developed by his organisation, despite initial scepticism. He highlights how it seeks to go beyond an emergency approach to meet the real needs of the people who come to live there. Peter Bakos of Hungarian Organisation ReFoMix also highlights an innovative project, which has been recently launched in Hungary. This project seeks to short circuit the experience of homelessness by giving service users a chance to move quickly on to their own housing and independent living.

As always, **FEANTSA** extends its warm thanks to all of its contributors for their time and expertise. Your comments on this edition of the **FEANTSA** magazine are welcome. You can send them to [dearbhal.murphy@feantsa.org](mailto:dearbhal.murphy@feantsa.org). ●



## Social Emergency and Crisis Intervention in Large European Cities

By Michel Mercadié, *Vice-President of FEANTSA*

Each year FEANTSA chooses an annual theme, which is at the heart of its work for the year. All the members of the Federation are involved in the preparation of the annual European report, by drawing up a national report on the chosen theme. This in turn allows the perspectives of all the different European countries to be presented in the final European report that is produced at the end of the year. The theme of "Social Emergency and Crisis Intervention" was the annual theme in 2005 and the examination of different approaches and methodologies from across Europe proved very rich. The work was structured around four main themes: definitions and understandings of social emergency; the changing profiles of street homeless people; data collection; and responses to street homelessness. This article brings together some of the approaches and tendencies that were discussed in the different areas. The European report will be published in the coming weeks.<sup>1</sup>

As regards the methodology, it should be noted that, in order to work from a clear and shared basis, it was decided that in the national reports, members should focus on the homeless population who correspond to the first conceptual category of the ETHOS<sup>2</sup> typology and to its first two operational categories, that is: people "forced to live in a public space" and people "forced to live in emergency accommodation and/or spend several hours a day in the public space." Thus it is street homelessness that is the focus of this work.

### DEFINITIONS AND UNDERSTANDINGS

The concept of "social emergency" as an approach to street homelessness is not shared across all member states. It is a common phenomenon, and there is some convergence in the practices on the ground, but there are differences of approach in much of Europe. "Social emergency" is a concept that came from the work of the organisation SAMU Social in Paris, whose founder coined the phrase in a borrowing from the notion of medical emergency. It was officially used in the French law of 98 on combating social exclusion. How it works is that there is a "social monitoring" structure that sets in motion a response to "emergency situations of individuals and families" and which is intended to provide a "rapid response".

Other emergency approaches to street homelessness are to be found elsewhere in Europe. In the Netherlands, a draft law on "social accommodation" lays out an "offer of temporary accommodation, along with support and advice

and access to services". The 1995 Estonian law offers a different definition: "the meeting of essential needs in extreme circumstances." It is this notion of social emergency as a crisis intervention, not at the level of the individual, but in society generally, that is the most common. Indeed it is contained in the initial French concept, as the winter emergency plans in France show; though many of the organisations on the ground consider them to be a perversion of what a social emergency approach should be.

In Barcelona, the winter emergency plan mobilises outreach teams and temporary emergency accommodation in premises not intended for this function, such as the Mar de Bella gymnasium. In Denmark or in Budapest, emergency shelters are opened in the winter. In Luxembourg, however, similar emergency structures, opened on a temporary basis as part of the winter action plan in 2002, were transformed into permanent services in 2005. As we shall see later in the article, with the example of Ireland, such winter emergency plans do not necessarily exclude an ongoing and overarching homelessness strategy. Indeed, the winter plans are often put in place under the pressure of public opinion, relayed by the media, which pushes public authorities to at least provide shelter for homeless people. And yet the same public opinion may swing from compassion to rejection and encourage coercive policies. In Madrid, for example, neighbours in the vicinity of the Carabanchel Velodrome, expressed their worry that it would be opened on a permanent basis for homeless people. FEANTSA's members in the Czech Republic have encountered cases of forcible moving of homeless people to the outskirts of cities popular with tourists.

The English "Rough Sleepers Strategy" clearly demonstrates the ambiguity that there may be in relation to outreach work with street homeless people in cities. It was a strategy intended to reduce the number of rough sleepers and the UK presented it as a "good practice" at the EU Peer Review. Local authorities and resources were mobilised; coordination between ministries and institutions was put in place. A significant reduction of rough sleepers was the result. Yet the "target group" and the objectives were limited, and the desire to satisfy public opinion through a kind of "cleaning" of the streets was present also. It is clear that approaches to street homelessness cannot simply be content to treat the symptoms of the crisis and to neglect the structural and social causes that give rise to homelessness – of which the most frequently cited is probably the housing crisis.

The Irish case illustrates well the utility of a developed and integrated public policy approach, which goes beyond emergency and crisis intervention.

That is why, in some countries, the social organisations on the ground are wary of an emergency approach to street homelessness (Finland, Austria). Of course, it is not a case of leaving people to die of cold and exposure in the streets, but rather of refusing that crisis intervention should, in itself, be a sector of social services and actions, and that public policy in the area of homelessness should essentially not go much beyond this emergency approach.

The Irish case illustrates well the utility of a developed and integrated public policy approach, which goes beyond emergency and crisis intervention. There is a law (from 1988) which defines the target population and the local authority responsibilities towards this group. A planned strategy was put in place at national level and it lays out a calendar, priorities, quantified objectives and creates operational tools: these latter include councils of homeless people and meetings bringing together public actors and service providers. What is more, progress evaluation is obligatory. Such a strategy is not only effective; it also allows actions to be adapted to needs and to orientate the work towards prevention.

#### THE CHANGING PROFILE OF STREET HOMELESS PEOPLE

Certainly the traditional profiles of street homelessness have not disappeared, but the evolution of poverty and exclusion has given rise to the appearance of "new homeless people":

- Women who are victims of domestic violence (Belgium, Finland, Germany, Czech Republic, France) sometimes accompanied by children (some 15 000 in France, according to a study undertaken by FEANTSA's French member FNARS)
- Young people (following family breakdowns; children of immigrant families). A symptomatic example of this change has arisen in Milan, where the children of Chinese immigrants have begun to appear in the street homeless population, although, traditionally, Chinese communities are very supportive and closely knit.
- People with mental illness: a study carried out in Glasgow indicated that this is the case for 44% of the rough sleepers in that city.
- The working poor (often undeclared workers, or workers forced to work part-time). To have a job is not always enough to allow one to pay the rent or to pay charges and upkeep for one's own house (this latter is particularly the case in central and Eastern European countries).
- Undocumented migrants: in certain countries and regions, in defiance of international agreements, pressure is placed on organisations working on the ground not to accept undocumented migrants in their services, even if they are in the street.

#### DATA COLLECTION:

The question of data collection is a difficult and not simply technical one. After all, who is one to count exactly? Statistics institutes and national administrations do not yet use the ETHOS typology developed by FEANTSA. Thus there are counts that consider only those that are sleeping in the street between 2am and 4am on a given night and others that include all those who have used a shelter. This is why no international comparison can be seriously undertaken as of yet.

Who should do the counting? The results will differ according to whether the work is undertaken by public authorities, service providers or specialised institutes, due to differences of objectives and methodologies. The aim of the count will have an impact on the results: is it to identify and evaluate needs in order to get resources? Or to justify spending or even policy, for example by proving to the general public that the numbers sleeping in the street have gone down? Even if comparisons are difficult and general figures are rare, there are nonetheless many interesting sources.

In the greater Paris region, the project Information on Poverty and Exclusion<sup>3</sup> is an example of cooperation between public authorities and service providers, which allowed data coming from services to be combined with those emanating from the emergency helpline (115). In Scotland, "core data monitoring" allows one to move beyond simple quantitative data. In Hungary, The semi-public "National Methodology Centre" brings together information from seven regional centres. All over Europe, one finds systems of this kind. It is on the basis of such experience that FEANTSA's data collection working group examines possible approaches that would allow the EU to develop the collection of useful and comparable information for all.

The final annual report on Social Emergency and Crisis Intervention will bring together the figures presently available. I will just briefly outline two examples, to demonstrate just how difficult they are to interpret. It is useful to know that 8 000 people slept rough in Budapest, a town of 1 886 000 inhabitants in the winter 2004–2005. But this figure is far from revealing the full reality of the problem of homelessness in Budapest and especially the number of people who are at risk of homelessness in the coming three years. In the same way the "Rough Sleepers Strategy" in England shows that between 1998 and 2001, figures on rough sleeping went from 1 850 to 550 and from 2001 to 2005, from 550 to 504. One may well ask what is the relationship between the initial figure and the true number of homeless people; as well whether there is a "hardcore" of rough sleepers that the strategy is not reaching.



## RESPONSES TO STREET HOMELESSNESS

We may begin by noting that in the majority of member states, it is almost entirely charitable organisations that manage services for rough sleepers: 93% in France, 72.8% in Spain, up to 100% in the Czech Republic, with the notable exception of Belgium, where publicly run services play a major role.

As regards the approaches employed, these are quite similar from country to country. One may draw up the following operational and chronological list:

- Street work (outreach, mobile teams, food aid and first aid in the street, as well as efforts to provide regular human contact). In Germany there are even psychiatric services available at this initial stage. Another common element that emerged in the reports is the unfortunate resurgence of TB in the countries of the EU.
- Emergency shelters: these offer temporary accommodation (one night to one month) and the social support and services available are minimum.
- Day centres: cafes, day centres with advice and counselling services (France). The idea is to provide a space where people can wash, meet other people and start working on accessing information and support to get out of street homelessness.

On top of this system built around three key stages, there is also a wider service environment that caters for other groups as well as people who are homeless: free restaurants (the "Restos du Coeur" in France distribute from 66.5 million meals in the winter), food banks (some 400 "Taffeln" in Germany), centres for distribution of clothes and charity shops.

The most worrying phenomenon is when, what was initially a "crisis situation", hardens into a "chronic situation". The chronological offer of services by Barcelona based organisation Rauxa gives a good example of the importance of making services to street homeless people part of a wider approach to social exclusion. (See Spanish national report<sup>4</sup>). Indeed, starting from the outreach services undertaken by the Rauxa vans, there is a progression to the supported housing offered by the organisation and to its social enterprises. The Danish example of "alternative housing for alternative living" also seeks to create an alternative to chronic street homelessness.<sup>5</sup>

## CONCLUSIONS:

It is clear that the number of people in a situation of street homelessness is growing across Europe, even if, here and there, there are places where the number of rough sleepers is going down. It does not even seem related to the effectiveness of tools and policies: today's Europe produces exclusion, even as it sets itself the objective of promoting inclusion. The necessity to develop prevention strategies is clearly a pressing one. It is a message that is both coming from the organisations on the ground and from research.

Though generally accepted as a method, the crisis intervention approach runs the risk of becoming a sector in itself, perhaps even, for reasons both political and related to the media, the most important sector, of social action and policy. FEANTSA's work in 2005 has clearly highlighted that this is a real danger and, what is more, that it would be a serious mistake. It is vital to replace the focus on crisis intervention with one on prevention and reintegration.

The reality of "chronic street homelessness" clearly demonstrates that the ideal pathway from outreach to temporary accommodation and on to full reintegration simply does not correspond to what homeless people really experience. There are blockages in the system. Some major problems were highlighted in the national reports:

- The lack of housing for people to move on to;
- The large numbers of migrants who are not allowed to work that are present in emergency structures;
- The inadequacy of resources available to young people and the working people (in particular in order for them to be able to house themselves);
- The lack of coordination and guidance of public actors and service providers in shared and integrated strategies;
- And finally, the inadequate investment by the EU in the Lisbon objectives. In light of this situation, the decision by the European Council of Ministers for Employment and Social Affairs last year, to make "the treatment of the phenomenon of homelessness" a priority in the area of social inclusion, was a welcome one. The NGOs and service providers active within FEANTSA are happy to make their expertise, experience and the work that they have undertaken together available in order to realise this political objective. ●

<sup>1</sup> The annual report will be made available on the annual theme page: <http://www.feantsa.org/code/en/theme.asp?ID=31>

<sup>2</sup> ETHOS: European Typology of Homelessness and Housing Exclusion – adopted by FEANTSA in 2005. See: <http://www.feantsa.org/code/EN/pg.asp?Page=536>

<sup>3</sup> Mission d'information sur la pauvreté et l'exclusion (MIPE)

<sup>4</sup> Spanish National Report 2005 "Emergency Situations and Interventions During Periods of Crisis in Large Spanish Cities". See: [http://www.feantsa.org/files/urgence\\_sociale/rapports%20nationaux/ES\\_en-15%20pages.pdf](http://www.feantsa.org/files/urgence_sociale/rapports%20nationaux/ES_en-15%20pages.pdf)

<sup>5</sup> FEANTSA Report 2005 "Shadow Peer Review: Unusual houses for unusual lifestyles", see: [http://www.feantsa.org/files/social\\_inclusion/Peer%20Review/EN\\_PeerRev2005\\_final.pdf](http://www.feantsa.org/files/social_inclusion/Peer%20Review/EN_PeerRev2005_final.pdf)

# Barcelona City Council and Homeless People in the City 2005: a year of highs and lows

By **Associació ProHabitatge**



## INTRODUCTION: A Contradictory Context

On balance, the welfare services provided for the homeless by Barcelona City Council in 2005 can be deemed positive, especially when we compare them with the services offered up until now. So far, however, the new municipal homeless policy has been quantitative (welfare-based) rather than qualitative (aimed at supporting the process of social reintegration). By way of example, the capacity of night shelters has increased by 75% compared to figures for 2004. Barcelona's new homeless policy forms part of the *Pla Municipal per a la Inclusió Social 2005-2010* (hereafter, the Municipal Social Inclusion Plan), which was approved towards the end of 2004. The aim of the fifth strategic line of this Plan – the improvement and expansion of services dealing with social exclusion dynamics and situations – is to redefine the municipal homeless care programme and to improve the welfare services provided for this group.

In parallel to this favourable context and willingness to improve the situation of the homeless, on the 9th of November, Barcelona City Council partially approved the draft bill for its *Ordenança de Mesures per Fomentar i Garantir la Convivència a la Ciutat* (Ordinance on Measures to Promote and Guarantee Social Harmony in the City), which has been a cause for concern among social organisations. The preamble of the legislation states its purpose as “to eradicate any behaviour that could perturb social harmony and to minimise uncivil behaviour”. However, as Joan Subirats, Professor of Political Science of the Autonomous University of Barcelona, points out, when we actually scrutinise this rather praiseworthy aim, we stumble across issues such as begging, homelessness, street trading, prostitution, and alternative and unconventional uses of public space.

Thus we see that, on the one hand, the City Council appears willing, with its Municipal Social Inclusion Plan, to implement public policies to improve the living conditions of homeless people, while on the other, it is introducing a municipal ordinance to encourage civil behaviour that criminalises and socially stigmatises a group which, as is well-known, can only be dealt with by means of integrated and strong social policies implemented over long periods.

## 1. The Positive: The Municipal Social Inclusion Plan 2005-2010

At the end of last year, Barcelona City Council approved its Municipal Social Inclusion Plan 2005-2010, which contains a series of specific measures for helping homeless people. These actions are organised around two main objectives:

### Networking.

To revise and reinforce the model of social care and reinsertion. This will entail, firstly, coordination of the different services available (social

emergency care, open environment programme, services covering basic needs and resources for day care and night shelters) and, secondly, increased cooperation between institutions and associations.

### Extension of the services offered and adaptation to new needs.

- To rework and adapt the municipal model of street services and social integration to the new dynamics, situations and needs of homeless people.
- To improve and expand soup kitchens, showers, laundries and cloakrooms.
- To improve and increase temporary housing centres.
- To redefine the existing private and municipal day centres and night shelters (Can Planas, Meridiana, Sant Joan de Déu, Nostra Senyora de Montserrat –see Table 2), and contract-based services.
- To create new shelter services.
- To create a public list of social inclusion housing as a transitional resource to encourage reintegration among individuals in contact with the municipal homeless care network.

Nonetheless, the majority of the objectives of Barcelona City Council's Social Inclusion Plan are merely quantitative and care-based, and not therefore qualitative. This is the basis for the actions carried out by the City Council since the plan was approved; a plan that appears somewhat lacking in measures to attack the causes of social exclusion (lack of housing, drug-addiction, low level of studies, etc.). We should point out that the plan also includes inclusion strategies for housing and for social-labour, social-educational and public health contexts, as well as actions allowing it to progress in its zero poverty objective. Nonetheless, it has been demonstrated that the use of general social services that have not been adapted to the specific needs of the homeless is an ineffective strategy.

### Accomplishments Thus Far: New Night Shelter Places

Until 2004, the number of night shelter places in Barcelona did not exceed 235, of which only 50 were public places at the Can Planas shelter. The remainder – the Sant Joan de Déu and Santa Lluïsa Marillac shelters, and beds in hotels and boarding houses – were private. According to the Municipal Social Welfare Department, there are 800 homeless people living on the streets of Barcelona, though other sources, such as the Community of Sant Egidi, estimate this figure to be closer to 2,000. One thing is certain, however: in addition to these 800 homeless individuals, there are others that sleep in boarding houses or in precarious conditions in sublet rooms. If we calculate that the homeless population of Barcelona consists of 800 individuals, the places available up until 2004 covered just 30% of the demand while, if we consider this group to be composed of 2,000 individuals, then the night shelter supply does not even meet 12% of the demand.



To remedy this severe deficit, from May to October 2005, the City Council set up three new night shelters. The 235 night-shelter places available in Barcelona in 2004 have increased to 405 this year, but they still fall short of meeting the needs of the 800 homeless individuals living in Barcelona, according to official estimates. This series of welfare actions, implemented as part of the Municipal Social Inclusion Plan, contrasts with the lack of actions for developing integrated social reinsertion plans with specialist activities aimed at rehabilitating chronic alcoholics living on the streets, for example. Moreover, other services such as soup kitchens, have not yet been expanded, though the number of users increases year upon year: from 7,286 in 2000 to 14,229 in 2004.

## **2. The Negative: More Homeless People on the Streets and Criminalisation**

Despite the willingness of Barcelona City Council to improve its services for people who are homeless, this group has also suffered from a series of unfortunate actions which targeted them in the course of 2005. The most important and controversial of these was the Council's approval, though not yet definitive, of the Ordinance on Measures to Promote and Guarantee Social Harmony in the City. There have also been other developments that suggest the situation of homeless people in Barcelona is getting worse.

### **Camps**

A phenomenon which has now become habitual in Barcelona is that of individuals grouping together to sleep in public spaces. Every three months, the Social Services Department of City Council creates a map of camps of homeless people – groups of more than eight people who share a public space, on private land or in empty properties. In the last quarter of 2004, 7 of these were identified, compared to 10 and 19 in the third quarter of 2003.

### **The homeless at the airport of Barcelona**

On 30th of October 2005, the newspaper *El Periódico de Catalunya* reported that a group of 15 homeless people, which increased to dozens according to the season of the year, habitually live and sleep in the airport of Barcelona.

### **Expulsion of the homeless from the centre of Barcelona**

"Municipal police force clear centre of Barcelona of its homeless during festival". This was the headline of the *El Punt* newspaper on 28th of September 2005. During the Mercè festival (Barcelona's popular celebrations) non-uniformed Guàrdia Urbana police officers forced 25 homeless people to leave the city centre and took them to police quarters.

### **Hiding the homeless problem**

On 10th of November 2005, the *El Mundo* newspaper reported that Barcelona City Council had censored a performance at a contemporary art exhibition that raised the issue of homelessness.

### **Ordinance on Measures to Promote and Guarantee Social Harmony in the City**

On 9th of November, Barcelona City Council commission passed the draft bill of the Ordinance on Measures to Promote and Guarantee Social Harmony in the City (the definitive approval of the plenary session is still required). The purpose of this ordinance is to regulate the use of public space. For example, Section II – Regulations for conduct in public space, infractions, penalties and specific intervention – contains twelve chapters on the types of conduct that can have an impact on social harmony and are hence prohibited, along with a series of penalties applicable if they are carried out.

This anti-social behaviour includes the following: attacks on personal dignity; visual degradation of the urban environment (graffiti, slogans, posters, etc.); games involving betting with money or assets; games (ball games, skateboarding, etc.); other conduct (begging, prostitution); physiological needs; consumption of alcoholic beverages; unauthorised street trading of food, beverages and other products; unauthorised activities and services; inappropriate use of the public space; vandalism affecting urban infrastructure; other conducts perturbing social harmony.

Behaviour which is classified as "inappropriate use of the public space", and which is prohibited and subject to fines of 500 Euros includes sleeping during the day or night in the public space, although the ordinance specifies that individuals in a situation of social exclusion will be taken by the municipal services to an appropriate facility for help. This means that the Guàrdia Urbana will have free reign for removing homeless people from the streets. It also includes: the use of public benches and seats for uses other than those for which they were intended; washing or bathing in fountains, ponds or similar; and the washing of clothes in fountains, ponds, showers or similar.

Alarm bells are ringing in organisations that work with homeless people, since the ordinance lumps situations requiring police intervention together with those requiring social intervention. Such a strategy can only stigmatise and criminalise the poor and those who suffer from social exclusion. Not only this, but fines will be handed out to those living on the streets when there are not even enough social resources to care for them and attempt to set up social reinsertion processes. Joan Subirats, Professor of Political Science of the Autonomous University of Barcelona has made this point clearly: "Not one word about real-estate harassment. Not a single comment about the abusive use of public space by cars, nor the problems caused by labour-market insecurity and its impact on social and community articulation [...] We are limited to managing the waste we come across on the street with end-of-pipe policies. We penalise insecurity and marginality, brandishing an iron fist that accompanies the "invisible hand" which we cannot and do not want to be bothered with. One example of this is that the ordinance prioritises fines over processes or spaces for education or social reintegration". ●



## Changing approaches to street homelessness in Denmark



An analysis of centralised and decentralised public intervention approaches and how it affects public and volunteer services for homeless people

By **Preben Brandt**, *Project UDEFOR, Denmark*

It is certainly not acceptable that anybody should have to live in a situation of homelessness in rich welfare countries. How can homelessness be effectively tackled? Yet how to avoid the kind of effectiveness that targets people who are homeless themselves? In my opinion, effectiveness must be combined with careful reflection about what is right, about dignity and involvement. To achieve a good approach to combating homelessness, the often problematic co-working and partnership between public services, volunteer services and the homeless themselves, is of fundamental importance.

### DEFINITION OF STREET HOMELESSNESS:

The word "homelessness" is not used in the Danish legislation, though it certainly appears in the Danish National Action Plan for Social Inclusion. In the Social Service Law we talk about "people with severe and comprehensive social problems." If such a person loses his or her home or finds himself or herself in a position where they can no longer use their home, for whatever reason, the local government is obliged to offer "accommodation". What this means is that, in principle, nobody can be denied access to a shelter. There must be a bed for all in need, whatever their profile, whether drug-addict, alcohol-addict, mentally ill, man or woman, 19 years old or 70.

### PROVISION OF EMERGENCY ACCOMMODATION IN SHELTERS

The shelters – around 90 in number – are spread all over Denmark and offer in all 2200 beds. Most of them are both for long stay and for emergency. 25% of them are run by NGO's, but local authorities finance nearly all of them through "funding agreements". Half the cost of shelters is refunded to local government by the state.

In 2006, the total cost for shelters will be 658 m Dkr (90 m€ or 60 m£), with half paid by the central state and half by local authorities. The price is 830 Dkr/bed/night (110€ and £75). Or the average cost per user is 85.000 Dkr (11.000€ or £7500) Every year around 8000 different people use these beds (the total population of Denmark is 5 million). The cost has gone up every year by around 5%, nearly double the rate of inflation – and from 2005 to 2006 the increase is 10%. The rise in costs is mainly due to increasing salary costs, due to a growing professionalisation of the staff. During the last 10 years there has been no decrease in number of beds.

### THE APPROACH TO STREET HOMELESSNESS

The phenomenon of "rough sleeping" has been totally neglected by local and state authorities for many years. No public service was offered before 1996 in Århus, and 2003 in Copenhagen. Prior to that, neither public authorities nor NGO's were really focusing this problem. Only few volunteers were concerned about this problem before 1996 and they tried to meet the rough sleepers where they slept or spent the day.

We don't know how many people are sleeping in rough in Denmark (though of course I have gathered some idea of the scale of the phenomenon, and would put the figure at about 200 – 300 in Copenhagen and about 100 more in the rest of the country), but what is clear, is that numbers must be growing, because rough sleeping is more and more visible. And it is not due to a lack of beds in shelters!





For many years in Denmark, speaking about homelessness has been the same thing as speaking about users of services and centres for homeless people. Thus, in discussion and probably also in strategic consideration, "homeless" has just been a synonym for this particular group. This is true of the general public, but more importantly, also among professionals and politicians. That unconscious way of thinking and the strategy that has resulted, also owes something to two other elements: firstly the fact that until 5-10 years ago, rough sleeping was a largely invisible phenomenon; and secondly, I think that the Danish self-image as a true welfare community which take care of all citizens, has had a role to play in the failure to see the true scale of what homelessness is.

There is no lack of beds in shelters, as I write. This is true both at the level of political strategies and in reality. But there can be, and often is, a lack of acceptance. Most homeless people prefer to have a bed for the night, and given that there is always a free bed, most are accepted and sleep in a shelter. But some are not accepted. They can have been excluded due to former challenging behaviours, violence and threatening of staff and other users. A few years ago drug addicts were not accepted. But it is also common to shut out people from other communities and especially from other countries; even if they are staying legally in Denmark. But many – and probably more and more - homeless people choose not to take a bed in a shelter for different reasons. It might be people suffering from a mental illness which makes them afraid to stay with other people. It might be people that cannot accept the constraints and rules in shelters. It might be homeless people who are unable to see themselves as homeless, and therefore prefer to stay in the streets where they can see themselves as free men or women not involved with the community. And I fear that it is also increasingly immigrants (both documented and undocumented) that find themselves outside the system or don't want to use it.

The situation is bad for people sleeping rough. Many are severely mentally ill. New groups are appearing. Something I thought was impossible happened one year ago: due to bad coordination and an unwillingness to cooperate between services, a 50 year old Finnish man died in the street due to severe physical illness.

#### **PARTNERSHIP WORKING BETWEEN PUBLIC AUTHORITIES AND NGO'S IN EMERGENCY SERVICE PROVISION.**

Money is power, I think. All the money (or at least 95%) for social services to homeless people comes from the State and local government. This includes funding for NGOs. The public authorities pay the NGOs to do some of the work. This has its good and its bad sides. Good: There is money to provide services; bad: It can be difficult to talk about partnership, because one "partner" has all the power to take decisions. At least, this unequal situation is felt by many of the small NGOs that work on the basis of a philosophy of dignity or another humanistic ideology. Over the last years, however, there have been a growing number of mostly larger NGOs involved in social work, that have developed into what might be called "non-profit firms", with a structure somewhat similar to a business, who work on a contractual basis and in partnership. Until a few years ago this was less common and NGOs were mostly allowed to operate on the basis of their ideology. This development – which is not very different to what is happening in other European countries, I think – has been most common up to now in the kind of social work that concerns training for employment and health. It remains rather less common in the area of shelters and has not yet come to street-level work with rough sleepers.

In the three largest cities in Denmark, the public authorities want to be responsible for street-work and for going out to offer out-reach services to rough sleepers. They don't want to fund NGO's to do this and they don't want to work in partnership with them. Why not? The answer is not clear. But I am afraid that the services being provided are for the most part poorly organised, with little or no ideology, no well-defined method, and no strategy. I make this statement on the basis of the outcomes of the work: more and more people are sleeping rough. More and more people are begging in the streets. There has been no interest in counting the number of homeless people and in analysing the profile of street homeless people. No-one has reacted to the fact that there is a rapidly growing number of tenants who are legally evicted from their homes (the number has increased by 35% in two years).

There is no lack of beds in shelters, as I write. This is true both at the level of political strategies and in reality. But there can be, and often is, a lack of acceptance.

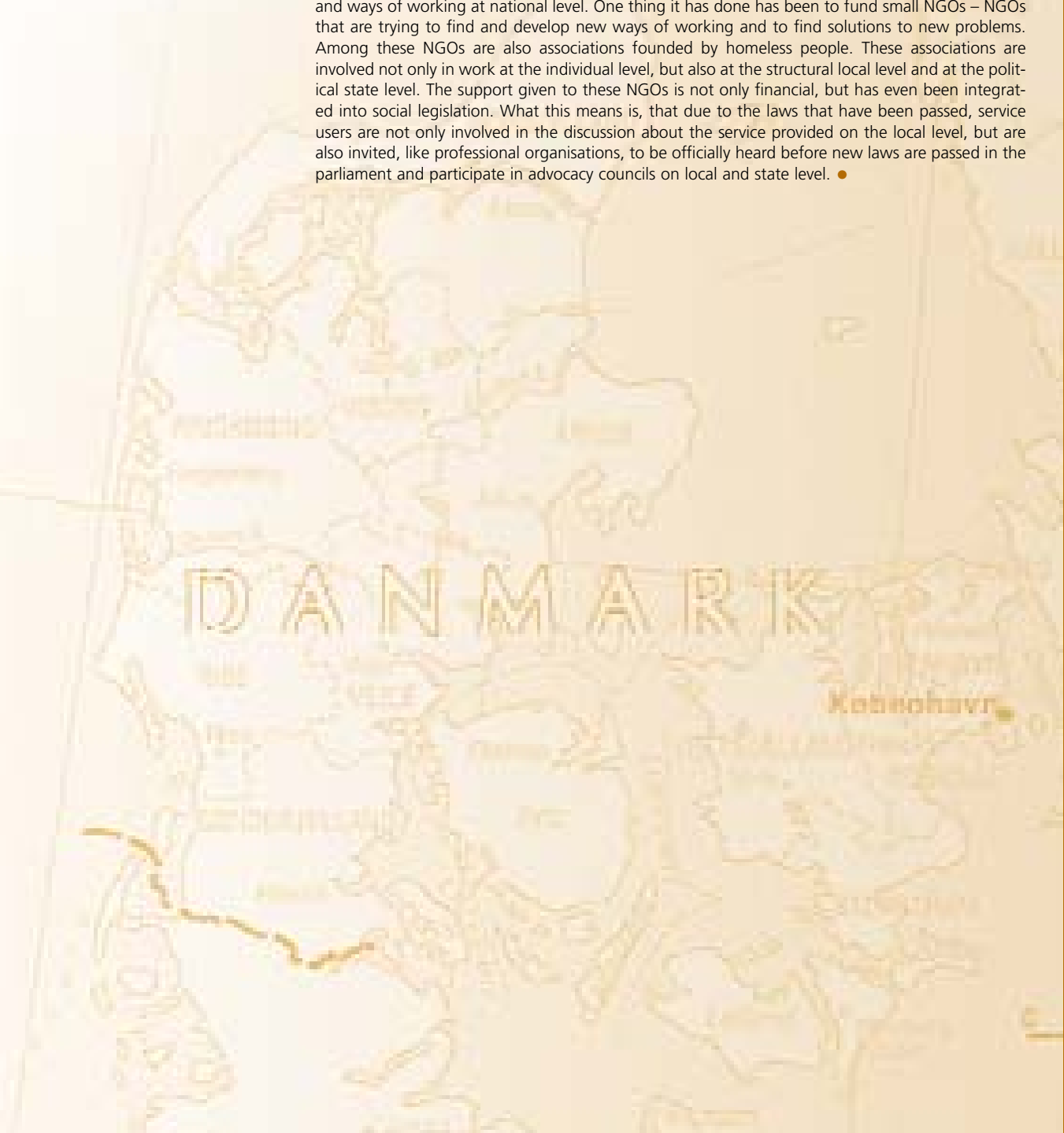


It seems to me that homelessness in Denmark has been internationalized during the last few years but without the service providers to follow these changes. The new homelessness is clearly on the increase in Copenhagen, but it is also slowly moving to other large cities and will probably show up in smaller cities in the coming year.

Continuing to work in a way that was adapted for the traditional homeless profile is simply making the problem worse. The new type of people that are homeless will not accept the situation in an unprotesting fashion or accept a service that they don't like. They do not remain invisible, but rather they lie down where they are visible to show their power and to provoke a reaction from the community. It means that we, who work as service-providers for homeless people have to be aware what is happening in other European countries. We need to work with others on an international, national and local level and to develop methods that work in a Danish context, always working on the basis of what has been shown to be effective and respectful.

#### **INVOLVEMENT OF THE SERVICE USERS**

While I see that the local governments have been slow to develop new ways approach the new and changing state of homelessness, the state is much more open to supporting new methods and ways of working at national level. One thing it has done has been to fund small NGOs – NGOs that are trying to find and develop new ways of working and to find solutions to new problems. Among these NGOs are also associations founded by homeless people. These associations are involved not only in work at the individual level, but also at the structural local level and at the political state level. The support given to these NGOs is not only financial, but has even been integrated into social legislation. What this means is, that due to the laws that have been passed, service users are not only involved in the discussion about the service provided on the local level, but are also invited, like professional organisations, to be officially heard before new laws are passed in the parliament and participate in advocacy councils on local and state level. ●





## Social Emergency and Political Emergency Homeless people are still dying in the street today

Par Luigi Leonori, SMES-Europa

The death of a homeless person abandoned in the street has always provoked, and continues to provoke, a public scandal: how is it possible that nowadays, in civilised, rich and modern European countries, people can still die in the street, from heat, cold or hunger?

And yet these *winter victims* seem to be taken by surprise every year in the period leading up to Christmas. The rituals that follow are well-established: journalists record the information (which indeed sells rather well during the holiday season) and the finger is pointed at politicians, whose policies fail to take account of the most vulnerable. They feel obliged to urgently put in place emergency plans and structures. On the basis of this political decision, service-providers set up a winter emergency plan (stations, underground stops, gymnasiums etc, which are open all night). The service-providers find that their task increases all the time, in the face of growing needs and in light of the policy gaps that they must seek to fill, without, however, becoming complicated with inadequate social policies - a problem which is simply not taken seriously by political decision-makers.

And thus a familiar scenario takes place when the winter emergency is declared: one which is far removed however from the reality of the social emergency that is experienced by rough sleepers.

In my opinion, the social emergency that is street homelessness necessitates an urgent recognition by the whole of society of the unquestionable and unacceptable seriousness of the consequences of social exclusion for the weakest and most vulnerable among the population. This social emergency must be translated in to an imperative and urgent issue for all: whether politicians, administrative decision-makers, service providers and citizens. Everyone must be involved in prioritising this issue with all the necessary and adequate resources and in attacking the structural root causes, which exclude and kill the most vulnerable citizens.

The response to street homelessness cannot be reduced to an unvarying packet of emergency measures. These add up to nothing more than easing society's conscience and do nothing more than reduce the damages caused by a society, that, as it has undergone its transformation into a market-driven economy, has become a source of exclusion and marginalisation and which is no longer social. It is a society that can no longer ensure the protection and the respect of the rights of all of its citizens and especially of the weakest.

We should no longer speak of a social emergency, but rather of a political emergency and a need to target the real causes, which are well-known to the politicians and policy-makers responsible for the well-being of citizens. It is necessary to develop coherent action plans in relation to the situation of street homeless people, to apply adequate and sustainable strategies, making all of the professional and financial services necessary available. In total contrast to such an approach, what we are presently witnessing is the "rationalisation" (which really means "making savings") of the health and social protection budgets. And it is the weakest and most vulnerable who face the gravest consequences.

The winter cold or the summer heat are just a pretext and a context that serve as alibis for the true causes of these scandalous deaths: the reality of biological death (from hypothermia or dehydration...) is just the final stage in a long process of exclusion and the "death of the citizen," through being cut off from society, had taken place long before and led to the loss of life of these rough sleepers.

### Who are these citizens who die on a winter's night, abandoned in the street?

They are the deaths "of no importance"!<sup>1</sup> Often they are the same people we are used to seeing, rather than meeting, who wander around or lie on the ground in the streets and the railway stations, delirious or silent,

searching in dustbins or next to an empty bottle. These are homeless and mentally ill people, abandoned to the street, where they survive as a reminder of the profound malaise of "civilised society". They are the leftovers, those that don't count, those that have plumbed the greatest depths of rupture, of rejection of non-existence. Their situation of abandonment and their mental suffering is an indicator of deep-seated social insecurity. The term "mental suffering" designates the articulation between a person's mental state, somatic state and social state - that is to say, the way in which social inequalities stigmatise excluded people right down to their very bodies.

It is these '*poorest of the poor*', whether abandoned on the street or living in shelters or insecure and inadequate housing, who are the visible part of what is a far more serious and widespread structural and societal phenomenon than one might think at first glance.

It is a stereotype to declare that in today's society 'the rich get richer and the poor get poorer' (yet this is a fact borne out by European statistics, and confirmed for example, in Italy by the 2005 report of Censis).<sup>2</sup> All the factors at play in poverty and exclusion (loss or lack of housing, of work, of training, of minimum income etc.) have an impact on health and on mental health. Inversely, incidences of mental suffering and mental illness, which are not treated by competent services, impoverish the person. We have always sought to sort and to label the population of homeless people suffering from mental illness into categories like "schizophrenic", "borderline", alcoholic, drug addict and so on...But we must face up to the reality: despite many tests, it is not really possible to categorise this part of the population of our cities. What they do have in common, however, is that they are unfortunate enough to be chronic rough sleepers, that is, without a "home" and in a situation of rupture, of disgust, of indifference, of *social anorexia*.

Their situation of social exclusion is further complicated by their mental health condition, which further accentuates all of the factors contributing to exclusion: breakdown, of social networks, loss of social rights, of housing, of family, of work, of health...

We try to mark them, to scan them, to count them with all the statistical artifices at our disposal – almost to reassure ourselves that really, there aren't that many of them. Among chronic street homeless people, at least some 30-40% are both homeless and suffering from mental illness – this is something that is borne out by all professional studies and estimates. A further estimate emerging from the work done in this area is that some ten percent of this group have lost – in a more or less irreversible way – all contact with society in general, and often even with workers and service providers and live in a state of total degradation, both in relation to their dignity as a human person, and in relation to their state of mental, physical and social health and wellbeing.

These street homeless are those that no longer ask for anything at all: despite the very high levels of mental and physical suffering experienced by these socially excluded people, they are unlikely to have recourse to medical or mental health services. There are obstacles and barriers that raise themselves for subjective, structural and institutional reasons, because of poverty, because of lack of support and because of the fragmentation of and bad coordination of basic services. And when these people do, in fact, try to access services, or are accompanied to them, it is generally in a crisis situation and they are treated by emergency services, but with little or no follow-up.

Mental health and medical services very often exclude users that have a psychiatric "career" and a life on the street: they are passed around in an endless game of table tennis between different services and units, because it is rare that any will engage with them and take responsibility for all of their complex needs in the areas of mental and physical health and social wellbeing. This is the reason, among other things, that traditional mental health services often neglect this problem, or indeed simply do not have the competencies or the attitude necessary to reach out to these homeless people in the streets of cities, to engage with them, and to support and treat them.

Today's consumer society produces tonnes of waste, some of which, at least, can thankfully be recycled. Today's market society produces many excluded people, who are not always or easily reintegrated.

There is a growing gap between this *exterior world* of the street, the railway stations, the shelters etc. and the *interior world* of medical and social institutions. And so these people who are homeless remain isolated, in the street, asking for nothing and living in an ever worsening state of degradation: there is no *dignity* without health and *no health without mental health*. We often forget the definition of health coming from the World Health Organisation: *health is a state (a dynamic and indivisible whole, therefore) of mental, physical and social wellbeing; as well the UN resolution that states that all people have the right 'to enjoy the highest attainable standard of health.'*<sup>3</sup>

The mental health situation of excluded people sometimes deteriorates very rapidly, mainly due to the lack of any work in the area of prevention and access to information. Information on healthcare and hospital services, and in particular on how to access them, is very difficult, even impossible, to come by. Health promotion and primary and secondary preventative measures often do not reach the most vulnerable groups. There is a lack of specific training for general practitioners, as well as for specialists, on how to work with homeless and marginalised people. And finally, it must also be added that networking and working in a joined-up fashion remains very difficult.

#### **Going out to meet people: Outreach Services**

For several years already in the various capital cities of Europe, different organisations offer services to rough sleepers, through the work of volunteers in many cases, who regularly visit the places where homeless people tend to stay. The common denominator among these initiatives is mainly the fact that they are centred around contact with those people who ask for nothing and expect nothing from society and its institutions. Motivated by solidarity, as well sometimes as a desire to rise to a professional and humanist challenge, these volunteers and professionals comb the streets during the night and visit the train stations, in order to make contact with "those people", with no other goal than simply to be present, to establish or re-establish contact,

to understand their lives and value them according to criteria that differ greatly from those values and beliefs espoused by traditional socio-medical bodies.

Over the past few years, there has been a growing consciousness among public authorities of the seriousness of the situation of exclusion and abandonment of rough sleepers. They have begun, therefore, to directly organise certain social emergency services, without however giving much consideration to existing services; to building them up or to working in partnership with them. There is, however, one happy result of this approach, which is that there has seldom been so much outreach work taking place in the streets and stations, thanks to the very numerous workers and volunteers from the public and NGO sector who are attached to mobile units and teams of street workers.

Certainly the diversity of identities, of aims and of resources (both at the level of personnel and of services) would be very positive, if only working in a joined-up, inter-disciplinary and inter-institutional network were the reality, rather than simply an objective. What is needed is a high-level system of coordination, whose methodology is based on concertation, with strategies that involve policy-makers and decision-makers in their development. Networking and cooperation should be seen as essential by all street services and teams. There is a need to tighten the network, even at the informal level. The tasks and objectives should be clearly defined in order for them to be shared out within a flexible and adaptable network.

Thus, outreach work could move from being a space of competition, whether real or ideological, to being a real instance of "de-institutionalisation": that is; a move from the inside, from the institution and from all-knowingness; to the outside: towards the person. More than simply a way of working that uses mobile tools; outreach is above all an unconditional ability to reach out and to listen to those people who no longer ask for anything from anyone. It is an aptitude for openness - towards homeless people living in the street - but also towards other actors and service providers: partnership working, where the diversity of actions becomes a synergy and richness of response is undoubtedly the most effective way to meet the complex needs of homeless people within an overall framework of reintegration.



## IN CONCLUSION:

Street homelessness is above all a political issue: if it is what we really want, then we can build a social Europe – we must simply launch a political attack on the real structural causes of poverty, arming ourselves with medium and long-term plans, by developing coherent, priority projects and by allocating adequate budgetary resources. Extreme poverty and exclusion have very serious consequences for mental, physical and social health and wellbeing – especially for those people who have been born into such difficult circumstances. Mental suffering, arising from all forms of poverty and deprivation – and often further complicated by mental illness – reinforces the condition of poverty, hardening it into extreme exclusion. The situation of street homeless people suffering from mental health problems is getting more and more serious and means that the current modus operandi of mental health services must be called into question. We cannot simply wait for people, and especial-

ly people who are homeless, to come and access care. They ask for nothing and yet sometimes they have extremely pressing needs. The interaction of social exclusion and mental illness gives rise to complex needs that require holistic and sustainable responses, both in terms of prevention programmes, but also in terms of adapted care.

Street homelessness is not an isolated phenomenon: rights issues and health issues are also connected to the social sphere, making a partnership approach and working within a interdisciplinary network (with all relevant actors, public and non-governmental) absolutely essential in order to propose, but not impose, coherent, sustainable and integrated solutions, that look beyond monopolistic competition and see further than an emergency approach as an end in itself.

*Outreach – reaching out to people:* this is first and foremost an aptitude for proximity,

a presence that brings together the ability to be available and to listen, with a partnership working approach, that uses all the tools and resources available. Reaching out requires time and attention to the person as an individual: it requires a quality-based, rather than quantity-based approach. The primary aim is not to reduce the number of homeless people in the streets and not to force immediate solutions (except in cases of emergency), but rather the idea is to make contact, to offer, to suggest, to support, while respecting the person. Outreach can play a mediating role between the inside and the outside, both at the institutional level and the individual, personal level.

To conclude: there will probably be more *victims of the cold*. But it is at least to be hoped that these deaths will raise awareness in society about the need for programmes and strategies to eradicate the underlying causes of street homelessness, which still kills - all too often in a climate of indifference. ●

<sup>1</sup> Des morts sans importance ? (Deaths of No Importance?) Twenty organisations working with rough sleepers tell of the numerous deaths among these homeless and denounce the terrible conditions that they have endured. (Aux Captifs, la Libération – Paris 2005)

<sup>2</sup> Rome, 2nd December 2005 – The rich get richer and the poor get poorer – luckily there are organisations which fill the gaps left by the absent welfare states. This is the message coming from the 39th Report by Censis on the social situation in Italy in 2005. The rich have not only increased in number, but they are spending more and more – the richest 10 percent own almost half of the net riches of the country.

<sup>3</sup> Resolution. 46/119,1.1, UN General Assembly 17/12/1999).

## MENTAL HEALTH, SOCIAL EXCLUSION - SMES-EUROPA

The SMES Network was launched in 1992 in Rome, following a first conference on the “indecent” condition of abandonment and social and medical exclusion experienced by rough sleepers in European capitals. Up to now, at least, it is hard to claim that there has been an improvement in the situation. The movement developed into the European SMES network, made up of professionals from the health and social sector, who have come together in an international NGO. The aim of SMES-Europa is the positive promotion of the dignity of the human person, as well as of mental health, for all those living in extreme poverty and hardship. Through study and analysis of policies, ethics and laws in the area of social inclusion and mental health, SMES-Europa aims

to raise awareness in society, to denounce the inadequacies of policies and to place pressure on decision-makers.

SMES-Europa focuses particularly on those people in a situation of extreme marginalisation, exclusion and discrimination, who have a range of complex needs and mental health needs: homeless people suffering from mental illness; exploited children and young people who have lost their social networks; (former) prisoners; alcoholics and drug addicts; isolated old people; refugees and migrants, who are sometimes undocumented, with an illegal status, and who are not accepted or integrated into society.

Contact SMES-EUROPA: [www.smes-europa.org](http://www.smes-europa.org) - [smeseu@smes-europa.org](mailto:smeseu@smes-europa.org)



Services should be developed around the different phases in the development of homelessness

## Phases in the development of homelessness – a basis for better targeted service interventions

By **Lia van Doorn** – Lia van Doorn is senior researcher at the Netherlands Institute of Care and Welfare (NIZW).

### INTRODUCTION

In this article some outcomes will be presented from a follow-up study on (formerly) homeless persons in the city of Utrecht in The Netherlands. This research was carried out with a qualitative research method. By following 64 homeless persons over time - between 1993 and 2000 - several phases in the development process of homelessness could be mapped (Van Doorn, 2002). In this article, three phases in the long term development of homelessness are described: (1) the recently homeless, (2) the long-term homeless, and (3) the formerly homeless. In each phase, homeless people are in different circumstances and are in need of different types of care. I will argue that the services should be developed around the different phases in the development of homelessness to a greater degree than is currently the case. Viewed from the perspective of providing care, in each of these phases, critical intervention moments may be distinguished. At present, these are not yet used sufficiently. In the following paragraphs, the specific situation and needs of people who are recently homeless, long-term homeless and formerly homeless are described and for each of them suggestions are put forward for the targeting of appropriate interventions.

### RECENTLY HOMELESS

A critical moment in the development of homelessness is the moment when people who are newly homeless are out in the street for the first time in their lives. The loss of their housing has far-reaching consequences. The flow of events to follow brings about its own dynamics. Landing on the street - and the first days that people who are recently homeless spend in open air or in emergency accommodation - deliver a big shock to them. As some homeless people themselves have put it: 'It is as if the floor is knocked out from under your feet'. It marks an abrupt break with the old and customary lifestyle; it causes a caesura in the course of life.

All of a sudden they find themselves in a new and frightening situation for which they are not prepared. Then, the practical consequences of the loss of housing immediately present themselves and occupy them completely. Along with the loss of housing, they may also lose their jobs, income, allowances, and mail address. Out in the street it turns out to be nearly impossible to look after one's physical and hygienic care. Clothes are washed less often, a daily shower and shave belongs to the past, and a visit to the barber is expensive. Little by little their appearance suffers. Their personal belongings also shrink in number. Perforce, recently homeless persons leave their belongings behind, as carrying around big bags is tiresome and stigmatising. Moreover, it may happen that these belongings make them a target with longer term homeless people, who may regard the newcomers as easy prey, stealing their last belongings of value. Gradually, it also dawns upon people who are recently homeless, that they now belong to a different social category than formerly, and one which is at the bottom of the social hierarchy. Usually they resist this dawning realisation. Their orientation is directed at the common cultural goals: they want to be part of those citizens who live in houses and have jobs. They do not feel at home with the provisions for the homeless and out on the street. They do not fit into the street culture, and do not identify themselves with other homeless persons. Therefore, recently homeless persons are, almost without exception, strongly motivated to get off the street.

In practice, however, it appears that recently homeless persons often roam about in the streets unnoticed. In the day-centres and night-shelters in The Netherlands, usually newcomers are not picked out. The newcomers are submerged in the anonymous crowd of visitors, without a worker or carer addressing them and asking them if they need advice. This is not so because they don't want to. The facilities for day and night care are overcrowded, and the workers hardly have time make extensive con-



tact with the visitors. And usually the registration of visitors is so summary that it is impossible to derive from the information requested whether a person is new to the street or has been in the situation for a long time.

Moreover, most newcomers are highly embarrassed with their new social status of being a homeless person. They deny being homeless to themselves as well as to others. For instance, they will offer explanations: 'I am here because I missed my train', 'because my house is being renovated', or 'I lost the key to my front door'. By the time they have been walking around on the street for several months, and such explanations are no longer credible, they stress the 'temporariness' of their situation, with statements such as: 'I am homeless just now, but next week I will have a room', or 'in a month I will have a house again'. In this way, they are trying both to talk courage into themselves, and to reassure others (Goffman, 1968).

Unfortunately, these good intentions hardly ever come true. Most of them do not succeed in getting off the street by themselves. Often they are unable to find their way to care facilities, or they make a journey along all sorts of services, and end up running into brick walls there. As time passes by, they have less and less energy left for making an exhausting round of the various centres and administrations. The daily stress of the homeless existence occupies them more and more. Little by little, they lose faith in services, and turn away from them.

#### **Intervention moments**

Tracing people who are recently homeless quickly, and using their motivation for behavioural change, is of vital importance, as this motivation ebbs away gradually, as they continue living out on the street. It is also certainly possible to do this. For such an approach to work, what matters is that carers get in touch with newcomers actively, and offer them help – if necessary without being asked – in order to get them off the street fast. In tracing recently homeless persons, agencies for day and night care may perform a crucial role. However, this does require a thorough registration process in these agencies, and a special alertness of workers to the importance of tracing newly homeless persons. Next, these newcomers may be referred to carers directly, for help and support. In this, it is important that these carers are easily accessible and can be on the spot rapidly. It is preferable for them to be available at these agencies in person, for instance by providing consultation hours at regular times, and by delivering outreach care.

#### **LONG-TERM HOMELESS PERSONS**

For those homeless persons who do not succeed in getting off the street quickly, their situation becomes more and more chronic. The features and care needs of long-term homeless people differ from those of people who are recently homeless. A long-lasting life out on the street does change people. They become more and more accustomed to the daily routines of the existence of a homeless person. They take root in the street culture. The microcosm of the street is characterised by its own dynamics, social networks, social order, and rules of conduct, as well as its own repertoire of income strategies (Doorn, 2000). To survive out in the street necessitates people who are homeless to have specific skills, which they must necessarily acquire: they become *streetwise*.

In course of time, the social networks of these homeless people further shrink and become unilaterally composed. This means their main contacts are other homeless people. On the one hand, having contact with companions in distress generates support which is indispensable for maintaining themselves in the street; on the other hand they can hardly derive support from these contacts in their efforts to get off the street. The more they get accustomed to the ins and outs of the homeless lifestyle, the further they drift away from the common norms and values of the dominant culture. A process of 'de-citizenisation' is taking place (Spradley, 1970). The street culture is characterised by a different attitude towards certain kinds of behaviour than in the dominant culture. For instance, in the mutual contacts between homeless persons, the use of alcohol and drugs, and being intoxicated, is appreciated neutrally or positively. Also, stealing – unless a person is the victim himself – is hardly condemned. Gradually, homeless persons will comply more with these specific codes of behaviour.

Besides, ending up in the street has consequences for the development of one's identity. As soon as they are out in the street, people who are recently homeless lose their former (positive or negative) social identity, and the social roles that went with it. This degrades their social status, and undermines their self-respect. They realise that they are no longer part of society and that they are considered 'homeless' by their environment. In course of time they will consider themselves as such, and start behaving accordingly (Wagner, 1993). As they continue to take root in the street culture, they become



**A temporary stay in prison, or in hospital, may have a positive effect on long-term homeless persons, since they are detached from the street culture.**

more equal to the problems they have to face every day. Then, street life becomes more-or-less bearable. Simultaneously the distance from the regular society and the care provisions continues to grow. In course of the years, their motivation to settle grows more volatile. They gain some control over street life, and the need to find housing decreases.

Nevertheless, homeless persons must not be considered lost, for under certain conditions, their latent motivation to settle again after all, will temporarily increase somewhat. Those are potential points of reversal in their course of life. Such points of reversal may be elicited by entering a different environment. For instance, a temporary stay in prison, or in hospital, may have a positive effect on long-term homeless persons, since they are detached from the street culture. They are sleeping in clean beds, and experience the luxury of good meals and showers. They find rest, gain strength, and have time for considering themselves and their future at last. Usually they begin to dread having to return to the cold, harsh reality of the street. At such moments, the motivation for settling re-emerges. However, the tough reality is that homeless people who are discharged from prison or hospital, will simply be out in the street again most of the time. Often, there are no carers present at these critical moments, or there is no stay facility available. Once back in the street, they are fully occupied by the daily stress of the existence of homeless persons again. Then, their good intentions will hardly come to anything.

#### ***Intervention moments***

Especially when potential points of reversal in the life course of a long-term homeless person present themselves, and the motivation to re-settle increases, care officers may intervene effectively. This is a matter of good timing. For this it is important to keep in touch with people who are homeless over a longer period of time, – if necessary for many years -, to build a personal bond with them, give them time and attention, and keep the dialogue with them going, without the intention of wanting to change them. Maintaining contact with homeless persons, and offering them moral and practical support, is a goal by itself. But it also is a means to be able to recognise potential points of reversal, when they occur. At those critical moments, well-targeted interventions are required. Immediately, an intensive care route must be started, – for instance via 'personalised care', or case management, - to assist homeless persons who indicate that they want change, in bringing this about.

#### **FORMERLY HOMELESS PERSONS**

With people who are (formerly) homeless and who are trying to re-settle, some critical moments of relapse delineate themselves, which carers could better anticipate. The moment when formerly homeless people start living independently is an important demarcation point. Like the first days spent out on the street by the recently homeless, the first days the former homeless spend in their newly acquired dwelling places are clear caesuras in their life courses. Usually, the moment of receiving the key to the front door, and entering the empty house for the first time, is grafted into their memories. For them, this demarcates the transition to a new life style. This moment is emotionally charged. At that very moment, the risk of relapsing onto the street is relatively high. Often, the brand-new residents are tormented by insecurity and the fear of failing. Some leave with destination unknown - sometimes on the very day their keys are handed over - and take up the familiar way of life of the homeless person again.

But in the long run as well, the risks of a relapse are waiting for formerly homeless people. They will realise that their homes are not the perfect solution that they thought. Most of them had assumed that all their problems would melt away like snow in the sun, upon acquiring a house. Gradually they discover that old problems turn up again, or new problems present themselves. As soon as they are housed again, they are noticed by old creditors, and bills and warrants start filling their mailboxes. They have to make ends meet on a meagre income. They have a limited social network, and have a hard time finding meaningful daytime activities. This is aggravated by the fact that, particularly persons who have been homeless for a long period, often find it difficult to get used to a solitary lifestyle. On the street they were used to being surrounded by others all the time. In the overcrowded day care centres they were always in big groups. In the night shelter they were accustomed to sleeping with others in a dormitory. In their house, they are completely alone, and are struck by loneliness. Moreover, then only, the assimilation process will start. On the street they have hardly had to deal with this. Usually, that process is accompanied by violent emotions, and is followed by a depression (Ravenhill, 2003).

For formerly homeless persons the process of terminating their homelessness - just like the beginning of homelessness - is coupled with adjustment problems. To a substantial degree,





that process consists of unlearning behaviour and coping strategies they have acquired on the street. Usually it takes considerable time before, they more or less leave behind the aftermath of the homeless life style. Besides, it takes a long time for their social networks to re-expand a bit, and for their debts to be solved. Little by little, their visible and invisible stigmas fade away. Again, they attempt to reconstruct a 'story about themselves', and give meaning to the period of homelessness. Emotionally, the recovery process is precarious. Most of them pass through it with ups and downs. Some succeed in detaching from the subculture of the street completely, after years. They find a partner, a job, return to enjoying a certain degree of material welfare, and expand their social networks. However, the majority of formerly homeless people remain single even in the long run, are long-term dependant on allowances, and are socially isolated. Normally, they continue to feel connected to the street culture, and continue to depend on care agencies. For all formerly homeless people it can be said that life will never be the same again, after landing out on the street, and the troublesome route back off it. Not surprisingly, many formerly homeless people relapse; some even after many years.

#### **Intervention moments**

The foremost critical intervention moment during the resettlement phase for formerly homeless people is the demarcation point when the person enters their own dwelling or other (semi-)independent housing again for the first time. The first days are crucial. In this emotionally charged peri-

od, the risk of relapsing onto the street is relatively high. At that time, intensive floating support for formerly homeless people is imperative. But in the long run too, the risk of a relapse onto the street is significant. Usually, the Dutch agencies providing care to homeless persons do offer floating support to formerly homeless people. On this, however, two remarks should be made. Firstly, it appears that the time span of this support – generally half a year – is too short for many people. Many of them end up on the street again after the floating support has come to an end. Secondly, the offer of floating support by the agencies providing care to homeless persons is generally unilateral. Its main concern is with material support, such as assistance with managing finances and solving debts, finding daytime activities or employment, self care, and running a household. There is relatively little time and attention for the immaterial aspects of the recovery process: supporting the social-psychological process of assimilation, giving meaning to the period of homelessness, identity change and changing social roles, dealing with trauma, and so on. For many formerly homeless people, these very immaterial aspects of the recovery process are huge impediments, which cause them to relapse into the street. Therefore, in long-term floating support, specific attention ought to be given to the emotional aspects of the recovery process. Besides, from a perspective of preventing homelessness, keeping in touch with formerly homeless persons for several years, by means of follow-up systems, is an important thing to do because many of the former homeless are at great risk of becoming homeless again. ●

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# The Changing Profile of Rough Sleepers: Immigrants from Eastern Europe Sleeping Rough in Lisbon



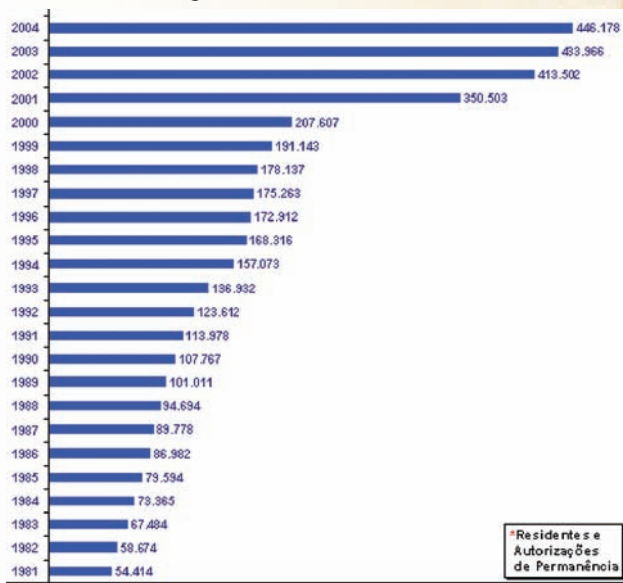
By **Camila Rodrigues**, Servico Jesuita aos Refugiados

## MIGRATION TRENDS IN PORTUGAL

The phenomenon of immigration in Portugal has recently undergone a significant change, not only in the intensity of the migratory flow, which has increased drastically, but also in its origin. Traditionally, those who migrated to Portugal were mostly from the African countries where Portuguese is the official language (PALOPS) - Angola, Guinea Bissau, Mozambique, São Tomé e Príncipe and Capo Verde. Since the late 90s, an unprecedented flow of immigrants from Eastern Europe, mainly from the Ukraine, has altered the profile of immigrants in Portugal.

This phenomenon led to a change in legislation, which was adjusted in the face of this new reality. Therefore, in 2001, a new legal mechanism was established, which enabled the conferring of a new status to immigrants in Portugal without a suitable visa, as long as they were holders of an employment contract or proposed employment contract. This legislation granted them a "permit to stay" (AP). Mainly due to this legislation, in 2001 the number of legal migrants in Portugal increased 69%, from 207.607 immigrants in the year 2000 to 350.503 in 2001.

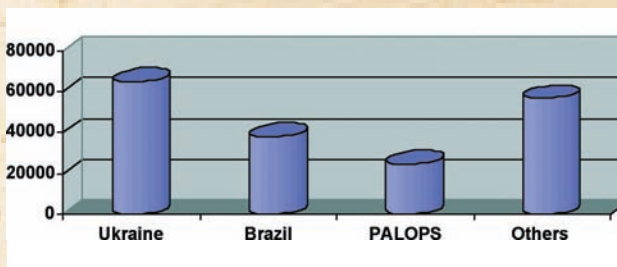
## Evolution of immigration flows from 1981 to 2004



IN: Portuguese Migration Services: [www.sef.pt/estatisticas.html](http://www.sef.pt/estatisticas.html)

This legal mechanism was put in place on a temporary basis and was applicable only from 2001 to 2003, to immigrants who had arrived in Portugal before November 2001. Data from the Migration Services show us that from 2001 to 2003, 183.655 APs were granted, 64.695 of which to Ukrainian citizens, representing 35% of the total.

## APs by country of origin, from 2001 to 2005



## IMMIGRANTS SLEEPING ROUGH IN LISBON

According to statistics from the Portuguese Immigration Services, from the year 2000 to 2001, the number of legal immigrants in Lisbon increased 40%, from 114.154 in 2000 to 160.299 in 2001. Although it wasn't the most significant growth in the Portuguese territory, Lisbon still has, by far the highest number of immigrants in the entire country.

This increase in the number of immigrants had repercussions on the profile of the people sleeping rough in Lisbon. There is no reliable statistical data on homelessness in Portugal that would provide accurate information about the evolution and predominance of the number of immigrants from Eastern Europe sleeping rough in Lisbon. However, the data collected on two separate occasions may give us a hint as to the approximate prevalence of these immigrants among the rough sleepers.

On 30<sup>th</sup> of November 2004, Lisbon's Municipality organised a count of people sleeping rough in Lisbon. From a total of 432 people who were sleeping in the street on that night, 104 were immigrants, representing 24% of the total of rough sleepers. Almost half of them, 48, were from Eastern European countries, mostly from the Ukraine (29). During the emergency plan put in place for a severe cold snap from 25<sup>th</sup> to 28<sup>th</sup> January 2005, which was organised by the Municipality of Lisbon, 212 people requested support. Of these, 40 were immigrants, which amounts to 19% of the total. 23 of these immigrants were from Eastern European countries.

The Jesuit Refugee Service (JRS) in Portugal has been trying to cope with this problem, mainly through its Social Aid Office. The office was created in January 2003, with the objective of providing social assistance to immigrants in a situation of social emergency. In its first year of activity, 2003, the office had 157 users, 73% of them from Eastern Europe. In 2004, of the 178 immigrants who requested support, 80% were from Eastern Europe, mainly from the Ukraine. The numbers obtained so far in 2005 are similar to those obtained in previous years, in terms of numbers, and also of the profile of the service users.



The rough sleepers from Eastern Europe who request the office's support are mainly men in their forties, undocumented and with alcohol abuse problems. Most of them came to Portugal in the years 2000 and 2001, but never managed to find a job with a contract, and therefore were unable to obtain the Permit to Stay Status (AP). Some were legalised in the past, but lost their jobs and contracts, and were unable to renew their visas (the Permit to Stay has a duration of one year, and must be renewed annually).

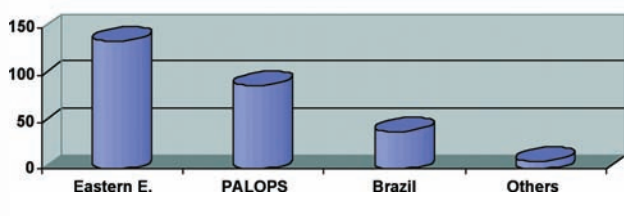
Usually, they live in groups of several individuals of the same origin. They obtain some income from odd jobs in fairs, transportation, construction and even seasonal jobs in agriculture all over Portugal. However, their main activity is car parking.

This income is very low and uncertain, and is not enough to grant them access to the housing market. As renting a house not a possibility, these immigrants sleep rough, while the money earned is usually spent on food, alcohol and tobacco.

### Homeless Services and Migration

There are not many social resources available for these immigrants. There was a hostel specifically created for this population which opened in June 2003 - Centro de Acolhimento São João de Deus (CATSJD). However, although it had a significant demand, it closed in June 2005, since the organization responsible for its management felt that it didn't have enough resources to maintain it. During its two years of activity, the hostel, which had a capacity for 50 users, gave shelter to about 300 immigrants of various origins, mainly from the Ukraine. According to data provided by the High Commissioner for Migration and Ethnic Minorities, in its 2002/2005 Activity Report, from June 2003 to January 2005, 275 immigrants from 24 different countries were housed in the CATSJD.

### Immigrants in CATSJD from June 2003 to January 2005, by origin



Since then, no other hostel has been created as an alternative, and the existing hostels, though they may accept immigrants in certain circumstances, are not specifically designed for, or adapted to this population, and are usually unable to provide adequate support.

Due to the absence of other more significant resources, the main social service provided specifically for homeless immigrants in Lisbon is a canteen managed by a religious congregation, the Sisters of Saint Vincent of Paul, where the immigrants may have lunch from Monday to Friday. This kitchen, which opened in May, has a maximum capacity for about 25 people. At the present, this number has already been exceeded, and it is now impossible for them to accept more users.

The lack of legal documents, or even the deficient knowledge of the Portuguese language, are often among the causes of exclusion from mainstream homeless services provided not only by the public sector, but also by NGOs. In fact, the more disadvantages an immigrant has, the more difficult it is to find some kind of social support for him. For example, it's rather easy to find a hostel that will accept a documented healthy immigrant who speaks good Portuguese, while it's almost impossible to find any who will accept an undocumented immigrant who doesn't speak Portuguese, especially if he has some health problem.

The service providers operated with the goal of integration of the service user. Within this logic, many hostels demand a contract that must be signed by the user at admission, in which he assumes the responsibility for his full and willing participation in his own integration process. Therefore, the easier it is to integrate the person, the easier it is to find organizations that are willing to provide the necessary support.

The legal obstacles that make it virtually impossible for homeless undocumented immigrants to have access to even the most basic rights, such as the right to housing, employment or to welfare, originate also in exclusion from the access to social services, even those provided by NGOs. This denial of basic rights very often creates a situation of irreversible exclusion that most organizations refuse to face, since any integration process is doomed from the start.

The perpetuation of deficient living conditions, as well as of alcohol abuse habits, often leads to the degradation of the health of the immigrant, both physical and mental, and results frequently in his permanent incapacitation, or even death. This continues to happen while the priority is exclusively the successful integration of the service users, instead of the emergency situation, which reaches its highest level when the person's life is at risk.

### Some Suggestions for Better Management of the Problem

The situation described requires urgent intervention, since every day several immigrants suffer serious harm due to the lack of access to homeless services. In Portugal, unlike some other countries, where it is illegal to provide shelter to undocumented immigrants, the law only proscribes penalties for those who promote or facilitate the illegal entry or transit of immigrants in the national territory. The support to the permanence of illegal immigrants can be penalised only if done with the objective of economic profit.

Therefore, the main obstacle in the access to services arises not from an explicit legal denial of this access, but from the denial of access to the rights that enable integration. As we already mentioned, this collides with the objectives of most homeless services, especially hostels, which intend to promote integration.

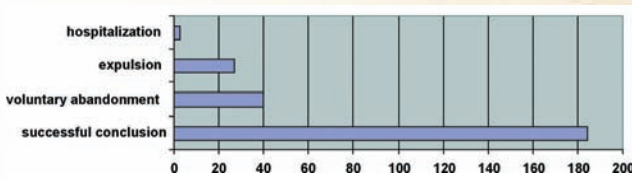
An alteration of these premises seems to us a first step towards the inclusion of undocumented immigrants in the homeless services. This can be done either by the creation of services specifically for immigrants, which support them regardless of their legal status, or by an adaptation of the existing mainstream structures.



We will not analyse here which one of these alternatives is better suited, since that's not the objective of this article. Considering the actual context, one of the possible solutions would be the creation of a hostel for immigrants, similar to the one that existed until recently - CATSJD. Actually, this hostel also accepted homeless Portuguese citizens from Sintra's Municipality (in Lisbon's neighbourhood), but even so the majority of the beneficiaries were immigrants.

The 2002/2005 Activity Report of the High Commissioner for Migration and Ethnic Minorities states that, from June 2003 to January 2005, 254 users of CATSJD had already left the hostel, 184 of which because their process was successfully concluded.

**CATSJD's users, by conclusion of process**



The high success rate must be attributed, at least partially, to the high number of life projects of voluntary return (139). But nevertheless, the access thus guaranteed to some basic services, granted through a housing support structure, where the immigrants could sleep, spend their day, have their meals, and have access to social, medical and legal counselling, was an instrument that facilitated the examination of each case, and enabled the mobilization of the resources available. Everything that could possibly be done, had a chance to be done.

Instead of working with several dispersed immigrants, who continued to sleep rough and were unable to change their daily routine, it was possible to have an integrated and comprehensive view of a sig-

nificant number of cases, and to realise what was missing and what had to be changed.

This suggestion of creation of a hostel may seem a too humble and limited solution for such a wide and serious problem, as that of immigrants sleeping rough. But if we take it as a starting point, from which a network of organizations involved in such a project could raise awareness towards the necessity of extending the access to certain basic and fundamental rights, it can be understood as a small but realistic step towards change.

Of course, we cannot be content with simply remedying the problem, when it is most important to prevent it. Issues like the management of migration flows and the creation of welcoming programmes are fundamental, so that governments are not caught unawares by the rapid and unexpected increase in migration, and find themselves unable to provide a humane and efficient answer to it.

When immigrants from Eastern Europe started to come to Portugal, they came through networks that dealt in human trafficking, and had no concern for their well-being or integration. Today, after 5 or 6 years in Portugal, many immigrants still recollect that initial period, when they arrived in a foreign country where they had no friends or relatives, without knowing the language, the customs, the laws, the regulations or the way of life. This adaptation was much more difficult since they had almost no support from any social services that could facilitate their access to employment, housing, health care, or other fundamental areas of life, and were totally dependent of the networks who brought them and continued to explore them.

Most of them had lost their previous social position and support, and had to rebuild a new social network and a forge new role in an unknown society, without family support, and with very limited resources. To avoid such situations or, failing that, to at least assist the efforts of those who may find themselves in similar circumstances, may be an important step towards prevention of homelessness among immigrants. ●





## **New People Vision (NPV) – database software for homeless hostels in Czech republic**



By **Petr Janousek**, *Director of S.A.D and Czech representative on FEANTSA's Administrative Council*

Several years ago the Association of homeless hostels in Czech Republic (S.A.D.) decided to create a unified system for collection of data on the users of our services. We were lucky enough to get a grant from the British embassy in Prague to finance this project. First of all, it was necessary to bring together a group of professionals to decide what should be the aims and use of such a program. There were several statistics which we had to provide for the Ministry of labour and social affairs every year and so that was one of the main goals for us. Of course we also wanted to have a good record of all services and also information to develop some quality indicators. So the first database program was made in 1998.

After 3-4 years we realised that we couldn't continue to develop it anymore (because of its platform – SybaseSQL software) and it was necessary to completely renew it. We were not successful in getting the grant for this redevelopment work, as we had to begin the work at the outset once again. We therefore had to change the policy of distribution of the database. The first one had been free for all S.A.D. members and was therefore very much used all over the Czech Republic. The second version, NPV, we had to sell to interested organisations, in order to get money to finance its development. Anyway, it is very reasonably priced, so even this second product is quite well spread around the Czech Republic, with a good number of licenses.

So, what does the database actually do for us and how does it work? First of all it would be good to explain that the database is designed to provide several levels of security, which is necessary in order to respect data protection law. The law states that only those who need data for their work can collect them. How it works is this: first contact is made by the care-assistant on the shift and the general information about client is put in the system. This information includes name, surname, date of birth, birth number – which is a unique identification number for everyone in the Czech Republic - number of ID card and permanent address. This information is collected in the general information sheet.

Of course, for effective social work, we need much more information than these general details and this is collected at the first meeting with the social worker, who has permission to access the more detailed parts of the database. At this point, they talk about social and financial situation, health and family situation etc. and everything is recorded in the system. We also talk about where the client comes from and what his/her goals and expectations are. So finally we fill out general, family, social, financial and health sheets, as well as an information sheet on borrowed items – which refers to the items which we lend to the client for his accommodation at the hostel (keys, bed-clothes etc.). At any time the social worker can add to, or edit, the information and on the top of that, there is also a "notes" section on the personal information card, which is used for the daily notes, events connected with the client etc.

What is very important is the fact, that every client who wants to be accommodated at the hostel must sign a contract with us and part of the contract relates to the permission to collect all the necessary information about him or her. Every client is also informed, that his/her permission can be withdrawn at any time, but that in that case we will no longer be able to work with him or her, because we do not have enough relevant information. Every client also has the right to see all the information written in his or her card. Then we delete everything except the general information sheet. This is maintained in accordance with data-protection laws, because the law deals not only with protection of personal data, but also with the protection of those, who need to retain proof of a service provided through retaining the general information about any person who has used it. It is a similar system to that in hotels – the hotel needs to keep at least general information about everyone who used the accommodation there.

This system is very helpful not only for keeping relevant information about those whom we serve, but also as a source of statistical information. This is the second very important function of the database program, which enables us to produce the statistical information that we need



Another very practical use of good information is to calculate how many clients came to us directly from a prison because then we can look for a financial support from the Ministry of Justice in Czech Republic.

for our work. Very practical information that we need could relate, for example, to how many clients we helped to from a particular city or region and how many days they spent with us. This is extremely important for negotiation with cities and regions about their financial support of the service. Another very practical use of good information is to calculate how many clients came to us directly from a prison because then we can look for a financial support from the Ministry of Justice in Czech Republic. In all the scenarios described above, we need to have proof regarding the number of clients, but also to be able to demonstrate the way that we help them. So we are also trying to keep information about where the client moves on to, so that we can evaluate our service ourselves. For example we might be able to use the database to generate a statistic concerning those who came from the street or a prison and left the hostel because of finding work somewhere else. This would be counted as positive result of our work.

Here is a screenshot of the statistical part of the database which serves to give an idea of how many different issues we can filter and of course combine. We are currently working on the English version of this program and so some words are still in Czech.

I would also like to mention our vision for the future of this database. We would like to develop it to the stage where any public authority office can get into the database and generate any statistical report they want. This of course

means that all the personal data (name, surname, birth number) would be encrypted into a unique code, so that the public authorities will not know the identity of the individuals, but they will be able to find out how many clients come from a certain region or city, of what age group or gender, whether they have a prison history etc. It still sounds like a bit like science-fiction, but we are rapidly getting to the point where it is almost only a matter of money. The system works as an Internet (or intranet) database and the major problem is to find how and where to collect databases from all the hostels and bring them together (and for example who will be responsible for such a huge collection of databases). We already have a tool to merge them together, but we have to develop the encryption element and also to find how to undertake this work in full accordance with data protection laws.

There are still a lot of problems but we have already started discussions with our national Ministry of labor and social affairs about this program and probably next year we will be asking for a special grant to finance this development.

Finally, I would like to mention one very important principle. Even though we put a lot of effort into this tool, we in no way want to forget that we work with real people, who have real problems; and not only with numbers on our computer screens. The person must always come first and even should all the computers crash – we will be still here to help those who need it! ●

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# Working in a Network of Cities on Strategies to Prevent and Tackle Homelessness - The example of Rotterdam

By **Christl van Gerven**, *Senior Policy Advisor, Department of Social Services and Employment City of Rotterdam*

In order to address the numerous problems leading to homelessness, the Eurocities Working Group on Homeless (WGH) is working on policy recommendations that are based on a comparison and analysis of the strategies in place in different cities to prevent and tackle homelessness. This article will briefly outline the approach and aims of this work between the different cities. As I am a senior policy advisor on homeless issues for the city of Rotterdam (The Netherlands), I would also like to add some remarks from my Dutch perspective.

## WORKING GROUP ON HOMELESS (WGH)

The cities participating in the WGH are: Genoa, Copenhagen, Glasgow, Helsinki, Malmö, Newcastle, Oslo, Rotterdam, Riga, Stockholm, Utrecht, Vienna and Warsaw. The **strategic objectives** of the WGH are the overall reduction of the number of homeless people; the elimination of homelessness for families; and the abolition of long-term homelessness (more than 2 years in transitory institutions). The **operational objectives** of the WGH are to develop European quality standards in services for homeless people, as well as in services to prevent homelessness and to sustain accommodation; and to identify good practice in the area of empowerment processes.

In order to undertake this analysis, the WGH uses different instruments. We also use ETHOS, the European Typology on Homelessness, developed by FEANTSA. So far, the WGH has developed the following ideas on measures to promote successful housing integration in European cities:

- *Transitory accommodation with specific support services* (e.g. for target groups) will enable most homeless people to empower themselves and to live inde-

pendently in an own flat at a later time.

- *Specialised longterm accommodation*, to ensure a life in dignity for those who will not be able to live without support even in a long run.

The WGH believes that one of the main elements for successfully tackling homelessness is *the cooperation* between municipalities and NGOs. Also, the creation of *special task forces* may be helpful to integrate individuals with special needs. The WGH has identified the following as obstacles that may prevent integration:

- A lack of professional support for people threatened with homelessness will increase the number who become homeless.
- Accommodation for people who are homeless, which operates without the aim of (re)integrating them and helping them to access independent housing, is a significant obstacle for an increasing number of people.

The work of the WGH is not finished yet. However, for now we would like to make some interim concluding remarks. The problem of homelessness is in fact a problem for the whole of society, right across Europe. The realisation of this by public authorities at all political levels is required. The implementation of actions at the local level is a very pragmatic and efficient way to answer new challenges. But, public private partnership does not mean to taking away responsibilities and competencies from public authorities to give them to social NGOs!

## THE ROTTERDAM SITUATION

Rotterdam, with a population of almost 600,000 people, is the second biggest city in the Netherlands and is also "the main port of Europe". Like any big city, Rotterdam is

struggling with typical urban problems, like the low average levels of education, employment and household income. In Rotterdam, 22 percent of households are on a low income - that is, a level considered to be the social minimum according to national standards. This is almost double the average nationwide (11.9 percent). A relatively large number of people receive social security or disability benefits.

The general aim of the homeless policy of the city of Rotterdam is to *reduce the number* of homeless people and to *shorten the stay* of people in the special facilities for the homeless. We want to *empower* our citizens to take them to their personal maximum level of independent living. With this guiding aim, not only does the individual client get better services and a better perspective for the future, but we also believe that this approach will lead to fewer problems related to nuisance and anti-social behaviour. The more people who come out of homeless services to live independently (or with support and care), the more the social care providers can focus on their core business: being a short-term shelter for crisis situations (instead of a place to live for some months or even some years). And finally this will also lead to cost reductions (which is more a long term perspective).

In order to improve the present situation, we have developed an integrated approach for preventing homelessness and sheltering and reintegrating people who are homeless. Core items in this strategy are: one centrally located access point, a centralised registration system, special passes, "thresholds" for homeless people from outside Rotterdam and client-based / client-centred care. We call this "Centraal Onthaal", meaning a central welcome. ●



## NeunerHAUS for homeless people: autonomy, empowerment and humanity

Markus Reiter is CEO and joint founder of the organisation NeunerHAUS in Vienna.

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### INITIAL SITUATION

Poverty tends to be more widespread in urban agglomerations than in rural areas. According to recent surveys, 14.9% of the inhabitants of the Austrian capital are threatened by poverty which consequently produces a high number of homeless people. Statistics show about 300 - 500 Viennese who are "acutely homeless", meaning that they are actually living in the street. 4,000 Viennese live in various types of accommodation for homeless people and a further 8,100 run the risk of becoming homeless.

Until the mid nineties the problem of homelessness was mainly handled in a purely administrative way. Some positive initiatives did exist, like the first social-therapeutic residential accommodation at Gänsbachergasse, as well as some 500 shelter places offered by a community of social organisations.

### LITTLE FOCUS ON INDIVIDUALITY

However, there were too few shelters which took the individual situations of people into consideration. Those who lived in a steady relationship, for example, or those who had pets, faced difficulties in finding appropriate accommodation. Many preferred living and sleeping on the streets to being in institutions where alcohol was not accepted or where it was not allowed to bring one's companion or pet. In order to offer a shelter to these people also, citizens of the ninth district in Vienna, who were involved in social politics, founded the organisation *NeunerHAUS* in 1999. The reference to the ninth district gave the organisation its name. *NeunerHAUS* aimed at establishing new forms of accommodation for homeless people who did not accept the existing institutions.

### INNOVATION AND CREATIVITY OF A NEW CONCEPT

The idea was to create a new form of accommodation where affected people could stay for an unlimited period, where their privacy was respected and where they had the opportunity to be actively involved in the structuring of their surroundings. To sum up: somewhere they could live like they wanted to. Homeless people also actively helped with the creation of a concept of supervision in order to ensure the consideration and realisation of their wishes and individual needs in the project *NeunerHAUS*.

### GUIDELINES FOR ACCOMMODATION AT NeunerHAUS

The resources of most homeless people are weakened or exhausted as a consequence of difficult starts in life, reduced skills to actively cope with daily situations in work, family and leisure related environments, or due to mental, health and social disposition. The organisation *NeunerHAUS* tries to uncover and make use of the individual's energies. Equally, they encourage the acceptance of responsibility. Thus, the following **basic requirements** were set up at *NeunerHAUS*:



- Respect of the individual and his/her autonomous interaction with the environment
- A "prepared environment"
- Agreed guidelines

The notion of "prepared environment" is one that is explained in the work of the progressive educators R. and M. Wild. It refers to an environment that facilitates learning and comprehension, activation and affirmation and an environment that enables the alleviation or even the overcoming of personal deficiencies. *NeunerHAUS* adopted this approach, which has its origins in education science and which means there are significant requirements that employees (mostly professional social workers) should observe in their work: respect for the individuality and privacy of residents, compassion and sensitivity in dealing with residents, the ability to give impetus and encouragement and the readiness to identify and carry out appropriate ideas and suggestions.

### PRINCIPLE OF SUPERVISION BY A CASE WORKER: "EVERYONE CAN, NO-ONE HAS TO!"

In its daily social work, *NeunerHAUS* tries to support the residents in improving their living situations. For some the move into the house itself might already be a big improvement, for others it might be a first step on the way towards advancement in other areas.

Everyone can take part, but no-one is obliged. If a person wishes to engage with a case worker, he/she can demand the required service directly (by approaching the employees) or indirectly (by further intervention). Supervision by a case worker, should, however, also be offered when employees realise that a resident cannot cope with





his/her situation. At the same time, supervision must be offered when the direct interests of the house are concerned (for example if the loss of income or amassing of debts lead to falling behind with the payment of the rent contribution). *NeunerHAUS* also has the responsibility to actively approach people who are in special need, in case of illness or loneliness for example.

### SELF-DETERMINATION AND CO-OPERATION

The organisation *NeunerHAUS* wants to help the residents in their houses to re-activate latent capabilities or to acquire new ones. The structures at *NeunerHAUS* should motivate and enable the residents to organise and maintain themselves. The team at *NeunerHAUS* organises communicative, creative events and team assignments in order to motivate the residents to be active. Thus, a major part of the house management is the residents' personal responsibility (cleaning, waste disposal, minor repairs). General tasks like these are also remunerated. Such experiences can enhance the residents' self-esteem and encourage activity and communication. Several instruments for **participation** and **co-operation** were established. They are based on the right to information and freedom of expression:

- floor assemblies
- house assemblies
- the individual right to discuss private issues with the management
- evaluation of resident satisfaction

### SUPPORT FROM SOCIAL WORKERS

Supervision by a case worker at *NeunerHAUS* is based on an accepting and holistic approach. *Accepting* means that people have to be received impartially in their current situation and agreements with them have to be reasonable and accomplishable. *Holistic* means that not only selective and acute dysfunctions and problems should be taken into account but also the whole life story. The residents' capabilities can thus be better incorporated in the cooperation with the social worker.

The support always has to be adapted to the residents' capabilities. At *NeunerHAUS* employees take care that they do not expect too much of the residents (through agreements that cannot be accomplished) and that each step in the supervising scheme is undertaken with a view to reinforcing the resident's own competencies.

The resources for supervision by a case worker are, compared to other institutions, very limited: full time employees, graduate social workers with currently 0.5 weekly hour of social work per resident, honorary employees (supporting social workers, activating measures), people doing their social service (a year's social work undertaken instead of military service) and interns. The team at *NeunerHAUS* is present from 9 a.m. to 5 p.m. during the week. At night and at weekends the residents themselves are in charge of the house.

### RIGHTS...

- The residents can live as they like (no prohibition of alcohol, possible living with companions and pets, visits without restriction);
- At *NeunerHAUS* privacy is respected (own key and mailbox);
- It is possible to assist with renovation and design one's own living space;

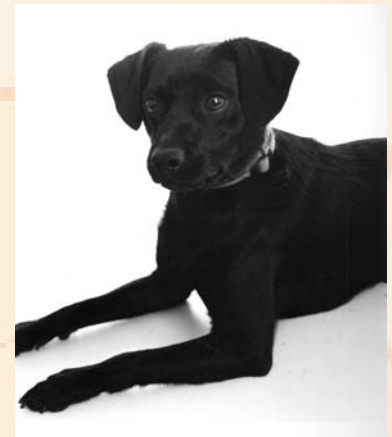
- The attendance at meetings (floor assemblies, house assemblies) is voluntary.

### ...AND DUTIES

- Residents pay an accommodation fee (usually refunded by the social services department);
- Residents are expected to keep their accommodation unit clean and tidy;
- If a conflict occurs, the willingness of conflict resolution is expected. Professional help for resolution is offered;
- There are clearly defined guidelines (authorisation of utilisation, rules of the house);
- There are clear consequences which can even lead to expulsion (here the management has a range of options).

### THE HOUSES

- The first *NeunerHAUS* was established in the third Viennese district "Erdberg" in January 2001. 45 men and 20 women could find their own living space without bureaucratic hurdles but rather on account of long-term homelessness and because they were signed on the project list. The integration into the neighbourhood was a success and in 2002, even the authorities responsible for the area acknowledged the project as successful.
- Both individuals and couples can move in;
- There are standard furnishings in all rooms. All rooms have shower and kitchenette, there are shared toilets in the corridor;
- Residents can bring their own furniture or to purchase furniture after moving in;
- Residents may keep pets.



At present, the organisation *NeunerHAUS* provides 100 accommodation units for homeless people in two houses. For the second *NeunerHAUS*, which is located in the classy Viennese district Döbling, a former student dormitory was renovated (with the remunerated help of residents of the first house) and was opened five months ago as transitory accommodation, in line with a new innovative concept. The house offers 35 temporary accommodation units for adults with high self-help potential (independent lifestyle and self-sufficiency are assured) who are confronted with short-term homelessness. With the help of social workers the project aims at finding a permanent and appropriate home within six months.

### SUCCESS: EFFECTIVE CONCEPT OF NeunerHAUS

In the beginning the prospects of the project were considered very low by experts. It was felt that residents would not be able to take on their personal responsibility without obligatory supervision and



with employees present only during the week and not at night and during weekends. The only decisive indicator of success demanded by the city council was that there would be no police callouts within a six-month period. However, even better results could be demonstrated at the end of that time:

Using the following as indicators of success: utilisation of the service, number, kind and scope of conflicts, attitude to payment, decrease or increase of the level of supervision and the attendance of residents at the activities on offer; it can be shown that:

Utilisation was high from the beginning and amounts to over 90%;

Conflicts in the house have continuously decreased over the last years. The establishment of the floor assemblies for conflict resolutions in the direct surroundings has certainly played an important role here;

The team at the *NeunerHAUS* proudly reports that the residents voluntarily seek conflict resolution in group discussions;

There is a positive attitude to payment. It seems that independent living is esteemed so high that only few take the risk of having to move out due to missed payments;

Supervision expenses have stabilised;

More than 50% of residents participate in common events like Christmas parties or house assemblies.

In 2002, the city council rewarded the high acceptance of the concept by residents and neighbours with an unlimited subvention contract and in 2003, it officially assigned the project at CEMR (Council of European Municipalities and Regions). In the survey on "The Fight against severe poverty in European cities" the city council declares *NeunerHAUS* the most successful concept: not only does it consider it a "low cost" project (personal responsibility and voluntary supervision reduces social control and supervision personnel) but also a project that "adapts to the individual situations of the residents." "The optimal targets were achieved in an optimal way" claims the welfare department of the city. Thanks to this positive experience the city council has decided to initiate and support further projects like this. ●



Vienna ■

AUSTRIA



## Moving on to independent living in Hungary

By Péter Bakos, *ReFoMix, Hungary*



### BACKGROUND

Over the last 15 years, the institutional system of homeless services developed in Hungary according to the principle of gradual integration of homeless people through a system of night shelters, temporary shelters, rehabilitation shelters and half way housing. (It must be added that the latter is still largely a missing element of the system and only the main service providers have some flats for this purpose.) The first ten years of the system were characterised by institutional capacity building. After the political transition in Hungary, the seriousness of the problem put really hard pressure on the government to deal with the issue of homelessness. The fastest way of tackling homelessness, or at least of making homeless people "invisible," was to "shut them" in institutions. Although being accommodated in a heated place in winter is far better than being frozen to death in the streets, it is still true that the night shelters in particular are rather prison-like and many people choose rough sleeping rather than going to night shelters and enduring the overcrowding, not to mention their fear of being robbed or abused by gangs.

What is more, the system became closed and hardly provided any possibilities for moving on from emergency accommodation. The low proportion of the social rented housing stock (5%) resulted in a bottle neck situation in homeless services.

The lack of pathways out of homelessness, as well as the lack of capacities and resources in terms of the bordering social or health institutions, threatens the temporary character of the shelters. In 2001 it was revealed by a survey conducted in night shelters and temporary shelters that 20% of the residents should be accommodated in residential homes for the elderly homeless, 17% of them should be accommodated in rehabilitation shelters, 11% of them should be taken in to health institutions, and for 5% a residential home for the handicapped would be the proper solution. (Nemzeti Család és Szociálpolitikai Intézet: 2001-2002. Kutatási beszámoló p. 14)

The above facts all contributed to the need for change concerning the direction of development.

The Hungarian NAP on Social Inclusion, in section on homelessness states: "The supported *re-integration programmes* for homeless persons will be focused primarily on job finding and on creating opportunities for independent living. One pillar of independent living is maintaining a home and to do this, the programme's efforts to increase accommodation outside of institutions will continue."

The above objectives were echoed in the Government resolution (1107/2004) which had been developed and proposed by the Ministerial Commissioner of Homeless Affairs, Miklós Vecsei. The primary aim is to provide support out of the institution system for those homeless people able to live independently but currently living in a temporary shelter or in the streets.

### THE CONCRETE MEASURE

In accordance with the above objective of the NAP, as well as the Government resolution, a new pilot project was launched, providing alternative accommodation for homeless people outside the institutional system of shelters, particularly in private rented flats or workers' hostels. There are 900 external spaces which have been established in this way nationwide. In Budapest there are 300 places available; while the remaining 600 are distributed equally among six regions of the country. The Ministry allocated resources to the two Public Foundations (in Budapest the Cooperation Public Foundation and the Public Foundation for the Homeless for the rest of the country) which contribute to more needs-based initiatives. They are responsible for the implementation and coordination of the project.

The pilot project started on the 1<sup>st</sup> of December 2005 and will run until the 30<sup>th</sup> of November 2006. It focuses particularly on single homeless people, but some families living in Family Temporary Homes are also entitled to be involved in the project. The main objective is to motivate our service users to move on from homelessness towards independent living, to prevent hospitalization and to strengthen their social reintegration.

Homeless people who have been in contact with homeless services for at least a month are entitled to apply for the support. This short peri-

The low proportion of the social rented housing stock (5%) resulted in a bottle neck situation in homeless services.



od of time as one of the eligibility criteria makes early intervention possible with regard to the newly homeless. It can significantly contribute to preventing them from getting used to institutionalised care. The pilot project is also expected to increase the chances of moving on for residents of temporary shelters and night shelters leaving greater capacity to accept those currently forced to live in the streets due to the lack of free beds.

The housing costs of those involved in the project is subsidised up to a maximum of 240.000 HUF (~960 EUR) for a one year period. It means that the maximum amount of support paid per month can not exceed 20.000 HUF (~80 EUR), which is about 2/3 of the monthly cost of the rent (depending on the region). If a person drops out of the rented flat, another person can be allocated whatever remains of the support payments. Applicants for the project must have regular income, coming either from work or pension or at least a pension-like income. The reason for this criteria is to give them a better chance of regularity and of maintaining their tenancy. The selected persons must cooperate with homeless services and be willing to stay in touch with social workers providing help and support to sustain their tenancy. The success of the pilot does depend on aftercare especially with those selected from the streets.

Although the project was only launched on the 1<sup>st</sup> of December, a lot of preparatory work had already been done. Homeless services

announced the opportunity in their institutions and at the service points for street outreach services. After receiving the applications, the organisations appointed a day for interviews to select the persons to be supported. In many cases an independent "committee" was set up including a psychologist. The recommendation of the applicant's social worker was also taken into account when the decision was made. In parallel with the selection of participants, both social workers and shelter residents started to look for suitable tenancies. At this stage of the project the first couples and individuals have moved into their new homes.

### CONCLUSION

The pilot project places a large responsibility on each person involved. There are probably some barriers which will arise, which we cannot foresee now. One of them could be the fact that the training part of the system is not developed at all, although pre-tenancy trainings would probably significantly reduce the risk of dropping out of tenancies. Possibly this element will be gradually developed in the coming years. If the pilot project matches expectations, it could be a long-term alternative for solving the housing problem of homeless people without hospitalizing them in institutions, not to mention that it is a cheaper solution for the Government. On the whole it has the potential to revitalize the whole system and motivate both service users and social workers, who will be equipped to really be able to provide useful help in the area of housing. ●

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