

# Multiple data sources on homelessness – an example from Denmark

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# Structure of presentation

Data sources on homelessness in Denmark

Examples of evidence on homelessness based on the Danish data

Use of data for policy making and monitoring

Transferability to other countries

# Two main data sources on homelessness in Denmark

From 2007 and onwards: Biannual mappings of homelessness based on a 'one-week' count.

From 1999: Data collected from homeless shelters through a country wide data collection system

Additionally: Outcome monitoring data for individuals who have received interventions under the national homelessness strategy, 2009-2013, and 2014-

# National homelessness counts

- First count in week 6, February 2007.
- Copying methodology from similar Swedish and Norwegian counts.
- Since then counts in 2009, 2011, 2013 and 2015, always in week 6.
- Service based count, but including a wide range of local welfare services: Homeless shelters, street outreach teams, addiction treatment centres, psychiatric hospitals, municipal social centres, jobcentres, social drop-in cafés etc.
- Each unit fills out a two-page questionnaire for each homeless person they are in contact with or know about.
- The questionnaire can be filled out by staff only or through interview with the homeless person.
- Double counts are controlled through individual information 'personal numbers', birthdays, initials or other information

# Information collected in the count

- Homelessness situation: Rough sleeping, Shelter, Staying with family or friends etc.
- Basic demographics: Gender, age, children, nationality
- Income source
- Health: Mental illness, substance abuse problems, physical illness
- Reasons for homelessness (e.g. evictions, financial problems, substance abuse problems etc.)
- Services/Interventions received – e.g. addiction treatment, psychiatric treatment, social support, assigned for housing
- Personal identifiers

## Results: Overall trend

Homelessness situation	Week 6, 2009	Week 6, 2011	Week 6, 2013
Street/rough sleeper	506	426	595
Emergency night shelter	355	283	349
Homeless shelter	1.952	1.874	2.015
Hotel	88	68	70
Family/friends	1.086	1.433	1.653
Short term transitional	164	227	211
Institutional release, prison	86	88	64
Institutional release, hospital	172	173	119
Other	589	718	744
<b>Total</b>	<b>4.998</b>	<b>5.290</b>	<b>5.820</b>

## Profile of support needs

% in 2013 count, all age groups	Men	Women
Mental illness	46	49
Substance abuse problems	68	51
- Alcohol	40	31
- Hash	38	26
- Hard drugs	21	17
- Medicine	12	12
Mental illness and/or substance abuse	<b>80</b>	<b>73</b>
Mental illness and substance abuse (dual diagnose)	32	24

## Strengths

Broad definition – not only rough sleepers and shelter users but also 'hidden homelessness' – couch surfers are included

More comprehensive overview of the extent of homelessness than a one-night street count or a count solely based on homelessness services

Detailed trend and profile data over time – changes in composition, reasons etc.

Monitor results of policies and input for policy development

## Weaknesses

No extensive, systematic street count

Always a risk of people not being counted and a risk of double counts despite control procedures

The control for double counts is very time consuming – and must be done partly manually

Extensive workload for local social services in the count week



# Nationwide data collection system on homeless shelters

Since 1999 mandatory for shelters operating under section 110 of the Social Assistance Act (and receiving public funding) to report data on users to a national data base administered by the Social Appeals Board.

Basic data on duration of stay, and some characteristics of the users – such as gender, age, income source, and discharge situation

Annual statistics on shelter users published by the Social Appeals Board

Control for double counts through personal numbers ('social security number')

## National shelter data

Some 2,000-2,100 users at a given time, but about 6,000 unique users during a year

Flow figures that complement the stock (point-in-time) figure from the national count – but only for shelter users

Can be linked to general administrative data

For instance data on diagnosis for mental illness, substance abuse, general health, income, education, and for young shelter users even data for their parents...=> possible to use not only for user statistics but also for research purposes more generally

# Examples of evidence based on shelter data

Studies have found the same groups of shelter users in Denmark as in the US – the transitional, the episodic, the chronic

But the overall shelter population in Denmark is smaller than in the US and the transitionally to a higher extent have complex support needs in Denmark

15 % of shelter users account for 60 % of time spent in shelters

=> Better knowledge of profiles/target groups and the need for specific interventions

# Use of data for policy making and monitoring

Data from both counts and shelter data used to monitor overall trends in homelessness and specific goals in the national homelessness strategy – such as reducing rough sleeping and long-term shelter stays

Better understanding of processes and dynamics – e.g. the goals of the strategy were not met, but not due to failure of interventions on individual level but rather to influence of structural factors such as housing market situation in cities, and to challenges in upscaling/coverage of interventions

# Transferability?

Requires general acceptance of data collection amongst social services and welfare agencies

Challenges with more restrictive data protection laws in some countries?

Crucial to be able to control for 'double counting', identify unique users

Requires continuous resources devoted to data collection