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Time for Transition: From Institutional to Community-Based Services in the Fight against Homelessness

European Federation of National Associations Working with the Homeless AISBL
Fédération Européenne d'Associations Nationales Travaillant avec les Sans-Abri AISBL
194 Chaussée de Louvain ■ 1210 Brussels ■ Belgium ■ Tel.: +32 2 538 66 69 ■ Fax: +32 2 539 41 74 ■ office@feantsa.org ■ www.feantsa.org

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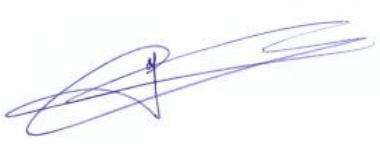
Foreword by the Chairs of the European Expert Group on the Transition from Institutional to Community Based Care

The chairs of the European Expert Group on the Transition from Institutional to Community Based Care (EEG) are pleased to welcome this important paper. The EEG is a broad coalition gathering stakeholders in the transition from institutional to community-based care[1]. It promotes a holistic approach and encompasses the perspectives of a broad range of target groups and services providers, including children, people with disabilities, people experiencing mental health problems, families, and people experiencing homelessness.

The transition from institutional to community-based care can play an important role in enhancing progress in the fight against homelessness in Europe today. Providing people with support needs with high quality and accessible community-based services can make an important contribution to preventing homelessness. Furthermore, there is great scope to shift from institutional to community-based services to provide solutions to homelessness.

This new paper from FEANTSA (the European Federation of National Organisations working with the Homeless) compliments the work of the EEG, notably its common European Guidelines on the Transition from Institutional to Community Based Care and its Toolkit on the Use of European Union Funds for the Transition from Institutional to Community-based Care[2]. We hope that it can assist policy makers, advocates and service providers to promote the social inclusion of people with support needs in the framework of the Europe 2020 strategy, and particularly to make the best use of Cohesion Policy resources in the forthcoming funding period 2014 to 2020.



Jean-Claude Legrand

Senior Regional Advisor Child Protection
UNICEF

Carlotta Besozzi

Director
European Disability Forum

John Halloran

CEO
European Social Network

[1] The EEG consists of the following organisations: COFACE (Confederation of Family Organisations in the EU), EASPD (European Association of Service Providers for People with Disabilities), EDF (European Disability Forum), ENIL/ECCL (European Network on Independent Living/European Coalition for Community Living), ESN (European Social Network), Eurochild, FEANTSA (European Federation of National Organisations Working with the Homeless), Inclusion Europe, Lumos, Mental Health Europe, OHCHR Regional Office for Europe, Open Society Institute (OSI) and UNICEF.
[2] See http://deinstitutionalisationguide.eu/

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Overview

This paper makes the case that the transition from institutional to community-based care is a central element in making progress in the fight against homelessness, and should therefore be a central priority in the EU funding period 2014-2020. The paper is divided into the following five sections:

1. Context

Across the European Union, hundreds of thousands of children and adults with support needs live in segregated residential care services. This includes people with disabilities, mental health problems, older people, children in state care and homeless people. Institutions were once seen as the best way of caring for these target groups; providing care, food and shelter. However, it is increasingly understood that institutions fail to respect human rights and to promote social inclusion because they are unable to provide person-centred support and physically isolate residents from communities.

Deinstitutionalisation (DI) describes the process of transition from institutional to community-based care. It is driven by respect for human dignity, equality and rights. In addition, it is supported by increasing understanding and growing evidence that community-based support can be considerably more effective than institutional care.

DI is a complex process, which includes the development of quality services in the community as well as the planned closure of long-stay residential institutions and the transfer of resources from the institutional system to community-based alternatives. It involves promoting access to mainstream services such as housing, healthcare, education, employment, culture and leisure, as well as the provision of more specialised services to cater to individual support needs. DI is an incomplete and highly fragmented process in the EU. There is considerable variation in the extent to which institutional care has been replaced by high quality community-based care; both geographically and in relation to different target groups.

The transition from institutional to community-based care is a priority on the EU's agenda. It is supported by a range of fundamental rights instruments (see section 1) and is an investment priority for Cohesion Policy. The European Social Fund (ESF) and the European Regional Development Fund (ERDF) are of particular importance in this respect. In addition, the European Agricultural and Rural Development Fund (EARDF) and the Instrument for Pre-accession Assistance (IPA) can support DI in rural areas and potential candidate countries. The European Commission has issued position papers to Member States in order to frame dialogue on forthcoming partnership agreements and programmes which will form the basis for delivery of the EU Structural Funds in the period 2014-2020. Fourteen of these position papers explicitly highlight the transition form institutional to community-based care as a priority[3].

In 2009, Vladimír Špidla, then EU Commissioner for Employment, Social Affairs and Equal Opportunities established a European Expert Group on the Transition from Institutional to Community-based Care. In 2012, the group published Common European Guidelines and a Toolkit on the Use of

[3] Austria, Bulgaria, Czech Republic, Estonia, Greece, Croatia, Hungary, Italy, Lithuania, Latvia, Poland, Romania, Slovakia, Slovenia

European Union Funds for the Transition from Institutional to Community Based Care[4]. FEANTSA joined the group in 2012.

Whilst DI is an increasingly important policy objective in the European Union, homeless people have hitherto rarely been considered as one of its main target groups. Children in state care, people with disabilities, people with mental health needs and older people have been more central to this agenda in its first phase. There are however several reasons why it is increasingly important to link homelessness and DI. Firstly, there is growing consensus that community-based solutions can play a more important role in sustainably ending situations of homelessness. Secondly, there is a growing critique of the institutional nature of some services for homeless people. Thirdly, there is a well-established link between experience of institutional living and homelessness, which means that the provision of high quality community-based services to support people moving on from institutions and/or as an alternative to institutions can play an important role in preventing homelessness. Fourthly, the new period for the structural funds opens important perspectives to support the transition from institutional to community-based services in responding to homelessness. Lastly, community-based care is in line with the social investment approach to tackling homelessness, which the Commission called on Member States to adopt in its Social Investment Package, published in February 2013[5].

2. Human Rights Framework

This section identifies the major international and European human rights standards that are of particular relevance to the process of deinstitutionalisation and to the issue of homelessness.

People living in long-term institutional care can face violations of human rights on a daily basis. These human rights are enshrined in international and European human rights treaties and include the following:

- the right to dignity and equality (prohibition of discrimination) (Art 1 EU Charter of Fundamental Rights (ECHR))
- the right to liberty and personal security (Art 5 ECHR, art 6 Charter of Fundamental Rights (CFR))
- the right to be free from inhuman and degrading treatment (Art 3 ECHR, art 4 CFR)
- the right to private and family life (Art 8 ECHR, Art 7 CFR)
- the right to health (Art 12 International Covenant on Economic, Social and Cultural Rights (ICESCR))
- the right to community living (Art 19 the United Nation's Convention on the Rights of People with Disabilities (CRPD), Art 26 CFR)

The common key elements of these rights are human dignity, self determination, personal autonomy, physical and psychological integrity. In addition to these rights, the right to community living targeted at people with disabilities also sets out as an objective full inclusion and participation in society. Choice and individualised support that promotes social inclusion and prevents isolation are key elements of this right. The European Union is a signatory of the UN CRPD, which means that that all legislation, policies and programmes at EU level should comply with its provisions, within the limits of EU responsibilities.

Homelessness in itself is a violation of human rights. Access to adequate and decent housing is a fundamental human right. The International Covenant of Economic Social and Cultural rights

[4] See http://deinstitutionalisationguide.eu/
[5] COM(2013) 83 final

enshrines the right to housing as part of the right to adequate standard of living (art 11, ICESCR). The most advanced articulation of the right to housing can be found in the Revised European Social Charter which includes the promotion of access to housing of adequate standards, the prevention and reduction of homelessness with a view to its gradual elimination, and the promotion of affordable housing (art 31 RESC). The EU in its Charter of Fundamental Rights also recognises "the right to social and housing assistance so as to ensure a decent existence for all those who lack sufficient resources"(art 34.3 CFR). Homelessness however is not only the violation of the right to housing. People who are homeless experience social isolation and lack control over their environment and life. As adequate housing is a precondition of the exercise of other human rights, homelessness impacts on the ability of the enjoyment of other basic rights such as the right to health, right to familiy, right to education, rights to work, right to vote etc.

The rights based approach to tackling homelessness recognises housing as a fundamental human right essential to live in peace, dignity and security and requires states to ensure everyone access to housing that is adequate for health and wellbeing, consistent with other human rights.

3. Services for homeless people: Scope for deinstitutionalisation

The European group of experts on the Transition from Institutional to Community-based Care defines an institution as any residential care where:

- residents are isolated from the broader community and/or compelled to live together;
- residents do not have sufficient control over their lives and over decisions which affect them;
- the requirements of the organisation itself tend to take precedence over the residents' individual needs[6].

According to this definition an institution is defined by institutional culture, features of which include standard treatment, de-personalisation, rigidity of routine, and a lack of opportunities to make choices or participate in society.

People in different living situations defined by the ETHOS typology of homelessness and housing exclusion (see annex) may find themselves in such institutions. The ETHOS typology begins with the conceptual understanding that there are three domains which constitute a "home", the absence of which can be taken to delineate homelessness. Having a home is understood as having an adequate dwelling (or space) over which a person and his/her family can exercise exclusive possession (physical domain) ; being able to maintain privacy and enjoy relations (social domain) and having a legal title to occupation (legal domain). This leads to the 4 main concepts of rooflessness, houselessness, insecure housing and inadequate housing.

Homelessness covers people whose living situation falls under the conceptual categories of 'houseless' or 'roofless', meaning operational categories 1-7. The extent to which institutional services are provided to people in each of these operational categories varies, and is explored further in the table below:

[6] The European Expert Group on the Transition from Institutional to Community Based Care (2012), *Common European Guidelines on the Transition from Institutional to Community-Based Care,* available at: *http://deinstitutionalisationguide.eu/*

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Figure 1: ETHOS Categories 1-7 and Experience of Institutions

Ethos Operational Category	Comments on Experience of Institutions
1. People living rough	Somebody sleeping rough is not using long-stay residential services and therefore cannot be described as experiencing institutional care. However, it is important to note that people often circulate between the homeless service system and periods of rough sleeping. Whilst rough sleepers are not living in institutions, their situation reflects a lack of suitable alternatives and particularly of community-based services that can support a sustainable exit from homelessness rather than a "revolving door" between different forms of homelessness. Living rough is an extreme form of exclusion and a clear violation of fundamental rights. Whilst rough sleepers are not residents in institutions, their situation highlights the importance of developing high quality community-based services to offer genuine alternatives to homelessness.
2. People in emergency accommodation	People in emergency accommodation are not long-term residents, as they generally access these services only on a night-by-night basis. However, many people make use of emergency overnight accommodation in this way for years on end. People in this situation may experience institutional care. They are isolated from the broader community and compelled to live with other homeless people. Furthermore, they often have little control over their environment and routine. The requirements of the service may take precedence over the residents' individual needs e.g. having to leave the accommodation during the day. Many emergency shelters in Europe provide very inadequate privacy and adhere to strict timetables and regulations that leave little scope for personal choice.
3. People in accommodation for the homeless	Homeless hostels, temporary accommodation and transitional supported accommodation are all intended for short stays. Ideally, they should support users to move on to settled housing and exit homelessness. However, the degree to which this goal is attained varies and in some contexts success is very limited. The "staircase" system has been subject to criticism in recent years because of its failure to help people move on sustainably from homelessness. Criticism focuses on a lack of choice, freedom, privacy and control for services users, as well as the use of standardized support, lack of preparation for independent living and slow progress towards this goal with many people stuck in the system, creating bottlenecks. Clearly, not all temporary or transitional accommodation for homeless people is institutional. Nonetheless, institutional segregation may be a reality for homeless people who find themselves trapped in the system for long periods with limited perspectives for exiting homelessness and living independently
4. People in women's shelter	Categories 4 and 5 concern people living in women's shelters due to domestic violence, and people in reception or short-term accommodation due to their immigration status. Whilst these people are in a homeless living situation, the residential services where they live and the other support services that work with them are not recognized as part of the homeless system in most countries. This
5. People in accommodation for	

immigrants	makes it more difficult to make specific observations and recommendations in the scope of this paper. Like stays in homeless accommodation, stays in these settings are supposed to be transitional rather than long term although the reality may often be different. Ideally, conditions should be conducive to privacy, choice and control during the course of the stay but the extent to which this is the reality is highly variable according to the type of service and the broader policy context.
6. People due to be released from institutions	People due to be released from penal institutions, medical institutions or child welfare institutions are homeless if they do not have housing available prior to discharge or if they are staying longer than required because of a lack of housing. Experience of institutional care is a well-recognized element of pathways into homelessness. Support in the transition from institutional to independent living is thus an important element of preventing homelessness. The provision of community-based alternatives to institutional care can also play a role in preventing homelessness.
7. People receiving longer-term support due to homelessness	This concerns people who live long-term in supported accommodation for formerly homeless people, or specialist residential care for older homeless people. This is the only ETHOS category that specifically concerns long-term residential services. For some homeless people, this may be the most appropriate response to their needs and preferences. Key elements in determining the adequacy and appropriateness of such residential care include the extent to which support is personalized and needs-adapted and the level of choice, privacy and control that homeless people experience.

As the table demonstrates, most forms of specialist accommodation for homeless people are designed to be temporary. Their aim is to provide temporary accommodation and support homeless people to move on to independent living. Duration of stay and the extent to which people successfully exit homelessness are thus key elements in determining how institutional homeless services are. In reality, many services which are supposed to be transitional become long-stay or even permanent. This is a challenge in many EU Member States. To promote sustainable exits from homelessness, several countries have defined targets in the framework of national homeless strategies to limit the time that homeless people spend in temporary accommodation. Denmark and Norway have introduced targets to limit stays in shelter to 3 months. Finland's strategy to end long-term homelessness focuses on people who have been in temporary accommodation for more than six months. By 2015, Finland aims to have closed all its temporary shelters and replaced them with various forms of supported housing. Ireland set the objective that long term homelessness (i.e. the occupation of emergency accommodation for longer than 6 months) and the need for people to sleep rough would be eliminated. These examples demonstrate the importance of ensuring that residential homeless services facilitate genuine pathways to independent living rather than become institutions that contribute to the exclusion of homeless people from society. Of course, successfully limiting the time that people spend homeless necessitates the provision of community-based alternatives, namely access to affordable housing with support as required[7].

[7] See examples in section 5 on alternatives to institutional services for people experiencing homelessness

Long-term supported accommodation for formerly homeless people and specialist residential care for older homeless people are unusual forms of homeless service in that they are not designed to be transitional. They are intended to provide long-stay residential services. For some homeless people, this type of setting provides the most appropriate response to their needs. Nonetheless, the need for this type of service reflects the barriers that homeless people may face in accessing more mainstream services. A shift towards community-based responses to homelessness therefore involves promoting access to mainstream services, such as housing, social, health, and elderly care for people who are homeless. Where specialist long-stay residential provision is required, it should offer support that is personalized and needs-adapted, facilitate participation, and ensure privacy, choice and control for residents.

Contrary to institutional culture, homeless services should promote a rights-based and empowering approach. Policy, funding and quality assurance frameworks should help ensure that homeless peoples' dignity, choices, personal security, privacy, and family life are fully respected. Homeless people should have opportunities to participate in the community and in decision-making that affects them. Despite increasingly widespread good practice, the capacity of temporary accommodation services to operate in this way is often limited. Reasons for this can include funding constraints, high levels of demand relative to supply, lack of a strategic policy-making which means homelessness is "managed" rather than progressively ended, limited staff capacity, inadequate buildings, negative perceptions of homeless people etc. Despite considerable progress in some Member States, too many homeless people continue to be accommodated in overcrowded hostels where a lack of privacy, limited personal safety, restrictive rules and inflexible routines persist. Whilst it is inevitable that temporary accommodation can never facilitate the same level of independent living as regular housing, concrete steps must be taken to counter institutional culture in these services. In some Member States, measures have already been taken to make progress in this direction. For example, France has launched a programme of "humanization" of hostels to improve levels of privacy and personalization of support[8].

There is clear scope for going further in the transition from institutional to community-based services in the fight against homelessness. Relevant policy, funding and regulatory frameworks at local, regional, national and European level should facilitate progress in this direction. Homeless service providers and other stakeholders have developed considerable expertise on key elements of the process such as:

- Promoting move-on to independent living from temporary accommodation
- Delivering empowering and rights-based services
- Providing alternatives to homelessness and to long periods in residential homeless services, namely permanent housing with support as required (see section 5).

This expertise should be built upon to improve the development and delivery of homelessness services and policies.

4. Pathways into Homelessness: Experience of institutional care

Entries into homelessness are often a result of a complex interplay between structural, institutional, relationship and personal factors. Research has established clear links between homelessness and experience of living in institutions. Community-based services to support people during the transition

[8] See also examples in section 5 on alternatives to institutional services for people experiencing homelessness

from institutional to more independent living are therefore very important in terms of preventing homelessness. Many of the homeless strategies that have been developed in Europe include targets on ensuring that those leaving institutions are provided with adequate accommodation and support when they leave.

Discharge protocols and procedures play an important role in this respect. By ensuring that people have housing and support in place before discharge, such procedures can prevent homelessness. For example, ensuring that care plans for people leaving psychiatric hospital include support across a range of life areas helps to ensure that homelessness does not occur. The Danish homeless strategy includes the strategic goal that discharge from hospital/courses of treatment or from prison must presuppose that an accommodation solution is in place. A model called 'Good Release' has been developed, which defines steps required from admission to discharge. A local roadmap must be defined for collaboration between treatment centres, hospitals, prisons and municipalities. A form of intensive support called Critical Time Intervention (CTI) is provided during the transition to independent living. Homelessness statistics in Denmark suggest that the programme is working. The national homeless survey collects data on those in hospital who are due to be discharged in one month and do not have accommodation to go to. In week 6 of 2007, 223 people were in this situation. By 2011, the number had fallen to 173.

Leaving substitute care is a well-recognised trigger of homelessness amongst young adults. A comparative investigation of youth homelessness in the Czech Republic, the Netherlands, Portugal and the UK found that 26% of sampled young homeless people had been in care[9]. Needs-adapted support to help people move from substitute care to living independently can prevent homelessness. Although many countries have put in place statutory after-care plans, thorough implementation appears to be occurring in only a small number of jurisdictions.

In a broad sense, investment in high quality community-based services that support vulnerable people to live independently can contribute to preventing homelessness. The ability of the local state to meet the needs of vulnerable groups depends on the capacity and availability of mainstream services, targeted services and the allocation mechanisms that control access to these. The provision of appropriate assistance for households with support needs can help to prevent homelessness and also play a vital role in its resolution.

5. Alternatives to institutional services for people experiencing homelessness

5.1 Housing-led approaches - Permanent housing with support as required

Providing community-based solutions to homelessness means enabling homeless people to access affordable housing. For those with support needs, additional services are also required in order to maintain housing and live independently.

The Jury of the European Consensus Conference organised under the Belgian Presidency in 2010 used the term 'housing-led' to describe policy approaches that promote housing, with support as required, as the initial step in addressing all forms of homelessness. They called for a shift away from shelters and transitional accommodation as the predominant solution to homelessness;

[9] Muhič Dizdarevič, S and Smith, J (2011) 'Young Homeless People in the Czech Republic: A Comparative Perspective', *European Journal of Homelessness*, Volume 5, Issue 1, August 2011

recommending more focus on prevention of housing loss, rapid access to affordable housing for people experiencing homelessness, and the provision of "floating" support to allow formerly homeless people/people at risk of homelessness to live independently. This shift towards housing-led approaches is very much in line with DI. The broad housing-led approach encompasses a wide range of service models. One case-study, the Housing First model is explored in more detail below.

Case-study 1: Housing First

Housing First is a highly effective model of community-based care for homeless people with support needs that has received increasing attention in recent years. Housing First was originally developed by the organisation Pathways in New York but is now being implemented to various degrees in countries around the world, including Austria, Belgium, Denmark, Finland, Ireland, Italy, France, Hungary, the Netherlands, Norway, Portugal, Poland, Sweden and the UK.

Broadly speaking, Housing First targets homeless people with complex support needs, often with a long history of homelessness; mental health problems; drug and alcohol problems and/or disabilities. It provides independent housing with security of tenure immediately or as soon as possible. This contrasts with the typical approach to homelessness which has involved a "staircase of transition" whereby homeless people pass through various stages of rehabilitation in residential services to become "ready" for housing. Housing First is considered to be highly innovative because it is based on a belief that everyone, with the appropriate support, can live independently and that homeless people do not need to prepare for doing so by spending long periods in transitional services.

Housing First projects generally provide housing through the private rental sector or in social housing. Support in accessing and maintaining a tenancy is accompanied by a personalised, needs-based and choice-based package of support delivered on a "floating" basis. The package can include low-level support designed to promote housing stability, service brokerage to connect to mainstream services, psychiatric healthcare, drug and alcohol support, social work, medical care and other services. The package is provided by a mobile team that visits people in their homes or at other agreed locations. Housing First services prioritise individual choice and control and follow a harm reduction model rather than imposing engagement with treatment. There is a functional "separation" of housing and support, which means that a person's tenancy is not dependent on their engagement with support services.

Housing First projects are very successful in providing exits from homelessness, with most projects reporting housing retention rates of more than 80% over at least two years. There is furthermore growing consensus that Housing First is effective in supporting improvements in well-being e.g. stabilization and reduction in harmful drug/alcohol use and improvements in mental health.

Housing First offers considerable value for money. In some circumstances, it achieves improved outcomes whilst generating cost offsets or even savings when compared to more conventional homeless services. Costs are saved because of reductions in expenditure on services that people use whilst homeless. Once housed via Housing First, homeless people generally have less contact with emergency health services, with the police and also make much less use of emergency homelessness shelters. One large scale study in New York found that 95% of the costs of providing Housing First were covered by these savings. The study looked at 4,679 homeless people placed in Housing First-type projects in New York and compared utilization of public shelters, public and private hospitals, and correctional facilities with a matched control group. Each unit of permanent supportive housing

saved $16,282 per year in public costs for shelter, health care, mental health, and criminal justice. These savings offset almost all of the $17,277 cost of implementing Housing First.

5.2 Improving outcomes of temporary accommodation:

In order to avoid temporary accommodation becoming a form of long-stay residential care that perpetuates exclusion, measures can be taken to improve quality and ensure that these services support sustainable and timely exits from homelessness. This necessitates housing and support options being are available for move on. It also entails providing opportunities for active participation, education and training, personal development etc. during stays in temporary accommodation, as well as promoting privacy, choice and control of service users.

Case Study 2: Places of Change, England
England's hostel capital improvement programme is a useful example of ensuring that transitional accommodation works to move people on from homelessness. It stipulates that hostels should be places from which people move on successfully and definitively. The £90 million (€100 million) 'Hostels Capital Improvement Programme' involved refurbishing and reconfiguring hostels to make them 'places of change'.The programme was introduced on the back of evidence showing that too many people stay in the hostel system for too long and that poor physical conditions and services reinforce the cycle of homelessness. Many more people were found to be leaving hostels for negative reasons – like eviction or abandonment - than for positive ones - like finding employment and a settled home. The aim of the programme is to improve outcomes for service users, increasing the number of people who move on positively. The programme supports innovation in hostels, day centres and other projects that provide training and work experience for people moving on from homelessness. 'Places of Change' provides single-room accommodation instead of dormitories and aims to integrate services including medical services, music, sport, training and education with a view to breaking the cycle of exclusion associated with long-term hostel use. Emphasis is placed on providing engaging services, motivated staff and welcoming buildings.

In the long term, a shift from institutional to community-based responses to homelessness is likely to imply transfer of resources from temporary accommodation to housing-led services. Nonetheless, some level of short-term accommodation will always be needed to respond to situations of acute housing need.

6. Recommendations

This paper has shown that there is a need to go further in developing community-based alternatives to institutions in order to improve outcomes in the fight against homelessness in the EU. It has demonstrated that progress has already been made in this direction in many contexts, and that there is considerable knowledge and expertise that can be capitalized on to make further progress. The Cohesion Policy period 2014-2020 provides new opportunities in this respect.

FEANTSA makes the following recommendations to the European Commission and to stakeholders at national, regional and local level:

6.1 Member States should use the structural funds to support the development of community-based services that support sustainable exits from homelessness and/or prevent people from becoming homeless. The legislative proposals of the European Commission, which are currently being negotiated, offer new opportunities to support this objective. Key provisions include the concentration of 20% of ESF allocations for social inclusion; easier integrated

programming of the different funds; and explicit provisions which allow both the ESF and the ERDF to be used to promote DI and fight homelessness[10]. FEANTSA strongly encourages national authorities to use a combination of the ESF (for social support and training) and the ERDF (to develop the infrastructure necessary, including more community-based housing solutions for excluded groups) in order to support community-based solutions to homelessness.

6.2 In order to achieve the above, the transition from institutional to community-based care and promoting social inclusion and combating poverty, including addressing homelessness, should be included as priorities in partnership agreements and operational programmes which will form the basis for delivery of the structural funds in the period 2014-2020. The Commission has explicitly highlighted the transition form institutional to community-based care as a priority issue for programming in fourteen Member States.

6.3 In line with the partnership principal, Member States should consult homeless service users and providers in order to develop priorities for programming of the structural funds.

6.4 Member States should not invest in new long-stay institutional services for vulnerable groups, including homeless people. Structural funds should instead be used to develop alternatives to institutions which can promote genuine inclusion. However, Member States should invest, where necessary, in improving the quality of existing homeless accommodation services to ensure that they better promote health, privacy, personal security, choice and control for service users and that they are more effective in promoting sustainable exits from homelessness and thus do not become long-stay residential institutions. Such investment should take place in the context of a longer-term strategy to promote community-based alternatives. This may imply shifting investment from temporary accommodation towards housing-led approaches over the long term. In this context, Member States should take account of the principal of additionally, which means that the structural funds should not replace the national expenditure by a Member State, but provide leverage for long-term sustainable reforms.

6.5 To support the programming of the structural funds, technical assistance should be used to provide training on how to use EU funds to support the process of transition from institutional to community -based care, including for homeless people. The European Commission should also support further capacity building.

6.6 In monitoring the implementation of the structural funds, the European Commission and the Member States should take full account of progress in the transition from institutional to community-based care, as well as the development of effective strategies to combat homelessness

6.7 In implementing the Social Investment Package, the European Commission should support Member States to “confront homelessness through comprehensive strategies”, which should

[10] For more detail, see: http://deinstitutionalisationguide.eu/wp-content/uploads/2012/11/Toolkit-11-02-2012-final-WEB.pdf

be based on prevention and housing-led approaches[11]. Such strategies are entirely in line with the transition from institutional to community-based care. Key areas of focus for EU-level policy support and coordination should be: 1) developing and sharing knowledge and best practice (including on effective forms of community-based services for homeless people), 2) defining the core elements of effective responses to homelessness (particularly housing-led approaches and prevention), 3) funding (support for use of EU financing instruments, development of innovative funding tools), 4) ETHOS as a common reference framework, 5) research, innovation and data collection (supported by the European Programme for Social Change and Innovation, and Horizon 2020), 6) implementation and monitoring (in the framework of the European Semester and the Social OMC).

6.8 The transition from institutional to community-based care, including in the area of homelessness should be seen as a key element of the social investment approach and as contributing to the Europe 2020 strategy for smart, sustainable and inclusive growth. It supports key priorities such as 1) reform of health and social systems aiming at cost-efficiency and sustainability; 2) development of the social and health sector as sectors with high employment potential; 3) the fight against poverty and social exclusion.

6.9 Member States that develop de-institutionalization strategies and programmes should fully take account of homelessness and the need to provide community-based services to both prevent and respond to homelessness. In this context, it is important to note that many of the vulnerable groups that tend to experience institutional care are over-represented in the homeless population.

6.10 Member States' integrated homelessness strategies should address the fact that institutional homeless services can contribute to the exclusion of homeless people. They should therefore seek to promote community-based alternatives over time, in line with the objective of gradually reducing homelessness. Integrated homelessness strategies should also explicitly address the fact that experience of living in an institution can be a key factor in pathways into homelessness. Targeted measures should be developed to ensure that people leaving institutions are supported in the transition to independent living.

6.11 Quality frameworks should be used to support high-quality homeless services which are empowering and promote service users' rights. In this context, the Voluntary European Quality Framework for Social Services is an important tool. At European level, the European Commission should follow up on its commitment in the framework of the European Platform Against Poverty to deliver a Voluntary European Quality Framework on social services at sectoral level, including in the field of long-term care and homelessness

6.12 At local, national, regional and European level, the EU's social innovation agenda should be used to support evidence-based policy making in the area of homelessness. Innovative forms of community-based provision, such as Housing First, should be tested and scaled-up on the basis of evidence. The European Programme for Social Change and Innovation, the European Social Fund and the Horizon 2020 programme are important resources in this respect.

[11] COM(2013) 83 final

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Annex: ETHOS – European typology on homelessness and housing exclusion

Conceptual Category		Operational Category		Living Situation		Generic Definition
	ROOFLESS	1	People Living Rough	1.1	Public space or external space	Living in the streets or public spaces, without a shelter that can be defined as living quarters
		2	People in emergency accommodation	2.1	Night shelter	People with no usual place of residence who make use of overnight shelter, low threshold shelter
	HOUSELESS	3	People in accommodation for the homeless	3.1 3.2 3.3	Homeless hostel Temporary Accommodation Transitional supported accommodation	Where the period of stay is intended to be short term
		4	People in Women's shelter	4.1	Women's shelter accommodation	Women accommodated due to experience of domestic violence and where the period of stay is intended to be short term
		5	People in accommodation for immigrants	5.1 5.2	Temporary accommodation /reception centres Migrant workers accommodation	Immigrants in reception or short term accommodation due to their immigrant status
		6	People due to be released from institutions	6.1 6.2 6.3	Penal institutions Medical institutions (*) Children's institutions/homes	No housing available prior to release Stay longer than needed due to lack of housing No housing identified (e.g. by 18th birthday)
		7	People receiving longer-term support (due to homelessness)	7.1 7.2	Residential care for older homeless people Supported accommodation for formerly homeless people	Long stay accommodation with care for formerly homeless people (normally more than one year)
	INSECURE	8	People living in insecure accommodation	8.1 8.2 8.3	Temporarily with family/friends No legal (sub)tenancy Illegal occupation of land	Living in conventional housing but not the usual or place of residence due to lack of housing Occupation of dwelling with no legal tenancy -Illegal occupation of a dwelling Occupation of land with no legal rights
		9	People living under threat of eviction	9.1 9.2	Legal orders enforced (rented) Re-possession orders (owned)	Where orders for eviction are operative

						Where mortgagee has legal order to re-possess
		10	People living under threat of violence	10.1	Police-recorded incidents	Where police action is taken to ensure place of safety for victims of domestic violence
	INADEQUATE	11	People living in temporary/ non-conventional structures	11.1 11.2 11.3	Mobile homes Non-conventional building Temporary structure	Not intended as place of usual residence Makeshift shelter, shack or shanty Semi-permanent structure hut or cabin
		12	People living in unfit housing	12.1	Occupied dwellings unfit for habitation	Defined as unfit for habitation by national legislation or building regulations
		13	People living in extreme overcrowding	13.1	Highest national norm of overcrowding	Defined as exceeding national density standard for floor-space or useable rooms

(*) Includes drug rehabilitation institutions, psychiatric hospitals, etc

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This programme was established to financially support the implementation of the objectives of the European Union in the employment and social affairs area, as set out in the Social Agenda, and thereby contribute to the achievement of the Lisbon Strategy goals in these fields. The seven-year Programme targets all stakeholders who can help shape the development of appropriate and effective employment and social legislation and policies, across the EU-27, EFTA and EU candidate and pre-candidate countries. To that effect, PROGRESS purports at:

- providing analysis and policy advice on employment, social solidarity and gender equality policy areas;
- monitoring and reporting on the implementation of EU legislation and policies in employment, social solidarity and gender equality policy areas;
- promoting policy transfer, learning and support among Member States on EU objectives and priorities; and
- relaying the views of the stakeholders and society at large.

For more information see:
http://ec.europa.eu/employment_social/progress/index_en.html

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