
The Homelessness Strategy in Denmark

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› **Abstract_** *The Danish government recently developed a national homelessness strategy for the period from 2009 to 2012. With an overall aim to reduce homelessness, the strategy has four goals: no one should live on the streets, young people should not stay at homeless hostels, no person should have to stay in a homeless hostel for more than 120 days, and better accommodation solutions must be in place for people being released from prison or leaving institutional care. This paper reviews the main features of the new strategy and argues that it does not fundamentally alter approaches to homelessness in Denmark, but it does provide a much stronger framework to develop effective initiatives at the local municipality level.*

› **Keywords_** *Homelessness strategy; Denmark; housing first; evaluation*

Introduction

The Danish government recently developed a national homelessness strategy for the four-year period from 2009 to 2012 (Ministry of Internal and Social Affairs, 2009). The philosophy behind the strategy recognises that working with homeless and socially vulnerable people is a cornerstone of social policy in a developed European country. The government considered the extent of homelessness to be unacceptable and, together with political parties involved in joint funding of the programme, decided to initiate a national homelessness strategy. The initiatives arising from the strategy are intended to reduce homelessness and to help as many homeless citizens as possible to exit homelessness and live worthwhile and stable lives in their own homes. Approximately 500 million DKK (€67m) has been earmarked for the strategy in the period 2009 to 2012.

The development of the strategy has been influenced by a number of national and European factors. Danish homeless organisations and the Council for Socially Marginalized People¹ have for many years requested an investigation into the scale of homelessness in Denmark. It and others have campaigned for the funding and development of new initiatives to address the needs of homeless people and reduce the numbers of people experiencing homelessness. There has also been pressure from European organisations to develop policy in this area, including from the European Commission and FEANTSA (European Federation of National Organisations working with the Homeless). There has also been inspiration from other EU countries, including Nordic countries, which have established a homelessness strategy (Benjaminsen et al., 2009; Tainio and Fredriksson, 2009).

More specifically, in response to calls for better data, recent surveys have provided information on the scale of homelessness and on emerging trends over time. A count of homeless people in Denmark was compiled during week six of 2007 and then repeated in the same week of 2009 by SFI – the Danish National Centre for Social Research (Benjaminsen and Christensen, 2007; Benjaminsen, 2009).² Both counts revealed that around 5,000 persons were homeless during the week in question, suggesting that existing policy is not effectively tackling homelessness. The Danish National Centre for Social Research, SFI assesses that this figure corresponds to a total of between 11,000 and 13,000 persons affected by homelessness every year. (Benjamin and Christensen, 2007).

In addition to this, the Centre for Alternative Social Analysis (CASA) produced an analysis of the existing housing and accommodation services in Denmark in 2007, in cooperation with the then Ministry of Social Welfare. The analysis revealed unmet accommodation needs in half of the municipalities and assessed that around 1,000 extra residences and places at residential institutions would be required to meet these needs (Hansen et al., 2007).

This paper begins by introducing the main elements of the Danish homelessness strategy and reviewing existing knowledge on homelessness policy and provision in Denmark, including outlining the main models of homelessness interventions. It

¹ The Council for Socially Marginalized People, established in April 2002, is an advocate for socially disadvantaged citizens and makes proposals for improving efforts aimed at vulnerable groups in society.

² The Danish survey is conducted during one specific week through a range of services expected to be in touch with, or know of, homeless persons. Thus, the figures encompass and are delimited to homeless people in contact with, or known by, the respondents. The count includes such groups as rough sleepers, hostel users and individuals living in temporary supported accommodation, as well as in institutions or prisons from which they are due to be released within one month. The survey is a cross-section registration.

then returns to the detail of the homelessness strategy, discussing the approach and methods being taken to address the needs of homeless people. Finally, the paper reviews progress to date.

The Danish Homelessness Strategy

The homelessness strategy (Ministry of Internal and Social Affairs, 2009) takes an evidence-based approach, being formulated on the basis of analyses and the existing knowledge of the extent and nature of homelessness. It aims to produce targeted initiatives and develop effective methods to prevent and reduce homelessness, and to evaluate these methods in some detail.

The strategy's overall aim is to reduce the level of homelessness in Denmark. It has four main goals (p.6):

1. No citizens should live a life on the street.
2. Young people should not stay at homeless hostels, but must be offered alternative solutions.
3. Periods of accommodation in care homes or shelters should last no longer than three to four months for citizens who are prepared to move into their own homes with the necessary support.
4. Release from prison or discharge from courses of treatment or hospitals must presuppose that an accommodation solution is in place.

The strategy combines three main elements designed to reduce homelessness in Denmark. First, it will help to strengthen the services available to homeless people by providing an extra 500 million DKK (€67m) to initiatives over the period 2009 to 2012. Support will, for example, be provided for the construction or conversion of housing for homeless people, and to assist social work initiatives, coordination and housing support, as well as outreach and contact work with the homeless.

Second, the strategy will help to ensure a focus on better monitoring of the initiatives throughout the process. The councils of the participating municipalities have had to set specific targets for the reduction of homelessness in line with the goals of the strategy. Progress towards these targets will form the basis of ongoing dialogue between the advisory function of the Ministry of Social Affairs and the municipalities.

Third, the strategy will support the development of improved methods to evaluate the effectiveness of existing and new approaches to homelessness. Very little systematic knowledge exists in Denmark in relation to the interventions that work best with particular groups of homeless people. Similarly, there is very little systematic

knowledge of which groups of homeless people could manage by themselves in their own homes with the help of housing support, and which would require support within the framework of residential institutions. In general there is a need to improve the documentation of the effects of various types of initiative in order to reinforce the development of knowledge and methods in the field of homelessness in Denmark.

Initially, eight municipalities will be cooperating with the Ministry of Social Affairs to transform the homelessness strategy into specific initiatives to tackle homelessness. The eight municipalities have set concrete goals (under the four main areas) in relation to reducing homelessness, for example a decrease of almost 200 in the number of people sleeping rough across the eight areas (a reduction of 64 per cent for these municipalities; individual reduction targets for the different municipalities range from 50 to 85 per cent). The initiatives include improvement in the methods of working with homeless people, as well as the development of 373 new housing units across the eight municipalities, consisting of both council housing (162 units) and a range of specialised supported housing options.

The Strategy's Starting Point: Existing Responsibilities and Models of Provision

Responsibility for the provision of homelessness services

The local government reform programme, which entered into force on 1 January 2007, located the chief responsibility for social, housing and employment initiatives with the municipalities. Interventions on homelessness are generally integrated into mainstream social services via regulation and the Social Services Act 2002. The law on social services defines a specified range of interventions such as homeless hostels, intermediate supported housing, long-term supported housing, social support attached to the individual, social drop-in centres and substance misuse treatment. Whilst the Act covers homelessness services, it does not contain a statutory right to housing and does not satisfactorily address the need to assist those people who are unable to secure a home through the market with acquiring a home. As a result local social authorities have considerable room to interpret and develop modes of interventions in homelessness services and local policies. Services for vulnerable groups are almost entirely publicly funded, although non-governmental organisations are often involved in running the services.

Whilst this is the first formal national homelessness strategy, some previous initiatives have attempted to improve provision for homeless people and other marginalised groups, over and above existing mainstream social service provision. For example, a recent initiative (2003–2005) aimed to strengthen services and interventions for vulnerable groups in Denmark's six largest cities (the City programme) as

part of the government's Our Common Responsibility programme (Meert, 2005). An evaluation (Benjaminsen et al., 2006) showed that the programme strengthened the supply of services by providing a range of targeted interventions such as alternative nursing homes for older homeless substance users, staircase communities and social support in ordinary housing. It concluded that the success of the programme, compared with previous programmes, was due to the very precise targeting of the projects at specific vulnerable subgroups such as people with mental health problems, substance users and homeless long-term substance users. Especially in larger provincial towns, municipal officials argued that by expanding the range of interventions available (both types and numbers) it became easier for them to match the users to specific services given the character of the users' problems. In Copenhagen, the programme helped increase the variety and capacity of supported housing available, although local actors argued that the gap between the demand from users with a need for special housing interventions and the range and availability of services remained quite substantial.

Under the City programme, municipalities received project-based funding from central government and it was a condition of this funding that they should guarantee a continuation of the projects after the programme period ended (including documenting that these new services did not replace existing ones, i.e. they represented additional service provision). The evaluation showed that this 'guarantee of added services' had been largely fulfilled by the municipalities involved (Benjaminsen et al., 2006). After the project period, an increase in general block grants was given to municipalities, which partly compensated them for new expenses. As the use of central government project funding is generally a widespread tool to increase service provision for vulnerable groups at the local level, the example shows how administrative measures can be used to enhance the effectiveness of policies at the implementation level.

Existing models of homeless intervention

In Denmark, as in Scandinavia and most other Western countries, various schemes of supported housing have undergone considerable expansion in recent decades. There has been widespread discussion of the merits of different intervention types following Tsemberis's well-known randomised controlled experiment in the United States, which pointed to a better chance of remaining housed following the 'housing first' approach, compared with a control group that received no early housing-based intervention (Tsemberis, 1999 and 2004).

The argument within the 'housing first' approach is that housing needs to be secured before progress can be expected in, for example, treatment of substance misuse or mental health issues (see Atherton and McNaughton, 2008). In contrast, the 'continuum of care' or 'staircase of transition' approach is based on the

assumption that progress on other problem dimensions, for example substance misuse, has to be achieved first in order to qualify for permanent housing; in other words behavioural conditions are assigned to the achievement of a permanent contract (Sahlin, 2005; Meert, 2005).

In the classification of different kinds of intervention, Benjaminsen and Dyb (2008) make a distinction between three models: a normalising model, a tiered model and a staircase of transition model (see Table 1).

Table 1 : Three models of homelessness intervention

| | The normalizing model | The tiered model | Staircase of transition |
|-----------------|--|---|--|
| Measure | Moving into independent living in one's own dwelling | Independent living after an intermediate phase from hostel or similar establishment to independent living | Hierarchy/staircase of lodging and dwellings: independent living for those who qualify |
| Method | Individually designed support | Tiers of intervention during a settled intermediate phase before independent living | Differentiated system of sanctions based on withdrawal and expansion of rights and goods |
| Ideology | Homeless persons have the same needs as other people, but some need support to obtain a 'life quality' | A negative circle is to be broken through gradual adaption to independent living | Homeless persons need to learn to live independently and not all will succeed |

From : Benjaminsen and Dyb 2008

Looking at Denmark, existing intervention models tend to mainly encompass the first two categories, the normalising or housing first pathway and the tiered model, whilst studies have highlighted that different types of interventions may be found at the local municipality level.

In towns such as Aalborg and Odense a housing first strategy can be observed, although it is not explicitly stated in local policies. Eventual referral to social housing with social support is the most common type of intervention after a stay in a homeless hostel. Aarhus has developed a system that makes use of transitional housing to a greater extent (Fabricius et al., 2005); this integrates elements of the tiered model as referral of users to public housing with a permanent contract is quite widespread after a stay in transitional housing. Local housing interventions in Copenhagen are marked by widespread referral to public housing or use of transitional housing aimed at reintegration and normalisation. The 'alternative houses for alternative living' (*skaeve huse*) provide permanent rental contracts to (formerly) homeless people (FEANTSA, 2005). A similar example is found with the so-called 'alternative nursing homes' based on a combination of substance tolerance and permanent contracts.

The Homelessness Strategy: Approach and Methods

A focus on housing first

The homelessness strategy adopts a housing first approach. Experience from other countries indicates that an early housing solution for homeless persons can help to stabilise their life situation (Tsemberis, 2004; Lanzerotti, 2004). The goal of the housing first approach is to provide a permanent housing solution for the homeless person quickly, in combination with the necessary social support.

It can be argued that the principles behind the housing first approach are already dominant in Danish homelessness policy. For example, the *skæve huse* model provides homeless people with their own 'home' with a conventional tenancy agreement, and where they are free to continue their habits (e.g. drugs, alcohol) without any threat of losing this home. There is no permanent staff living in these communities, but social workers pay regular visits, monitor tenants' progress and provide services (e.g. health, employment) where possible and necessary. This is effectively a form of 'permanent' supported housing, although the model of providing alternative forms of housing in small communities catering for the special needs of homeless people may not meet some aspects of the normalising model described above.

Whilst a housing first approach is the strategy's starting point, the document also stresses three conditions to this approach (Ministry of Internal and Social Affairs, 2009, p.8):

- Housing First cannot stand alone as an initiative in the area, but must be supported by associated initiatives which will contribute to managing the problems of the individual citizen.
- Housing and support must be goal-directed and tailored to the specific needs of the individual.
- It is important that the solution also focuses on the citizen's economic situation.

A focus on local municipalities

The municipal councils are the principal players in the implementation of the homelessness strategy and any developments must have political support in the municipalities. The eight municipalities taking the lead in the strategy were selected according to the extent of the problem of homelessness at the local level. The funding for the strategy has been distributed between these municipalities according to where the problems are most serious and where the funding can therefore be expected to have the most beneficial effect.

During the spring and summer of 2009 the municipalities were required to investigate the problem of homelessness in their area and to develop a local draft homelessness plan (which was subsequently discussed and negotiated with the Ministry of Social Affairs). Following these investigations, the municipal councils identified which of the four key goals of the strategy they would concentrate on (Copenhagen is seeking to address all four goals but some smaller municipalities are focusing on only those goals relevant to their area). They also identified concrete targets that they would set for the period until 2012.

From the spring of 2010 all other municipalities were also able to apply for funds to strengthen their housing support work, concentrating on the same prioritised methods identified in the strategy (see below).

A focus on methods

It has been decided that method development in the homelessness strategy will be concentrated on certain selected approaches, which can support the strategy's goals. The selected methods and approaches have been chosen because they have produced good results in other countries. The strategy, including these methods, will be evaluated by a research consortium of Rambøll Management Consulting and SFI.

Table 2 shows the methods and approaches that will be used by the eight municipalities. Three housing support methods are highlighted: assertive community treatment (ACT), critical time intervention (CTI) and individual case management. The development of effective programmes for good release from institutional settings is prioritised, as are reporting and planning tools to ensure quicker reporting. In addition, work will also be performed on method development relating to contact-creating and outreach work.

Table 2: Methods and approaches under the homelessness strategy

| | | |
|------------------------------|--|--|
| Housing support methods | Assertive Community Treatment (ACT) | ACT is a kind of housing support. The method is based on an interdisciplinary, mobile team of different professionals who can integrate various functions and efforts in relation to the homeless. |
| | Critical Time Intervention (CTI) | CTI consists of housing support in the transition phase from residential institutions, care homes or 'section 107' institutions to a home of one's own. |
| | Individual Case Management | Individual Case Management is a general method to ensure that there is a well-defined responsibility for the co-ordination of efforts for the homeless, and that the elements of the municipal plan of action are carried out. |
| Programme for a good release | This method/approach aims to reduce the number of persons who are released/discharged to an uncertain housing situation. A model or roadmap must be created for the way in which collaboration between prisons, courses of treatment, etc., and the municipalities can be strengthened in order to ensure coherence in the actions taken during the transition from prison/treatment to a home of one's own. | |
| Reporting and planning | Reporting and planning is a manual/tool to ensure better and faster reporting, with a view to finding a suitable place of residence with individually-adapted support. | |

Source: Ministry of Internal and Social Affairs, 2009, p.17.

The process will be organised in a way that allows the municipalities to document their efforts and results on an ongoing basis, which in turn enables the ongoing control and adjustment of the initiatives with a view to obtaining the best possible results. Once the experiences from the method development process are known and evaluated, method descriptions will be developed as an element in the strategy and will subsequently be disseminated and used in the country's other municipalities.

Progress to Date

At the time of writing, the homelessness strategy has been running for one year. This first year was essentially a planning year, in particular focusing on the methods and types of intervention policies that the eight municipalities will adopt. However, already it is possible to identify the kinds of methods and interventions that are dominating approaches. The municipalities have mainly focused on the use of the CTI and the individual case management methods. The ACT method will only be used in the larger municipalities, which have the capacity to involve the necessary professional staff.

The primary focus so far has been on the methods for housing support and very few steps have been taken to provide new housing for homeless people (either independent or special initiatives). Earlier research identified a shortage of 1,000 houses in the municipalities (Hansen et al., 2007). The municipalities' apparent hesitation to provide new houses may be problematic for the strategy's housing first approach, which will only work if there are enough permanent houses to meet the specific needs of various subgroups of homeless people, such as substance abusers or the young homeless. In the Danish context, it has been shown that homelessness is not necessarily about the shortage of housing per se, but about a lack of appropriate housing that can meet the needs of excluded people, such as has been developed in the *skaeve huse* model. However, caution is needed here as research indicates that placing homeless people in an environment where most of the other people are marginalised results in a risk that they will continue a life of homelessness and become functionally homeless (Lindstad, 2008).

Further, it is the experience in Denmark as well as in other countries that the housing first approach cannot stand alone. It is necessary to combine housing solutions for homeless persons with other forms of social support, depending on individual need. Homelessness is often the result of different complex social conditions and if it is to be prevented, it is necessary to create better conditions for people threatened by marginalisation in various forms: education policy, employment policy, health policy, housing policy, integration policy and general social policy, to mention only the most important domains.

Conclusion

Looking back on previous Danish homelessness policies, it can be argued that the new homelessness strategy does not fundamentally alter approaches to homelessness. The principles underpinning the housing first approach have dominated homeless policy for many years in most of the municipalities providing houses and social support. However, what is new is the provision of a much stronger framework to develop effective municipal initiatives and in this way the strategy provides a much needed lift to Danish homelessness policy.

Even though we only have precise data on the number of homeless people in 2007 and 2009, there is a consensus that the number has not changed over many years and that existing legislation and homelessness policies have not been sufficiently effective (Meert, 2005; Koch-Nielsen, 2004). The goals set by the eight municipalities, and the methods being utilised, should reduce the numbers of citizens who sleep on the street and of young people staying in homeless hostels. Periods of accommodation in homeless hostels for citizens who are prepared to move into their own homes with the necessary support will also be reduced and accommodation solutions will be put in place for individuals at the time of their release from prison or discharge from treatment. In these four key areas, the homelessness strategy should give a new perspective, and new hope, for many homeless people. It remains to be seen whether the strategy is strong enough to reduce the prevailing level of homelessness, but, at the very least, the robust methods and evaluation in place should allow us to appraise the level of success and disseminate the most effective solutions at both the national and the European level.

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