



Street Homelessness

A growing problem that needs urgent attention

FEANTSA's thematic report 2005

This report is based on contributions from FEANTSA members; outcome of FEANTSA's European conference Social Emergencies and Crisis Intervention in Large European Cities: current practices and future challenges (Paris – October 2005); research of FEANTSA's European Observatory on Homelessness in 2005; and discussions in FEANTSA's Administrative Council. The report was formally adopted by the Administrative Council in October 2006.

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1. INTRODUCTION

In 2005, FEANTSA addressed the topic of social emergency and crisis intervention (in the text below also referred to as rough sleeping or street homelessness) and analysed the policies developed to help people who are forced to live in a public space or in emergency accommodation centres (in the text below also referred to as rough sleepers and people who are roofless). This study is a follow up to the study on “immigration and homelessness” (2002), to the study on “networking and homelessness” (2003), and to the study on “prevention of homelessness” (2004). These studies can all be consulted on [FEANTSA’s website](#).

Because the European Union decided that a more targeted approach to social exclusion and poverty was necessary and the EPSCO (Social Affairs) Council decided to make the “treatment of homelessness a priority issue for EUs anti-poverty policies, FEANTSA decided to take the opportunity to study street homelessness more in depth and analyse the place of measures against rough sleeping in the overall strategies to combat homelessness. Our hope is that in the new European political context, the EU would take up some of our findings.

The purpose of this report is to provide a summary of the national reports which the member organisations drafted on the basis of a [European questionnaire](#) drawn up by FEANTSA. The report will address the following five questions:

- the concept of social emergency and crisis intervention (or rough sleeping/street homelessness)
- the policy approaches to street homelessness
- the profile of people who are roofless
- the measurement of the problem of street homelessness
- the provision of services for rough sleepers

The definition of street homelessness used in this report is based on the European Typology on Homelessness and Housing Exclusion (ETHOS) developed by FEANTSA. ETHOS takes no account of the different legal definitions in the various member states of the EU and is based on the living conditions of the people. Street homelessness concerns the first conceptual category of ETHOS, “Roofless”, and more precisely the first two operational categories thereof i.e. 1. “people living rough” and 2. “people staying in a night shelter” For more information on ETHOS, see [here](#).

2. THE CONCEPT OF “URGENCE SOCIALE”

In this chapter we will use the French word “urgence sociale” to make the reading easier

In 2004, FEANTSA’s French member organisation FNARS asked FEANTSA to co-organise a major conference in Paris on the issue of “urgence sociale”. FEANTSA’s Administrative Council accepted the offer and decided to make “urgence sociale” the main focus of FEANTSA’s work in 2005. One of FEANTSA’s first concerns was to clarify the concept of “urgence sociale”, which turned out to be a very French concept.

In France the term “urgence sociale” is used to define the situation of social emergency as well as the whole of crisis intervention services addressing this situation. The term is not easily translated into English. The situation of social emergency would be referred to in English as street homelessness, rooflessness, or rough sleeping. There is no commonly used concept for the services working with people who are sleeping rough. Different terms are used, such as crisis intervention services, direct access services, emergency services, frontline services, etc. In France the concept “urgence sociale” refers to a clearly defined series of services for people sleeping rough or in similar emergency situations.

The concept of “urgence sociale” finds its origin in the medical world. The French ambulance and emergency service linked to hospitals, known by the French acronym SAMU, served as the inspiration for a new approach to street homelessness. In 1993, Doctor Xavier Emmanuelli created a semi-public organisation in Paris called the “SAMU **social**” or “social ambulance and emergency service.” According to Xavier Emmanuelli “urgence” is an “approach” that includes all actions to rescue a person when he/she is in distress and his/her life is in danger in the short or medium term.

According to Emmanuelli this danger included the absence of shelter, exposure to bad weather (in particular the cold), severe lack of hygiene, violence, very bad health, malnutrition and hunger. The notion of “urgence sociale” was “officialised” when it was included in the Law Against Exclusion of 1998. This Law stipulated that an immediate response was necessary to address any kind of “urgence sociale”. This Act also introduced the notion of “veille social” (“social watch”) which refers to the need for public authorities to actively track down situations of social emergency. The launch of the concept “urgence sociale” in France created a whole new approach to street homelessness. With the adoption of the French Law, an entire social emergency sector was established and organised, which exists separately from, but is well-linked to, the larger established homelessness and poverty sectors. The sector of “urgence sociale” includes services such as emergency telephone hotlines, outreach services, night shelters, day centres, etc.

In France, as in other countries which have a tradition of universal welfare regimes, it was revolutionary to arrive at an acceptance of the fact that a situation of such extreme exclusion and poverty had come into being, that a totally new and targeted approach had become necessary - one whose primary aim was not to ensure wellbeing, but rather simply to save lives. That is why the introduction of the concept “urgence sociale” or similar concepts in other languages is considered to be so important.

Most other European countries consider street homelessness or rooflessness to be a distinct problem. Only a few countries, however, have organised the service provision in such a separate way as in France. All countries have policies and services to address the immediate (life-threatening as Emmanuelli would call it) needs of people sleeping in the street or in other places not meant for habitation. So, all countries are, to a greater or lesser degree, familiar with the urgency of the problem of street homelessness. Not all countries, however, have developed such a strong and overt public and moral responsibility to “urgence sociale” as in France. And only few countries have formalised the concept of “urgence sociale” as a separate concept in legislation.

The concept of “urgence sociale” is useful to make street homelessness a societal problem rather than the responsibility (or as is quite common in some countries - the fault) of people sleeping rough. “Urgence sociale” refers more to the structural causes of the problem of street homelessness and as a result also to the responsibility of society and public authorities, rather than to the individual causes.

Several FEANTSA members, however, have expressed strong reservation about the use of “urgence sociale” or similar concepts, especially as a term to describe the social emergency sector. They argue that introduction of a strong and sound concept as “urgence sociale” might lead to an overly compartmentalised approach to the wider issue of homelessness and might keep roofless people too long in crisis intervention services.

3. THE POLICY APPROACHES TO APPROACHES TO URGENGE SOCIALE

3.1. STREET HOMELESSNESS: ONLY A PROBLEM IN THE WINTER?

In a few countries, the emergency services for people sleeping rough are only operational during the winter months. In line with the approach of the Samu Social, the aim is to prevent people from dying because of low temperatures and bad weather.

In almost all European countries, extra emergency services are made available for people sleeping rough during the winter time. “Winter plans” for rough sleepers exist in the south as well as in the north of Europe. These plans are a good example of a very temporary approach to street homelessness. Rough sleepers only receive help when they face an immediate risk of losing their lives. Many studies have pointed out that rough sleepers are not necessarily more likely to die in the winter than in the other months of the year, but the fear of seeing people dying of the cold makes public authorities all over Europe take extra measures to shelter rough sleepers.

Several FEANTSA members have argued in their reports that the additional actions during winter periods are often the result of pressure from public opinion which prompt public authorities to show compassion with people in situations of extreme exclusion. It is seldom a radical commitment of decision-makers to end street homelessness.

Most countries have emergency services for rough sleepers all year round. The most common service for rough sleepers are night shelters. (For description and assessment of the different services see chapter V).

In a more limited number of countries, the provision of emergency services is part of a wider homelessness strategy. In these countries, the aim is to get rough sleepers as quickly as possible out of emergency services into services for people who are homeless and focus on their reintegration, or to immediately to mainstream services.

English Rough Sleepers Strategy

Since the late nineties, the number of people sleeping in the streets of England's cities has decreased by more than two-thirds through the work of the *Rough Sleepers Unit* (RSU) and its partners. The work of this unit has been quite innovative: it took a very goal-oriented approach; clear and time-specific objectives were set; and a sizeable budget to achieve these was made available. The approach of the RSU is to avoid making life in the streets less uncomfortable and thus implicitly encouraging its persistence. Instead, it encourages homeless people to start a reintegration process. The Rough Sleepers Unit (RSU), established in April 1999, had responsibility for delivering the target of reducing rough sleeping in England to as near to zero as possible and by at least two-thirds by 2002. In December 2001, it announced that the latter target had been met and estimated that the number of people sleeping rough in England on any single night was around 530, a reduction of 71% since 1998. Latest figures show that the reduction has been sustained, and that there are still

less than 600 people sleeping on the streets. There is a lot of information available on the English Rough Sleepers Strategy. The EU coordinated a peer review on the strategy in 2004 and FEANTSA produced a shadow peer review, which analyses in detail the strengths and weaknesses of the strategy. More information can be found [here](#)

3.2. WHO IS RESPONSIBLE: THE IMPORTANT ROLE OF LOCAL AUTHORITIES

All FEANTSA members agree that the fight against street homelessness is a public responsibility.

In most European countries, public authorities are involved in the provision of emergency services for rough sleepers, directly and/or through the funding of NGOs.

In most countries, public authorities are involved at several levels of public decision-making. In almost all countries, the local authorities are the main actors in the fight against street homelessness. The role of national and (in most federal countries) regional governments is usually to develop a political and financial framework within which local authorities take measures to help rough sleepers. There are two main models: local authorities operate under a well-regulated and financed national or regional (in most federal countries) strategy; or local authorities operate without any national or regional guidance or funding. Depending on the political and financial support from national and/or regional decision-makers, the actions of local authorities are more or less effective.

In several countries, the national and (in most federal countries) regional authorities have developed clear strategies to combat street homelessness in which the role of local authorities is clearly defined. In only a few countries, such as Scotland, legislation explicitly obliges local authorities to provide shelter and support to every person sleeping rough. In the other countries, there is no legal obligation but funding and guidance are made available. Several countries like Denmark, Norway, and Ireland, have managed to reduce the number of people sleeping rough considerably in this way.

In a few countries, such as Hungary, regional authorities rather than local authorities are the main actors responsible for implementing the government's policy against rough sleeping. This might be necessary in countries where not enough funding is available to solve street homelessness and local authorities are tempted to encourage rough sleepers to look for a solution in neighbouring cities. To avoid this, some countries have introduced the obligation for rough sleepers to prove a "local connection" to be entitled to help and support. Of course this has serious implications for rough sleepers who have migrated – possibly from rural areas or small towns to big cities seeking employment perhaps and who find themselves without resources. It can be a very major problem in some of the Eastern European countries.

In some countries, like the Czech Republic, the national authorities are not taking any responsibility for the problem of street homelessness (but they launched a national strategy in October 2005). Local authorities are forced to address rough sleeping without any national framework and with very limited financial resources. Any authority developing good services risks to attract rough sleepers seeking help from a much wider area. In such circumstances, local authorities might be tempted to develop a more repressive approach,

which makes the problem of street homelessness less visible without running the risk of drawing rough sleepers to the city from other places.

In some countries, like the Netherlands, the national policy framework leaves a lot of discretion with the local authorities to decide what approach to use to solve rough sleeping. That is why in the Netherlands the local strategies vary a lot. While Rotterdam has opted for a more repressive approach, a city like Utrecht managed to develop a more long-term strategy focused on the integration of rough sleepers.

In a federal country like Spain, the fight against rough sleeping is coordinated by the regional governments. Some people have argued for a national framework as well, because people sleeping rough move between the autonomous regions, and as a consequence large cities like Madrid and Barcelona end up with an unfairly high proportion of the Spanish problem of street homelessness.

In only a few countries, such as Romania for instance, there is almost no public involvement and the fight against rough sleeping is left entirely to voluntary agencies with provision of very limited or no public funds.

The distribution of responsibilities seems not to be the key factor defining the success of rough sleepers strategies. More important are the presence of a national or regional (in federal countries) strategic approach and adequate financial resources.

3.3. REPRESSION OR INTEGRATION: IS REPRESSION UNAVOIDABLE?

All members of FEANTSA believe that the integration of rough sleepers back into society should be the aim of policies addressing street homelessness. Contrary to public opinion, FEANTSA members believe that life on the streets is never a free choice and that people sleeping rough are not guilty of their situation. All FEANTSA members believe it is a public duty, and also that it is possible, to reintegrate rough sleepers into society. Reintegration is, however, a long and sometimes costly process for many people sleeping rough. Therefore a long-term perspective is essential for the success of rough sleepers strategies.

In many countries, there are plenty of examples of repressive measures against people sleeping rough, which do not further, and indeed often obstruct, the process of reintegration. The aim of these measures is usually to make the problem of street homelessness invisible. Typical measures include removing public benches; closing metro or train stations in the evening, making begging a criminal act, etc.

Although all FEANTSA members are firmly against these kind of measures, some people argue that some form of repression is unavoidable in order to make rough sleepers strategies effective. Especially in countries where there is still a hard core of very entrenched rough sleepers, some coercion might be necessary to also reach these people. The British researcher Suzanne Fitzpatrick found that the UK Rough Sleepers Strategy became more repressive following its initial success years, when the numbers of rough sleepers were reduced with a more commonly accepted strategy centred around the needs of rough sleepers in which persuasion was more important than coercion. Rough sleeping is increasingly considered to be a form of anti-social behaviour in the UK¹.

¹ Suzanne Fitzpatrick and Anwen Jones, "Pursuing Social Justice or Social Cohesion: Coercion in Street

3.4. COOPERATION AND NETWORKING: A CONDITION FOR SUCCESS

Rough sleeping is a complex problem which requires action in different policy areas such as health, housing, security, etc. Therefore cooperation and coordination between different ministries and departments of the different levels of policy making is very important. It is crucial, however, that one ministry or department leads and steers the actions to address rough sleeping. We have not been able to establish which ministries or departments should take up the leading role. For example, in countries where the health ministry leads, the strategy seem to be as (in)effective as in countries where housing, social affairs or other ministries are in charge of street homelessness. It is important that the leading department or ministry have access to enough expertise and knowledge to develop some authority over the other ministries or departments.

Most of the knowledge and expertise concerning street homelessness is to be found within NGOs, because of their often long history of involvement in the fight against street homelessness. That is why cooperation with NGOs is important. Policies addressing street homelessness are still too often based on mere assumptions or misjudgements. In order to develop evidence-based policies, cooperation with NGOs is crucial.

Another reason why cooperation with NGOs is important, is because NGOs are often amongst the only actors who are able and interested to carry out strategies developed by policy-makers. Although some public authorities provide services themselves, there is a clear tendency to subcontract the provision of services to NGOs.

4. WHO SLEEPS ROUGH AND WHY?

4.1. THE PROFILE OF PEOPLE SLEEPING ROUGH

The majority of rough sleepers in urban areas are middle-aged men, typically aged between 40 and 50. Most of them have serious mental health and addiction problems. This has been the most prominent profile of rough sleepers for decades.

It is similar to the profile of the romanticised image of the *tramp*, for whom street life is a deliberate choice which makes it possible to *enjoy* life in complete freedom. All FEANTSA members stressed in their contributions that this romanticised image of the rough sleeper does not exist. The life of any rough sleeper is one of real hardship and often nothing more than mere survival. Important opinion makers such as the press and policy makers refer too often and too easily to choice as an important factor in the pathways to street homelessness. It is indeed possible that certain people prefer the street over other alternatives, but this is often because the alternatives are inadequate and do not cater for the specific needs of certain rough sleepers. Sometimes service providers and policy makers underestimate the negative impact of certain rules and regulations, which complicate access to services for certain rough sleepers. In most countries, for instance, there are no or too few hostel facilities for rough sleepers with pets. Many of our members reported that it is very common for rough sleepers to prefer to stay on the street than to abandon their pet. The same can be said for rough sleepers with serious addiction problems, for whom a hostel where consumption of alcohol and other drugs is not allowed might not be a real option.

Also in the UK street homelessness is predominantly a male and *white* phenomenon. In Scotland, for instance, 81% of rough sleepers are male and 83% are of European origin. As in the other countries, rough sleepers in the UK often suffer from mental health problems. A survey carried out in 2000 in the city of Glasgow showed that more than 75% of rough sleepers showed signs of neurotic behaviour in the week before the survey.

In several countries, the demand for emergency shelter exceeds the supply. In these countries, service providers have to be selective and restrict access to those groups of rough sleepers they believe are most vulnerable and run most risk staying on the streets. This selective approach is often at the expense of single male rough sleepers. This is why in most countries single men seem to be overrepresented amongst rough sleepers.

The profile of rough sleepers has gradually changed during the last few decades and seem to be changing more rapidly today.

In virtually all European countries, growing numbers of women and single-parent families experience street homelessness.

In Paris, the emergency telephone hotline 115 reported a dramatic increase of app. 30% in the number of telephone calls received from single women, with and without children, between 2002 and 2003.

In some countries, there are not sufficient services to cater for the specific needs of women

with children sleeping rough. In the Czech Republic, for instance, there is no specific shelter provision for single mothers. As a result, children are often separated from their mothers and placed in care homes while the mothers stay in emergency shelters.

Rough sleepers seem to be getting both younger and older. It is possible these days to find youngsters of 16 or 17 year old who are sleeping rough in big urban areas. Young people in their twenties form now a much more sizeable part of the rough sleepers. Some of our member organisations reported an increased presence of old people amongst their rough sleeping clients. There are only very few specialised services for this relatively new group, which often has specific health and care needs related to old age.

Many of the rough sleepers have a history of institutionalisation. People leaving prison or psychiatric institutions and who have no home to go to, seem to be very vulnerable to street homelessness.

In the new member states, young people leaving orphanages and other institutions for young people seem to be especially at risk.

The majority of rough sleepers are unemployed. In some countries, however, *working rough sleepers* are not an exception anymore. A growing number of *working poor* cannot afford any housing anymore because of soaring housing costs (especially in big urban growth centres) and might experience at regular occasions street homelessness. Recently, the city of Paris has had to acknowledge that a few of the administration's employees spent the night in night shelters or on the street because they could not afford decent accommodation.

In several European countries, a sizeable proportion of the people experiencing street homelessness are undocumented immigrants and sometimes also asylum seekers. In some countries, allowing access to emergency shelters for undocumented immigrants is a criminal offence, which further aggravates the situation of undocumented immigrants for whom homeless shelters are often the only tolerable accommodation.

Most members did not report an overrepresentation of immigrants and/or ethnic minorities amongst rough sleepers. In a few countries, however, certain ethnic minorities seem to be particularly vulnerable to street homelessness.

In Denmark, Inuit and Greenlanders are more likely to experience street homelessness. Many of them become homeless after being released from prison. Greenlanders who commit offences are imprisoned on the Danish mainland because there are no detention centres in Greenland. When released from prison on the Danish mainland, they usually do not have a social network to fall back upon, which complicates their reintegration and makes them more vulnerable to street homelessness.

Contrary to common belief, people of Roma origin do not often sleep rough and rarely make use of emergency shelters. The strong social networks in Roma communities seem to prevent street homelessness amongst Roma, although their often terrible living conditions should be an important issue for concern. The Roma who are experiencing periods of street

homelessness seem to be predominantly (very) young and often leaving institutional care.

The issue of rough sleeping is mostly an urban issue and is most visible in big urban areas. A substantial part of rough sleepers, however, lived somewhere else before they experienced street homelessness. In Hungary, for instance, only 25% of the female users and 75% of the male users of emergency hostels in big cities have always lived in large cities.

The experience of (severe) mental health problems seems to be very common amongst rough sleepers throughout Europe. In several countries, the increase in the homeless population (including rough sleepers) in the last few decades is caused by the deinstitutionalisation of mental health care. The care in the community, which was developed as an alternative, did not seem to work for the most vulnerable people who found themselves sleeping rough after being discharged from large mental health hospitals.

The causal link between deinstitutionalisation of care and street homelessness appears to be more prominent in the southern part of Europe than in the north.

4.2. PATHWAYS INTO ROUGH SLEEPING

FEANTSA members agree that the reasons for rough sleeping are predominantly structural – high unemployment, soaring house prices, retrenching State, etc... Nevertheless, many of the rough sleepers themselves refer to relationship breakdowns and other personal problems as important triggers of their situation.

The structural causes seem to change gradually. The costs and quality of housing as a trigger or actual cause of street homelessness becomes clearly more important throughout Europe. This also explains to some extent the changing profile of people sleeping rough such as increasing number of young people, women, and employed people.

We will discuss below in some more detail the role of housing and employment and the pathways in and out of rough sleeping

4.2.1. Housing

As mentioned before, an increasing number of people are unable to access decent housing with income from employment. It seems that employment, although it is a very important factor in the processes of exclusion and inclusion, does not protect people from the most extreme forms of poverty, such as street homelessness. Especially in large urban areas, housing should be the key focus of policies aimed at prevention and addressing street homelessness.

Very poor people are often in precarious jobs and work irregular hours, which further limits their housing options. Because of lack of public transport, these people are unable to commute to work from places where housing is more affordable and/or of higher quality. It seems that some people have an option between poor and expensive housing close to their work, and more affordable housing much more distant from job opportunities. Employment and housing markets are *competing*, especially in urban growth centres, and poor people are the first victims of this situation.

In many big cities, people who are very vulnerable on the housing market have become an interesting *market* for unscrupulous landlords (*Slumlords*). In many cities there is such a high demand for affordable housing that it allows unscrupulous landlords to rent out substandard housing at exorbitant prices. There are examples of landlords investing in very bad housing, because it is such a profitable market. Most of our members said that these very precarious housing situations are often the gate to street homelessness.

It seems that many vulnerable tenants are not aware of their rights and that there is no or little interest amongst public authorities in enforcing the standards and rules applying to the housing market. Some of our members reported that even public authorities sometimes house people (often asylum seekers) in totally inadequate accommodation. This situation is not acceptable as it poses serious risks for the tenants and the wider community. In countries like France, some very serious fires in sub-standard housing, causing many casualties, provoked public outrage in 2005.

Lack of affordability and quality (and often both together) are key factors in the pathways to homelessness, and in extreme cases street homelessness.

Also for owner-occupiers, affordability and quality of their housing can be problematic. In the new EU countries, housing-related costs and especially costs of utilities (gas, electricity...) have exploded after the liberalisation of the utilities industry. It is not uncommon any longer that people have their houses repossessed and sold to pay off their debts and find themselves on the street.

Debt more generally (housing-related or not) has become a more important trigger or cause of homelessness, and in some cases street homelessness. Our members reported that for an increasing number of the users of emergency hostels, debt is the most urgent problem.

4.2.2. Employment

As stated above, employment and housing are very closely related. For people living on the street, employment is often not an option. It is not normally possible to access employment without a permanent place to stay or at least an address.

Many people sleeping rough have had no or limited education, which reduces their employment perspectives. But more importantly, the experience of street homelessness, even during a short period of time, has such a negative impact on people's self-image and self-confidence that employment becomes an almost unattainable objective.

Research in some countries has proved that substantially reducing the time people experience rough sleeping can make a world of difference for their chances of reintegration. Early intervention is absolutely essential to limit their alienation from society.

4.2.3. Social networks

Across Europe, we witness the disintegration of social networks. Bonds with family, friends and acquaintances become weaker in today's society, especially big urban areas. Loneliness is increasingly referred to by people sleeping rough (and homeless people in general) as one of their most important problems. Lack of social networks and loneliness often accelerate marginalisation and cause serious problems such as alcoholism and drug addiction which increase vulnerability to street homelessness.

According to the French sociologist Julien Damon, homelessness could be defined on the basis of the degree of *desocialisation* or *disaffiliation* of an individual. He defines *desocialisation* as the process of losing touch with the norms and customs of society. *Disaffiliation* is defined as the process of losing connection with immediate environment such as family, friends, work, church, etc. People sleeping rough often experience both processes at the same time. ²

In some countries such as Portugal, our members argue that the weakening of social networks is the primary cause of street homelessness. The restoration of such networks is therefore often their primary focus and concern.

For our members in Italy, the increasing presence of Chinese immigrants, who have a long tradition of very tight and solid social networks, amongst the users of emergency shelters is a clear indication of the rapid and omnipresent disintegration of social networks.

4.2.4. Health

As was mentioned above, there is a range of factors which may lead to a person eventually becoming homeless. Health problems of all kinds are also among them. Health and homelessness have a relationship of both cause and effect: illness (such as mental illness, substance-abuse or illness leading to loss of employment) may be among the trigger factors that lead to street homelessness. Once in a situation of street homelessness, a variety of health problems may result, such as exposure to infectious illness, mental health problems, development or aggravation of substance-abuse and addiction, or health problems resulting from an unsanitary environment. These health problems may make it harder to break out of a cycle of homelessness. What is more, accessing healthcare is often very problematic for homeless people, in particular rough sleepers.

4.3. PATHWAYS OUT OF STREET HOMELESSNESS

Rough sleeping is such an agonizing experience that it tends to complicate or jeopardise the reintegration process of most people, even if they slept rough for only a short period of time.

Lia Van Doorn, a sociologist who carried out research on the living situation of 64 rough sleepers in the city of Utrecht in The Netherlands, argues that most rough sleepers accept *street culture* as the frame of reference for their actions and behaviour. During an initial

² Julien Damon, *La Question SDF*, *op.cit.* p.159-162

period, many rough sleepers will still try to find suitable accommodation and jobs. But the disillusion of repeated failures to reintegrate and sometimes also mere survival, force rough sleepers to make themselves familiar with the *street culture*. For many, rough sleeping becomes in fact a *chronic emergency* from which it is very difficult to escape.

Many years of street homelessness can alienate a person so much from mainstream society that *full* reintegration is no longer a valid option. Public policy makers in Denmark have developed a policy which allows these people to live their life the way they want without any obligation to make progress towards a *normalised* life. The policy, which is called “Alternative housing for alternative lifestyles”, wants to maximise the quality of life of certain carefully selected rough sleepers without addressing the causes of their exclusion. The aim seems to be to make their situation of exclusion sustainable over a longer period of time.

In many countries, NGOs and policy makers concentrate their intervention on people for whom street homelessness is a very recent experience. For these people, the prospects of reintegration are quite positive and the process of reintegration tends to be shorter and less costly. Several countries, such as Austria and Hungary, run successful projects in which rough sleepers are taken from the streets, put in to normal housing, and are given the necessary social support.

Skaeve huse til skaeve existenser
Alternative Housing for Alternative Lifestyles

This policy is aimed at people whose emergency situation became chronic (mostly rough sleepers), for whom all available reintegration services failed, and for whom reintegration into mainstream society became impossible. They live together in small groups and receive very basic (often sub-standard) accommodation (such as caravans, sheds ...) paid for by public authorities. They are allowed to continue living their life as they wish, which means that many would continue taking drugs and alcohol for instance. There is minimal supervision of the sites by social workers. The aim of the policy is to get people of the streets into a *safe haven*, where their *undesirable* behaviour is tolerated and not sanctioned. For a full analysis of this Danish practice and a description of the obstacles of transferring the policy to different policy contexts, see [FEANTSA shadow report 2005](#)

5. MONITORING THE CHANGING PROFILE OF ROUGH SLEEPERS: THE IMPORTANCE OF DATA COLLECTION

Monitoring the changing profile of rough sleepers is very difficult. Counting rough sleepers is probably even more complex. The only way to get a credible figure on rough sleeping is to send people out on the streets to count. Rough sleepers have no fixed address and are often staying in concealed places (such as doorways, vaults, covered parkings...). Therefore the risk of undercounting is quite high. The counting is further complicated by the fact that rough sleepers move between places and situations. They might be on the street during one night, and in an emergency hostel or staying with friends or relatives during another night. Counting rough sleepers during one night or a very short period (eg. a week) might therefore lead to an underestimation of the problem of street homelessness.

5.1. COUNTING ROUGH SLEEPERS: THE PERSPECTIVES OF NGOS AND PUBLIC AUTHORITIES

Counting people sleeping rough often leads to disputes between public authorities and NGOs. There is seldom an agreement on numbers provided by NGOs or public authorities. NGO's often argue that the official numbers are an underestimation of the total number, because of methods used to count or because of the date and time the counting took place. Public authorities tend to consider NGO data as an overestimation of the problem of street homelessness, and refer to the problem of double counting in data collection systems managed by NGOs.

Public authorities are often more interested in a unique figure of rough sleeping than in a set of figures which reflect both the nature and the scope of the problem of street homelessness. A unique figure is considered by many public authorities to be a good indicator of the impact of public policies and/or of public spending aimed at reducing rough sleeping. Therefore such a figure is often the focus of heated debates between public authorities and NGOs. It is indeed very difficult to analyse the reasons behind an increase or decrease of the number of rough sleepers. Increasingly also several NGOs use unique figures as a lobbying tool. An increase in the numbers is often used the proof that more public money should be made available for NGOs to address street homelessness more effectively. The involvement of the mass media, which is quite keen to report on numbers of rough sleepers, does not facilitate a genuine and nuanced analysis of the figures that are made public.

Most members of FEANTSA reported the importance of monitoring the changing nature of street homelessness on a regular basis. Early information on new or emerging profiles of rough sleepers defines to a great extent the effectiveness of the policies. Changing causes of street homelessness are most effectively identified by closely monitoring the changing profile of the people sleeping rough. It is important to highlight that changes in the profile, such as an increasing number of women for instance, often require new policy measures. The changes in a unique total figure of rough sleepers, on the other hand, do not lead to any clear policy answers.

5.2. DEFINING STREET HOMELESSNESS AS THE BASIS OF VALUABLE DATA COLLECTION

A detailed definition is a precondition for all serious data collection initiatives. In most countries, there is not an official and commonly accepted definition of homelessness or rough sleeping. It is possible that in the same country, different definitions of street homelessness are being used depending on the initiator of the data collection.

In FEANTSA's definition of homelessness and housing exclusion (ETHOS), people sleeping rough fall under the 1st conceptual category of *Rooflessness*. FEANTSA defines *rooflessness* as living in a public space or staying in a night shelter or other emergency accommodation and forced to spend several hours a day in public space. This definition tries to grasp the reality of street homelessness, but might not be the easiest definition for measurement purposes.

In several countries, other, often more restricted definitions, are being used (see chapter on definition above).

5.3. HOW TO COLLECT DATA: A PRAGMATIC APPROACH WORKS

By its very nature, street homelessness is a complex phenomenon to map and quantify.

A number of countries carry out regular street counts. These counts are carried out by people who go out on the streets on a specific day/night to find and count rough sleepers. The street counts are probably the most disputed data collection method. We mentioned already that only a small minority of the rough sleepers can be found living on the street permanently. Many rough sleepers move between night shelters, squats, and the street. Therefore an underestimation of the problem of street homelessness is unavoidable. In some countries, street counts happen during several days in a row to limit the undercounting. Another problem with street counts is that they can be quite easily manipulated. Quite often there are allegations of public authorities who force rough sleepers into night shelters or who arrest rough sleepers for minor offences on the day/night of the count to artificially reduce the number of rough sleepers.

In quite a number of countries, there are estimations of the number of rough sleepers. Such estimations are often based on the data collected by social emergency services such as night shelters and soup kitchens, or data from the police such as data related to begging and anti-social behaviour. The problem with these estimations is that these data do not only cover rough sleepers. In some countries, many users of soup kitchens would not be sleeping rough.

Probably the best way to monitor the nature and scope of street homelessness is through regular surveys. Surveys can provide valuable data on both the scope and the nature of street homelessness. Only very few countries, however, have carried out national surveys of rough sleepers. One of the major obstacles for comprehensive surveys of rough sleepers or people who are homeless is the *cost*. For any survey to be useful, it should be repeated on an annual or bi-annual basis. There are only few countries with the means and resources to carry out regular surveys.

INSEE, the national statistical office of France, completed a very detailed survey a few years ago of users of homeless hostels and soup kitchens. About 350 people, who received a special training to conduct the survey, went to a carefully selected representative number of hostels and soup kitchens across France to interview more than 4000 users of these services. The survey, which covered the wider issue of homelessness, provided a lot of information about roofless people (category 1 of FEANTSA's ETHOS classification) as well. The survey showed that more than 20% of the users of the above services, which is almost 20.000 people, were forced to sleep in public space the night preceding the interview or stayed in a shelter where they could only stay for the night. The survey provided a wealth of information about the profile of these people - key demographic data, their employment status, their history of exclusion, etc. For more information, please see [here](#)

Including a question in the general census about past experiences of rough sleeping (e.g. during the last 10 years for instance) would be a cheap and easy way to get an idea of the scope of rough sleeping. Such information would however be outdated when it is available and could therefore not be used to drive policy development. It could be useful in countries where rough sleeping has not yet received any major attention of public policy makers.

Almost all data on rough sleeping are point in time data. These data provide information about the scope and nature of rough sleeping at one specific point in time - usually a winter night. It would be more useful to have information on the total number of people who sleep rough during longer periods - a year for instance. This would allow us to better understand the true extent of street homelessness. It would be ideal to have constantly updated information about the trajectories of rough sleepers - flow data. Collection of such information is, however, only possible when continuous recording is possible. Because many rough sleepers have no or no consistent contact with service providers, continuous recording is very difficult. Lack of cooperation between the different providers of social emergency services and lack of funding of these services further complicates the continuous collection of data. Even in small countries, such as Luxembourg, poor coordination between social emergency services may give rise to double or triple counting of rough sleepers.

Because of lack of data on rough sleepers recorded by service providers, some countries can only provide data on the number of places in night shelters and other forms of emergency accommodation. Such data do not necessarily reflect the true extent of the problem of street homelessness.

In several countries, people who do not find a safe place to stay for a particular night can call an emergency hotline for help. In some countries the calls are monitored and analysed and provide some basic information on the nature and scope of the problem of street homelessness and related problems.

In France, the data collected through the emergency hotline 115 provide useful information on the profile of people sleeping rough and on their needs and problems. The emergency number 115 is called more than 10 million times per year. NGO's usually operate the emergency hotline 115. The information about the calls and the callers is gathered and analysed by the Samu Social for the Paris Observatoire des 115, a network of operators of the emergency number which is managed by FNARS (the national federation of services for people who are homeless) in the rest of France. Recent analysis of the data showed that most people calling 115 were single men, but that a growing proportion (more than 10% now) are families experiencing or at risk of rough sleeping. The collection of valuable data on the people who call 115 requires time and as a result the telephone line is too often engaged. Some people argue that the recording of personal data on the caller prevents too often immediate action and help, which was the original aim of the 115.

5.4. WHEN TO COUNT?

The most useful data on rough sleeping would be data recorded on a continuous basis during the whole year. As we have explained above, continuous recording is very difficult and problematic as concerns the scope of rough sleeping.

Most data collection on rough sleeping happens during a short period, usually part of a day or a night. Most of these counts are organised during the winter months, because during the colder months the problem of rough sleeping is most acute and it is the time of the year policy makers require statistical information to organise their social emergency services better. Public policy makers need to know if the available places in emergency hostels cover the demand, if certain needs of rough sleepers remain unmet, etc.

5.5. WHO COUNTS?

5.5.1. Public authorities

In several countries, the public authorities coordinate national/regional counts of rough sleepers. England is probably one of the only countries in Europe that counts rough sleepers on a yearly basis. The Office of the deputy Prime Minister (recently changed into the Department for Communities and Local Government) works together with local authorities and NGO's to carry out the count.

In most European countries, however, the national/regional governments do not feel responsible for the problem of rough sleeping. In these countries counting and/or surveying rough sleepers is happening mostly on the initiative of local authorities, in particular large cities where the problem of street homelessness is most visible and acute.

In Scotland, the local authorities are obliged by law to keep detailed data on people who apply for help or housing under the Housing (Scotland) Act 2001 and the Homeless Etc (Scotland) Act 2003. Every time a household presents as homeless, the local authority is required to complete a detailed form and this is submitted electronically to the Scottish Executive. The form asks about the household's composition, the reasons for homelessness, the details of the homelessness assessment and the action which the local authority has taken. The dataset is an invaluable source of information on homelessness in Scotland. The dataset also includes some information on hidden homelessness, i.e. those people experiencing homelessness who do not apply for help with local authorities. An important part of the people sleeping rough might not go to local authorities for help. Nevertheless, the data set provides some information about the scope and evolution of the problem of rough sleeping. About 15% of the households applying to local authorities have a member who slept rough at some time in the previous three months. Scotland is probably the only country with data on rough sleeping coming from public registers.

5.5.2. NGOs

In countries where the public authorities are less involved in the fight against homelessness or where the responsibilities of public authorities in the area of homelessness are not clearly defined, NGOs seem to take the lead for in the collection of data on the nature and scope of street homelessness.

In Belgium, the NGO Steunpunt Algemeen Welzijnswerk, runs a electronic data collection system which allows very close monitoring of the users of services for people who are homeless (only services provided by NGOs). The Tellus client registration system does not generate much information about rough sleeping and cannot be used as the basis for an estimate of the total number of rough sleepers. Tellus gives us information about the percentage and profile of homeless people using emergency accommodation, which is only part of the people who are roofless (see ETHOS classification). According to Tellus app. 7% of the people who are homeless are staying in night shelters or other forms of emergency accommodation. Also in other countries, such as the Netherlands and Czech Republic, such continuous data recording systems run by NGOs exists. They provide very interesting flow data, but only on people experiencing homelessness who are clients of services.

Double counting is a problem with data from client registers. That is why it is probably better to use these data to monitor the changes in the profile of rough sleepers.

In several countries, NGOs are very eager to collect data on their clients but they often do not have the means to run a comprehensive data collection system such as exists in countries like to Belgium. In many countries, NGOs coordinate the collection of data on homelessness, including rough sleeping, locally or on a regional level. Because of lack of means and resources, local NGOs often have to collect data on their clients handwritten form, which of course complicates the integration and analysis of the data.

5.5.3. Common effort

In several countries, data collection on rough sleeping is a common effort involving public authorities, NGOs and other stakeholders. The public authorities are often involved in data collection initiatives – as leader, as partner, or as funder. A good example of genuine cooperation between different stakeholders is the MIPES in France.

The MIPES (Information and study centre on poverty and social exclusion covering the region of Ile-de-France) is an interesting example of cross-sectoral cooperation for data collection and research purposes. In MIPES, the public authorities, NGOs, statistical offices, and research institutions work together to improve the understanding of poverty, social exclusion and related problems. Every year MIPES carries out a survey of the users of emergency hostels in the greater Paris region. The survey is carried out by an NGO and the analysis of the data by other stakeholders. The results of the survey provide interesting, and sometimes surprising, information about the changing profile of the users of emergency accommodation. In 2004, the survey found that 16% of the users had a higher education. MIPES is also involved in other major data collection initiatives and carries out research on a regular basis. Their website is [here](#).

5.6. HOW MANY PEOPLE ARE SLEEPING ROUGH IN EUROPE?

FEANTSA has been gathering data on the scope of street homelessness during the last few years. Most of the data we found are estimates, and because of the different data collection methods used to count the number of rough sleepers the data are not really comparable.

In Budapest, the NGO Shelter Foundation counted the rough sleepers during a winter night in February in 2005. Both the people staying in emergency shelters and the people living in public places were counted. The Shelter Foundation estimated that about 8000 people were roofless on a given night in the winter in Budapest (Total population of Budapest is a little under 2 million).

In Copenhagen, the NGO Projekt Udenfor estimates that the number of rough sleepers during a winter night is between 150 and 200 (Total population of Copenhagen is app. 500.000).

In England, the government counts the rough sleepers every year. The number of rough sleepers has dropped substantially during the last decade. In 1998 the government estimated that about 1850 people were sleeping rough during a winter night, of whom app. 600 in London. The last available data from 2005 show that only 459 people were sleeping rough in England. Most rough sleepers, app. 200 people, are still to be found in London. The government found less than 10 people sleeping rough in other large cities like

Birmingham and Manchester. For more information, visit the website of the [Department for Communities and Local Government](#).

The European Observatory on Homelessness of FEANTSA tries to gather every year all available data on street homelessness in the European Union. In 2005, FEANTSA published for the first time also data from the new member states of the EU. Some numbers: Poland 11500, Spain 3200, Portugal 3057, Austria 2000, Czech Republic 1868, Lithuania 1250. For more information, please consult *Fourth Review of Statistics on Homelessness in Europe* of FEANTSA

6. SERVICES FOR ROUGH SLEEPERS: OVERVIEW AND ASSESSMENT

6.1. WHAT SERVICES EXIST?

Similar services for people sleeping rough exist in the 25 EU Member States, in spite of important conceptual differences and diverse legislative frameworks and political contexts. We describe briefly what services exist and include a few examples of interesting practices.

6.1.1. Streetwork: Make help available on the street

Streetwork is the most common service for people sleeping rough and exists in all European countries. The aims of streetwork vary a lot. Sometimes streetworkers just want to establish contact with rough sleepers and offer them the possibility of having a personal talk. But streetwork often involves many more services, such as counselling, basic medical treatment, referral, etc.

Streetwork is an essential part of an effective strategy to combat street homelessness. An important part of the people sleeping rough avoid contact with established social services. FEANTSA members report that many rough sleepers need to be actively brought to the services and that streetwork is the most effective way to achieve this. The reluctance or hesitation of rough sleepers to use existing services can be caused by feelings of shame; inadequacy of existing services; criminal history; uncertain legal status; etc. It is the task of streetworkers to help rough sleepers to overcome these obstacles and start a process of reintegration.

The success of the Samu Social in France (and increasingly also in other countries) is based on effective streetwork. The Samu Social developed pro-active and reactive responses to street homelessness. It manages the emergency telephone line 115 and sends out streetworkers to help the people who call, but the streetworkers of the Samu Social also actively trace rough sleepers who did not call the 115 and need urgent help. According to Xavier Emmanuelli, the founder of the Samu Social their mission is to *meet victims who are too excluded to realise they are in danger*.³

In England, streetwork has been an essential element of the Rough Sleepers Strategy (RSS) and contributed considerably to the reduction of the numbers of rough sleepers in recent years. The street work under the RSS is carried out by the so-called *Contact and Assessment Teams* (CAT). CATs work with the most entrenched, long-term and vulnerable people sleeping rough. These people included all the rough sleepers who had resisted offers of help from outreach teams before the CATs were established. The CATs approach and support rough sleepers on an individual basis and provide (access to)

³ Lecture at the “Grandes Conférences Catholiques” in Brussels, 30 November 2004, Dr Xavier Emmanuelli.

services that best meet their needs. CATs are multidisciplinary teams, often run by the voluntary sector and include different specialists, such as a youth worker, a mental health worker, a nurse, a drugs and alcohol abuse worker and so on.

Streetwork is often organised at local level. Many city authorities have developed networks of streetworkers to help people who sleep rough. The city of Lisbon, for instance, attaches great importance to streetwork in its overall strategy to reduce homelessness. Teams of streetworkers, consisting of representatives of the voluntary sector and municipal services for people who are homeless, try to get people off the street and bring them into contact with established service providers. The teams specialise in support for certain categories of people sleeping rough such as immigrants, people with alcohol and/or drug addiction problems; people with serious health problems; etc. The teams meet on a regular basis to exchange ideas and experiences.

Streetwork exists in all EU countries, but in many countries it remains largely underfunded. FEANTSA members warn that streetwork is the start of an integration process and cannot be the only support available for rough sleepers. In some countries, streetworkers risk prolonging rough sleeping because they do not always agree on full or partial reintegration of rough sleepers as the aim of their interventions on the street. Such views are often triggered by a serious lack of funding which does not allow for a longer term approach to be developed. Many NGOs rely largely on private funding (e.g. donations of the general public) to finance their work on the streets. This requires innovative and sometimes provocative ways of fundraising. In the Czech Republic, for instance, NGOs display pictures of people sleeping rough to show the general public the hardship of street homelessness.

6.1.2. Medical services: targeting before mainstreaming

Rough sleepers usually have severe health problems and often require urgent medical treatment. That is why in most countries emergency health care is relatively accessible for people sleeping rough. Some of the health problems which can be found amongst rough sleepers pose a threat to the society as a whole and therefore need to be identified and treated at the earliest possible stages. Although the incidences of tuberculosis fell substantially in most countries, regular screening of people sleeping rough is a common practice throughout Europe.

Most large cities in Europe have mobile medical services, which treat homeless people on the streets. In many countries there are also low-threshold stationary medical services, often specialised in certain health problems such as alcohol addiction, oral hygiene, etc. In many cities, there still exist places where rough sleepers can have a shower and take care of the most basic personal hygiene.

In Germany, mobile medical services (*mobile hospitals* as they are commonly called) are quite common and well-equipped, and they are considered to be a good practice by German public authorities. There are also a few dozen community clinics specialised in the health problems of rough sleepers. The aims of both the mobile medical care and the clinics is to re-establish access for rough sleepers to mainstream health care services.

In many countries the most accessible medical service for rough sleepers is the emergency department of a hospital. Although these are not specialised in their typical health problems, rough sleepers often have no other choice because emergency departments in most countries do not charge patients for the care provided.

The NGO Rauxa, based in Barcelona – Spain, provides mobile medical care for rough sleepers with serious alcohol addiction problems. According to Rauxa more than half of all health problems of rough sleepers in Catalonia are alcohol related. Rough sleepers with alcohol problems often have no other choice but to live on the street, because there are no or too few services which cater for their specific needs (“wet hostels” for instance). Rauxa specialised in alcohol addiction because it considers the addiction to be a key cause of rough sleeping and a major obstacle to reintegration. Rauxa tries to take people from the streets and reintegrate them in society, and treats the alcohol addiction from the very first contact with the rough sleepers. The mobile medical care, is only a part, but a very important part, of the range of services offered by Rauxa, which also include a hostel, a social restaurant, apartments for semi-independent living, etc.

Mobile psychiatric consultations exist only in very few countries. This is a real problem, because many rough sleepers have urgent mental health problems. In Germany, a few voluntary agencies provide psychiatric care on the streets, but this form of care seems to be still in an experimental phase.

In Paris, a hospital was created in the early 20th century specifically for rough sleepers. Now the hospital serves a wider audience, but it is still connected to one of the biggest night hostels in Paris – Cash de Nanterre. The hospital provides medical care for rough sleepers and other people who are homeless. Psychiatric care was made available only from the late 1980’s onwards. Patrick Declerck, a psychiatrist who started the first psychiatric consultation for rough sleepers believes that mental health problems are a key factor in people’s pathways in and out of rough sleeping and homelessness more in general. He argues that in spite of this recognised importance of mental health as a causal factor, many services for rough sleepers and other people experiencing homelessness have ignored the mental health needs of their clients for several decades.⁴

6.1.3. Night shelters: start of reintegration or not more than a roof?

The night shelters are the most common and wide-spread form of support for rough sleepers. In some countries, it is the only support available for rough sleepers.

⁴ « Les Naufragés, avec les clochards de Paris », Patrick Declerck, Collection « Terre Humaine », Plon, 2001, Paris

Night shelters and other forms of emergency accommodation usually offer low-threshold support and focus on the accommodation of people who are homeless for a very short period (usually between 1 night and 30 days).

Only few night shelters are freely accessible without any restrictions. Most night shelters impose certain rules which restrict access for some rough sleepers. Amongst the most common rules we can find: no use of alcohol or drugs in the shelter; clients have to be sober before entering the shelters; no aggressive behaviour allowed in the shelter; etc. In some countries, shelters exist where the rules are kept very minimal to make sure that also the most excluded rough sleepers get a decent place to stay the night. Shelters where alcohol consumption is permitted (often under certain restrictions), commonly called “wet shelters”, are quite common in a few countries.

In Budapest, a so-called “heated street” was created in a big shed that was formerly used for repairing cars. There are a lot of big heating pipes in the shed which makes it relatively easy to heat it. The shed is used by rough sleepers as a temporary place to stay and during winter months to protect themselves from the cold. It is a low-threshold service which tries to imitate street life to allow the most problematic rough sleepers access to a minimum of support. There are street signs put in the different parts of the shed to create an atmosphere as close as possible to street life.

In most European countries, night shelters do not check the identity of their clients. As a consequence, many asylum seekers and undocumented immigrants use night shelters as a safe place to stay. They are often much more vulnerable and run a greater risk of being severely exploited on the private (usually black) housing market.

Increasing numbers of night shelters try to take up their role as initiators of the reintegration process of their clients. These shelters try to bring their clients into contact with social workers to develop a reintegration plan and to refer them to hostels for people who are homeless which are better equipped to implement the plan. The night shelter André Jacomet in Paris even tries to get its clients integrated into the labour market, because it considers work as a key instrument to get out of homelessness.

Although night shelters are generally perceived as the first stage of the reintegration process of rough sleepers, the lack of “move-on accommodation” is a real problem which hinders and sometimes impedes reintegration. In many countries, there are not enough spaces in supported accommodation or normal housing for rough sleepers, and as a result they stay too long in night shelters and see their chances for reintegration quickly diminishing.

6.1.4. Temporary structures for emergency accommodation: no solution

In many countries, special initiatives are taken to shelter rough sleepers from the cold during the winter months (see also above). Public authorities often open buildings which are not normally used for accommodation purposes, such as schools, sports centres, army barracks, etc. In some cities, such as Brussels and Madrid, some metro stations are kept open during the whole night to shelter rough sleepers from the cold.

FEANTSA members agree that these measures might be necessary in the short run to prevent people from dying, but they do not contribute in any way to a solution to the urgent problem of rough sleeping.

During the winter of 2005 – 2006, the organisation Médecins du Monde handed out individual tents for rough sleepers in Paris. At first, the tents were intended to help rough sleepers to get through the winter months. The tents were a rather visible feature of the urban scene of Paris and several foreign news media reported on it. After the winter, Médecins du Monde caught many by surprise by its decision to keep on providing shelter in tents for rough sleepers. This caused quite some controversy amongst public policy makers and NGOs alike. Distributing tents is probably the best example of what is generally considered to be a temporary measure (see similar actions in the third world after natural or other disasters). Perpetuating the living in tents into the summer months caused public outrage and the public authorities were forced to take more serious and long-term measures to help rough sleepers.

6.1.5. Soup kitchens and food banks: an obstacle to reintegration?

Distribution of food and meals for free or at very low cost is very common in most European countries. The distribution of food and meals is often managed by NGOs, operated by volunteers and financed by private donations.

Some organisations involved in the distribution of food and meals are well-known and receive a lot of support from the general public. This is certainly the case for the Restos du Cœur [restaurants of the heart] in France, which were founded by the famous comedian Coluche in 1985. The organisation Restos du Cœur has 2000 restaurants across France and serves more than 60 million meals per year. The organisation works with more than 40.000 volunteers and is one of the charities in which the French population has most confidence. Increasingly, the NGOs distributing food and meals become more aware and more involved in the complex reintegration process of excluded people. Instead of just serving meals, an organisation like Restos du Cœur offers now also support to access employment with the creation of the “Ateliers du Cœur” and the “Jardins du Cœur” [gardens of the heart].

In most countries, there are food banks which collect food and distribute it to people who cannot afford it, directly or in cooperation with organisations which provide services to these people.

The target group of social restaurants and food banks are not in the first place rough sleepers or people who are homeless, but more generally the impoverished fringe of the urban population. Even organisations serving meals, or usually soup, on the street, tend to reach a much wider public than just people sleeping rough.

A recent study commissioned by the city of Westminster (London) shows that 80% of the people who go regularly to soup kitchens are not people who are in an emergency situation. Contrary to public belief, the users of soup kitchens tend to be people who regularly have problems to making ends meet but who usually live in secure accommodation of their own. Some people, representatives of both local authorities and NGOs, wonder if soup kitchens are useful. Some people believe soup kitchens make life on the street possible for rough sleepers and keep them away from services which want to reintegrate them in society. Especially in the North of Europe, soup kitchens are not really considered to be an effective way of helping people in an emergency situation.

6.1.6. Day reception centres: key to reintegration

Day centres provide support for people sleeping rough who have to leave the night shelters which usually close during the day. Day centres are often a place for rough sleepers and other people who are homeless to meet other people, have a cup of coffee, talk, rest and relax, wash clothes, but also to get information (increasingly through the Internet), learn about their rights, and meet social workers. The day centres usually want to offer their clients the possibility to get some stability and routine in their life again. Day centres are a better place for contact with social workers and other relevant professionals than night shelters or soup kitchens. That is why most day centres offer training and services, including basic classes (such as literacy) or more advanced vocational training or some primary health care. Some day centres also offer art and music or organise debate sessions to increase the self confidence of their clients.

Cooperation between night shelters and other easily accessible services for rough sleepers and day centres is essential for a successful reintegration process. Some specialised day centres aim at a wider public, but accept people sleeping rough as clients. Kofoed Skole is an interesting example.

An interesting example of a day centre is Kofoed Skole in Denmark. As its name suggests it is a “school” of life and of work. The school refers to their users, amongst whom there are also rough sleepers, as ‘students’ to emphasise the role of education in developing people’s self-esteem and abilities, and therefore also their chances for successful reintegration. For Kofoed Skole education is a broad concept which strongly emphasises the importance of learning as a first step out of inactivity. Kofoed Skole provides formal and informal education, supported workshops, counselling and guidance, shower and laundry facilities, supplies clothes and furniture, and runs a library and a cafeteria. They have also introduced an internal currency system, which requires “students” to attend courses in order to obtain “Kofoed dollars” needed for purchasing coffee, cigarettes, food, etc. This educational

method has spread to other countries, for example in Central Europe.

In some countries, associations or the public authorities have created assistance services separate from day centres. In Belgium, for example, such services are provided by the social centres of the municipalities to help people with administrative formalities and guide them to structures capable of solving their accommodation, housing, training or employment problems.

Numerous associations also provide official personal addresses for their clients, so that they can receive financial and other support from public authorities. In many countries, having an official address, even if it is a “letter box address” is still a condition for receiving public support.

Move-on accommodation and housing: is “housing first” an option?

At the boundary of emergency and lasting integration, there is supported accommodation. The period of stay is longer than in emergency hostels. The purpose of individual support is no longer to inform or guide, but to define together with the person a way to engage in a real integration process, which includes the different dimensions of integration such as housing, employment, and health.

An increasing number of people question the need for rough sleepers to pass through night shelters as a first stage of the reintegration process. They argue that people could be taken directly from the streets and be put in advanced forms of supported accommodation or even normal housing.

In Austria, a Viennese association, NeunerHaus, offers since 2003 supported housing for men who are sleeping rough because of recent loss of their dwelling.. Neunerhaus argues that people who have a short experience of rough sleeping can be reintegrated quite rapidly without going through the traditional reintegration model which includes a short stay in a night shelter before moving on to the homeless hostels and eventually independent housing. The clients of Neunerhaus can stay in supported accommodation for max 6 months, a period in which they are expected to find “normal” housing.

6.2. WHY IS SERVICE PROVISION FOR ROUGH SLEEPERS NOT ALWAYS EFFECTIVE: THE POINT OF VIEW OF SERVICE PROVIDERS?

If all the emergency service providers we have described above had enough means and functioned properly, and cooperation amongst the services and between them and mainstream services were effective, they would constitute an intervention chain that would lead from the street to full integration. Unfortunately, this is not the reality.

There are many reasons why service providers working with people sleeping rough do not always manage to reintegrate their clients back into society. Some of the reasons have

already been touched upon in previous chapters. We will list here the main reasons which FEANTSA members referred to in their national reports.

The lack of funding is probably one of the most important reasons. Many countries do not put aside enough financial resources to address the complex problem of street homelessness. In most countries the funding is not secure either, which means that a much needed long-term perspective on street homelessness cannot be developed.

In several countries, the service provision for people sleeping rough is funded to a large extent by the general public through private donations. Private donors, usually more so than public funders, want their money to be used for immediate relief of most urgent needs of rough sleepers and are often quite sceptical if their money is invested in solutions which only provide visible results in the longer term. Service providers dependent on such funding are therefore often reluctant to develop services which are aimed at the full reintegration of their clients.

As we mentioned, public funding is often provided for short periods and in the framework of projects. In some countries, public funding is being cut for emergency services which make it difficult for service providers to offer even the bare minimum for rough sleepers, such as night shelters with big dormitories.

Lack of cooperation between the service providers is another problem. The lack of funding makes cooperation difficult, because service providers are often competitors for the funding. In many countries the public authorities still do not require cooperation and networking as a precondition to access public funds.

In some countries, especially Mediterranean countries, the service provision for rough sleepers is too fragmented and too many small organisations are involved. This situation makes networking between services for rough sleepers very difficult and makes it more likely for rough sleepers to get trapped in emergency provision.

Some members of FEANTSA refer to the lack of professionalism as another important reason why service providers are not always successful with the integration of their clients. The lack of funding clearly stands in the way of more professionalism in the sector. The involvement of volunteers is not the problem, but the professional management of volunteers can lead to ineffective service provision.

Only few countries have introduced obligatory assessment of service provision for rough sleepers, which would be a good instrument to promote the professionalisation of the sector. It is clear, however, that increased public funding might be one of the inevitable consequences of clear and properly run assessment and evaluation procedures. This might be a reason why many public authorities have been reluctant to introduce these procedures.

Public tendering could help to increase professionalism in the sector. It makes the competition for funding more transparent which might ease the tensions between different service providers. On the condition that tendering is done on the basis of well-designed selection criteria and high quality standards, it might increase the effectiveness of the service provision.

A country like the UK is a good example of how thorough assessment, public tendering, and increased funding can lead to better and more professionally run services for rough sleepers and the homeless population in general.

Another factor referred to by FEANTSA members is the complex and changing profile of people sleeping rough. Even in countries which have developed a comprehensive rough sleepers' strategy, where important resources have been made available, and where strong political commitment exists to end rough sleeping, there still remains a hard core of people sleeping rough. There is probably a need to further adapt the services to the individual needs of the people sleeping rough and in some instances a certain form of coercion in the reintegration process might be required.

Another reason mentioned by FEANTSA members, and in some countries probably the most important one, is the increasing problems related to the affordability of housing. In many countries, the number of people sleeping rough has increased during the last decade and many of our members find the reasons for this in the omnipresent and aggravating housing crisis which makes it very difficult to access decent housing. An increasing number of people experience rough sleeping due to housing affordability problems. Service providers are also affected by the housing crisis. Service providers spend growing amounts of their budgets on emergency accommodation for their clients which they increasingly have to find on the private housing market.

A last important factor is immigration. A number of FEANTSA members argue that poor public management of the recent immigration waves is the reason for increased presence of immigrants, in particular asylum seekers and undocumented immigrants, amongst rough sleepers.

Many rough sleepers experience severe difficulties to find a permanent way out of street homelessness. A too high number of rough sleepers have repeated experiences of street homelessness. We have already mentioned that one of the main reasons for unsuccessful paths out of street homelessness is the lack of space for rough sleepers in services which are higher up the integration ladder, such as supported accommodation and social housing.

6.3. THE IMPORTANCE OF PREVENTION

Street homelessness is a very complex and difficult phenomenon and extremely difficult to address in a sustainable and cost-effective way. Many members of FEANTSA argue that the scope and visibility of the problem prompt policy makers to focus on crisis interventions and emergency relief. The integration of rough sleepers is often thought of as being too difficult and too costly. In several European countries the focus on the immediate (often visible) problem of rough sleeping has led to a repressive approach to street homelessness by public authorities which is principally aimed at reducing public nuisance caused by rough sleepers. In many member states of the EU, the short-term approach of public authorities has limited public intervention mainly to temporary measures, such as "winter plans", and unsustainable "solutions", such as night shelters.

We have argued above that there are ways to address street homelessness effectively. But we would like to emphasise the importance of the prevention of rough sleeping. It is generally accepted that extended experiences of rough sleeping often complicates the

reintegration process of people and can limit their options for full reintegration. Prevention of rough sleeping is not only a moral duty, but also makes sense from a budgetary point of view.

In 2004, FEANTSA produced a report on the prevention of homelessness, which includes several references to the prevention of rough sleeping. We would like to refer to this report for more information. Prevention of rough sleeping can be achieved by freeing up spaces higher up the integration ladder and by introducing a more targeted approach in relevant mainstream services like social housing and health services. Prevention of rough sleeping might also include seemingly quite general social measures such as guaranteed minimum income schemes. We have argued in this report that the pathways into street homelessness are becoming less complex or more direct than before. Structural reasons tend to play a more important role than personal reasons in the pathways to street homelessness. An increasing number of people end up on the streets or in night shelters because of financial problems or other straightforward problems which are relatively easily prevented. There needs to be measures, however, to ensure that people at risk of street homelessness have easy access to these general income measures.

7. CONCLUSIONS

We do not want to summarize the whole report, which is already a summary of national reports, in the conclusion. We just want to present a few observations and a few points of action.

The first observation concerns the people sleeping rough. With the exception of some significant reductions in the number of people sleeping rough in a few cities (mostly in Northern Europe), more and more people are living in situations of extreme exclusion in European large cities. The profile of rough sleepers has changed drastically in the last decade and now includes more women, families, immigrants, etc. There seems to be a more direct connection between housing exclusion and rough sleeping or, in other words, people who experience some form of housing exclusion are becoming more vulnerable to street homelessness. This is a problem in particular in the former communist member states of the EU.

The second observation concerns the service provision. The “chain” of emergency services is malfunctioning in many countries. The “chain” should normally enable every person to engage in an integration process and to regain dignity and independence. Reports from FEANTSA’s members show that often street homelessness tends to become a chronic experience for people. The actions to address rough sleeping seem to have sometimes the opposite effect of what was intended, and to hold people in a situation of emergency. The actions are no longer a method of addressing rough sleeping, but are increasingly limited to the funding of a sector of service providers, which is less responsive to the changing scope, profile and causes of street homelessness. The sector seems to be more and more subject to the whim of public opinion and the media, and is less often managed on the basis of the principles of public responsibility and solidarity.

We would like to suggest three possible actions to counter these observations:

- The first action should aim at giving emergency actions a proper role between prevention and reintegration. The emergency actions can only be a temporary “solution” for rough sleepers. The “entry” into street homelessness could be thwarted by more serious actions to address the housing crisis, by prevention of evictions, addressing the growing problem of over-indebtedness of households, and by guaranteeing sufficient resources whether from work or minimum income schemes. The actions aimed at integration should include measures to provide rough sleepers with suitable accommodation and employment as soon as possible, measures to address the health problems of rough sleepers and to ensure access to mainstream health services, and measures to strengthen the social networks of rough sleepers.

The second action consists of capitalising on the knowledge and experience of NGOs and other relevant actors. This could help to improve the coordination between NGOs, decision-makers, and other stakeholders. Street homelessness should be addressed in a strategic way, with a long-term perspective, adequate funding, and a clear definition of the responsibilities and obligations of the public authorities.

Finally, this FEANTSA report has shown that street homelessness is a European problem. The Union must therefore participate in an attempt to end rough sleeping. FEANTSA hails the decision of the Council of Ministers for Employment and Social Affairs of March 2005, which identified homelessness as one of the priorities of EU social inclusion policy. We expect the EU to take concrete measures respecting the powers conferred upon the Union by the Treaties. FEANTSA is ready to make its knowledge and expertise available to EU decision makers.
