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Local Authorities and the Fight Against Homelessness



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HOMELESS *in Europe*



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In his introduction to the 2003 **FEANTSA** research report "The Changing Role of the State: State Intervention in Housing and Welfare", researcher Jo Doherty describes how globalisation "envisages the divesting of state responsibilities 'upwards' to supra-national organisations (such as the EU), the 'downward' transfer of responsibilities to local government and quasi-state organisations, and the dispersion 'outwards' to non-state agencies such as NGOs and the voluntary sector, as well as to private, for-profit enterprises."¹ Certainly, in relation to homelessness, there has been a shift in recent years towards giving increased, or even full, responsibility to local authorities for combating homelessness and indeed other tendencies, such as the out-sourcing of the provision of homelessness services on a tenders basis to the NGO and voluntary sector, may also be observed. It is in light of the increasingly important role of local authorities, and the growing number of **FEANTSA** members who work in close collaboration with them, that this issue of the magazine is dedicated to exploring local authority involvement in the fight against homelessness.

Bringing the policy response to homelessness to the local level is widely considered as a positive shift, as homelessness is often seen as a problem requiring a local solution. Proximity to the situation on the ground can be a real asset when tackling homelessness. What is more, local authorities are also often in a strong position to bring together the different public and private actors that need to work in partnership in order to provide effective responses to homelessness. As the understanding of homelessness as a complex and multifaceted problem grows, it is increasingly clear that an integrated and comprehensive response requires the involvement of a very wide range of actors. Precarious, low-paid jobs, a commodified housing market, growing demands on health services and the shifting social and family networks are some of the structural factors that contribute to the problem of homelessness. Trigger factors include eviction, relationship breakdown, loss of employment, domestic violence, release from prison, care, or the armed forces and health problems, among others. Thus an effective response to this range of issues requires the forging of links and cooperation between health authorities, housing bodies, employment bodies and agencies, outreach and emergency services, prison boards, mental health workers, social services, NGOs etc. Local authorities are well-placed to oversee and coordinate such partnership strategies.

Indeed it is an overview of local authorities operating as vectors of partnership and integrated working that emerges most strongly from the articles contributed to this edition of the **FEANTSA** magazine. The article contributed by Mar Bastante Liébana of Spanish **FEANTSA** member FACIAM describes how a forum on homelessness was created in Madrid this year, on the initiative of the social services and the voluntary sector, bringing together all of the local bodies, both public and non-governmental, that are involved in the fight against homelessness, as well as representatives of local government. It is hoped that the involvement of elected representatives will have a real impact in terms of implementation of the creative policy approaches emerging from the forum. Paolo Brusa of Italian umbrella organisation FIOpsd highlights the development of a similar structure in the City of Turin in Italy. He describes how contact, exchange and networking in a "Round Table" structure have led to the development of improved integrated working and that local authority efforts have led to the development of an effective three-

tiered structure of service provision. However, Mr Brusa does highlight some of the pitfalls of the local authority funding system, whereby organisations expected to cooperate find themselves in competition for funding and forced into a drive to lower the cost of service provision.

The placing of a legal duty on local authorities to house homeless people is highlighted by Scottish contributor Robert Aldridge of the Scottish Council for Single Homeless as an effective way of moving local authority homelessness strategies forward. In Scotland, local authorities have been placed in the role of drivers, responsible for the development and implementation of the policy response to homelessness, in partnership with actors from across all sectors. Noeleen Hartigan of the Simon Communities of Ireland describes a similar approach, whereby local authorities have been identified in Irish legislation as the appropriate bodies to deal with the needs of homeless people, with according obligations and powers. This has led to the creation in Dublin of an Agency, similar in structure and function to the partnership bodies highlighted by other contributors. However, Ms Hartigan emphasises that the failure to make actually housing homeless people a statutory obligation has proved a crucial one, as there is ongoing difficulty in ensuring that all statutory actors recognise their responsibility to meet the needs of homeless people. Solvita Rudovica of the Riga City Council in Latvia provides a local authority perspective. In Riga, the local authority does have an obligation to provide shelter for homeless people and the growing numbers of homeless people in Riga have meant that the local authorities have found themselves obliged to critically assess the situation and to identify appropriate action. This has led to increased working with NGO service providers in order to meet immediate needs and the development of an integrated long-term plan that will include working with national policy-makers to improve resources; working with health care providers to include access to healthcare; working with private companies; improving data-collection systems; and even working with the media to improve society's perceptions of homeless people.

The need to change public perceptions of homeless people is also highlighted by Danish contributor Per Thompson of the Bridge-Building-Society created by the City of Aalborg. The local authorities in Aalborg see the fight against homelessness in terms of building bridges: bridges of understanding between marginalised people and the general public and between homeless people and the services that seek to cater for them; bridges of cooperation and dialogue between service-providers across the different sectors. The article contributed by Ingrid Stegeman of Eurohealthnet focuses on the integral link between bad health and homelessness and the positive impact that access to good healthcare can have as a way of moving towards social inclusion. Ms Stegeman uses two local-authority led health projects in for homeless people Sweden and in Italy to illustrate the value of good, integrated healthcare for homeless people.

As always, **FEANTSA** offers its sincere thanks to all contributors for their time and expertise. Your reactions to the magazine are welcome. You can send them to dearbhal.murphy@feantsta.org •

¹ (2003) **FEANTSA**: "The Changing Role of the State: State Intervention in Welfare and Housing" http://www.feantsta.org/files/transnational_reports/EN_WG1_Role%20of%20State_2003.pdf



Creating a space to work with local authorities and political parties: The homelessness forum in Madrid

By Mar Bastante Liébana, *Secretary General of FACIAM*



In the course of 2005, cooperation and common working between local authorities and the homelessness sector in Madrid has taken on a new and innovative form. The aim is to give new impetus to combating homelessness in the City of Madrid and to improving the services that cater for the needs of the homeless people in the city. To this end, all relevant actors and stakeholders have been brought together in a single space for debate and reflection. Thus in February 2005, a "local Technical Forum on homeless people" was set up. All of the local bodies that work with homeless people (both public and private) are taking part in this new initiative. In this Forum there are also representatives of the political parties that are in local government. The Forum was set-up through the initiative of the social services of the city of Madrid, at the request of the voluntary sector. It was created as a body attached to the social services of the city and with consultative status in relation to these services. The mission of the Forum is to draw up proposals with a view to optimising and adapting the network of services for homeless people in relation to their real needs and to support the development of horizontal and coordinated actions.

Among the objectives and functions of the Forum, it is worth mentioning the following:

1. To gather and analyse information regarding homeless people in Madrid, their profiles, demands and needs;
2. To make proposals for research whose objective is to improve the quality of the services and to adapt them to the complex and diverse needs of homeless people;
3. To work on the prevention of homelessness;
4. To develop measures for awareness-raising among the general public, with a view to favouring understanding and social acceptance of homeless people;
5. To generate positive discourses in the media that promote constructive attitudes and solidarity within society;
6. To propose measures in order to optimise existing services and to better adapt the network of services for homeless people;
7. To favour the development of coordinated and horizontal action, promoted from the different departments of the local government and the voluntary sector itself

8. To formulate recommendations and proposals for action to the different bodies, organisations, and competent institutions in the area of homelessness that work within the city Madrid

During the past months, the Forum has worked in four working groups. The first working group focused on the analysis of the present reality of the problem; the second on programmes; the third on the visibility of the phenomenon of poverty; and the fourth and final group works on resources and equipment. Each working group has reflected on and debated the above-mentioned areas of work and has reached agreements and formulated proposals.

The proposals formulated by these Working Groups were discussed in the plenary that met at the end of last June. The representatives of the local authorities and the political parties present in the plenary session of the Forum committed themselves to defending the approved proposals so that they will get the support of the city council.

Among the proposals approved by the Forum are the following:

1. To create workshops or work centres adapted to homeless people.
2. To establish programmes for the re-integration into the labour market of those receiving social benefit (minimum income).
3. To set up a permanent statistical observatory on homelessness that will follow the evolution of the problem in Madrid and carry out a study on the barriers to employment faced by homeless people
4. To organise a seminar on good practices on "prevention and action with homeless people in Madrid" (in the city of Madrid, rather than the region of Madrid).
5. To set up new programmes and services for homeless people that combine both health and social care, in order to make it possible to improve the care services provided to homeless people, both during the hospitalisation process and the subsequent convalescence, and also services for "prematurely-aged people".

The mission of the Forum is to draw up proposals with a view to optimising and adapting the network of services for homeless people in relation to their real needs and to support the development of horizontal and coordinated actions.



6. To improve the coordination among different social services: mental health, services for people with substance abuse problems, etc. To this end coordination meetings will be held.
7. To launch an awareness-raising campaign on homelessness with the aim of "normalising" this phenomenon. The campaign would target the general population.
8. The creation of big macro-centres shall be avoided. It is necessary to locate services for homeless people in urban settings and within the metropolitan area. The local authorities are going to set up a new centre for homeless people, and a committee (which will be like the continuation of the Forum) will be set up in order to follow-up on this planned action and to make new suggestions, which the authorities have committed themselves to acting upon.
9. Another committee will be set up for the emergency cold weather campaign. This committee will make proposals in relation to this campaign and in particular as regards the location of the additional emergency centres, a decision which, in the past, has often been a source of conflict with the neighbours.

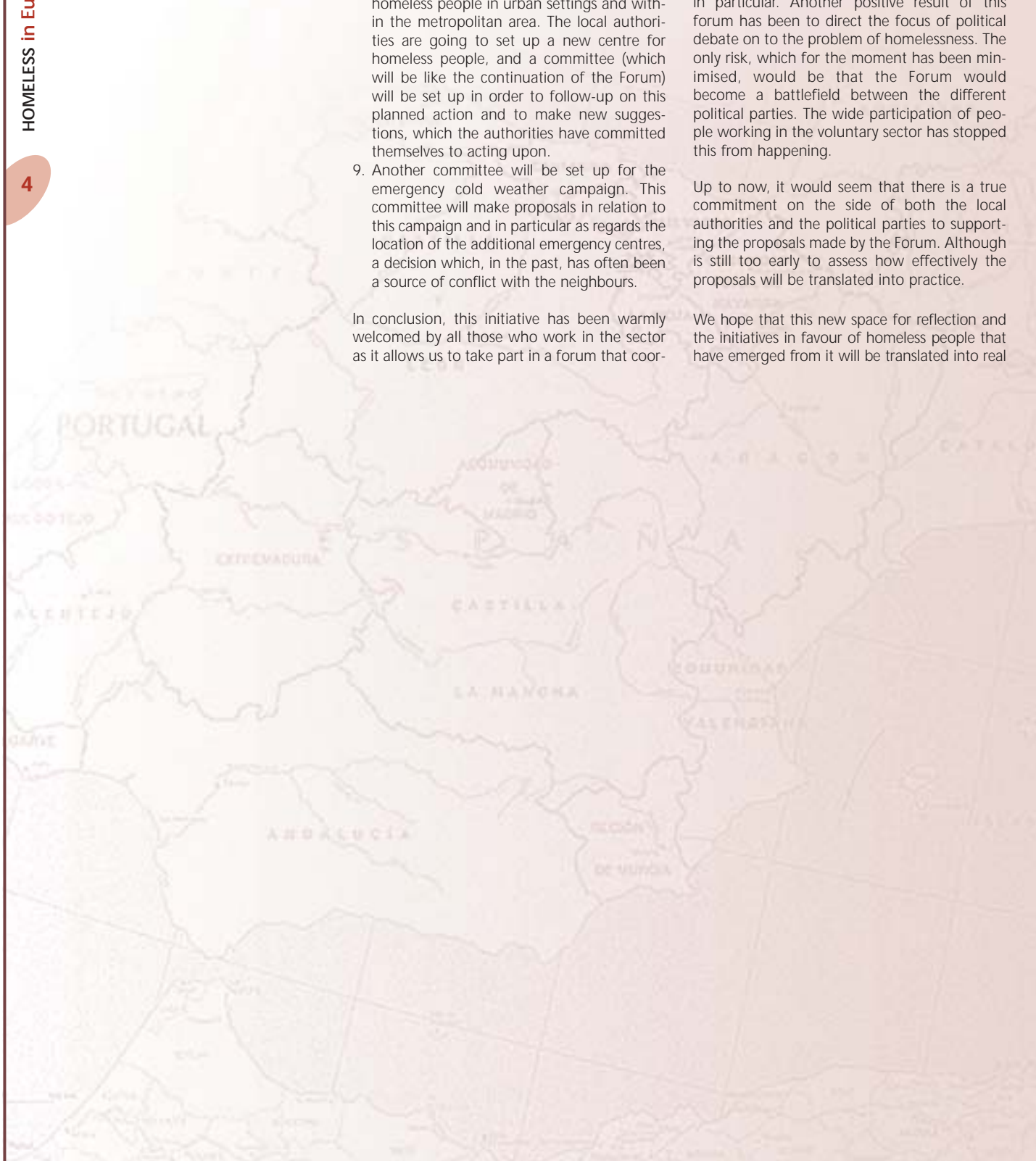
In conclusion, this initiative has been warmly welcomed by all those who work in the sector as it allows us to take part in a forum that coor-

dinates and debates the initiatives and the policy decisions regarding homeless people. We also think the fact that all of the political parties represented in the city council are involved is very positive.

We believe that the involvement of policy-makers will favour positive progress on the policies that address the needs of homeless people, as well as better visibility of homelessness in society in general, and within the public institutions in particular. Another positive result of this forum has been to direct the focus of political debate on to the problem of homelessness. The only risk, which for the moment has been minimised, would be that the Forum would become a battlefield between the different political parties. The wide participation of people working in the voluntary sector has stopped this from happening.

Up to now, it would seem that there is a true commitment on the side of both the local authorities and the political parties to supporting the proposals made by the Forum. Although is still too early to assess how effectively the proposals will be translated into practice.

We hope that this new space for reflection and the initiatives in favour of homeless people that have emerged from it will be translated into real





Handle With Care: How local authorities approach the fight against social exclusion in the post-industrial Italian city of Turin.

By **Paolo Brusa**, – psychologist, consultant and trainer (in the field of combating social exclusion for FIOpsd); experienced in the same NGO, which is a member of FEANTSA and active in the fight against homelessness: between 1997 and 2004 first as social worker, then as coordinator, between 2000 and 2004 as vice president and project manager, between 2002 and 2005 as local coordinator of two projects supported by the European Union. Email: paolobrus@hotmail.com

The City of Turin will soon be known Europe-wide for hosting the 2006 Winter Olympics. Much like any other city, Turin has its commercial side and the bright image which it projects, but also a more complex social side, which is the inheritance of the city's past. In terms of inhabitants, the city of Turin was more or less stable from its Roman foundation in the third century B.C., until major development started during 18th century, when it became the first capital of the Unitarian state. During the 20th century, and especially after the 1950s, Turin's development was directly connected to its industries, which made it known as the "Fiat-city". During the 1950s, almost 440 000 persons arrived in Turin, and more than 2 out of 3 became permanent residents. The massive migration from the south of Italy transformed the city from a big village into a big city of more than 1.1 million inhabitants¹, with almost 450.000² people directly employed in economic activities related to the car industry.

From the 80s on, the global industrial recession generated a radical shift to a post-industrial scenario, as the majority of the economic activities crashed or changed their focus to the tertiary sector. The impact of such changes greatly influenced the population, both in terms of number and of composition: the overall population decreased from its former high to 904.616³, while the percentage of new migrants became considerable, with some 90.450⁴ people, including significant numbers from Romania (32%), Albania (17%), and Morocco (7%).

These significant changes gave rise to a vast range of related needs in the struggle to survive as a social environment. Migration flows started to be evident during the 90's, with an overall decrease of Italians and an increase of migrants. From this decade onwards, it was clear that the former "Fiat-city" simply no longer existed: in order to survive as a social environment, Turin had to change its focus, its priorities, its policies and its way of life in order to ensure new practical answers to emerging new needs. The changing population set a clear, new integration process in motion, in which the percentage of migrants tended to constantly grow, leading the actual size of the migrant population to 1 in 10 people.

Society in Turin was affected by a change in terms of its composition and by a general process of impoverishment, due to the combination of the industrial crisis, the fall in purchasing power and the punishing economic recession. A part of society blamed the new migrants for the situation of general impoverishment. The city again experienced more or less the same process of exclusion and discrimination as thirty years before: but this time discrimination was no longer by

northern inhabitants against southern migrants, but by "Italians" against new migrants. The integration process was also influenced by other variables – for example, the general poverty reduced the possibilities of accessing affordable apartments, or of finding decent jobs with reasonable salaries.

The need to change and to identify comprehensive answers to the new social necessities had a double effect: the attempt to secure the social environment by changing and renewing the urban scenario created new threats of social exclusion and poverty. On the one hand, the urban focus moved from an industrial city to a cultural and touristic destination, and the whole urban fabric was rearranged: new residential districts grew in places where once there were only industries, the oldest neighbourhoods were renovated, and various activities emerged in the tertiary sector. But on the other hand, the general impoverishment, the difficulties in finding long-term working contracts and the higher rent in the renovated neighbourhoods pushed the former lower-middle class out of the city-centre, while the safety of the most vulnerable section of society was threatened and quickly became a priority issue.

In a changing society, the problem of social exclusion and the range of issues and factors in play changed as well: the factors contributing to homelessness emerged from a melting pot of old and new social problems, with new elements including the significant percentage of middle-aged men formerly working in industry who found themselves without employment and the issues related to migration. The general impoverishment of the social environment also created the phenomenon of so-called "grey-poverty". The term denotes the huge number of people⁵, living in apartments, but far below the poverty line. In Italy this phenomenon is not considered as homelessness, due to a one-dimensional perception of the problem of homelessness, that identifies homeless people only in terms of housing and includes only rough-sleepers. But while the phenomenon of the "grey poverty" certainly exists and is still mainly un-monitored, homelessness is starting to be more and more evident.

The changes in the social environment and the emergence of new social exclusion issues were constantly monitored by local authorities, through a fruitful dialogue between local actors (voluntary groups and NGOs⁶) and the Municipality. Up to the end of the 70s, the majority of social services were run by voluntary associations, but in 1981 the "Adults in Need Office"⁷ opened to the public and started to manage and direct services and interventions. The evidence of new social needs and the policies created in order to tackle them led

to a constant growth and differentiation of services. The growth was also due to a well-known effect: as new shelters are created, the number of homeless using the direct-access services tends to increase⁸. During the late 90s, the range of available services increased constantly, as the number of registered homeless continued to grow. From 1995 on, almost every year some new service was opened⁹, and the whole range of them started to be organized into a three-tiered structure¹⁰.

The investment and the efforts directed into the to fight against homelessness led to Turin being taken as an example at national level. But this "indirect marketing" generated another paradoxical effect: the growing availability of places within services drew homeless people to Turin from other districts, towns and regions, where no efficient policies or no policies at all were in place. As the overall costs increased, it became necessary to focus on who was supposed to be covered by Turin's resources and who was supposed to depend on their original city council. The difference between residents and non-residents started to have a direct impact in terms of access to night accommodation and general opportunities for reintegration¹¹. In order to avoid discrimination, the Municipality created a virtual address for every person asking for social help or access to a reinsertion programme: it became possible also for non-residents to be "certified" as resident homeless. However, within a couple of years, this valuable effort also generated a kind of perverse effect, whereby, when the system of virtual residences became known, a stigma became attached to it and it was associated with social exclusion and homelessness and those with such an address started to face huge difficulties in finding a job and flat, because of the prejudices spread in the population.

The positive development of services and their progressive diversification in terms of what they can offer was a direct and parallel effect of constant monitoring and analysis. The NGOs greatly contributed to the development of a multi-dimensional approach to the phenomenon, making proposals and suggestions to the Municipality through constant contact and dialogue, and the Municipality itself led the development towards the present services structure, that is, an integrated organisational structure, with specific services to meet specific needs¹². This new organisation of services is based on the fact that the homeless are first and foremost simply people and must be treated as people rather than as social cases or social costs¹³. Like any human being, homeless peoples are complex individuals and so approaching their needs cannot be reduced to "simple actions" based on "linearity". Needs are not simply "the" need for housing, work, relationships, support, health care and so on. Like everyone else, the specific and individual needs of homeless people are the sum of the how they have lived each of these "general" needs in a personal way, within their individual biography, within the overall framework of the practical and material context in which they live, that is to say, the priorities set at the political level and the practical, structural resources available for living in dignity.

Turin's structured offer of services is the result of time, experience, good practice and of the constant mutual contact between all of the actors involved.¹⁴ During the 90s, these efforts led to the building of specific "Round-tables", with regular meetings on various actions and initiatives as well periodic general assemblies. These round-tables were informal at the outset, as they were simply meant as a place where all actors could share their analyses and good practices, or focus together on specific emergencies in order to develop common lines of action. The official and formal definition of these round-tables came only later, with the Italian Law 328¹⁵, of the 8th November 2000, named "General Law to put in place integrated systems for intervention in social policies".

As the Law 328/00 clearly structured the actions at a decentralised level, it became possible to influence governmental social policies at a local level, through participation in the Local Action Plan (named "Piani di Zona") periodic round-tables and meetings, in which all social actors are invited to participate. Turin City Council officially recognised certain Round-tables, such as the "Round-table on social exclusion", which was institutionalised by the signature of the legal representatives of the participating agencies during 2001. In the course of its existence, the round-table has seen the development of good practices in terms of the evolution of a concrete network, which includes all social actors interested in developing services to combat social exclusion. The network is open, in order to allow any one to join in. Different networks cover both different urban areas and various issues, and they are all supposed to interact and meet at a highest political level in order to develop integrated policies.

At the moment, the complete integration of the policies is still something of a "new year's resolution", though some specific service interventions are already a reality. One such integrated action that has already been put in place is the so-called "Social-sanitary First Aid Centre"¹⁶, a multidisciplinary service run by an integrated team¹⁷ whose approach is basically modelled on the open method of coordination. The service's management is based on an integration of the different professions, which periodically meet and exchange. Thus the approach seeks to guarantee professional independence, while within the overall structure the whole service-body still maintains good dialogue, communication and the sharing of information between the various parts. Another considerable value is the fact that it's the first service of such complexity which has been put straight in place at the location where the need is evident: it's a well thought-out new approach in the Italian social service sector, which usually operates on the principle that the users must find and go to the services, and that social problems are not supposed to be too visible, especially at the urban centre.

The reason why such an integrated service is a good example rather than a common practice in the fight against social exclusion is the result of a mixture of critical points and open problems. One critical point is a sort of "institutional paradox": on the one hand, the Italian



welfare system focuses on the offer of specific services for specific problems in a vertical logic of areas of intervention. This vertical definition offers precise answers, certainly, but it is ill-equipped to deal with the multi-faceted complexity of social exclusion. On the other hand, the Law 238/2000 is based on the principle of devolution, in order to maximize concrete integrated actions, while the formal Round-tables have the duty to work with the City Councils on the evaluation of the existing services, the priorities for the future and the economic planning for service management. Thus the welfare structure is shared out, while at the same time, it is supposed to be horizontal and coordinated: the coexistence of two such different structural approaches may encounter major difficulties.

This "institutional paradox" gives rise to two main effects. Firstly, there is the not-always-easy dialogue between NGOs, Municipality and community-level authorities. This difficulty may be connected with the political persuasion of local authorities, who may sometimes be more interested in political concerns than in approaching the problems for what they really are. This difficulty has another correlated cause, which has to do with high-level political decisions in terms of allocation of government funding, which is generally decreasing, as the priority of welfare does at state level.

Another problematic aspect is the rather defensive relationship between the agencies, as the funding system is structured on tenders-for-contracts¹⁸, which is based on competition. Every service has been licensed by the Municipality with transitory contracts for a given period of time, usually two or more years. In this system, the agencies, which are sharing their know-how at the different Round-tables, are in competition for the award of the contracts for running social services. This competition creates a risk that the integrated approach will apply only to those actions in which it is structurally necessary, while in all other cases, operating on the basis of one's own expertise and more-or-less formal networking is what happens in reality. So, while the agencies continue to cooperate with coordinated interventions at local Round-tables, they keep on competing at contract time, with considerable results, in terms of fall-out effects, on the entire process of fighting social exclusion.

Like almost everywhere in Europe, we are also facing the progressive dismantling of the welfare state. This is said to be happening because of different international political interests and because of a general economic crisis. Because of the Italian devolved system, it's left to the "discretion" of local government whether or not to use their financial possibilities, and in what way. A visible effect in Turin is the progressive disappearance of high-level qualifications¹⁹ inside the teams running the services, as the highest professional qualifications means also a higher budget. As a result of the economic crisis, the "call for tenders" budget may decrease, and so become a sort of moral blackmail. NGOs are asked to run services because of their

own competence and experience: what is a value in terms of what is declared as goals, methods and objectives, is not necessarily a value in terms of recognition for social work²⁰. As it's up to each single local government to manage their own funds, in accordance with the devolution principle, it's now incumbent on every single NGO to decide whether to offer its employees the salary for an assistant position, or the salary that corresponds to the work that may be done in reality: that of the social worker²¹.

The economic issue is just one of the causes that generates such paradoxes. Two others in particular deserve some attention: the operating-process and the decision-making process. The operative process generally consists of a set of formal actions, based on the mutual recognition of different competencies. So, while at a formal level, the Municipality may recognise the status of NGO social workers mostly as assistants²², it might also happen that the public social-worker, who has the users in his charge, is subject to no controls in evaluating the daily work done by NGOs. The risk is the well-known paradox of the distance between the daily operative work and the periodic institutional visits. But while the worker closer to the ground has no official recognition, the more distant one assumes the power to decide everything himself. This means that there is no structural guarantee, and that the process is left to the intellectual honesty of the actors on both side. A structural mutual recognition may also be long in coming.

The second paradox is a sort of extension of the last example. The Round-tables are a very innovative structure to institutionalise the need to integrate social services; but at the same time, there is a risk that the real impact will be restricted solely to the level of common analysis and exchange, because of the true nature of the position of the various actors. The Municipality has the indisputable power to write the calls for tender, and so to decide how to recognize effort, experience, competency, professionalism and to set the overall budget. On the other hand, NGOs have the indisputable power of know-how, of flexibility and of proximity to the problems, but they have to compete once every two years, and they have no chances to discuss the evidence of the "misperceptions" in the calls for tender²³.

These problematic situations and structural paradoxes are linked to structural and legislative critical points that seem to relate more to general political and cultural issues than to direct action to fight social exclusion and homelessness. Yet their effects can be significant, and the impact in terms of daily difficulties in the structuring of integrated actions can be problematic too. The handling of such "structural power-games" is probably the next step that the local network will have to focus on, in order to keep on building on past success in term of coordination and collaboration at all levels between public and private sector. •

see footnotes on the next page >>

¹ Data on population taken from <http://www.cronologia.it/demog.00.htm> and <http://www.demo.istat.it> * (official census)

year:	1935	1951*	1961*	1971*	1981*	1991*
2003						
population:	647.997	719.300	1.025.822	1.177.939	1.117.154	
	962.507	861.644				

² M. Revelli – Lavorare in Fiat - <http://www.geocities.com/alpcub/flatrev2.html> - 158.445

³ Data on 29th Feb. 2004, from Municipality of Turin, Statistics Office

⁴ Data on 1st Jan. 2004, from Migrants Statistics Office – <http://www.diocesi.torino.it/curia/migranti>

⁵ Around 90.000 people are estimated to live in the "grey poverty" bracket in Turin. At a national level, 11.8% of the whole population is at risk of poverty, meaning 2 360 000 families, or 6 686 00 individuals -data from <http://www.istat.it>

⁶ I use the title "NGOs" in a general way, to denote a whole set of various bodies, including the different kind of co-operatives, foundations, and the private third sector and so on.

⁷ The "Ufficio Adulti in Difficoltà", literally "Adults in need Office", was set up in 1981 as a first step towards the creation of a local network of services for Turin's homeless.

⁸ The stock-taking of data, done by the "Reservation and monitoring service", showed the systematic emergence of hidden homelessness. This official Municipality data concerns the number of single users per year only for the direct access dormitories (meaning the number of people sharing the available 155 beds per night):

year	2000	2001	2002	2003	2004
man	460	613	616	686	650
women	66	92	93	129	129
total	526	705	709	815	779
Italians	379	499	485	503	508
migrants	147	206	224	312	271

⁹ Temporary dormitories, opened for the "winter emergency programme", simply didn't close in spring and became year-round service, or, at other times, State's emergency funds were used.

¹⁰ The three typologies are different in terms of level of accessibility, opening time and presence/absence of an educative programme. They are:

- 1- street work, direct access services, shelters and dormitories;
- 2- first level: transitional shelters;
- 3- second level: community living services and shared houses.

¹¹ In direct access services, the accommodation is guaranteed for 30 nights for residents, but only 7 for non-residents; all the services of first and second level are reserved only for residents.

¹² In May 2005 the calls for tender for services run by NGOs specified the following organisation:

- Direct access services: 8 direct access dormitories (total 155 beds), a daily street service, a night van street service, a call center, a daily integrated social-sanitary first aid centre, a pre-reinsertion centre;
- first level services: 3 move-on dormitories (of which 1 for women and 1 for elderly and ill cases, 50 places);
- second level services: 3 community living services (of which 1 for women and 1 for elderly and ill cases, 12 places), 8 shared house (of which 2 for women and 1 elderly and ill cases cases, 28 places).

¹³ Considering homelessness as "social cases" or as "social costs" will never be officially said by anyone, but it happens in reality when there is a particular implicit way of defining the issue: for example, when the single year budget is more evident than the overall social cost of integrated policies.

¹⁴ The number of available places in the different structures (of all types: including public, private, voluntary and religious shelters) is around 900 beds in total – official data from "Adults in needs office"

¹⁵ The Law allows local government to write and pass specific Directives based on the subsidiarity principle in order to favour the creation of real integrated policies. The Law is thought to favour the passage of responsibility throughout the entire policy-system from central government down to municipalities and local community authorities. The 328/2000 is a funding law and it's totally run by Regional Governments, on the basis of their own territorial priorities. The Law sets out specific obligations: «...

- responsibility for the definition of civil and social rights, meaning the essential minimum support rests with the Italian government;
- on the essential minimum support, the Italian government sets out Sectorial Action Plans;
- planning, coordination, management are the responsibility of the Regional governments, in cooperation with Municipalities.
- Regional governments will work at regional level;
- Municipalities will work on Local Action Plans, to act on priority issues. A monitoring system is supposed to take stock of the whole system. ...»

The applicability depends on single Regional planning and funds, with the result that the applications are not always carried through, as the latest NAP itself says: «...the majority of Regional Government started the first yearly Local Action Plans, but only some ended the first yearly plans. ...».

¹⁶ The service opened in Turin's main station during May 2000 as a first-aid response to the risk of a dermatitis epidemic (mostly scabies) among rough-sleepers (mostly elderly ones) located in the station and its surroundings.

¹⁷ The team is the result of the following coordinated structure: doctors from local Health Dep. ASL1, psychiatrists from local Mental Disorder Dep., psychologists and pedagogies from local Drug Prevention Center, nurses from Italian Red Cross, social workers from 'Adults in need Office' and from various NGOs, as well as peer operators from voluntary groups.

¹⁸ The Law 328/00 suggests eliminating this call for tender and favouring the creation of Round-tables to which will be invited only the agencies that are certified for their professional capacities on specific issue. At the moment this new direction has not been taken yet.

¹⁹ The hierarchy of social workers is as follows: those with a degree in social work, those with a degree in social education, and those with the title of socio-sanitary assistant.

²⁰ The gross salary for a full-time socio-sanitary assistant (80% of the professions asked by Municipalities) is around ? 1.207 per month, meaning a net salary of around ? 940 per month. The last official Italian relative-poverty threshold is ? 869 per month, very close to the salary recognized by the National Contract for workers fighting social exclusion. More evident is the paradox with the salary for the labor-reinsertion programme, which is directly under this threshold, as the part-time salary is around ? 250 and the full time around ? 500 per month. The salary for the basic step towards reinsertion in labor market puts the ex-homeless straight on the social threshold of absolute poverty, which is fixed in ? 589 per month

²¹ Because of the economic situation, professions such as psychologists, sociologists, and trainers and so on are disappearing completely from a formal and official evaluation. But if the same interventions are made through volunteer work, the evaluation skyrockets.

²² In some NGOs, the majority of health or social assistants are in reality social workers, who accept lower salaries and lack of recognition of their work and job satisfaction just to work.

²³ In the last call-for-tender there was evidence of rough mistakes in counting the direct costs of the structures. As the NGOs are obliged not to exceed a maximum 15% bidding, they are placed in budget difficulties. The risk for NGOs is to lose the running costs and workplaces. The risk for the welfare is to lose experience and competence, while gaining budget-cuts.



Local Authorities in Scotland: the 'engines' driving the change in the Homelessness Strategy

By Robert Aldridge



The new Homelessness framework in Scotland will give a legal right to a home for every homeless person from the year 2012. However, simply creating a legal duty to house homeless people is not enough to guarantee it will happen, and legislation, by itself, may not bring about the radical changes which are needed.

It requires a massive change in culture in the way homelessness is tackled. This is far reaching and affects a broad range of services at grass roots level as well as strategic and policy changes at a higher level. It is already starting but there is a long way to go to ensure that individual policies and practices do not contradict each other.

It requires a greater emphasis on preventing homelessness where that is possible, ensuring that the experience of the crisis of homelessness is as short as possible, and that solutions to homelessness are long term. More fundamentally, it requires a shift in emphasis from staff performing a 'gatekeeping' role, rationing out access to services, to one which is essentially enabling people to access the services they need. To be effective that requires partnerships across statutory and NGO agencies and across a range of professional disciplines.

Crucial to the implementation of the new framework are local authorities. In developing the framework, it was recognised that local authorities would be the 'engines' driving the change. They have a dual role: as strategic enablers at local level bringing together the various partner agencies, and as the organisations with the legal obligation to ensure homeless people are housed. They also have a legal obligation to develop and implement strategies to prevent and tackle homelessness in their area, working with other agencies.

To complement the legislation, central government in Scotland (the Scottish Executive) has published a new Code of Guidance on the operation of the Homelessness Legislation. The UK has had legislation regarding homelessness since 1978 and there have been Codes of Guidance, offering advice on how to implement the legislation since around 1980.

The Code of Guidance offers quite detailed advice on how the legislation should be implemented. The law states that local authorities 'must have regard to it' in developing policies and practices. Failure to have regard to it can permit a homeless person to challenge a local authority in court.

The Code has a number of purposes. It is used as a reference tool for local authority workers carrying out homelessness assessments. It is used by those developing policy and practices at local level within local authorities and it is used by organisations advocating for homeless people.

The new Scottish Code of Guidance also sets out quite clearly the new culture of how homelessness is to be approached and over time will include examples of good practice which could be adopted. So it has three main elements: describing the law, offering guidance on how it should be implemented and pointing out good, new or innovative practice.

Because the new Scottish homelessness legislation is being implemented gradually over a ten year period the Code will be revised very regularly to take account of new aspects of the legislation as they come into force.

For example, in future the law will mean that people who become homeless 'intentionally' (because of something they have deliberately done or failed to do which led to the loss of their home) will be treated differently. Currently they have a right to temporary accommodation for a reasonable period combined with a right to advice and assistance to help them get accommodation. Under the new provisions, (which are likely to be implemented in 2006), local authorities will have a legal duty to provide them with a short tenancy (12 months) combined with appropriate support to help them tackle the problem which led to their intentional homelessness. For example, if their problem is rent arrears, they will be offered money advice and help with managing debts. If the problem is to do with behaviour, they will be offered support to tackle the behavioural issue. After twelve months, if the tenant is working with the support package, the short tenancy will automatically convert to a permanent tenancy. So a new chapter will be produced when that element of the legislation is implemented.

The definitive version of the Code will always be on line. There is also a printed version. Because of the many changes likely to be implemented in the next two or three years, this is in a format (ring binder) which is easy to update.

The Code is published by the Scottish Executive (the devolved government of Scotland). It was drawn up through a thorough consultation process with all relevant partners including NGOs and local authorities. A small steering



group composed of national NGOs, local authority representatives, a representative from the national agency which inspects homelessness services of local authorities and housing associations, and a representative from the professional body for people working in housing debated the detail of the Code before it was finally published.

The new Code puts a strong emphasis on prevention of homelessness and the importance of good quality advice and information. It stresses that local authorities should have protocols in place to ensure people do not leave institutions (like prison, hospital or the armed forces) to homelessness. It further encourages local authorities to ensure that their policies on tackling rent arrears are consistent with preventing homelessness wherever possible.

It makes important links between health and homelessness and stresses the importance of employment and ensuring homeless people can develop social networks as part of making solutions to homelessness long-lasting and sustainable.

There is a chapter devoted to ways of working. This stresses that it is only through developing a full multi agency partnership approach that solutions can be found to homelessness. It emphasises that local authorities should try to meet homeless people's needs on an individual basis, understanding each individual's unique circumstances, and that developing policy and practice responses to homelessness must be done with the help of homeless people themselves.

Most important of all it stresses the new approach to homelessness. This means a move away from a 'tick box' approach of 'do you fit the criteria for assistance?' to one which recognises that, regardless of criteria, if a person is homeless we should try to meet their needs.

The Code of Guidance can be accessed on-line at <http://www.scotland.gov.uk/homelessness>

On the ground implementation of the new framework is better in some areas than others. However, every local authority is now implementing its homelessness strategy, working with partners. Local health boards are involved through their health and homelessness action plans, and both local authorities and health boards should be working with NGOs and with homeless people themselves to implement their plans.

Every local authority has been required to submit a progress report to the Scottish Executive by the end of May 2005. These are now being analysed to determine whether there are areas where additional support needs to be given to help local authorities achieve their aims.

At the same time there is a 5 year programme where the homelessness functions of all 32 local authorities are inspected in detail. An analysis of the first tranche of inspections has just been published.

It shows that the change in culture is underway with all councils moving towards prevention of homelessness and that all were working well in partnership especially in relation to youth homelessness. However, some front line staff were still discouraging some homeless people from applying for assistance and many lost track of homeless people after their initial contact.

The inspectors found a range of innovative practice with local authorities working closely with NGOs. Examples included a local authority holding a weekly 'drop in' at the local Salvation Army day centre. Another employed independent legal advisers from an ngo to advise homeless people (and those at risk of homelessness) on their rights. Others work with NGOs in prisons to help prevent homelessness amongst offenders when they are released from prison. All local authorities now work in partnership to provide rent deposit schemes for homeless people to help them access private rented accommodation when that is suitable. Others are working with NGOs to consult homeless people about their experience of homelessness services and how they could be improved.

The practice is as varied as the local authorities. But the overall picture is one where genuine partnerships are being made between statutory organisations and NGOs on a long-term basis aimed at tackling the whole needs of homeless people.

Scotland is still very much at the beginning of a process, and there is a very long way to go before the vision of the homelessness framework is realised. However, most local authorities are taking on their role as 'engines of change,' leading partnership working, even though others remain sceptical. •



Local authorities role in the fight against homelessness: Republic of Ireland



By Noeleen Hartigan, *Simon Communities of Ireland*

BACKGROUND

Policy on homelessness as it relates to Local Authorities in Ireland is guided by two sources, the 1988 Housing Act and Homelessness – An integrated strategy, May 2000. The Housing Act 1988: provided a statutory definition of homelessness¹; required local authorities to assess the numbers experiencing homelessness at least every three years; specified the Local Authorities as the appropriate body responsible for the needs of people experiencing homelessness; specified that schemes of local authority allocation priorities be set; conferred additional powers on Local Authorities to respond to homelessness by directly arranging and funding emergency accommodation, making arrangements with a health board or voluntary body for the provision of emergency accommodation and/or making contributions to voluntary bodies towards the running costs of accommodation provided by them; and allocating housing from their own stock directly to people deemed as homeless. *Crucially the Act did not require Local Authorities to house people who are homeless.*

Under “ Homelessness An Integrated Strategy” each Local Authority was called on to set up a homeless forum in order to assess and meet the needs of people who are homeless in their area. These forums brought together the main statutory actors: i.e. the Local Authorities who are responsible for meeting people's housing needs and the Health Authorities who are responsible for meeting people's care needs, as well as voluntary service providers. Other statutory authorities such as probation and welfare services and employment and training authorities are also involved in some of the forums.

THE DUBLIN HOMELESS AGENCY

According to official statistics² there are 5,581 people currently homeless in Ireland, of whom 1,400 are children. Over 70% of the officially recorded instances of homelessness occur in the larger Dublin area. Prior to the Government strategy a grouping of statutory and voluntary organisations had already established itself. In addition to the regular homeless forums established throughout the rest of the country, it was decided that the Dublin structure be formalised and a specific agency set up which would have the responsibility of managing and coordinating services to people who are homeless in the Dublin area.

STRUCTURE AND VISION

The Agency is a partnership structure, bringing together the voluntary and statutory agencies responsible for planning, funding and delivering services to people who are homeless. In the Dublin area there are four local authorities, three health authorities (which are undergoing major structural reform) and over 80 different projects specifically for people who are homeless run by 40 different voluntary organisations. The Agency coordinates the activities of these agents under an agreed strategic plan for the area. The latest strategic plan, for 2004- 2006 has an impressive vision, not least considering the range of actors involved. The vision is:

By 2010, long term homelessness and the need for people to sleep rough will be eliminated in Dublin. The risk of a person or family becoming homeless will be minimal due to effective preventative policies and services. Where it does occur, homelessness will be short term and all people who are homeless will be assisted into appropriate housing and the realisation of their full potential and rights as citizens.

CHANGING FOCUS

This latest strategy, the Agency's second, has shifted the focus away from emergency provision and onto prevention, providing housing specifically for single homeless people and settlement services. The other major shift is a focusing on each of the four housing authorities in the Dublin area with each making specific commitments within the overall plan. Each Local Authority has committed in the Strategic plan to:

- Ensure the effective operation of the homeless forum in their area
- To ensure the provision of information, advice, advocacy, referral and placement services
- To ensure that the housing list and allocation reflects the profile of homeless households in the area
- To address the health and welfare needs of clients (lead responsibility will lie with the relevant health authority)

There remains an on-going tension in ensuring that all statutory actors recognise their responsibility for meeting the needs of people who are homeless.

Some of the local authorities have set specific targets either in terms of the numbers of units of accommodation or proportion of allocations to be made directly to people who are homeless. For example, the Dublin City Council plan aims to house 900 homeless households over the lifetime of the plan. Additionally in the Dublin City area – where over 80% of the Dublin homeless population present – five smaller homeless forums are to be established to coordinate work in their areas.

ALLIED LOCAL AUTHORITY MEASURES FOR TACKLING HOMELESSNESS

In 2004 the Government announced an additional layer of housing strategies – the Social and Affordable Housing Strategies. Each local authority was asked to outline how many units of transitional, long-term supported and long-term independent housing they will need for people who are homeless over the next five years. They must also specifically identify the settlement and outreach services needed. The Department of the Environment has directed that they will use the plans as the basis of financial allocations for the 5 year period. Simon welcomed this measure as a move towards the mainstreaming of the housing need of people who are homeless into traditional housing provision. However, as yet there has not been an analysis of the strength of these plans and their consistency with the homeless action plans. A major concern is that, given the weakness of the official data on homelessness, and, in our experience, the lack of consultation with homeless service providers in setting targets for these plans, they are likely to underestimate need and thus under plan housing provision.

CHALLENGES

In the main the Homeless Agency has been successful in coordinating the services in the greater Dublin area, bringing together the various statutory and voluntary actors and increasing the standard of service provision to people who are homeless. The main criticism of the structure and its effectiveness is that neither it nor its strategy are on a statutory footing. There remains an on-going tension in ensuring that all statutory actors recognise their responsibility for meeting the needs of people who are homeless. An independent review of the Government's homelessness strategy has just been completed. Simon recommended as part of that review that consideration should be given to extending a model such as the Homeless Agency throughout the country. However, we have cautioned that unless this structure and its ancillary strategies are given sufficient legislative footing the vision espoused by the current Agency will not be made a reality. •

¹ Statutory Definition of Homelessness

Homelessness is defined in Section 2 of the Housing Act, 1988 as follows: -

"A person shall be regarded by a housing authority as being homeless for the purposes of this Act if

(a) there is no accommodation available which, in the opinion of the authority, he, together with any other person who normally resides with him or who might reasonably be expected to reside with him, can reasonably occupy or remain in occupation of, or

(b) he is living in a hospital, county home, night shelter or other such institution, and is so living because he has no accommodation of the kind referred to in paragraph (a)".

This definition includes: -

- people living in temporary insecure accommodation,
- people living in emergency bed and breakfast accommodation and hostels/health board accommodation because they have nowhere else available to them,
- rough sleepers,
- victims of family violence.

² Simon, along with many other voluntary and statutory agencies would consider this official figure an underestimation.



Social services for the homeless in Riga

By **Mg.soc. Solvita Rudovica**, *Riga City council,
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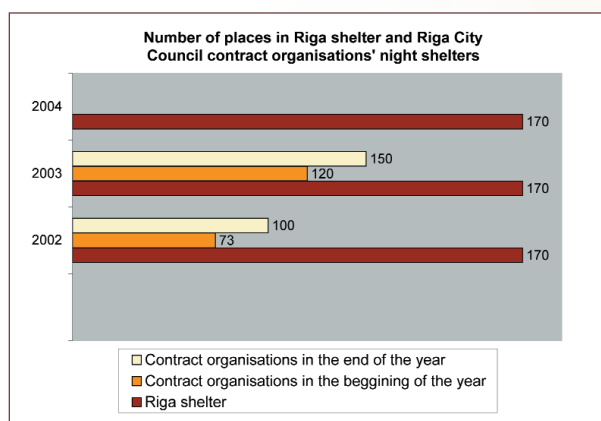
With every passing year, the issues of homelessness and begging are becoming more and more pressing in Riga, due to the fact that people who have not been able to adapt to the increasingly fast rhythm of life often find themselves in a situation where they end up begging on the streets, living in unsatisfactory conditions or even becoming homeless. Society must assume responsibility for these people. In line with the national legislation of the Republic of Latvia, the duty of municipalities is to provide social assistance and social services to people without social protection, including provision of services offering shelter/ night shelter.

In Riga there is one municipal shelter, in which there is accommodation for 170 people, or even, if necessary (in the cold winter months) up to 230 persons. During the cold winter months, it is not possible to provide services for all the homeless people in Riga in the single municipal Riga shelter. For that reason, in 2003, Riga City Council started to purchase night shelter services for men from several organisations. In 2004, the service was outsourced to two non-governmental organisations – one was the religious organisation “The Blue cross” (up to 100 places) and the other was “LatAISS” Ltd. (up to 50 places).

Number of places in Riga shelter/ night shelters in 2004

Institution	Address	Service	No. of places
Riga shelter	Maskava Street 208, Riga	Men's branch of night shelter	61
		Men's branch of 24-hours shelter	25
		Family branch of 24-hours shelter	36
		Isolator	4
	Barddzinu Street 2, Riga	Riga Women's branch of night shelter	36
		Women's and women with children's branch of 24-hour shelter	14
Subtotal in Riga shelter			170 (In cold winter months up to 230 places)
Religious organisation “the blue cross” night shelter	Maskava Street 336, Riga	Night shelter service for men	Up to 100 places
LatAISS” Ltd. night shelter	Bebru Street 16, Riga	Night Shelter service for men	Up to 50 places
Subtotal in contract organisations			Up to 150 places

The number of people who have used the service reveals the urgency of the problem of homelessness in Riga. While in 2002, the above-mentioned services in Riga municipality received 939 persons without a fixed dwelling or persons in crisis, by 2003 the number had reached 1491¹ (1343 persons in Riga shelter; 148 persons in the contract organisation run night shelters), and in 2004 a new high of 1716 persons had been reached (1101 person in Riga shelter; 615 persons in contract organisations' night shelters).



At present, a unified system of customer registration is being worked out and possibly in 2005 it will be put in place.

In 2004, among the 1 716 customers that used shelter and night shelter services, 1 342 persons used the service in the men's branches, 310 persons in the women's and women with children's branches (including 23 children) and 64 persons were housed in the family branches (including 33 children).

In cold months of 2004, shelter and night shelter services were used on average by up to 385 persons a day - an increase in relation to the cold months of 2003, when the services used on average by up to 350 persons a day.

Numbers mentioned above reflect the number of persons who use shelter / night shelter services, but they do not reflect the total number of homeless in Riga city. The total number cannot be determined, because many of the homeless do not seek help, and that is why there

are no data about them. There is also the phenomenon of so-called "hidden homelessness" - which means that a person may be housed with friends or relatives but does not himself have access to housing.

STUDIES AND RESEARCH

Given the rapid growth of the number of homeless people in Riga, the staff of Riga City Council Welfare department and Riga shelter carried out research in Riga shelter in February 2003 with a view to identifying the needs and problems of the homeless. The study was made with the aim of improving: 1) the quality of life for the homeless; and 2) the chances of integrating them into society, by developing social services for the target group within the municipality of Riga.

211 people participated in the study, including 75% of the service users who were staying in Riga shelter in February 2003.

The study built up a social profile of the homeless people using the shelter:

- In Riga there are more homeless men than women;
- The problem of homelessness affects people of all generations, but the majority are persons aged between 41 and 60 (62% of the respondents);
- The majority of homeless people are lonely - many formerly had a family, but now have bad relationships with ex-wives and ex-husbands, as well as with children, relatives and friends;
- The problem of homelessness affects not only people with a low educational level, as is often perceived to be the case, but also the people with secondary level education (67% of respondents) and higher education (7% of respondents);
- Many of the homeless have serious health problems;
- The problem of homelessness is continuing to expand in Riga, as 78% of the respondents have become homeless over the last five years;
- Only 27% of the respondent Riga shelter users have a steady income - either income from paid employment or an age/invalidity pension or stipend;
- Considering many service users stay in Riga shelter for half a year or longer, and that some 43% of respondents have stayed there more than once, it would seem that there are various obstacles which prevent them from successfully solving their own social problems, as well as a passive attitude or a disinclination towards doing so;
- An absence of personal documents, difficulties in finding an appropriate job or housing, as well as shortage of financial means to live on, are the main problems that defeat the homeless people interviewed. Solving these problems is made all the harder by the long waiting list for flats, the lack of social skills for independent living, addiction problems, as well as the external appearance of homelessness, which is often an obstacle to finding a job (especially for people of pre-retirement age);
- Although many homeless people are excluded from society, and although they may be depressed and despairing, they still hope to solve their social situation in positive way (to find a job, decent housing, to move to another country etc.). But there is percentage of homeless people that are satisfied with life and don't want to change anything.
- The important role played by the Riga shelter social workers was highlighted in 92% of answers given by respondents, who said that the social workers have helped them to solve social problems;
- 90% of Riga shelter users are satisfied with the food, the hygiene conditions, the work of social workers and social carers, as well as with health care services in Riga shelter;



From the point of view of service users and workers in Riga shelter, it is necessary to develop the following services for homeless people in Riga City:

- To create small shelters with a small number of beds in each district of Riga City;
- To create a separate night shelter for homeless people who don't want to change anything in their life and to provide a lodging for the night, as well as breakfast and supper in cold months of the year;
- To develop social rehabilitation centres for persons released from imprisonment;
- To develop support groups for the homeless;
- To improve the accessibility of health care services;
- To develop day centres for the homeless;
- To develop social enterprises for solving the unemployment problems of the homeless;
- To develop short-term stay dwellings for people with disabilities and people of retirement age, who are waiting to enter long-term social care and social rehabilitation institutions or sheltered housing.

The other problem in Riga, that is connected with homelessness, is begging. With a view to informing the people who beg on the streets of Riga about opportunities to access social services and social assistance, as well as to finding out about the begging person's point of view concerning their situation, an information campaign entitled "How to help?" was carried out. During the campaign, information booklets (in Latvian and in Russian) were distributed to people who were begging and they were interviewed. Some 50 adults and 5 children (all male from 11 up to 15 years old) were interviewed. They were met in Old Riga, near the central bazaar, train station and bus station, by the churches, stores, on the streets near Matisa bazaar, and also in Pardaugava (other side of the river Daugava). Some of these said that they do not have any fixed dwelling.

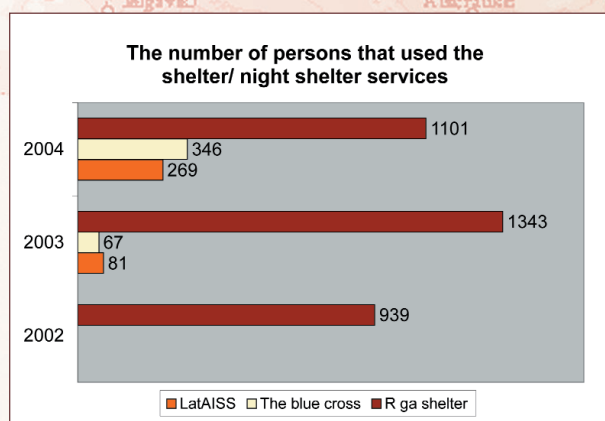
The main problems homeless people are confronted with are: a lack of social and living skills, a shortage of affordable housing, insufficient educational qualifications and motivation to work, addiction problems, bad health conditions, as well as the stereotypes that abound in the very society that is seeking to promote the inclusion of these persons. At present, it seems that homeless people can solve their problems up to a certain point, but that in most cases, they cannot maintain the level that they have reached. They never have only one problem - that is why work with this social group is very complicated and requires a large amount of work and financial investment - an integrated and multi-faceted approach to solving the problems of homeless people is required in order to get a result.

With the number of homeless people growing every year, Riga City Council started to tender for shelter/night shelter services from contract organizations. Thus in 2004, additional night shelter places were provided for 150 persons. In municipalities, social work with the homeless was improved, with a view to reintegrating them into society.

In Riga shelter and contract organisation night shelters, consultations with a social worker are available for the homeless. In the organisations that have been mentioned, social work specialists offer service users support and advice about the possibilities open to them to solve their social problems, in line with each person's individual social rehabilitation plan (for example, in 2004, 11606 consultations took place in Riga shelter). People who aren't using shelter or night shelter services can see a social worker in Riga shelter or a social work specialist in the social services agency.

It is very important to offer timely help. The longer a person is homeless, the harder it becomes to integrate him into society. In the Latvian NAP (National Action Plan) it was said that within the framework of Community programme EQUAL, there would be an improved policy for re-socialisation of homeless persons. It was also said in the NAP that state support to municipalities for the development of social housing stocks would be started through assigning special purpose grants. The undertaking mentioned above will give a chance to certain homeless people to get access to affordable housing. Given that the majority of the homeless are concentrated in the municipality of Riga, it is very hard to provide timely affordable housing. One may have to wait for years to get assistance from the municipality. That is the reason why some of the service users in shelters and night shelters stay there for a year or longer, despite the fact that these institutions are intended to provide for short-term stays only.

An integrated and multi-faceted approach to solving the problems of homeless people is required in order to get a result.



One group that falls into the latter category are those in receipt of the state pension, who have an income, but who cannot find affordable housing to rent. There are also some able-bodied people who do not earn a large enough wage to rent a flat. In line with the regulations in place in the Republic of Latvia, the majority of able-bodied people are not registered in the register for municipality help in solving housing issues. As a preventive measure against evictions, there is housing benefit in Riga municipality. In light of the health problems of the homeless and the difficulties that they may encounter in registering for a family doctor, in Riga there is a chance for those people to access a primary health care physician.

Main conclusions	The necessary action
Homelessness in Latvia is not adequately researched	Research about homelessness in Latvia is necessary.
The homeless risk social exclusion and isolation from society	It would be good to use the media to promote understanding about the problem of homelessness in our country with a view to reducing social isolation of homeless people and to helping them integrate into society
Need for affordable housing	There is a need for a State programme that would provide long term credit, with a reasonable interest rate, for purchase of housing
Need for affordable housing	There is a need for a State support programme for municipalities to renovate of housing stocks
The homeless have difficulty competing in the labour market	It is necessary to create social enterprises by using tax preferences in order to create a motivation to employ persons that have problems competing in the labour market, for example people of pre-retirement age
There are very few service providers that can offer services for the homeless in the largest municipalities	There is a need invest state co-financing for development of services for the homeless (developing of shelters/night shelters, day centres)

At present a strategy to solve the problems of homelessness and of begging is being developed. The strategy should be in line with European Union standards in the social services sphere. The first step needs to be the creation of a strategy development working group, in which the representatives of the municipality structural units (Welfare department; Communal department; Social service agency; Municipality Police et cetera) would take part, as well as social service providers. The main aims of the strategy could be:

1. To develop Riga City policy in such a way as to prevent homelessness and begging;
2. To reduce the number of people who sleep rough and beg;
3. To develop a network of social services and social assistance provision appropriate for needs of homeless people;
4. To provide integrated solutions for the homelessness and begging problems in Riga City;
5. To solve the problem of the homelessness by reducing poverty and social exclusion.

With a view to working effectively and successfully on the development and implementation of the strategy, Riga municipality is collaborating with other European cities and comparing and analysing the different systems of social services within these cities, within the framework of various projects. Common practical indicators are being worked out, that will help Riga to move towards more successful integration into society of homeless people. •

¹ The total number of service users is not exact, because of lack of a unified system of registration and data collection in Riga shelter and the night shelters, for example: a single person could receive the service in several shelters/night shelters over the year.



Why don't they just pull themselves together? or The Bridge-Building Society: Working with homelessness in a Danish municipality:



By social anthropologist **Per Thomsen**, *Head of the Bridge-Building Society*

DEFINITION: WHO ARE THE HOMELESS AND SOCIALLY MARGINALISED IN DENMARK TODAY?

The group of people who find themselves on the bottom rung of the ladder in today's society tend to acquire new names quite frequently. In the mid 1990s they were called "social outcasts", a few years later the term "homeless" was used, and the latest nomenclature is "socially vulnerable". The same applies to the institutions used to house these individuals. Terms such as almshouses, work-houses, dwellings and hostels for the homeless, reception centres and today, section 94 housing, have all been used. One of the reasons why there is a proliferation of names for the same group of people is that it is very difficult to define precisely what it is to be a social outcast, homeless or socially vulnerable. Many of the group are, for example, drug and alcohol abusers, but this is not the same as saying that all drug and alcohol abusers are socially marginalised. There are also many socially marginalised individuals that are mentally ill, but it is completely wrong to conclude that all those who are mentally ill are also socially marginalised, etc. A typical characteristic of the socially marginalised is that they are affected by a large number of problems at the same time. These can include drug and alcohol abuse, inadequate - or indeed a total lack of - education, unemployment, crippling debt and financial problems, homelessness, problems mixing with other people, poor health and very short life expectancy. Margaretha Järvinen, professor of sociology at the University of Copenhagen, describes the group as the drug and alcohol abusers and mentally ill who are socially weakest, and, with reference to a well-known song by the Danish singer and songwriter Kim Larsen, she goes on to say that the socially marginalised are "those that others won't play with".

WHY DO PEOPLE BECOME MARGINALISED?

Experts do not agree as to the reason why certain individuals end up becoming socially marginalised. Many believe that the most important factor is negative intergenerational transmission. In a very simplified form, this means that if, as a child or young person, one has been exposed to a large number of social problems, there is a greater risk of ending up socially marginalised as an adult in later life. It is a good explanation, but there are also those who think that in principle all people have an equal risk of becoming socially marginalised. Regardless of the explanation, the fact of the matter is that once one has been marginalised in relation to mainstream society, it is generally a very lengthy and extremely difficult process to become accepted again.

MARGINALISED – ALSO BY THE CARE AND SUPPORT SYSTEMS

Another characteristic of socially marginalised citizens is that they do not manage to gain the benefits of the available care and support in the same way as other citizens. Socially marginalised citizens often experience rejection from the social welfare system or the healthcare system. For instance, if the person concerned has behaved in a threatening manner towards a caseworker or doctor, he or she will often be turned away before receiving the help that is actually required. Moreover, the help on offer is often not geared to include those living on the edge of society. It is, for example, rare that they are able to accept an offer of job activation in any reasonable shape or form, and there is therefore a need to build bridges to the help and support available, and in certain cases alternative special offers need to be created for this particular group of people. This is where the Bridge-Building Society comes into the picture.

PARTICULAR EFFORTS IN AALBORG

In the Social Services Committee in Aalborg there has been broad consensus for many years that particular efforts are to be focused on social inclusion, and as such the City of Aalborg has - via the Bridge-Building Society - kick-started a number of initiatives over the last 10 years with the aim of boosting these efforts. Not only the municipal authority, but also the County of North Jutland and various private charities have expanded activities and made a number of completely new offers available to the group of socially marginalised individuals within society. Examples of these include an alternative residential home for social outcasts, the so-called "shelter town" (or freak houses) for the homeless, outreach personnel, offers of labour market activation, offers of training for the personnel, drop-in centres and cafés, forms of communal accommodation, etc. Efforts to help the home-

less in Aalborg have been recognised nationally, as illustrated by the fact that the organisation representing the homeless in Denmark presented an award to the City of Aalborg in 2003, and in 2004 an award was given to the manager of the shelter town for the homeless, which is run by a non-governmental organization (NGO) via an operational agreement with the City of Aalborg. Many of the services available are financed by funds under the auspices of the Ministry of Social Affairs, so in overall terms it is fair to say that central government, the county authority, NGOs and the municipal authority have all applied extra focus and resources to the area during the last ten years.

INTERNATIONAL COOPERATION

International cooperation represents an increasingly important arena for the pooling of knowledge, inspiration and development of new methods with regard to the homeless, not least since the open method of coordination and the national action plans (NAPs/Inclusion) were introduced. We have acknowledged this in the Bridge-Building Society, where in recent years we have raised the priority of international cooperation. We are currently represented on European Anti Poverty Network (EAPN) Denmark's board, and we are also a member of the European Transregional Network for Social Inclusion (RETIS). With regard to our involvement in RETIS, we can report that we are part of a group together with other cities and regions in Europe that is currently in the process of drawing up a peer review on homelessness.

BRIDGES

If words such as 'bridge' and 'bridge-building' can be used as metaphors for our activities, then the Bridge-Building Society is responsible for building and maintaining three bridges. The first bridge involves the problem described above, i.e. that social outcasts are often marginalised by the very support systems that should be helping them. In this case, it is the Bridge-Building Society's task to work in order to open up access to the support systems, and to ensure that alternative services are available where necessary. A second vital bridge is the one that has to be built between socially marginalised individuals and the other citizens in the municipality. Genuine and accurate facts about the socially marginalised have to be communicated to local citizens in order to prevent common prejudices from prevailing. We call this social environment work, and we see it as an essential task to pass on impartial and objective information about socially marginalised individuals. Another aspect of bridge-building aimed at local citizens takes place in relation to that which in social worker slang is designated the NIMBY effect. NIMBY is an abbreviation for Not In My Back Yard. The NIMBY effect is characterised by the fact that the majority of citizens agree that something should be done to help the socially marginalised, but that many of them protest if the services on offer are located in the vicinity of where they themselves live. In such situations it is essential that the Bridge-Building Society contacts the affected citizens, and offers impartial and objective information. Indeed, experience has shown that preconceptions with regard to the effect of such initiatives are often far more problematical than that which actually proves to be the case. If problems occur in relation to the services provided to the socially marginalised, we put ourselves at the disposal of local citizens, thus enabling citizens to contact us if they feel inconvenienced, after which we work to find a solution that is acceptable to all. The third and final bridge applies to all helpers in efforts devoted to the socially marginalised. Active efforts are made to enable the many different stakeholders to enter into a dialogue with each other and work together. The Bridge-Building Society arranges a monthly meeting in which all the institutions working with the target group are invited to send one or more representatives. This promotes the pooling of knowledge and exchange of experience, thus ensuring that all involved parties have up-to-date knowledge of what the other stakeholders are doing. Many of the ideas for new initiatives in the area have stemmed from the exciting discussions that take place at these meetings. In addition to the partners stated above, it is also important to point out that the Bridge-Building Society has an ongoing dialogue with the homeless' own organisation, SAND.

WHY DON'T THEY JUST PULL THEMSELVES TOGETHER?!

In conclusion, one could ask whether it is really necessary to devote such efforts and resources to the socially marginalised group. When one sees them in the street, it can often be difficult to understand why they do not just pull up their socks and choose another way to live. This is easier said than done, however. It is easy to imagine a 12-year-old boy sitting at the kitchen table one evening and deciding that he wants to be a policeman or pilot when he grows up. It is also possible to imagine that he sticks to his decision when he later has to choose his path in life. However, is it possible to imagine the same boy at the kitchen table deciding to become homeless and marginalised by the society in which he lives when he grows up? Hardly. No-one that has a genuine choice would choose to live such a tough life on the edge of society. During the 10 years in which I have been working with the target group, I have certainly never met anyone who became socially marginalised because it was a way of life they had deliberately chosen. When one has slipped all the way down to the bottom rung of the social ladder, it requires an incredible effort to climb up again. One cannot just pull oneself together and choose a new way of living. One needs a lot of help from others, and it is a long, hard struggle; and such help should receive high priority, since it is universally recognised that the quality of a society is measured by the way in which it treats its most vulnerable citizens. •



Investing in health for homeless people

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Health, poverty and social exclusion are inextricably linked. Good physical and mental health equips individuals with the capacity to address difficulties that could lead to marginalization. Poor health, alternatively, can deprive individuals of the capacity to cope with their problems and thereby set in motion negative cycles that exacerbate difficulties. These negative cycles are particularly apparent among the more deprived groups in society, such as homeless people. Homelessness may often be the result of untreated mental health problems. Even where this is not the case, life on the streets can quickly lead to a deterioration of physical and mental health. The intense relative deprivation, as well as the loss of social status that homelessness implies can lead to a loss of self-efficacy, or the sense of being in control of one's own circumstances, perpetuating the downward spiral of poverty, social exclusion and ill health.

The EU Social Inclusion Action Strategy aims for a significant reduction in the number of people living in poverty in the EU by 2010. As a part of the effort to achieve this goal, EU Member States must draw up National Action Plans that outline how they are addressing social exclusion and their future plans in this field. Given the cycles outlined above, health related interventions can play an important role in tackling poverty and social exclusion. EuroHealthNet was therefore surprised to find, upon conducting an analysis of the first and second round of National Action Plans on Social Inclusion, that the health field, and in particular the public health and health promotion field, was rarely incorporated in these Plans. EuroHealthNet therefore embarked on a project to address these issues in more detail, which involved the collection of good practices from across the EU to illustrate how the actions in the health field can contribute to social inclusion.

Two of the good practices were directly targeted towards homeless people. Both projects were led by local authorities, at county and municipal level respectively. In the case of the homelessness clinic in Stockholm, the health body Karolinska Institute was also involved in making the resources available to provide the service. The projects involved providing medical treatment and improving the coordination of services to assist homeless people. Provision of decent and dependable medical care is an obvious and important point of intervention for those suffering from extreme forms of social exclusion, like homelessness. Homeless people are often severely ill, and suffer from alcohol

and drug addictions as well as from infections, cardiac disease, food diseases, diabetes, liver diseases, HIV and hepatitis. They are, however, seldom in regular contact with doctors and often end up in emergency care, where no one has full responsibility for the patient and the care provided is inconsistent, leading to a very low quality of care. Thus in planning and funding these projects, the local authorities were reacting to a very real need.

SWEDEN: HÅLLPUNKT

Hållpunkt, a medical clinic situated in the middle of Stockholm, was established in 2001 to address this situation. The clinic provides free medical assistance to homeless people, and is open on a drop-in basis every weekday morning, and on an appointment in the afternoon. Emergency situations are attended to at all times. The clinic has a staff of 10-14 people, and it is estimated that by 2004, it attended to approximately half of the approximately 3,000 in homeless people in Stockholm.

Unique is that Hållpunkt also includes a dental clinic, which was set up as part of a study to determine the prevalence of specific oral diseases and conditions, and to obtain information and attitudes to health, oral health and oral treatment among homeless people. Homeless people are invited to a free dental examination and proper treatment. It was the first time that the dental health of homeless people was examined in Sweden.

One of the most difficult problems with respect to homeless people is to get access to them. Indeed, the clinic has had trouble finding homeless people that were interested in participating in the study. Once patients were in the door, however, the practitioners found that most were eager to continue to receive care. Patients underwent treatment even if it required several visits, and were eager to arrive on time and communicate appointment problems.

Obtaining treatment for medical conditions is however, only a first step in addressing the needs of the homeless, since they require many other forms of assistance to break through their often deeply entrenched problems. There is not a sufficient coordination amongst service providers to address their complex needs. Hållpunkt therefore aims to overcome organisational barriers imposed by the health care system and to provide different services for homeless people under one roof.

ITALY: ROAD SWEET HOME

'Road Sweet Home' is a much smaller scale project in Italy, Perugia, that also aims to link up service treatments in order to establish continuity of care for the homeless. The project is a six-month investigation into the nature of homelessness and the circumstances that lead to homelessness in the region of Umbria. Its objective is to identify the needs of homeless people and to develop a network of carers that can see to these needs. A low threshold reception centre for homeless people was established as part of the project. Staff accompany the homeless to medical and social services in the area, where they receive medical check-ups. They may, depending on their needs, receive meal-vouchers, or be asked to take part in drug and alcohol rehabilitation programmes. The aim is to stimulate people to think about and to take action regarding their lifestyle, particularly with respect to their health, thereby sparking a process of personal empowerment.

The results of the 'Road Sweet Home' approach reflect the positive effects of providing direct assistance to socially excluded people and of developing personalised, individual programmes. Four months into the programme, seven of the 34 men who participated in the project were no longer on the street, and approximately half became involved in the life of the hostel and took part in accompanying programmes, while others became involved in individual programmes. None of the homeless who came into contact with the services refused further assistance.

Local authorities fund both the Hållpunkt and 'Road Sweet Home' projects. The medical and the dental practice are planned and implemented by the Stockholm County Council. The Department of Odontology at the Karolinska Institute, which donated equipment and sec-

onded staff that are responsible for organising the work of the clinic. 'Road Sweet Home', in turn, is funded by Municipality of Perugia, as well as by the Consortium of Social Cooperatives in Perugia, which provides funds for people in extreme poverty.

Despite the need for, and the success of these projects, it remains difficult to obtain and maintain the resources necessary to assist those who are most excluded. Although Hållpunkt, for example, has a broad political as well as public support, it operates on a relatively small budget and it still has to compete with other actors in the health sector to obtain funds. Raising enough money for funding the continuation of the project hinders implementation. It is hoped that the authorities will continue to defray the expenses for the dental clinic along with the medical treatments carried out at the care centre when the funding ends in 2005.

The results of both projects reveal both the importance of investing in the health of the homeless and of providing in consistent individualized care. Restoring health is about restoring dignity. Hållpunkten reports that receiving new teeth encouraged some patients to resume their studies or made renewed efforts to get a job. Road Sweet Home estimates that almost all of the 34 people who participated in the project would be off the streets if the programme were to continue. Both projects indicate how public investments in health can generate very positive results and help to restore personal lives while leading to a reduction of social exclusion.

The Report, "Promoting Social Inclusion and Tackling Health Inequalities in Europe – an overview of good practices from the health field" is available from the EuroHealthNet website: <http://www.eurohealthnet.org> •