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Journal Philosophy

The European Journal of Homelessness provides a critical analysis of policy and practice on homelessness in Europe for policy makers, practitioners, researchers and academics. The aim is to stimulate debate on homelessness and housing exclusion at the European level and to facilitate the development of a stronger evidential base for policy development and innovation. The journal seeks to give international exposure to significant national, regional and local developments and to provide a forum for comparative analysis of policy and practice in preventing and tackling homelessness in Europe. The journal also assess the lessons for Europe, which can be derived from policy, practice and research from elsewhere.

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Articles

Part A

Homelessness, Housing, and Discrimination amongst Sexual and Gender Minorities in New Zealand

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Abstract_ *Sexual and gender minorities are over-represented in homelessness statistics both internationally and in New Zealand (NZ). Despite this, the experiences of these groups remain under-researched. Using data from an online survey conducted with LGBTIQ+ people over the age of 16 in NZ, we investigate experiences of homelessness, discrimination, and involuntary mobility/eviction. Findings show that 37.5% of respondents had ever experienced homelessness, and that experience of homelessness was significantly associated with sexuality, income, disability, age, ethnicity, and intersex status. Respondents who had experienced homelessness had significantly higher rates of all forms of discrimination measured, as well as involuntary mobility/eviction. Results suggest intersecting vectors of discrimination contribute to the experiences of homelessness amongst LGBTIQ+ people in NZ, highlighting the need for inclusive, intersectional policy and programmes aimed at addressing homelessness.*

Keywords_ *LGBT, sexual and gender minorities, housing, homelessness, discrimination, New Zealand*

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Introduction

This paper quantitatively investigates the experiences of homelessness amongst takatāpui and LGBTIQ+ people in Aotearoa New Zealand (NZ), exploring how this varies across different demographics. We also explore the relationship between different forms of homelessness and wider socio-cultural influences such as discrimination and involuntary mobility/eviction, to show ways forward for both national and international research on the phenomenon. We use LGBTIQ+ as an umbrella term for lesbian, gay, bisexual, transgender, intersex, queer, and other sexual and gender minorities. Takatāpui is used among LGBTIQ+ identifying Māori as both an identity in and of itself, to describe their sexuality and/or gender in culturally appropriate ways, and as an umbrella term (Kerekere, 2017).

The precise definition and measurement of homelessness varies internationally. Historically, much literature has equated homelessness with rough sleeping (Amore et al., 2011, 2013; Bretherton, 2017; Edgar, 2012). In NZ, the official definition of homelessness expands the ETHOS typology (Edgar, 2012), to define homelessness as "living situations where people with no other options to acquire safe and secure housing are without shelter, in temporary accommodation, sharing accommodation with a household or living in uninhabitable housing" (Statistics New Zealand, 2009, p. 6). We use this official definition both because that is the context this research is situated in, and because it is an expansive definition which includes "concealed" or "hidden" forms of homelessness. Homelessness thus includes situations such as rough sleeping, couch surfing, living in shelters and women's refuges, living in severely crowded dwellings, and living in cars, amongst others (Amore et al., 2013). Additionally, we choose to use the term "involuntary mobility" to refer to both eviction and informal eviction-like situations; those where a person is forced to move before they are ready. This includes situations such as a landlord abruptly notifying a person to end the tenancy agreement, and relationship breakdowns that resulted in a person either being asked to move, or feeling like they had no other choice but to move (Fraser et al., 2022; Fraser & Buchanan, 2025). We choose not to refer to these experiences as "eviction" due to there being a specific legal definition of eviction in NZ, which requires going through the Tenancy Tribunal (a court which holds hearings to settle disputes between tenants and landlords), and is enforceable through District Courts and carried out by bailiffs (Toy-Cronin & Bierre, 2022).

LGBTIQ+ people's experiences of housing and homelessness constitute a growing field of research. Internationally, LGBTIQ+ people are estimated to comprise 5-10% of the overall population, but 20-40% of homeless populations (Ecker, 2016; Ecker et al., 2019; Fraser et al., 2019; McCann & Brown, 2019). Members of the LGBTIQ+ community face disproportionately high rates of the structural, social, and biographical factors that are known to cause and exacerbate homelessness, such

as poverty, relationship breakdowns, sexual abuse, childhood adversity, harassment and victimisation, and poor physical and mental health (Baams et al., 2019; Castellanos, 2016; Dempsey et al., 2020; Hail-Jares et al., 2023; Hao et al., 2021; Lim et al., 2025; Loschiavo et al., 2020; McCarthy & Parr, 2025; Quilty & Norris, 2025; Robinson, 2018; Siconolfi et al., 2019; Whitbeck et al., 2004). However, much of this literature focuses specifically on the experiences and outcomes of those who are rough sleeping, and/or young people under the age of 25.

In the international literature, many quantitative studies focus on individual factors that contribute to homelessness (such as poor mental health), with less emphasis given to the broader upstream determinants and areas of prevention. This could be, in part, due to the majority of this quantitative literature coming from North America, where much of the broader homelessness literature has focused on individual-level contributors, with less emphasis given to the structural and political factors that contribute to homelessness, as in the European literature (Manoni-Millar & Racine, 2026). In the general homelessness literature, research finds that eviction, discrimination, and disability are all factors that contribute to homelessness risk (Beer et al., 2019; Fowle, 2022; Mackie, 2023; Stone et al., 2019; van Laere et al., 2009; Zivanovic et al., 2016). The international LGBTIQ+ homelessness literature also shows considerable evidence of discrimination contributing to homelessness (Downes et al., 2025; Ecker et al., 2020; Nugent et al., 2022; Quilty & Norris, 2025)—particularly amongst young people, many of whom enter homelessness due to negative reactions from family members when disclosing their LGBTIQ+ identity/ies (Abramovich et al., 2022; DeChants et al., 2022; Dempsey et al., 2020; Han, 2024; McCarthy & Parr, 2025; Robinson, 2018; Shelton & Bond, 2017; Tunåker, 2015). Other upstream research begins to link experiences of eviction with LGBTIQ+ homelessness (Downes et al., 2025; Giménez-Rodríguez et al., 2025; Yılmaz & Göçmen, 2016).

In NZ, rates of homelessness are currently captured during national censuses. The most recent, Census 2023, also included LGBTIQ+ demographic questions—meaning for the first time both nationally and internationally, we have whole-of-population data on the prevalence of LGBTIQ+ homelessness. On the night of Census 2023, 112 496 people (2.3% of the population) were estimated to be experiencing homelessness, though this is suspected to be an undercount (Statistics New Zealand, 2025a). Of this, living in uninhabitable housing (i.e., housing that lacks one or more basic amenities) was the most common form of homelessness (Statistics New Zealand, 2025a). Demographically, LGBTIQ+ people had higher rates of homelessness than non-LGBTIQ+ people, with a prevalence rate of 260.9 per 10 000 LGBTIQ+ people over the age of 15, compared to a rate of 212.1 per 10 000 for non-LGBTIQ+ people over 15 (Statistics New Zealand, 2025a). This prevalence was consistently higher across most forms of homelessness, and the rate was even higher for people of another gender (287.2 per 10 000) and for those

who were transgender (315.0 per 10 000) (Statistics New Zealand, 2025a). Māori and Pacific LGBTIQ+ people were also over-represented in these statistics (Statistics New Zealand, 2025a).

Previous research using the same dataset as the present study has shown a significant relationship between homelessness and experiences of state care, involuntary mobility/eviction, and housing discrimination for respondents under the age of 25 (Fraser et al., 2022). Of the whole sample, 33.3% were flatting/house-sharing, with flatters more likely to have moved due to a relationship breakdown in the house, and have experienced housing discrimination (Fraser & Buchanan, 2025). Qualitative research on LGBTIQ+ homelessness in NZ explores systemic failures, pervasive instability, survival strategies, and the ongoing trauma of having experienced homelessness (Fraser, Chisholm, et al., 2021; Fraser et al., 2024a, 2024b). Upstream research on LGBTIQ+ people's experiences of housing instability identifies how experiences of instability are both political and relational, can influence a person's sense of self, and surviving such experiences requires nuanced approaches (Fraser, 2025). Finally, a study using data from the 2018 General Social Survey found that, after controlling for other variables, non-heterosexual respondents were more likely to have had their tenancy ended by a landlord than heterosexual respondents (Telfar-Barnard et al., 2026).

In terms of other quantitative surveys that capture the housing and homelessness experiences of the LGBTIQ+ community in NZ, Lavender Islands was the first national survey to ask LGBTIQ+ people about their housing experiences. The survey found that respondents did not report experiencing sexuality-based housing discrimination in the previous ten years (Henrickson et al., 2007). However, their sample population was overwhelmingly Pākehā (NZ European), highly educated, earning considerably over the median income, and included only three transgender respondents (0.1%) (Henrickson et al., 2007). The Counting Ourselves survey asked gender diverse people in NZ about homelessness and housing deprivation but did not collect information from the wider LGBTIQ+ and takatāpui community. The study found almost 15% of respondents reported some form of housing discrimination in the 2018 iteration, and in the 2022 iteration, 19% of respondents had experienced homelessness during their lifetime (Veale et al., 2019; Yee et al., 2025). The Youth19 survey found LGBTIQ+ respondents were more likely to experience housing deprivation, but only sampled from secondary school students in select regions of the North Island (Clark et al., 2021). The Identify survey of LGBTIQ+ young people found 10% of respondents had experienced homelessness at some point during their lifetime (Fenaughty et al., 2022). However, none of these surveys focused specifically on housing and homelessness amongst the entire LGBTIQ+ population of NZ.

To this end, we designed this survey—before Census data on LGBTIQ+ homelessness existed—to explore the housing experiences of people of diverse sexual orientations, gender identities, and sex characteristics in NZ. This survey aimed to gain data on LGBTIQ+ homelessness as well as important broader experiences that contribute to homelessness, such as housing discrimination and involuntary mobility/eviction, and the impact this may have on wellbeing. In excavating these upstream conditions that contribute to the disproportionate rates of homelessness amongst LGBTIQ+ people, we are able to better understand the policy and service delivery needs of these communities. At present, there is very limited policy and programming aimed at addressing LGBTIQ+ homelessness in NZ; the now-expired Homelessness Action Plan mentioned LGBTIQ+ communities as a priority group, but limited actions were taken in this space (New Zealand Government, 2020; Smith et al., 2025). An evaluation of the Plan highlighted a lack of data on the scale and nature of homelessness amongst LGBTIQ+ communities (Smith et al., 2025), echoing findings from the UK whereby parliamentary discourses focus on the lack of data and research on the phenomenon, erasing the government's role in deciding what types of data are collected, and then positioning the collection of data as an action in preventing LGBTIQ+ homelessness (Spruce, 2024). Data is important, but policy and programming that actually addresses the issues are imperative. This paper serves to close some of these gaps in data, so that we can move towards action.

Methods

Participants and ethics

Participants were LGBTIQ+ people aged 16 years and over who were residing in NZ. The survey ran from 17 December 2021 to 24 January 2022, with 1040 responses, 894 of which were viable (i.e., were not empty), and 880 with valid responses. Ethics approval was granted by the Department of Public Health on behalf of the University of Otago Human Ethics Committee, reference D21/356. The information sheet and consent form were provided on the opening page of the survey. Participants consented to take part by clicking a large button which read "By clicking through to continue to the survey questions I am indicating that I give my consent and agree to take part in this project." The opening and closing pages of the survey also contained information on freely available mental health hotlines and resources (including takatāpui and LGBTIQ+ specific ones) for participants should they have needed them. As part of our ethics approval, participants were able to leave blank any questions they did not wish to answer.

Recruitment

Participants were recruited via 62 separate Facebook groups (including housing, regional, cultural, and LGBTIQ+ specific groups), housing and takatāpui and LGBTIQ+ related organisations, Instagram and TikTok accounts created specifically to advertise this project, and the first authors' professional and private networks as well as their personal social media accounts (i.e., Facebook, Instagram, and Twitter). Of this, the Instagram account we created (@rainbowhousingnz) was the most widely shared and engaged with. Participants were able to opt-in to enter a draw to win one of five $50 supermarket vouchers as a thank-you for their participation.

Survey Design

Our survey was comprised of 45 questions covering demographics, housing quality, household composition, wellbeing, homelessness, involuntary mobility, and discrimination. The survey questions were primarily adapted from existing Statistics New Zealand (SNZ) surveys such as the 2018 New Zealand Census (Statistics New Zealand, 2018a, 2018b), the 2018 General Social Survey (Statistics New Zealand, 2018c), and the 2018 Te Kūpenga Māori Social Survey (Statistics New Zealand, 2018d). We wrote several of our own questions where there were no SNZ questions that met our needs, mirroring the structures and wording used in SNZ surveys as appropriate. To measure lifetime experiences of homelessness, we provided a multiple choice question asking "Have you ever experienced any of the following situations for a week or more?" with the following options: living rough (e.g., sleeping on the street); living in a night shelter; living in a women's refuge; living in emergency and/or transitional housing; living in a camping ground or motor camp due to having nowhere else to live; living in other commercial accommodation due to having nowhere else to live (e.g., hotels, boarding houses, guest accommodation); and living as a temporary resident in a private dwelling due to having nowhere else to live (e.g., couch surfing, staying with friends). This allows us to operationalise the SNZ categories of severe housing deprivation, although we chose to report each option separately rather than combining them into broader categories, in order to retain nuance. We did not ask about uninhabitable housing, which is part of the national homelessness definition, as it was a lengthy question and we were wary of the survey being overly long. For involuntary mobility, we provided a multiple choice question asking if participants had ever moved because: the landlord ended the tenancy (e.g., the landlord sold the house or flat, expiry of lease agreement); had a poor relationship with the landlord (this can include moving out of your own choice, or being asked to leave); and/or had a poor relationship with other people in the house (e.g., parents, flatmates. [1] This can include moving out of your own

[1] NZ term for a housemate/roommate.

choice, or being asked to move), and an open-text "other" option. For discrimination, we asked questions about where they experienced discrimination, by whom, and the reason they were discriminated against.

We used SNZ's 2021 standards to assess sexual orientation and gender identity. We asked separate questions on gender (options included female, male, and another gender, which included an open-text box), whether participants considered themselves to be transgender, sexual orientation (we added asexual and takatāpui to the standard SNZ options, which includes an open-text option), and if participants have a variation of sex characteristics (i.e., are intersex) (Statistics New Zealand, 2021). These standards recommend that when deriving transgender status from gender and transgender questions, those who respond to gender questions with "another gender" be placed into the output category "transgender and non-binary" (Statistics New Zealand, 2021). We decided against this, as 39% of our non-binary respondents did not consider themselves to be transgender, so we wish to respect the ways they have identified and thus have not grouped them with transgender respondents.

Data handling and analysis

Survey data were collected and managed using Research Electronic Data Capture (REDCap) tools hosted at the University of Otago. REDCap is a secure, web-based software platform designed to support data capture for research studies. The survey data were analysed through RStudio (R Core Team, 2023). Descriptive statistics were used and presented as frequencies and percentages. We conducted bivariate analyses to check the association between categorical variables using the Chi-squared and Fisher's exact tests, and the Mann-Whitney U test for continuous data. We used a binary logistic regression model with the dependent variable (homelessness), coded 1 if an individual had ever experienced homelessness and 0 otherwise. The logistic regression model was designed to estimate the probability of experiencing homelessness based on key demographic and socioeconomic factors. Variables were selected for their strong theoretical and empirical links to housing insecurity, as well as their significance in the bivariate analysis. This approach ensures the model remains parsimonious, avoids overfitting, and provides results that are both robust and interpretable. The logistic regression model estimates the likelihood of experiencing homelessness as a function of demographic and socioeconomic characteristics. Categorical variables were entered into the regression model with reference category specified before model fitting. Odds ratios (OR) greater than 1 indicate higher odds of homelessness relative to the reference group, while values below 1 suggest lower odds. Statistical significance is determined by p-values and whether the 95% confidence intervals (CI) exclude 1.

Results

The main objective of this study is to assess the association between homelessness and health and demographic characteristics of the participants, as well as their experiences of both discrimination and housing instability. The dataset has 880 observations in total. The descriptive statistics show a diverse sample across demographic categories. Age distribution was concentrated among younger groups, with 42.2% less than 30 years and 28.8% aged 30–49, while only 0.8% were 65 years or older. This age distribution is close to the NZ LGBTIQ+ population, where 47.1% are less than 30 years and 32.7% are aged 30–49, but dissimilar to the 7.4% aged 65 years or older (Statistics New Zealand, 2026). Ethnically, the majority of participants identified as New Zealand European (80.9%), followed by Māori (18.6%), Asian (6.9%), and smaller proportions of Pacific peoples, Other European, and Other ethnicities. Similar to the NZ LGBTIQ+ population, New Zealand European make up the majority (75.5%), followed by Māori (17.6%). However, the proportion of Asian (14.9%) and Pacific Peoples (5.9%) in the LGBTIQ+ population in NZ is higher than that reported in our sample (Statistics New Zealand, 2026). The respondents identified more with Another gender/Other (39.0%), and about half of the respondents (51.4%) earned $50 000 or lower annually. Most respondents were from the North Island, with 33.2% of respondents from Auckland, NZ's largest city. Regarding sexuality, the largest group identified as gay or lesbian (40.1%), followed by bisexual or pansexual (32.6%), with smaller shares identifying as queer, takatāpui, asexual, or other. In terms of forms of homelessness experienced, staying in temporary accommodation (such as couch-surfing) was the most common at 30.6%. The overall rate of homelessness amongst the sample was 37.5%.

Table 1: Descriptive statistics

Variable	N	Percent
Age group (years)		
16-24	305	34.7
25-44	396	45.0
45-64	80	9.1
65+	7	0.8
Missing	92	10.5
Mean±SD		29.7±11.1
Gender		
Female	333	37.8
Male	204	23.2
Another gender/Other	343	39.0
Transgender (Yes)	234	26.6
Intersex (Yes)	15	1.7
Ethnicity*		
NZ European	712	80.9
Māori	164	18.6
Pacific Peoples	30	3.4
Asian	61	6.9
Other European	57	6.5
Other	19	2.2
Annual income (NZ$)**		
Under 20001	277	31.5
20001 – 50000	175	19.9
50001 – 100000	268	30.4
Above 100000	91	10.3
Don't know/refuse to answer	69	7.8
Sexuality		
Asexual	50	5.7
Bi/Pan sexual	287	32.6
Gay/Lesbian	353	40.1
Queer	84	9.6
Takatāpui	54	6.1
Other	52	5.9
Homelessness		
Sharing/temporary	269	30.6
Commercial	116	13.2
Camping	76	8.6
Emergency	40	4.5
Refuge	19	2.2
Shelter	12	1.4
Rough	64	7.3
Overall	330	37.5

*Multiple ethnic groups allowed; **Annual gross income from all sources before taxes, expenses or deductions.

Figure 1 shows the percentage of homelessness experienced by LGBTIQ+ identity. Overall, each group had a high rate of lifetime exposure to homelessness. Two-thirds of intersex respondents reported having experienced homelessness, the highest rate by LGBTIQ+ identity amongst the sample. In terms of sexuality, just over half of queer respondents reported homelessness exposure, followed by 44.4% of takatāpui participants. Results were similarly high for those who were transgender, and those who reported a gender outside of the binary. The lowest in-group rate of homelessness was amongst those who reported their sexuality as "other."

Figure 1: Percentage of homelessness experience by LGBTIQ+ identity

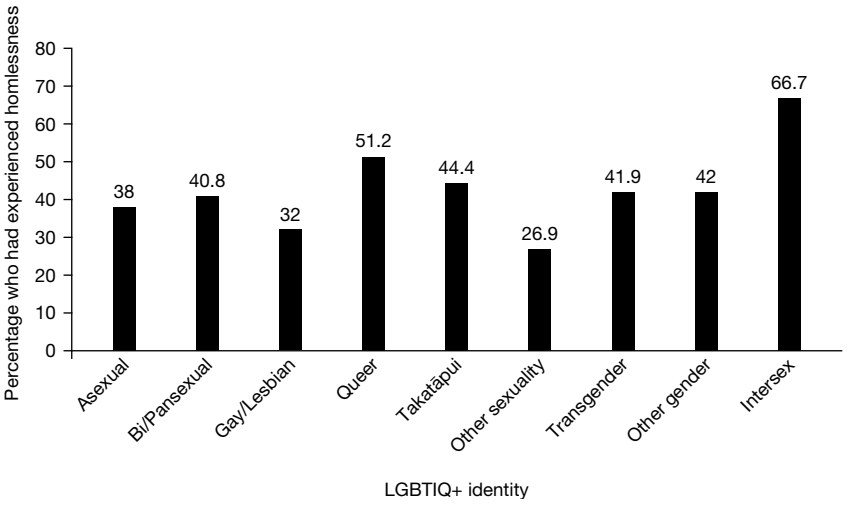


Table 2 shows that there was a statistically significant association between age and homelessness. Examination of the cell proportions showed that lifetime experience of homelessness was higher among adults (25-44 years) and young adults (16-24 years). Of the 880 respondents, 330 (37.5%) had ever experienced homelessness. Those aged 16-24 years were disproportionately represented in the ever-homeless group. We also found a statistically significant association between homelessness and gender, income, sexuality, and disability. Our findings show that disability was a common experience amongst participants, with difficulties remembering being the most common (35.7% of all respondents). Other responses showed that 13.9% had difficulties seeing, 9.9% had difficulties hearing, 11.1% had difficulties walking, and 17.3% had difficulties communicating. These findings are concerning in that more than half of those who reported a disability had ever experienced homelessness. Several studies have established strong relationships between disability and homelessness amongst the general population (Baker Collins & Fudge Schormans,

2023; Beer et al., 2019). A cross-sectional survey of 6 418 LGBTIQ+ young people in Australia found higher odds of lifetime, recent, and ongoing homelessness among those with disabilities compared to those without disabilities (Lim et al., 2025). Our findings point to the fact that, although disabled people often face housing discrimination (Jarwala & Singh, 2019), being disabled *and* having an LGBTIQ+ identity may increase the likelihood of experiencing housing discrimination, which can lead to homelessness. We found that about one-fifth and more than half of those who had ever experienced homelessness faced housing discrimination because of their disability and sexual orientation, respectively.

In terms of gender, both the bivariate analysis and regression analysis reported that gender was significantly associated with homelessness; women in the sample were more likely to experience homelessness. This mirrors national statistics. NZ is an outlier internationally with a slightly greater proportion of women experiencing homelessness than men, due in part to our comprehensive measurement of homelessness that captures so-called "hidden" forms of homelessness, and due to a welfare state that does not adequately support sole parents (Fraser, Jiang, et al., 2026; Fraser, White, et al., 2021). At Census 2023, there were more women than men experiencing homelessness, and both women and people of another gender outside the binary had higher prevalence rates of homelessness per 10 000 compared to men (232.2 and 312.5 cf. 221.5) (Statistics New Zealand, 2025a). Census 2023 also reported that amongst LGBTIQ+ people, transgender and non-binary people (specifically those aged 30 and above) were most likely to be experiencing homelessness on Census night (Statistics New Zealand, 2025a). However, our findings showed no significant association between identifying as trans and/or another gender and homelessness. We are unsure as to exactly why these differences exist, but anticipate some might be due to differences in sample size. Future research is needed to conduct similar analyses as those presented in this paper on a whole-of-population scale where possible.

Table 2: Association between demographic characteristics and homelessness

	Never homeless (N = 550)	Ever homeless (N = 330)	
Variable	n (%)	n (%)	p value
Age group (years)			
16-24	91 (31.4)	214 (43.0)	**0.007**
25-44	158 (54.5)	238 (47.8)	
45-64	38 (13.1)	42 (8.4)	
65+	3 (1.0)	4 (0.8)	
Mean±SD	28.8±10.9	31.2±11.3	
Gender			
Female	202 (36.7)	131 (39.7)	**0.001**
Male	149 (27.1)	55 (16.7)	
Another gender/Other	199 (36.2)	144 (43.6)	
Transgender (Yes)	136 (24.7)	98 (29.7)	0.124
Intersex (Yes)	5 (0.9)	10 (3.0)	**0.008**
Ethnicity*			
NZ European	450 (81.8)	262 (79.4)	0.425
Māori	93 (16.9)	71 (21.5)	0.108
Pacific Peoples	19 (3.5)	11 (3.3)	1.000
Asian	46 (8.4)	15 (4.5)	**0.043**
Other European	28 (5.1)	29 (8.8)	**0.044**
Other	8 (1.5)	11 (3.3)	0.106
Annual income (NZ$)			
Under 20001	189 (34.4)	88 (26.7)	**0.007**
20001 – 50000	98 (17.8)	77 (23.3)	
50001 – 100000	160 (29.1)	108 (32.7)	
Above 100000	66 (12.0)	25 (7.6)	
Don't know/refuse to answer	37 (6.7)	32 (9.7)	
Sexuality			
Asexual	31 (5.6)	19 (5.8)	**0.006**
Bi/Pan sexual	170 (30.9)	117 (35.5)	
Gay/Lesbian	240 (43.6)	113 (34.2)	
Queer	41 (7.5)	43 (13.0)	
Takatāpui	30 (5.5)	24 (7.3)	
Other	38 (6.9)	14 (4.2)	
Disability			
Seeing (Yes)	59 (10.7)	63 (19.1)	**0.001**
Hearing (Yes)	37 (6.7)	50 (15.2)	**<0.001**
Walking (Yes)	45 (8.2)	53 (16.1)	**0.001**
Remembering (Yes)	170 (30.9)	144 (43.6)	**<0.001**
Communicating (Yes)	82 (14.9)	70 (21.2)	**0.021**

*Multiple ethnicities are allowed.

Table 3 shows that while all respondents faced high rates of discrimination, it was particularly severe for those who had experienced homelessness at some stage in their lives, with statistically significant differences across all forms of discrimination measured. As expected, those who had experienced homelessness were signifi-

cantly more likely to have faced housing-related discrimination. About 31%, 21.5%, and 20.9% of those who ever experienced homelessness reported they faced housing discrimination from family members, landlords, and flatmates, respectively. In terms of where discrimination was experienced, more than half (57%) of those who had ever experienced homelessness experienced discrimination on the street or in a public place. The workplace (46.4%) and healthcare facilities (42.4%) were other likely places where those who had ever experienced homelessness faced discrimination. We found that sexual orientation (54.2%), gender (46.1%), and way of dressing or appearance (41.2%) were the most common reasons why those who had ever experienced homelessness were discriminated against; most other reasons for discrimination (such as ethnicity, age, disability, mental health, and religion) were significantly higher for this group. This suggests that intersectional marginalisation is at play here; it is not just LGBTIQ+ identities that are contributing to experiences of homelessness, but rather, that participants who are marginalised along multiple vectors of exclusion were particularly at-risk of being discriminated against, which is likely to be an important contributing factor to them experiencing homelessness. The international literature shows discrimination based on sexual orientation and gender identity to be an important contributing factor for experiencing homelessness (Begun & Kattari, 2016; Côté et al., 2024; Ecker et al., 2020; Giménez-Rodríguez et al., 2025; Shelton & Bond, 2017). In particular, discrimination in the house search and from landlords, real estate agents, and flatmates during a tenancy are common experiences amongst LGBTIQ+ in the international research (Ecker, 2024; Fraser, Bierema, et al., 2026; Glick et al., 2020; Kattari et al., 2016). Additionally, research has begun to look at intersectional discrimination, showing that the more vectors of discrimination a person faces, the more likely they are to experience homelessness (Beltran et al., 2019; Otiniano Verissimo et al., 2023).

Table 3: Association between experiences of discrimination and homelessness

	Never homeless (N = 550)	Ever homeless (N = 330)	
	n (%)	n (%)	p value
Discrimination			
At work (Yes)	162 (29.5)	153 (46.4)	**<0.001**
At School/University/Polytech (Yes)	127 (23.1)	106 (32.1)	**0.004**
In a shop or restaurant (Yes)	93 (16.9)	95 (28.8)	**<0.001**
On the street or in a public place (Yes)	186 (33.8)	188 (57.0)	**<0.001**
Seeking medical care (Yes)	101 (18.4)	140 (42.4)	**<0.001**
Dealing with the police (Yes)	16 (2.9)	42 (12.7)	**<0.001**
Trying to get a job (Yes)	62 (11.3)	77 (23.3)	**<0.001**
By staff at a WINZ[#] office (Yes)	28 (5.1)	61 (18.5)	**<0.001**
By staff at an NGO[##] you were seeking support from (Yes)	14 (2.5)	43 (13.0)	**<0.001**
Housing discrimination			
By a family member you live with (Yes)	104 (18.9)	103 (31.2)	**<0.001**
By a flatmate you live with (Yes)	50 (9.1)	69 (20.9)	**<0.001**
By someone at a flat viewing (Yes)	22 (4.0)	53 (16.1)	**<0.001**
By a neighbour (Yes)	29 (5.3)	60 (18.2)	**<0.001**
By a property manager (Yes)	25 (4.5)	58 (17.6)	**<0.001**
By a landlord (Yes)	26 (4.7)	71 (21.5)	**<0.001**
By a real estate agent (Yes)	13 (2.4)	32 (9.7)	**<0.001**
By a homeowner when you were trying to buy a house (Yes)	2 (0.4)	8 (2.4)	**0.008***
By a mortgage broker or banker when you were trying to buy a house (Yes)	7 (1.3)	15 (4.5)	**0.005**
Reason for discrimination			
Age (Yes)	80 (14.5)	75 (22.7)	**0.002**
Race or ethnic group (Yes)	59 (10.7)	52 (15.8)	**0.038**
Way of dressing or appearance (Yes)	105 (19.1)	136 (41.2)	**<0.001**
Accent or language (Yes)	20 (3.6)	18 (5.5)	0.266
Gender (Yes)	158 (28.7)	152 (46.1)	**<0.001**
Sexual orientation (Yes)	201 (36.5)	179 (54.2)	**<0.001**
Religious beliefs (Yes)	15 (2.7)	24 (7.3)	**0.003**
Physical disability or health issues (Yes)	51 (9.3)	64 (19.4)	**<0.001**
Mental health issues (Yes)	98 (17.8)	109 (33.0)	**<0.001**
Other (Yes)	21 (3.8)	21 (6.4)	0.121

[#] Work and Income New Zealand, the national social welfare provider; [##] Non-Governmental Organisation; *Fisher's test used due to small cell count.

Table 4 shows that there was a statistically significant association between homelessness and physical and mental health, and respondents' ease or difficulty of finding somewhere to stay in an emergency if their living situation changed. The mean number of times those who had experienced homelessness moved houses was significantly higher than that of those who had never experienced homelessness ($p<0.001$). All respondents reported high rates of involuntary mobility (with almost 30% of those who had never experienced homelessness reporting involun-

tary mobility due to a relationship breakdown, for example); however, those who had experienced homelessness reported significantly higher rates of involuntary mobility across all forms. Most noticeably, 63.6% of those who had ever experienced homelessness had been forced to move due to a relationship breakdown inside their homes.

Table 4: Association between homelessness and both health and housing instability

	Never homeless	Ever homeless	
	n (%)	n (%)	p value
Health	n = 462	n = 330	
Excellent	58 (12.6)	25 (7.6)	**0.014**
Very good	118 (25.5)	62 (18.8)	
Good	130 (28.1)	112 (33.9)	
Fair	108 (23.4)	88 (26.7)	
Poor	48 (10.4)	43 (13.0)	
Mental health	n = 465	n = 329	
Excellent	25 (5.4)	7 (2.1)	**0.029**
Very good	61 (13.1)	39 (11.9)	
Good	125 (26.9)	73 (22.2)	
Fair	137 (29.5)	123 (37.4)	
Poor	117 (25.1)	87 (26.4)	
Need a place to stay	n = 465	n = 329	
Very easy	146 (31.4)	43 (13.1)	**<0.001**
Easy	139 (29.9)	73 (22.2)	
Sometimes easy, sometimes hard	104 (22.4)	110 (33.4)	
Hard	52 (11.2)	46 (14.0)	
Very hard	24 (5.2)	57 (17.3)	
Move frequency in the last 5 years (mean ± SD)	2.5±2.4	3.8±3.0	**<0.001**[#]
Eviction/Involuntary mobility	n = 550	n = 330	
Tenancy reasons (Yes)	147 (26.7)	167 (50.6)	**<0.001**
Poor landlord relationship (Yes)	52 (9.5)	122 (37.0)	**<0.001**
Poor household relationship (Yes)	163 (29.6)	210 (63.6)	**<0.001**
Other reason (Yes)	13 (2.4)	31 (9.4)	**<0.001**

[#]Mann-Whitney U test was used because the data normality assumption was not met.

People who identified as queer had significantly higher odds of experiencing homelessness compared to gay/lesbian respondents (AOR = 2.16, 95% CI [1.22, 3.82], p =.008). Other sexuality categories were not statistically significant, indicating no clear evidence of increased or decreased risk. With the 65+ group as reference, age was not a significant predictor of homelessness. Respondents aged 16–24 (AOR = 0.36, *p* =.210) and 25–44 (AOR = 0.68, *p* =.633) had lower odds, while those aged 45–64 (AOR = 1.17, *p* =.852) had slightly higher odds, but none were statistically significant. Gender differences were evident in the model. Men were signifi-

cantly less likely to experience homelessness compared with women (AOR = 0.55, 95% CI [0.35, 0.87], p =.010). Respondents identifying as another gender did not differ significantly from women in their odds.

Income was strongly associated with homelessness. Compared to those in the highest income group (reference), respondents earning NZ$20 001–50 000 had more than double the odds of homelessness (AOR = 2.16, 95% CI [1.14, 4.09], p =.019). Those earning NZ$50 000–100 000 also faced elevated odds (AOR = 1.77, 95% CI [0.97, 3.20], p =.061). Ethnicity was not a strong predictor in this model once other variables were controlled for. Those identifying with "Other" ethnicities showed higher odds of homelessness, though these associations did not achieve statistical significance. In summary, the results highlight sexuality, gender, and income as significant predictors of homelessness. Queer respondents were at greater risk, while men were less likely than women to report homelessness. Lower or unknown income was associated with higher odds of homelessness. Ethnic differences were less clear once other factors were accounted for.

Table 5: Logistic Regression Predicting Homelessness

Term	Adjusted Odds Ratio (AOR)	95% CI Lower	95% CI Upper	p-value
(Intercept)	0.21	0.09	0.52	**0.001**
Sexuality (ref: Gay/Lesbian)				
Asexual	1.07	0.52	2.19	0.860
Bi/Pan sexual	1.35	0.92	2.00	0.130
Other	0.56	0.26	1.20	0.135
Queer	2.16	1.22	3.82	**0.008**
Takatāpui	1.24	0.58	2.62	0.580
Age group (ref: 65+)				
16-24	0.36	0.07	1.78	0.210
25-44	0.68	0.14	3.32	0.633
45-64	1.17	0.23	5.95	0.852
Gender (ref: Female)				
Male	0.55	0.35	0.87	**0.010**
Other	1.02	0.70	1.48	0.935
Income (ref: Above 100 000)				
Under 20 001	1.70	0.88	3.28	0.115
20 001-50 000	2.16	1.14	4.09	**0.019**
50 001-100 000	1.77	0.97	3.20	0.061
Don't know/refuse	2.79	1.26	6.19	**0.012**
Ethnicity (ref: NZ European)				
Māori	1.42	0.90	2.25	0.131
Pacific	1.13	0.47	2.73	0.778
Asian	0.62	0.29	1.32	0.218
Other European	1.55	0.77	3.10	0.219
Other	2.67	0.97	7.36	0.057

Discussion and conclusions

Our study has described the demographic characteristics of a sample of LGBTIQ+ people aged 16 years and over who were residing in NZ, and assessed the association between homelessness and health and demographic characteristics of the participants, and their experiences of both discrimination and housing instability. Such work is important in understanding the broader determinants that contribute to the elevated rates of homelessness amongst LGBTIQ+ populations, so that effective policy and programming can be implemented. In this study, we obtained valid responses from 880 respondents, who were mostly young people of NZ European ethnicity. About one-third of respondents had ever experienced homelessness during their lives. Many factors had a statistically significant association with homelessness. This included: age, gender identity, income, sexuality, disability, experiences of discrimination both in general and during their interactions with the housing sector, physical and mental health status, frequency of moving houses in the last five years, ease of having a place to stay during an emergency, and past eviction/involuntary mobility. In terms of our logistic regression results, queer respondents had significantly higher odds of experiencing homelessness compared with gay and lesbian respondents. In addition, men were less likely than women to report homelessness. No significant associations were observed for age groups or most ethnic categories, indicating that homelessness risk is not strongly predicted by these factors once other characteristics are controlled for. These findings highlight the importance of homelessness, housing, and discriminatory issues faced by sexual and gender minorities in New Zealand.

The majority of the international literature on LGBTIQ+ homelessness primarily focuses on rough sleeping, with a more limited amount of literature that is inclusive of other forms of homelessness. However, our data aligns with Census 2023 data in showing that rough sleeping is not the most common form of homelessness experienced by LGBTIQ+ people; living in uninhabitable housing was the most common, followed by sharing accommodation (Statistics New Zealand, 2025a). Our results did not measure uninhabitable housing, but like these national data, sharing accommodation/staying temporarily in another household was the most common form of homelessness experienced by our respondents. If we were to operationalise the SNZ definition and combine responses into the broad categories of without shelter, temporary accommodation, and sharing accommodation (Amore et al., 2021), the without shelter group would be the least common form of homelessness amongst our respondents. Ultimately, whichever way the data is sliced, rough sleeping is one of the least common forms of homelessness that LGBTIQ+ people experience in NZ. We call on international researchers to use broader definitions of

homelessness, based on the ETHOS model (Amore et al., 2011; Edgar, 2012), as our national definition is, to gain a more comprehensive understanding of homelessness amongst LGBTIQ+ communities.

Research that focuses solely on rough sleeping is likely to undercount the real size and scale of the issue, and serves to continue the invisibilisation of "hidden" forms of homelessness. Internationally, there is a small amount of quantitative LGBTIQ+ homelessness research that shows when other forms of homelessness are measured, they are generally more common than rough sleeping itself (Downes et al., 2025; Hail-Jares et al., 2023; McKinnon et al., 2025; Prock & Kennedy, 2020), although few studies draw this out further. Some researchers have begun to address this limitation within the literature, looking specifically at LGBTIQ+ people's experiences of couch surfing (such as staying with friends and family); finding that couch-surfing is common amongst LGBTIQ+ people (Petry et al., 2022; Rhoades et al., 2024), and that those who are couch-surfing are unlikely to access homelessness support services as they did not view themselves as experiencing homelessness (Hail-Jares, 2023). Focusing on homelessness as solely comprising experiences of being "unhoused" or "houseless"—as is increasingly common in the broader international homelessness literature—serves to further invisibilise these other, common, forms of homelessness. In doing so, we limit our ability to accurately identify and address the issue. We welcome continued research on these so-called "hidden" forms of homelessness, so that policy and practice can develop evidence-based processes to better support the needs of LGBTIQ+ people experiencing homelessness across all the different forms it takes.

Our findings regarding residential mobility point to upstream factors that can lead one to experience homelessness. There was a high rate of involuntary mobility across the entire sample, but particularly so for those who had experienced homelessness. Having to move due to a relationship breakdown inside the home was especially common for those who had experienced homelessness. Previous research using this data has shown how such relationship breakdowns are more likely to be experienced by those who are flatting/house-sharing, positioning flatters in greater vulnerability to homelessness (Fraser & Buchanan, 2025). Such relationship breakdowns can also include the deterioration of family relationships, which is a common thread throughout the LGBTIQ+ homelessness literature (Castellanos, 2016; DeChants et al., 2022; Giménez-Rodríguez et al., 2025; Robinson, 2018; Schmitz & Tyler, 2018). While the international literature thus far has primarily focused on relationship breakdown within families, our findings highlight the need to expand this focus to all relationships within the home—particularly as flatting/house-sharing becomes more common in increasingly expensive housing markets across the world (Maalsen, 2019). The literature that does exist, however, has shown that experiencing discrimination within the

household is not an uncommon experience for LGBTIQ+ people. It can result in people either being forced to move by those in the home who are unaccepting of sexual and gender diversity (Fraser et al., 2024b), or having to exercise a degree of "micro-agency" (Fraser et al., 2023) and "choose" to leave due to safety and wellbeing concerns (Castellanos, 2016).

Furthermore, 50.6% of respondents who had experienced homelessness reported involuntary mobility due to tenancy reasons, such as their landlord selling the property, or their landlord choosing not to renew an expiring lease. This echoes findings of the national Household Disability Survey, which found that for both disabled and non-disabled respondents, the most common reason for renters to have moved was due to their landlord ending the tenancy (Statistics New Zealand, 2025a). Data from Census 2023 shows that compared to non-LGBTIQ+ people, those in the LGBTIQ+ community are more likely to be renters, have higher annual housing costs, and move more frequently (Statistics New Zealand, 2025b). Additional research has found that non-heterosexual renters have a higher rate of landlord-ended tenancy compared to their heterosexual counterparts (Telfar-Barnard et al., 2026). Security of tenure is minimal in NZ, with tenancy-related legislation making it easy for landlords to end a tenancy within a relatively short time period (James et al., 2022). As has been discussed elsewhere, improving security of tenure and regulation of the rental market, as well as providing clear paths of recourse for those who have experienced discrimination in the housing market, will likely improve the rates of residential mobility for LGBTIQ+ people (Fraser, 2025). Little focused attention has been paid to LGBTIQ+ people's experiences of eviction right across the international literature; at present, it is primarily mentioned as one facet of broader housing struggles (Downes et al., 2025; Giménez-Rodríguez et al., 2025; Yılmaz & Göçmen, 2016). Future research would do well to explore these experiences, including those who have used legislative processes (such as courts/tribunals) to hold discriminatory landlords accountable, in order to better understand how this can be prevented through policy and programming.

Those who had experienced homelessness also reported that they had greater difficulty finding someone they could stay with in an emergency, compared to those who had never experienced homelessness. International research has shown that limited social networks and social capital can negatively impact a person's capacity to maintain housing through reduced support during hardship, which can make people more reliant on formal support services (Batterham, 2019). However, previous research has shown that LGBTIQ+ people can be reluctant to engage with formal services for fear of discrimination based on their sexuality and/or gender (Fraser et al., 2019, 2022, 2024b). This then adds another layer of precarity for LGBTIQ+ people facing housing insecurity and homelessness. There is, however,

some emerging literature investigating the community care and mutual aid that the LGBTIQ+ community itself provides to those with housing need (England, 2025; Flood & Hochstenbach, 2025); however, more research is needed to explore the relevance of this in the NZ context, and to deepen the international literature on the phenomenon. Cues could be taken from broader international literature on informal peer support and care provided within the LGBTIQ+ community; in the context of mental health support, research has shown that such roles stretch and extend existing relationships, prompt the need for self-care and support to the care-giver, and are, despite their challenges, meaningful acts for those involved *and* the wider community (Worrell et al., 2024; Worrell, Waling, Anderson, Lyons, Fairchild, et al., 2022; Worrell, Waling, Anderson, Lyons, Pepping, et al., 2022).

The international LGBTIQ+ homelessness literature has rightfully paid considerable attention to the difficulties that LGBTIQ+ people face in accessing mainstream services (Abramovich, 2016; Begun & Kattari, 2016; Bowers et al., 2022; Coolhart & Brown, 2017; Cray et al., 2013; Ecker et al., 2021; England, 2022; Hunter, 2008). This has been an important starting point for a body of literature that seeks to improve the outcomes of a marginalised demographic, and the literature has built on this to look at targeted programming (Abramovich et al., 2026; Abramovich & Kimura, 2019; Brais & Malenfant, 2025; Gattis et al., 2023; Gutman et al., 2022; Prock & Kennedy, 2017; Tubertini et al., 2023) and broader experiences of homelessness (Côté et al., 2024; Ecker, 2024; Ecker et al., 2020; Eisenberg et al., 2019; Hail-Jares et al., 2023; McCann & Brown, 2019, 2021; McCarthy & Parr, 2025; Schmitz et al., 2022; Shelton et al., 2018). However, the literature is only just beginning to look at upstream factors and opportunities for prevention-related policy and programming. For example, some important new literature has looked at the role of welfare states in LGBTIQ+ people's lives, highlighting the importance of the link between welfare policy and homelessness (Di Feliciantonio & Dagkouly-Kyriakoglou, 2022; Hotchkiss et al., 2024; Matthews et al., 2024). As our findings have shown, there is a need to look upstream, at matters such as eviction, broader experiences of discrimination beyond those that occur within homelessness services, the role of social support, and the differing service needs that different forms of homelessness may necessitate. Overall, our findings show that LGBTIQ+ people in NZ have high rates of lifetime exposure to homelessness, as well as many of the upstream factors that contribute to experiencing homelessness. Health and wellbeing, income, discrimination, and involuntary mobility were all significantly associated with lifetime exposure to homelessness. Our findings indicate that improved policy is needed to prevent discrimination in the housing market and to provide greater security of tenure in order to reduce rates of involuntary mobility and eviction. Such policies would greatly contribute to efforts to prevent homelessness from occurring in the first place. Furthermore, this paper highlights important

areas of future research—both nationally and internationally—advocating for the need for those of us undertaking research in this space to look at the upstream, structural factors that contribute to the over-representation of LGBTIQ+ people in homelessness statistics globally.

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‘A gate to hell’ – Homeless Inuit Migrating from Greenland to Denmark

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Abstract_ *Consequences of some socially vulnerable Greenlanders’ journey from Greenland to Denmark are the focal point of this article. The analysis is based on years of empirical fieldwork and expert interviews, combined with theories of structural violence and welfare migration. This is presented for the first time in an international context. The situation of homeless Greenlanders in Denmark is an example of the pervasive structural problems that indigenous people are exposed to, with unequal access to a society where they are citizens due to the unity of the realm of Denmark. Greenlanders are overrepresented in the Danish homeless count. Proportionally, there should only be 17 homeless Greenlanders in Denmark, but the number is over 25 times higher. The situation is like the conditions of Inuit in Canadian cities such as Toronto and Montreal. The article examines the complex dynamics of welfare migration within the unity of the realm (consisting of Denmark, the Faroe Islands, and Greenland) and points out that Denmark is unprepared to implement the rights that Greenlandic/indigenous citizens have in Denmark. The article contributes to the understanding of the reasons for welfare migration and challenges. Denmark is not administratively structured to handle free movement and indigenous rights within the same state. As a result, some Greenlanders experience a worsening of social problems upon arrival in Denmark.*

Keywords_ *Homelessness, welfare migration, Denmark, Greenland, Indigenous*

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Introduction

Every time a homeless count is published in Denmark, citizens from Greenland, which is 3500 km away, are included. Greenlandic citizens are significantly over-represented in Danish homelessness statistics. This shows that a significant number of Greenlandic citizens living in Denmark exhibit signs of social exclusion in the form of, amongst other things, homelessness. In this article, we uncover this situation through empirical data from a prolonged ethnographic fieldwork conducted among socially vulnerable Greenlandic citizens in both Greenland and Denmark. The focus was on people experiencing homelessness or housing insecurity. The empirical excerpts in this article are drawn from this material and represent individual experiences that illustrate broader, recurring structural patterns, along with an analysis of the social conditions in Greenland. One negative outcome is that Greenlanders are appear in the Danish homeless census.

Context

There are close to 17 500 citizens with a Greenlandic background living in Denmark (Statistics Greenland, 2026). The majority thrives. A significant number are not employed according to the latest Danish homeless count from 2024. Approximately 400 individuals with a Greenlandic background living in Denmark were counted (Benjaminsen, 2024, p. 96). Greenland is part of the unity of the realm between Denmark, the Faroe Islands, and Greenland. This means that citizens of the Faroe Islands, and Greenland are Danish citizens. They can therefore freely settle in one of the three countries without prior application or permission. Each country has full autonomy when it comes to welfare, social policy, health, social legislation and housing legislation. In Greenland, visible homelessness has been a rising social problem over the last 10-15 years (Arnfjord, 2025). When welfare services, housing- and health policies are perceived as inadequate, some Greenlanders choose to migrate within the unity of the realm to Denmark. This is welfare migration and a minority end up in worse situation than the one they came from (Schiermacher, 2020a). Greenlanders are an indigenous people and are protected by the ILO Convention (*ILO Convention on Indigenous and Tribal Peoples, 1989 (No.169): A Manual*, 2003). This concerns their right to speak their own language and live their own culture. It also implies that the Danish government must commit to a coordinated and systematic effort to protect the rights of Greenlanders as an indigenous people. This is, among other things, the issue that affects how Greenlanders encounter a Danish welfare system, which is designed to operate on Western values. The reality suggests that rather than securing their rights as citizens and indigenous peoples, there are barriers to their access to the welfare system in Denmark (Schiermacher, 2020a; Schiermacher & Arnfjord, 2021).

Some barriers are simple and practical, such as not having an interpreter and the lack of translation of public Danish texts into Greenlandic. This is needed to be able to understand and access their personal case files in the Danish system. Greenlandic citizens in Denmark are not accommodated in relation to the content of the ILO Convention No. 169, regarding conditions such as language, cultural understanding, or understanding of the Danish social system. Contrary to the purpose of the Convention, they must instead manage as Danes on Danish terms. Most recently, this has created a major debate and conflict at state level between Greenland and Denmark after media coverage brought forth the fact that Greenlandic children are greatly overrepresented in forced removals, and that this is done based on a non-adapted test, specifically a culturally Danish parental competence test, which does not consider Greenlandic language or culture (Bettiza & Morris, 2025; Bryant, 2025; Hivert, 2025). There are several cases of homeless Greenlandic citizens being sanctioned where claims and case files have not been made available in Greenlandic, leaving the citizen unable to fully understand the content (Abrahamsen, 2024; Mamo, 2025; Schiermacher, 2020b). In these contexts, the ILO Convention No. 169 is not working in practice.

Structural violence and welfare migration

The concepts of structural violence and welfare migration are applied in the analysis of the empirical data. Structural violence refers to systematic and indirect forms of violence that occur in social, political, and economic structures (Galtung, 1969). The concept can be used to analyse situations such as inequality, discrimination, and marginalization that worsen living conditions. The idea that the unity of the realm ensures equality obscures knowledge of systemic discrimination, since everyone should, in principle, be equal, leading to a blind spot regarding actual conditions for those who are marginalized. The lack of knowledge leads to a lack of action and a state of non-decision-making (Bachrach & Baratz, 1962), which is based on an uninformed basis and contributes to maintaining the status quo.

Welfare migration is the other concept. Migration relates to movement over long distances caused by war or conflict. Immigration usually relates to refugees moving across state borders. Welfare immigration has been a concern within the EU, especially among Western European welfare states, with right-wing politicians fearing a breakdown of the national welfare systems by Eastern Europeans (Borjas & Trejo, 1991). The concept of welfare migrations in this context relates to movement within the state due to better welfare services, housing (Doherty, 2012), and better benefits. This is similar to the effect of urbanization within nation-states. Previous studies vary when it comes to looking at welfare as a pull factor for migration. Giulette pointed 2010s to different indications in welfare spending, which was a

factor in migration numbers between states in Europe (Giulette & Wahba, 2012). This has also been explained as a reason for the movement between Greenland and Denmark (Lindqvist, 2017). Unemployment benefits in Denmark are €550-650 above the Greenlandic mark. A man we encountered during fieldwork recounts how he experiences the difference in financial help in Greenland and Denmark*: "We are in unity with Denmark and the Faroe Islands, but the social benefits that are paid out here in Greenland are so small, very small, only 600 kroner* (€80) *every fortnight*[1]*. In Denmark, it is so much, much more."*

The same goes for the social service level aimed to prohibit homelessness which is higher in Denmark. This is due to the fact that homelessness and housing first initiatives are mentioned in several legal paragraphs in the Danish social service legislation (Bekendtgørelse af lov om social service, 2025).

Better access to housing, health care, and therapeutic help in Denmark is also a pull factor. A woman with four children, whom the first author meet at a shelter in Greenland, told us with grief that she couldn't find a way to access social support in Greenland *"Even though I would like to have my own home, I have no hope. No one can help. If I had my own home, my children could grow up safely."*

There is an existing narrative that there are better opportunities in Denmark. But paradoxically, empirical evidence indicates that it requires many resources to be able to access the desired goals because of the structural violence against Greenlandic citizens seeking to access the Danish welfare state (Schiermacher, 2025). This means that the expectations that welfare migration will result in better welfare are not met. Instead, a group of Greenlandic citizens might do worse by migrating. Even though it is migration within the same state, there are several conditions that do not live up to the ideal of equal rights within the unity of the realm.

Methodology

The empirical materials are based on fieldwork conducted from Autumn 2019 to spring 2020 in both Greenland and Denmark, as well as follow-up fieldwork in Denmark from spring 2024 to autumn 2024. The collection of empirical data is based on anthropological approaches. One approach has been to understand the lived world from the inside, through time, space, and social relations (Hastrup, 2019). The anthropological fieldwork constitutes the overall methodological framework for collecting empirical data used in the analysis, including the use of techniques such as participant observation, observation, interviews, and informal conversations, depending on what was most appropriate in the given situation.

[1] The amount is from 2023

There are informants among municipal professionals, other civil servants, NGO workers, and user organizations, but most of the empirical data was collected among Greenlandic homeless citizens. The informants are selected based on a practical principle that those who participate are those who have had the opportunity and desire to talk. The informants from the homeless community are defined as belonging to the community since we have met them either at a low-threshold shelter, at a shelter, or directly on the street. Conversations and interviews have been conducted in Danish. However, knowledge of Greenlandic ways of expression, the importance of body language, and syntax in relation to having to express oneself in Danish as their second language have been incorporated. Several of the informants were followed over longer periods with repeated conversations. In this way the development of the informant's situation was tracked.

It requires sensitivity and time to establish relations and build trust with informants in a vulnerable time of their lives. A lot of time was spent on socializing and conversing with informants in their known environment, rather than in set interview situations. For the same reason, many of the conversations took place outdoors, where subjects spoke more freely and felt more comfortable than when they were indoors, for example, in a community centre or a shelter. A thorough understanding of the informants' living situations is crucial to reach the "layers" of their living conditions.

The methodological basis for illuminating this field of study of encounters between Greenlandic citizens and the system is linked to institutional ethnography developed by the Canadian sociologist Dorothy Smith in the 1980s and 1990s. Smith's focused on studying social institutions through participant observation and analysis, and through this, she uncovered hidden or implicit processes that govern the functions of the institutions and how these processes affect the people involved in them. The essence of institutional ethnography is to investigate how social institutions, in this case, municipal institutions and legal processes, function and affect the living conditions of Greenlandic citizens in practice. It differs from traditional ethnography by focusing on institutional structures and how these structures organize and shape everyday life for people. In her book "*Institutional Ethnography: A Sociology for People,"* (2005), Smith highlights how the method can be used to illuminate how we are affected by interactions, rules, norms, and hierarchies. The method focuses on uncovering the hidden or implicit processes and how these processes affect the people involved in them. We thereby use the method to analyse situations in which legislation and municipal processes appear to work but leave the person at the other end in a different situation than intended. In other words, situations where Greenlandic citizens cannot access their rights and are systemically discriminated against.

The approach to the field is characterized by advocacy, which is an integral part of the action research methodology (Carr & Kemmis, 1986; Feldman, 2025). It is the intention of the researchers to use the findings to actively support and advance the perspectives and rights of the informants, so they achieve meaningful and sustainable change.

Migration to Denmark is about welfare, health, and the search for new communities

Migration within the same state but between very different geographies and cultures has been addressed previously when Inuit in Canada experience similar inadequacies in the welfare and health services available in northern Canada and the regions of Inuvialuit, Nunavut, Nunavik, and Nunatsiavut (Christensen, 2012; Christensen et al., 2024; Gabriel, 2023; E. Peters & Andersen, 2013; E. J. Peters & Robillard, 2009). In this way, it is consistent with previous historical research on homelessness (O'Sullivan, 2023), where there was a perception that the homeless in some areas were "just" migrant workers (Harper, 1982) or vagrants (Anderson, 1923; Schneider, 1984). What we uncover here is the migration of indigenous peoples who are at high risk of ending up in homelessness, because they are not easily integrated into the country to which they migrate. In this context, it is important to mention that Greenlanders who are Danish citizens are not offered integration assistance like other migration groups and are considered Danish despite being of Greenlandic origin in terms of culture and language.

The cause of the migration

Greenland's first nationwide homeless count showed that around 1% of the population was homeless (Arnfjord & Perry, 2022). The figure is 6-8 times higher than in Denmark (Arnfjord, 2025). Although there has been active research on homelessness and lobbying to improve basic rights in Greenland for over 10 years (Arnfjord, 2023; Hansen & Andersen, 2013), there is still little political action in the area. In 2023, Greenland received a homeless strategy, with a focus on Housing First and official definitions of homelessness (Departementet for & Sociale Anliggender, Arbejdsmarked og Indenrigsanliggender, 2023). Currently, a person who is homeless has no legal rights. No legislation exists on how to operate a shelter, and which services should be made available when a person in a homeless situation seeks help i.e., in the form of preventive measure or housing-first policies.

Over a 20-year period, an average of between 1 200 and 1 300 citizens born in Greenland have emigrated to Denmark each year. (Statistics Greenland, 2024). This is approximately 2.3% of the total population. It is not possible to say for sure how many moves due to welfare reasons, as it is not registered. However, our data from the fieldwork indicates that it is financially difficult to be unemployed in Greenland, particularly due to long case processing times within the social and health administration and limited access to specialized welfare and health services. A man from the homeless community in Greenland talked about his experience of waiting for his case to be processed and the difficulty of surviving financially.

"The upper part of the spine and the lower part of the spine are so worn out; they can't do anything. I wasn't allowed to work anymore; I was going to get early retirement. But I waited. Only after three or four years—that's a very long wait just to get some social security, just to be able to survive. It was hard."

Another man, talked about being refused access to alcohol treatment in Greenland:

"*I have sought help, but was asked: 'Do you have any children?' 'No.' So, I was ignored. I wanted stop drinking then, but I can't get help to do any of that."*

This is a testimony to the significant differences between investments in welfare systems and welfare benefits between Greenland and Denmark. The economic benefits for a person on early retirement in Denmark in 2026 in roughly 2 950€ monthly; n Greenland, t's1 545€ (Takstblad – Sociale Takster 2026, 2026; Vejledning Om Regulering Pr. 1. Januar 2026 Af Satser På Beskæftigelsesministeriets Område, 2026). In addition it is estimated that the Greenlandic consumer price index is 6-10% higher than in Denmark (DST Analyse, 2017). An example of health services was documented in a recent case from the Greenlandic town Maniitsoq. A young man suffered from a brain haemorrhage and experienced a six-month waiting time for recovery treatment from the municipal office in Maniitsoq. He then migrated to the Danish city of Aalborg. Within a week, he was offered a team of occupational therapists, physiotherapists, and speech therapists. This immediately improved his condition. (Jensen, 2025). It is common for citizens in Greenland to mention long case processing times and subsequently a lack of quality in the public system. A woman talked about being unable to continue with her case processing in relation to being granted early retirement because she was declared chronically ill:

"I have been asking for many years to get a medical certificate in order to apply for early retirement. I have been waiting for years. At least two years – if not more – to get a medical certificate for my illness. I also contacted SANA [National Health Service] *to get a medical certificate, and I keep getting the answer that it is the municipality's job. I spoke to the departments I was admitted to the hospital and*

called them. The lady on the phone said I should contact the department, so I did, and they said they would, and nothing happened either. And I keep saying it must not stop, but it keeps stopping."

Lack of investment in building a welfare system, as in Scandinavia, has led to major differences within the unity of the realm, and this is a factor in migration.

In 2007, Inatsisartut [Parliament of Greenland] adopted a major municipal merger. This meant that 18 municipalities throughout the country were reduced to 4 large municipalities in 2009. (Landstingslov Om Strukturreform Af Den Kommunale Sektor, 2007).[2] This was supposed to make the public services more efficient but almost removed any local democracy. The new housing policy has led to housing construction in Nuuk, Sisimiut, Ilulissat, and Qaqortoq. This has resulted in increased centralization and urbanization, and outer areas are not being developed.

A welfare system is both legal, political, and economic structure. It has an impact on, for example, the number of people employed in the sector, allocation between public and private service, the financial allocations and the precise rate of economic benefits per citizen and the precise rate of economic benefits per citizen is estimated that there is a shortage of over 150 social workers in the Greenlandic municipalities. In the latest report the northernmost municipality has 4 out of 51 social work positions filled by a trained social worker. (Kilime & Holm, 2022). The social work education at the University of Greenland graduates 8-10 social workers annually. The professionalism that a homeless citizen requires is not always be provided. Greenland does not have any real shelters, where people are given a permanent bed, nationwide. The municipalities only established emergency shelters. They are usually open from 3 p.m. to 9 a.m. Shelters are managed as emergency shelters cannot replace permanent housing. Despite this, there are many cases of citizens who are forced to stay there for years without any real social support. A homeless person who has been staying at the shelter for several years must pack all belongings every morning, only to unpack them again every afternoon when she/he has re-registered for the evening and secured a place.

I: What about the staff at the shelter? Is their job also to help you further?

R: No, they just maintain peace and order. Yes. That's what they said. They didn't have resources for anything else.

It is debatable whether the responsibility for the improving homeless people's situation lies with the emergency shelter or elsewhere in the municipal system. The fact is that it is lacking. This leaves the citizen in a situation where it is almost impossible to get housed again when the shelters do not function as a social

2 There are currently 5 municipalities today

service with a plan of action for the citizen, but merely as an asylum from olden times. There is a general lack of target group division of vulnerable adults in the Greenlandic society (Arnfjord, 2016, 2019), as all vulnerable adults are categorized as one and the same target group. There is an evident lack of support for diverse needs, and even less understanding of the help requirements of the target group. One of the most striking examples of this is the approach to and understanding of homelessness. It is also a problem that the few resources mean that, in practice, everyone is offered the same service. Thus, the same service is given to people without a roof over their heads, regardless of their situation. This means that there is no distinction between homeless and non-homeless people, nor is there a distinction between other relevant conditions such as age, gender, and mental illness. A woman who is homeless talks about her experience of staying in a shelter. After a long life in the labour market, she became ill and consequently loses her home and job. Rather than receiving services corresponding to her situation as an ill and homeless person, the only municipal housing offer for her illness was to stay in a shelter.

"The thing about the shelter – it was difficult. There are many unpleasant situations where people who are in such a situation, where they are homeless. Fuses are short. It takes very little before arguments and fighting start up. Because they are in a very sensitive situation themselves, and I understand that very well; I am too [in a sensitive situation]."

A man talks about the difficulty of being able to hold down a job when he is forced to live in a hostel because there are always conflicts. *"Sometimes it's hard to sleep down there because some of the people who come into the shelter are drunk. You don't want them there. I walk around the city, just to rest a bit."* Despite the intention to reduce homelessness, a stay in a shelter it paradoxically increases the complexity of problems, as homeless individuals must stay in a harsh environment, where they often become worse off and build up a greater degree of vulnerability than before they entered the shelter system. An example of this can be that both their mental and financial resources are eroding. The same woman from the above quote says:

"When you're in a situation like that, we can all be a bit short-tempered. In a way, you throw in the towel and say: 'Get over it. I had come so far in my work situation and my living situation, then the money crumbled away – in a flash.'"

In addition to the above problems, there is also a capacity issue with the emergency shelter. A homeless person says that despite the Arctic climate, he slept in stair-wells when the shelter was full.

"I slept in stairwells because there was no space for us (at the shelter). Now I expect the cold to come soon, so it will be difficult to sleep in stairwells. It is many hours in the cold; time passes very slowly. It is so cold."

There is a long waiting time for alcohol treatment, family treatment, and acute measures such as psychiatric assessments, etc. This creates several chokepoints, which pushes citizens towards Denmark. Those citizens who are socially vulnerable but still have resources migrate to Denmark. Below, we will describe how welfare migration, when combined with limited preparation and barriers, gives rise to difficulties in Denmark, where significant differences in administrative systems and culture create challenges and may accelerate marginalization rather than alleviate it. Instead of functioning as a pathway to inclusion, the encounter with the Danish welfare system becomes a point of prolonged exclusion for some Greenlandic citizens.

Encountering Denmark – effects of structural violence

In the context of Greenlandic welfare migration, structural violence operates through administrative systems, legal frameworks, and welfare institutions that formally grant equal rights but in practice create unequal access. Rather than manifesting as direct discrimination, structural violence appears here as systemic barriers that prevent Greenlandic citizens from accessing welfare benefits, thereby reinforcing marginalization and homelessness.

A study by Schiermacher on migration in the relationship between Greenland and Denmark provided insight into how little preparation takes place prior to a move (Schiermacher, 2020a). As previously mentioned, it is often the case that welfare migration as a strategy requires the migrant to bring resources in the form of the ability to speak a little Danish, having a resourceful network, education, and money with them to access resources in the recipient country. This is also evident in the case of Greenlandic migrants, even if it's domestic travel. Setting off without preparation, but based on hope, is an expression of the mechanics of migration, which are called push and pull effects, and are a decisive factor in migration processes. This also applies to the migration we see from Greenland to Denmark for the vulnerable part of the population. The push factors in the home country are often linked to conditions such as unemployment, insecure housing conditions, and political unrest. They can also be more individual conditions, such as the need to get away from a conflict. These conditions motivate people to leave their place of birth (Lee, 1966). Pull factors are expectations of positive conditions in the destination country, such as job opportunities, higher living standards, and better educational opportunities that attract migrants to their new destination. Migration is influenced by an interaction between these conditions (ibid.).

There is no doubt that the housing crisis in Greenland is of great importance as a push factor and the reason behind many Greenlanders move to Denmark. The pull factor in the form of the housing market in Denmark does not meet this desire, and the realities are very different from what was expected. An informant from the homeless community talks about the feeling of powerlessness rather than hope after coming to Denmark.

"It takes a lot of energy out of you, it does. And you become increasingly powerless. You no longer have the joy you had when you came. You are more and more exhausted, and the fighting spirit you had when you came is disappearing."

The harsh realities are reinforced for those who have not brought the necessary resources to start a new life. It requires resources such as housing to establish yourselves in a new country. At the same time, you have the best chance of obtaining and keeping a home if you have a basis for support in place, such as a job or savings. Such preparations are rarely made by the vulnerable part of the Greenlandic population, who spontaneously move to Denmark without any further preparation other than dreams and hopes in their pockets. A woman who is now in the homeless environment in Denmark talks about the decision to leave Greenland after repeatedly becoming homeless in Greenland.

"I was installed in an apartment in Greenland. But then we were evicted. It was an accommodation for those who were homeless. I lived there until the apartment was to be demolished and I was evicted. Then I said, 'No, I'm going to Denmark.'"

But the encounter with Denmark does not live up to her expectations, and she had difficulties coping. Pushed out of Greenland she encounters homelessness again in Denmark; she continues her story:

"I was homeless here [in Denmark] for the first few months. I slept inside the Central Station with my husband. I just cried; I didn't dare tell my mother how I felt. You just shut your mouth about how you feel. In Denmark, however, you are met by a radically different and complex social system, and vulnerable environments that worsen one's risk of being more marginalized."

This is a human aspect of welfare migration: there are resources to be obtained, such as housing in Denmark, which will deprioritize and miscalculate the importance of one's own preparation, giving a better chance of being able to realize the dream. For example, bringing money for a deposit or a down payment for a home. An informant talks about his experience of leaving a job and a home in Greenland with no plans for how he would find employment and housing in Denmark:

"*I was impatient, so I left earlier than planned. The thing about leaving earlier or disorganized is that it makes you homeless when you come to Denmark. I experienced that myself. I was homeless for about two years before I got my own apartment.*"

The entrance to Danish society is largely tied to systemic conditions such as the CPR[3] number and a national registry address. It is therefore a very difficult start to arrive without having acquired a home and thus a national registry address in advance. If a Greenlander in Denmark does not have a national registry address, the systemic obstacles start piling up, and conditions of structural violence arise in the form of Greenlandic citizens being put in a systemic bind where, despite their Danish citizenship, they become invisible in the system and cannot document their rights as citizens in the unity of the realm. This only binds empirically visible systemic gaps in the unity of the realm, and it creates conditions of unequal access that arise only for Greenlandic citizens. For example, there is a problem regarding the fact that Greenlandic CPR numbers are not always active upon arrival in Denmark, even though they are assigned at birth to all members of the Danish state. This means, in practice, that a person from Greenland cannot always be identified upon arrival in Denmark. A CPR number will, for example, be activated through a national registry address. But as described, this is a group that most often does not have a home or a national registry address from the start, so an administrative bottleneck begins. Structural systemic violence occurs when Greenlandic citizens cannot access the rights they are entitled to for administrative reasons. One homeless informant talked about his feeling of being trapped in a Danish systemic labyrinth:

"*The system I encountered felt like I was constantly running into a wall. We asked for help, but they just mentioned a lot of legislation.*"

As the social sector underwent new digitalization processes, new barriers were created. The group of Greenlanders who were staying in Denmark without a national registry address constitutes a legal gap that is not considered when new digitalization processes are carried out. Another example was the transition from one public digital identity system to another, where a technical error occurred, preventing Greenlandic citizens without a national registry address from accessing mail from public authorities. The mail was considered to have been sent from the authority, but it was "systemically invisible" as the Greenlandic homeless informant could not access the system to open the mail. The municipality, therefore, sanctioned the citizen on the basis that the citizens were not informed about it. The person did not have the opportunity to meet demands that he was not informed about, since he could not access the post. Situations such as the above often cause major problems for citizens in the form of, for example, sanctions on benefits. These are situations that are difficult to resolve, as they are invisible in the system, and the people

3 Central persons registry (personal identification number)

affected often have difficulty navigating an administrative labyrinth. From a purely human perspective, these experiences cause a lot of frustration. An informant from the homeless community describes her experiences:

"It's so condescending. When you're so frustrated, needing so much help, and you're down in the dumps, and then you're talked to like that. You're treated like that by the system, by the people who work there. My husband and I haven't been drinking in many, many years. I got so frustrated right there, I just wanted to go out and drink. I haven't been drunk in over thirty years."

In relation to other groups, efforts are made to help social groups gain a foothold in society. For example, refugees are placed in housing, and other migration groups receive offers of municipal integration programs. For Greenlanders, there are no culturally appropriate services based on their Danish citizenship. This is paradoxical given that Denmark ratified the ILO convention in 1996 (Udenrigsministeriet, 1997) but without implementing it. As previously mentioned, free movement means that there are no official bodies from which Greenlandic migrants can seek help. They are Danish citizens by birth and should be able to cope and should be able to access their civil rights. However, the reality looks very different. An informant from the homeless community talks about his experience of seeing his fellow countrymen unable to cope in the "Danish system".

"There are many of them who can't really express themselves in Danish and don't understand. I think that's what's wrong with moving down here: it's a lot of trouble, or whatever you want to say. You must be able to do that. If you're going to move, with a one-way ticket, then you must be able to speak Danish. Otherwise, you end up down there, and it ends up taking far too long to help those people because of the language. Then they just give up."

The municipality feels more like an obstacle course than a place that provides welfare. An informant from the homeless community puts it this way*:*

"When I contacted the municipality, they talk to you as if you were an ignorant person. A subhuman."

Another informant from the homeless community talks about her and her husband meeting the Danish job centre system and not being able to explain that her husband suffers from an occupational injury as a ship painter and has developed epilepsy.

R: He has painted many ships. Without a mask. The doctors think this paint, which they used at the time, is the reason. He painted without a mask, and the paint has gone up to his brain.

I: But has he applied for a pension for that?

R: We can't do that.

I: When you go to these kinds of conversations with the job centre, is there anyone who helps you, or is it just the two of you who talk to the municipality?

R: No, no. No one has taught us how. Never (sighs).

The above review and empirical examples show that the welfare part of welfare migration is difficult to achieve for Greenlandic citizens who migrate to Denmark without resources or preparation. They experience structural violence when they were confronted by systemic barriers such as a complex system, multiple bureaucracies, and a Western understanding that sometimes counters indigenous ways of life. Even though they should be extra protected by the ILO convention, the opposite seems to be the case.

Roads to homelessness

The number of broken dreams and the many empirical accounts of structural barriers mentioned above point to an increased marginalization process. A Greenlandic woman who has been in Copenhagen for a short time and encountered systemic barriers everywhere. She talked about feeling powerless. This led to:

"I can understand all the Greenlanders who move down here and that it ends up in drinking. They become indifferent to themselves, and many die from it. It ends up in vodka every day – right from the morning until they fall over."

She goes on to talk about seeing many of her fellow countrymen who are offered help when it is too late – when marginalization results in exclusion.

"I have heard of someone who has been given an opportunity, and she then became accustomed to the environment she is in now, where she is completely destroyed by drinking and everything. She cannot afford to return to a normal life. She was given an opportunity and things like that. A few months later, she also lost that opportunity."

An experience of powerlessness that is only amplified if you are pressured to meet basic needs such as food, sleep, and lack of security in the form of a place to stay. A woman from the homeless community says,

"*It's very hard. Many of my acquaintances, friends and girlfriends who have moved here, I haven't seen for several years. They are just completely destroyed by drinking. They were functioning well at home [in Greenland], had jobs, had an apartment and didn't drink."*

The structural violence in the form of administrative rejections from the municipality contributes to them seeking help from fellow countrymen rather than through the Danish system. In this situation, where both the private housing market and the social housing allocation seem like an impossible path, there are primarily two survival strategies in play to avoid ending up directly on the street: either by spending the night with friends and acquaintances or by looking for a room at a hostel. In both cases, it is to seek out visible help because they visually and socially identify other Greenlanders in the street scene whom they approach in the hope of assistance. An informant says, for example, that while they were collecting bottles to survive, her husband saw the Greenlandic flag (Erfalasorput) on the street and sought help because of it:

"So, he saw the Greenlandic flag, [and thought] what was going it? So, he went over to them."

There is a great willingness to help each other and offer their sofas to others, even if they do not have any resources themselves. One informant says:

"We help each other; if you have nothing, you always give a little. If you have nowhere to sleep, you can use my sofa. If you do not have any cigarettes, you can get one from me."

However, it is a double-edged sword to seek help through street networks, as staying in such environments often means an escalation in vulnerability for those who seek help. It is a safe place to stay. One informant talks about her experience where an acquaintance had offered her and her husband a place to sleep when they arrived in Denmark, which then turned out to be a hostel room.

"Initially, we were going to stay with an acquaintance. But it turned out he lived in a shelter. We stayed there for a couple of weeks. We stayed with him, but I didn't know it was a shelter. It just went downhill [from there]. Suddenly, there we were. So, I told him, 'We can't stay here.'"

Living in vulnerable environments may escalate a social situation. Both contemporary and classic literature on homelessness research shows that living in such environments often complicates vulnerability further. (Hopper, 2003; Shinn, 2010; Spradley, 1979).

Rather than finding peace, it often causes even more stress and fewer resources to find a place of your own, as it is rarely free to live like a sofa surfer. Often, it is only a short-term solution that rarely lasts long, either because you outstay your welcome or because it becomes too problematic to stay with those who offered to help. An informant talks about sleeping with friends and acquaintances instead of having a place of their own:

"We couldn't stand being there, also because we have heard that she might smoke crack and things like that. The first thing she drinks when she wakes up in the morning is vodka. But she hasn't been like that. She has a well-functioning life at home. She had a husband, children, and a job, and a nice apartment. I don't really know what happened. I had no idea it was so bad."

The other option is to seek shelter, which is a discrepancy from the purpose they had in mind for welfare migration. In both cases of staying overnight with friends and acquaintances and seeking shelter, it is a problematic path into Danish society, which impacts how life in Denmark is shaped through vulnerable environments rather than through normal society. Among professionals in Denmark who encounter the target group, there is often astonishment about a lack of preparation before migration to Denmark, and a impression from professionals that many Greenlandic migrants enter a problematic environment without prior experience of such environments. An employee at a shelter in Copenhagen said:

"I think that they understand this place as a place where you live. Not as a shelter, but as a place where you can rent a small apartment, a small room. But of course, it is also probably a special group of Greenlanders. I think that if you are a completely well-functioning Greenlander, you will probably notice some other things here."

We had a conversation with a young craftsman at a Danish youth centre. He explained that he was working back in Greenland until he went to Copenhagen, Denmark. He was then asked why he was sleeping in a shelter:

I: When did you come to Copenhagen?

R: It's been a month today.

I: Where do you sleep then?

R: Hillerødgade in the night café.

I: How did you find out about it? That you could sleep there?

R: One of our acquaintances, he lived there in Hillerødgade, and so he says you can spend the night there.

A stay at a shelter is rarely just a roof over your head. It comes with an environment filled with a long list of complex issues. Shelter life can have many consequences in these environments, and unfortunately, there is often an escalation, such as violence, crime, abuse, and re-traumatization. In other words, it is the opposite of achieving success through migration. Environments associated with a stay at a hostel are areas full of problems; they aggravate whatever trauma or social problems a Greenlandic citizen might bring, for which they have often not received help, since, as mentioned, there is no integration offer. Problems that could have been

alleviated, such as a diagnosis or incipient abuse, are instead exacerbated. In short, people who are not part of a shelter's target group seek out the shelter anyway and eventually end up as the target group.

When people struck by homelessness seek a shelter a paradoxical situation occurs. Survival becomes dependent on available services there, but the shelter environment and other shelter users pose a danger of worsening the situation by escalating problems and vulnerabilities. In several cases, this ends in death. An informant talks about her husband, who took his own life while living in a shelter:

"Unfortunately, he took his own life there, and it has been hard. I have been one of the lucky ones, I would say, but the costs have been high. I lost my husband… I think it was a high price."

A further problem is that, for a significant part of Greenlandic citizens, temporarily stay at a shelter, instead becomes a permanent stay, which is not the purpose of the shelters. This means that the long period reinforces their homeless situation rather than remedying it. Rather than achieving the intended dreams and prepared living conditions that were the purpose, the shelter instead becomes both the encounter with and the final destination in the new life in Denmark. As one homeless informant puts it:

"You're here until the day you die from drinking or drugs. You can easily get in, but you can't get out again. The exit is blocked, and there's no emergency exit. This is the final destination. This is the gate to hell."

Conclusion

In Greenland the waiting lists for public housing can span decades and then a significant rent for public housing and poor health and social conditions becomes push factors, combined with expectations about better welfare services in Denmark (pull factors), motivate Greenlanders to engage in welfare migration. We have anayzed how the realities in Denmark are often far from the expectations, especially for those without sufficient resources. Greenlanders are entitled to Danish welfare services, and those who move to Denmark should therefore be able to benefit from the welfare system, such as social benefits, health services, or housing. However, despite citizenship, several conditions work against their ability to achieve these improved living standards. The cumulative constellation of barriers encountered in interactions with Denmark inadvertently gives rise to structural violence by systematically impeding equitable access to social services, thereby exacerbating the individual's socioeconomic and cultural conditions.

Even though they travel within the same state, and conditions such as structural violence should be avoided by virtue of rights through the ILO Convention, which is meant to ensure good living standards as an indigenous people. The situation is paradoxical in relation to the fact that Greenlandic citizens, in their encounter with Denmark, on paper have "double" rights by virtue of citizenship and the ILO Convention, but in reality, don't enjoy these intended rights. Rights through citizenship are systemically blocked for a part of the population that does not have an address, and the dynamics of homelessness increases problems. The Danish welfare system is not sufficiently adapted to accommodate Greenlandic culture and language, which creates significant barriers for Greenlanders who have difficulty navigating the system and obtaining the necessary help. When the Danish state ratified the ILO Convention, it specified that the only indigenous people in the state are the Inuit (Udenrigsministeriet, 1997). A sound step to breaking down barriers would be to follow chapter 2 section 2 and: *ensure that members of these peoples benefit on an equal footing from the rights and opportunities which national laws and regulations grant to other members of the population*. Further initiatives could be to increase an understanding of Greenlandic/Inuit culture in the social sector, guides, and legislation in Greenlandic. So far, the convention has not been implemented. Instead, Greenlandic citizens experience systematic discrimination and marginalization in the Danish welfare system, including a lack of translation and interpretation, which makes it difficult for them to understand and access their case processing. It is a paradoxical situation where a desire to improve living conditions results instead result in a worsening of some Greenlanders living conditions.

In Denmark there is a lack of knowledge about systemic conditions that worsen the living conditions of vulnerable Greenlandic citizens. At the same time, there is a lack of awareness of the opportunities that already exist to remedy the situation, such as using the ILO Convention in practice. This lack of knowledge contributes to maintaining and perpetuating structural violence against Greenlandic citizens, which characterizes their lives and worsens vulnerable living conditions such as homelessness.

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Roles of Civil Society in the Organizational Field of Homelessness in Sweden

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Abstract_ *This article examines the role of civil society organizations (CSOs) in addressing homelessness in Sweden. Drawing on neo-institutional theory and qualitative interviews conducted in the country's two largest cities—Stockholm and Gothenburg—the study analyses how CSOs operate as service providers, advocates, and intermediaries within a shifting welfare landscape. While traditional Christian-based actors remain influential, the field has expanded as new organizations respond to rising social exclusion and changes in governance. The findings reveal a dual dynamic: increasing collaboration and legitimacy on the one hand, and growing bureaucratization and professionalization on the other. This tension challenges CSOs' ability to remain responsive to emerging social needs. The study also highlights CSOs' expanding role as tertiary welfare providers, filling gaps left by the public sector, particularly for asylum seekers, undocumented migrants, and individuals excluded from mainstream services. Moreover, CSOs increasingly offer legal assistance and digital mediation in response to barriers such as digital exclusion and the growing complexity of the welfare system. The article contributes to a deeper understanding of the changing structure of homelessness from the perspective of civil society welfare actors.*

Keywords_ *Homelessness, poverty, civil society organizations, roles of CSOs, tertiary welfare, digital exclusion.*

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Introduction

During recent years, and especially during the Covid-19 pandemic, Swedish civil society organizations (CSOs) have faced a growing demand for their services, particularly from families in need. This development is linked to a social security system that has become increasingly porous, leaving more individuals falling through the welfare safety net. At the same time, rising living costs have created situations in which people are unable to sustain themselves on public social support. In recent years, the City Missions[1] report encountering a growing number of individuals experiencing economic vulnerability and various forms of homelessness, including "hidden" homelessness within Swedish society (Sveriges Stadsmissioner, 2024a; Sveriges Stadsmissioner, 2024b).

However, the provision of support for impoverished and homeless individuals and families by civil society organizations is by no means a recent phenomenon in Sweden. CSOs have a long history of delivering services and advocating for the rights of citizens living in poverty and homelessness. Before the establishment of the Swedish welfare state, charities and local parishes shared responsibility for caring for vulnerable individuals and families. With the formation and expansion of the welfare state, responsibility for social welfare—including support for those experiencing poverty and homelessness—was gradually transferred to the state and, subsequently, to municipalities. This shift resulted in a more marginal role for CSOs in social policy. Nevertheless, in certain areas of social welfare, CSOs have maintained a significant presence, particularly in initiatives targeting the most vulnerable and marginalized citizens. This role has taken shape through various efforts, such as operating shelters and providing other forms of support for homeless individuals (Lundström, 2004; Olsson, 2007; Knutagård and Nordfeldt, 2007; Johansson et al., 2019; Nordfeldt, 2022). Recent developments, however, suggest that the role of CSOs within Swedish social welfare is once again expanding and taking on new forms.

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1 The City Missions are central actors in Sweden's efforts to address homelessness. The Stockholm City Mission dates back to 1854, i.e., long before the Swedish welfare state was established. Today, the City Missions constitute a network of independent civil society organizations operating in urban areas across the country. Their overarching aim is to reduce poverty, social exclusion, and homelessness by providing support to individuals in vulnerable life situations. The City Missions collaborates with public authorities and other relevant actors in different type of partnerships. These collaborations typically involve coordinated service provision, information exchange, and joint initiatives.

The aim of this article is therefore to analyse the evolving role(s) of civil society organizations engaged in addressing homelessness and to explore how and why these roles have changed in recent decades. The following research questions guide the study:

- What roles do CSOs emphasize in relation to homelessness in the 2020s?
- Are CSOs' roles in the field of homelessness characterized by continuity or change?

Homelessness in Sweden in the 2020s

Homelessness in Sweden has both increased in scope and changed in structure over recent decades. Surveys conducted by the Swedish National Board of Health and Welfare (NBHW) indicate a rise in homelessness since the first national survey in the early 1990s, followed by a slight decrease between the 2017 and 2023 surveys[2]. In 2023, NBHW identified 27 000 individuals as living in homelessness in Sweden (Socialstyrelsen, 2024). In the national survey, 2 685 individuals were reported as homeless in Stockholm, corresponding to 27.3 persons per 10 000 inhabitants. In Gothenburg, 2 593 individuals were reported as homeless, equivalent to 43.4 persons per 10 000 inhabitants. Local surveys conducted in Stockholm and Gothenburg show slightly different figures. In Stockholm, a total of 2 196 individuals reported living in a situation of homelessness in 2024, representing a decrease of 332 persons compared with the 2022 survey (Stockholms stad 2024). In Gothenburg, homelessness is measured at the household level. In 2026, 2 310 households were reported as experiencing homelessness, comprising 2 483 adults and 495 children. The minor discrepancies between national and local surveys can primarily be attributed to differences in the timing of data collection and methodological variations, particularly regarding which actors are included as data providers.

In recent reporting on homelessness, new groups have become more visible, including young adults, older people, and so-called EU migrants. The number of women experiencing homelessness has also increased. At the same time, more "traditional" groups remain prominent—namely, individuals with substance use disorders and/or mental illness (Knutagård et al., 2020; Socialstyrelsen, 2024). Among those reported are individuals with complex social problems, as well as people seeking support from social authorities due to structural barriers in

[2] Changes in the definition of homelessness—and thus in the groups included in national surveys—have occurred over time, making comparisons across years somewhat uncertain. What is clear, however, is that the extent of homelessness in Sweden has increased since the first survey in the early 1990s, despite a slight decrease between 2017 and 2023 (as noted above).

accessing affordable housing. The term "structurally homeless" is relatively recent and refers to individuals whose lack of housing is understood to stem from poverty or a shortage of affordable housing (Sahlin, 2020).

The Swedish City Missions' 2025 annual report highlights structural homelessness by focusing on families with children (Sveriges Stadsmissioner, 2025). These families fall outside NBHW's surveys, as many do not seek help from social services but instead rely on various forms of insecure housing—conditions that can be particularly harmful for children. Also excluded from NBHW's surveys are undocumented migrants and other individuals without access to public support (see Karlsson and Vamstad, 2020), indicating the presence of a hidden homelessness not captured by government statistics, ex. the surveys made by NBHW.

Analytical Framework

The analysis of CSO roles in relation to homelessness in this article is informed by neo-institutional organizational theory. Homelessness is conceptualized as an organizational field, following DiMaggio and Powell's (1991) definition of "a recognized area of institutional life: key suppliers, resource and product consumers, regulatory agencies, and other organizations that produce similar services or products" (p. 64). Scott (2001) similarly defines an organizational field as a community of organizations and other relevant actors that constitute a recognized area of institutional life. Within such a field, interaction among actors often leads to increasing similarity over time—a process of organizational homogenization (DiMaggio and Powell, 1991). In this understanding, an organizational field comprises actors from different sectors of society: public administration, private enterprises, and civil society organizations.

In this article, however, the focus is specifically on the role(s) of CSOs within the field of homelessness; other actors are not included in the analysis.

Within the homelessness field, homogenization is shaped by legislation, guidelines, and established models. Nevertheless, a division of labour exists (cf. Massey, 1995), shaped by historical developments. With the emergence of the welfare state, responsibility for supporting citizens in need was transferred to local public authorities through the Social Services Act (SoL 2001: 453). Despite this shift, CSOs have continued to provide care for the most vulnerable and marginalized homeless individuals—those who, for various reasons, do not engage with municipal social services. Olsson and Nordfeldt (2008) describe CSOs as an additional social safety net—a third, or tertiary, welfare system. Olsson and Nordfeldt (2008) conceptualize the *tertiary welfare system* as the set of supports provided by non-profit organizations to individuals whose needs are not adequately met by, or fall outside of, the

primary – general social insurance system or the – secondary -, i.e., means-tested welfare support system, administered by the municipal social services. According to Olsson and Nordfeldt (2008) the tertiary system consists of emergency housing shelters, low-threshold services, and outreach activities that function as gap-filling interventions rather than systematic substitutes for public welfare provision.

One way to examine the division of labour within the homelessness field is to consider the roles played by different actors, and specifically the roles CSOs assume in relation to the public sector, the private sector, and households (Wijkström, 2011; Enjolras and Sivesind, 2018). At a macro level, CSO roles have been categorized as either providing services for members and non-members or serving as a voice—functioning as "schools of democracy" or advocating for and representing various societal groups (Lundström and Wijkström, 1997; Wijkström, 2011; Enjolras and Sivesind, 2018; Arvidson et al., 2018a; Johansson et al., 2019). In Sweden, this voice role has historically been closely intertwined with state development, particularly given the country's strong tradition of popular movement organizations and their ties to the Social Democratic state (Arvidson et al., 2018b; Emilsson et al., 2025).

However, CSOs engaged in homelessness—often rooted in charitable traditions (Olsson, 2007)—have typically prioritized service provision over policy advocacy, even though the voice function has been, and continues to be, relevant (Johansson et al., 2019). A third role, conceptualized as community, encompasses core aspects of Swedish civil society, including sports, culture, religion, and leisure activities (Wijkström, 2011). This role provides opportunities for social interaction and fosters a sense of belonging.

To further specify the roles of CSOs within the organizational field of homelessness, this article draws on Blennberger's (1993) classifications, later expanded by Nordfeldt (1999, 2000). These more detailed role categories encompass both service provision and advocacy functions. Blennberger's (1993) typology, developed with socially oriented CSOs as the point of departure, identified four specific roles, which may also be interconnected.

1. **The avant-garde role** refers to the function of CSOs as innovators and pioneers, identifying emerging social problems that have not yet been recognized by public authorities. This role includes developing new practices and forms of support, as well as maintaining the flexibility and capacity to respond quickly to emerging needs. In Blennberger's conceptualization, these pioneering activities carry the expectation that public authorities will eventually assume responsibility for the issues initially addressed by CSOs.

2. **The complement role** refers to activities that add qualitative value to existing public welfare services without replacing them. Within this role, CSOs address unmet or insufficiently covered needs by offering additional support—i.e., filling gaps—or providing specialized interventions. CSOs work alongside public welfare institutions while maintaining a distinct organizational logic.

3. **The alternative role** describes situations in which CSOs operate within the same domain as public actors but provide services that differ from public provisions in terms of values, methods, or ideological foundations. These services offer users meaningful choices beyond standardized welfare arrangements.

4. **The replacement role** refers to situations in which CSOs assume responsibilities that would otherwise fall to the public sector, often due to government withdrawal or resource limitations. This may occur temporarily, for example, during crises, or more permanently as a consequence of welfare retrenchment (see Blennberger, 1993).

Nordfeldt (1999, 2000) identified a fifth role emerging from her empirical studies:

5. **The mediating-link role** describes the intermediary function that CSOs play between individuals and public authorities. It refers to how organizations translate, negotiate, and mediate needs, experiences, and claims from service users into forms that are recognizable within public welfare systems. At the same time, the mediating link captures how policies, norms, and institutional logics of the welfare state are conveyed to individuals through civil society actors. This role can facilitate access to social services as well as provide advocacy support (see Nordfeldt, 1999, 2000).

Research Design

This article draws on empirical material from a study of civil society organizations (CSOs) operating within the homelessness sector in Sweden's two largest cities—Stockholm and Gothenburg. The study was designed as a counterpart, albeit more limited in scope, to research conducted in the mid-to-late 1990s and presented in a doctoral thesis in 1999 (Nordfeldt, 1999). The present study employs the same qualitative methodology as the earlier research, using semi-structured informant interviews (Esaiasson et al., 2002) complemented by document analysis, including policy documents and organizational activity descriptions.

The first stage of the research involved mapping organizations providing services to people experiencing homelessness in Stockholm and Gothenburg. This included revisiting organizations from the 1990s study—such as the City Missions and The Salvation Army—while also identifying actors that have emerged since the early

2000s in response to new forms of homelessness; one example is Vid Din Sida (By Your Side), which supports elderly people living in poverty and homelessness in Stockholm. Including both long-established and more recently formed organizations enabled a comprehensive analysis of developments within the organizational field of homelessness.

The second stage consisted of individual interviews with representatives from the CSOs identified in the mapping phase. Potential interviewees were contacted by e-mail or telephone and provided with information about the study. Those approached were individuals with broad knowledge of the organization and its development over time, such as board members, executive managers, or equivalent decision-makers. A total of 18 interviews were conducted between November 2020 and March 2021. While the original intention was to conduct on-site visits and in-person interviews, the Covid-19 pandemic necessitated the use of digital platforms such as Zoom and Microsoft Teams. Although effective, this approach limited opportunities for direct observation of organizational practices.

The study was conducted in accordance with the Swedish Research Council's CODEX guidelines for research involving human subjects (www.codex.vr.se). Informed consent was obtained from all interviewees, and the study complies with the General Data Protection Regulation (GDPR). No sensitive personal data were collected; the focus remained on organizational activities and inter-organizational relationships. All informants were anonymized, and the interview data are securely stored on an approved research server at Karlstad University, where they will be retained for 10 years following the project's completion.

The interview material was analysed using qualitative content analysis, allowing for a systematic and interpretive examination of the data. This approach facilitated an in-depth understanding of the phenomena under investigation by attending to contextual and conceptual nuances. To address the second research question concerning continuity and change in CSO roles, the analysis is explicitly linked to findings from the earlier study conducted in the 1990s (Nordfeldt, 1999).

The Research Context: CSOs in the Field of Homelessness in Stockholm and Gothenburg

As noted in the introduction, CSOs working in the homelessness sector include both long-established organizations and more recently initiated initiatives. The duality of continuity and change within this organizational landscape is discussed below under the headings *Inertia* and *Change*.

Inertia: Long traditions of social support

As in many Western countries, Swedish civil society is heterogeneous and continuously evolving yet marked by a notable degree of stability. CSOs active in the homelessness sector range from large, professionalized organizations to small associations and volunteer-based networks. Over time, the organizational landscape has expanded to include new activities as well as new actors.

CSOs provide a wide array of services—from meeting basic needs such as food, sleep, clothing, hygiene, and social contact through open day centres to offering specialized housing solutions, either independently or in collaboration with municipal social services, including within Housing First models. For larger and more professionalized organizations—such as the City Missions, the Salvation Army, Convictus in Stockholm, and the Rescue Mission in Gothenburg—homelessness constitutes one of several areas of engagement. Other areas include poverty, substance use, social exclusion, unemployment and labour market integration, migration and integration, physical and mental health, domestic violence, elderly care, and support for children and youth.

Despite ongoing developments, the organizational field of homelessness also displays continuity. Traditional organizations—some with charitable roots dating back to the 19th century—remain central actors. All organizations included in the 1990s study are still operating, with several having expanded their areas of focus and increased their staffing. In the earlier study, Nordfeldt (1999) argued that CSOs occupy a particular niche in addressing homelessness, providing care and services to the most disadvantaged and acutely homeless individuals—those who often lack current contact with social services. The present study confirms that, while many CSOs—particularly the larger ones—have broadened their activities to address wider social challenges, this specific niche remains highly relevant.

In the 1990s, some CSO representatives expressed hope that homelessness would eventually be eradicated, rendering their services unnecessary (Nordfeldt, 1999). In contrast, interviewees in the present study described a growing and continuous demand for their services, driven by new target groups and increasingly complex social problems (see also Vamstad and Karlsson, 2022).

Change: A growing demand for CSO services

The increasing demand for services, noted above, was a recurring theme among the majority of interviewed CSO representatives. This finding is consistent with previous research on Swedish City Missions (Karlsson and Vamstad, 2020; Vamstad and Karlsson, 2022). Part of this heightened demand can be linked to CSOs' participation in public procurement processes, through which they operate as service

providers alongside other welfare actors. Among the larger organizations in this study, several had developed their own "chain of care" and established collaborations with social authorities and landlords within Housing First initiatives.

A central theme in the interviews was the emergence of new groups in need of support, as well as new forms of need (cf. Karlsson and Vamstad, 2020; Vamstad and Karlsson, 2022). These groups include individuals excluded from the welfare system—such as foreign citizens with limited or no access to public services—and individuals who fall between institutional responsibilities despite formal entitlements. Examples include people caught between social services and psychiatric or general healthcare, or between different sectors of public welfare provision. Several interviewees also described a new form of poverty characterized by the need for material and financial assistance (cf. Karlsson and Vamstad, 2020). The Swedish City Missions' 2024 Poverty Report similarly highlights a growing need for financial support among individuals receiving long-term public income assistance (Sveriges Stadsmissioner, 2024a). Interviewees also noted an increasingly heterogeneous client base, requiring a broader range of support services. Taken together, these developments contribute to the rising demand for CSO interventions and often reflect broader critiques of the public welfare system as insufficiently responsive and difficult to access.

Procurement and professionalization

In recent decades, Sweden's welfare system has become increasingly pluralistic and market-oriented in its provision of social services. While the expansion of non-public providers has been driven primarily by private enterprises, CSOs have also strengthened their presence within local welfare markets. Municipal reimbursements to CSOs for health and social care services have increased substantially—by 80% between 2000 and 2010, and by an additional 46% between 2010 and 2019 (Johansson et al., 2023). Participation in public procurement requires CSOs to adopt more professionalized organizational structures and management vocabularies, reflected in interviewees' references to concepts such as "efficiency" and "professionalism" (cf. Wijkström and Zimmer, 2011). For some larger organizations, professionalization is not new, but its prominence has grown over recent decades.

Interviewees identified several positive aspects of professionalization, including greater organizational clarity, clearer divisions of responsibility, and the use of evidence-based methods. For others, however, professionalization has altered recruitment practices. As one interviewee noted: "The requirements have been greatly raised over the past 15 years in terms of education level and formal competence" (Int. 4). In some organizations, volunteers have been replaced by paid professionals, and fewer staff now have lived experience of homelessness or

substance use. Interviewees also reflected on how these developments intersect with organizational mission and values. As one representative stated: "We must go back to: What is the purpose of our organization?" (Int. 7).

Another interviewee elaborated:

> There is always a risk in this type of organization that its history is somewhat forgotten and… something gets lost in professionalization and marketification. You know… it's easy to go with the flow and forget where we come from and why we really exist. We are not… well, we are not the municipality, and we are not a company. We are NN. (Int. 4)

Several interviewees emphasized the importance of maintaining a degree of organizational autonomy—specifically, the ability to provide accommodation and services outside public procurement frameworks, based on internal CSO decisions. One example concerns CSOs reserving rooms or beds for individuals without social service approval. Such accommodations were financed through private donations, grants, or revenues from second-hand stores.

Findings: CSO Roles in the Field of Homelessness

This section revisits the analytical framework outlined above regarding CSO roles in the field of homelessness—namely the avant-garde, complement, alternative, substitute, and mediating link (see Blennberger, 1993; Nordfeldt, 1999; 2000)—to present the findings of the present study.

Avant-garde: Initiating and innovating services

A longstanding and still highly relevant role of CSOs in the 2020s is that of the avant-garde: identifying emerging groups in precarious situations and responding to new social problems (cf. Vamstad and Karlsson, 2022). Organizations established after 2000 have often focused on specific target groups, including elderly homeless individuals, EU migrants, and refugees, such as asylum seekers and undocumented persons. One recent example is the above-mentioned Vid Din Sida ("By Your Side"), which began as a grassroots initiative distributing coffee from the back of a car and later developed into Sweden's first leisure centre for elderly individuals in vulnerable circumstances.

Traditional CSOs in the homelessness sector have also introduced new forms of support. Notable examples include social grocery stores offering low-cost food sourced exclusively from surplus donations from the grocery industry. (see also Vamstad et al., 2024). Stockholm City Mission operates *Matmissionen*

("The Food Mission"), while Gothenburg City Mission runs *Matcentralen* ("The Food Center"). These initiatives provide both economic relief and opportunities for employment training.

However, interviewees also pointed to constraints on the avant-garde role stemming from CSOs' involvement in public procurement and their role as contracted service providers. This dependence on municipal assignments was described as limiting organizational flexibility and underscoring the need for alternative funding streams. As one interviewee explained:

> We still have a chance to be fleet-footed in donor-funded activities. But even here, we are affected by collective agreements—there are so many work environment regulations to comply with. As a result, no one is really fleet-footed today. A few non-profit organizations are… well, those built strictly on unpaid volunteers can be fleet-footed. (Int. 7)

This suggests that smaller, less professionalized organizations may find it easier to act as avant-garde actors, although securing financial sustainability remains a persistent challenge.

Is the complementary role becoming a replacement?

Over recent decades, the role of CSOs as a complement to public sector social services has been emphasized by policymakers, civil servants, and CSO representatives alike (see e.g., Dahlberg, 2006; SOU 2019: 56). Several interviewees highlighted this complementary function, including one who stated:

> I think this is what we see as our primary mission—to try to be where the public sector may not be sufficient or where we identify unmet needs. We aim to be present in that way. (Int. 13)

A key premise of this complementary role is that CSOs do not exercise formal authority, which enables them to reach homeless individuals who, for various reasons, avoid contact with social authorities. Once trust is established, CSOs can act as intermediaries, facilitating connections between individuals and public welfare services. One interviewee described this mediating function as follows:

> We can feed people to death with sandwiches here, you know, but if they are not moved onwards… /… / that's what we aim for—to pass them on or monitor them to ensure they receive a solid action plan regarding healthcare as well as social services. (Int. 3)

Another aspect of the complementary role highlighted by interviewees concerned financial assistance for individuals who are ineligible for public economic support. Rather than distributing cash, CSOs help cover specific expenses such as rent,

electricity bills, dental care, medication, transportation, or basic furnishings for a new home. In addition, both large traditional CSOs and small volunteer-based organizations provide food assistance, including the distribution of food bags—a practice that has reportedly increased in recent years, partly in response to the Covid-19 pandemic.

However, the notion of CSOs as merely complementary actors is increasingly contested. Their scope has expanded to include new target groups and a broader range of services. Drawing on studies of Swedish City Missions, Vamstad (2018) and Vamstad and Karlsson (2022) argue that these organizations now provide essential services to a substantial number of individuals who lack access to public support, effectively positioning them as primary caregivers rather than supplementary providers. In Blennberger's (1993) framework, this development shifts CSOs toward functioning as replacements for public social services rather than complements. Moreover, by delivering services in collaboration with, or on behalf of, municipal administrations, CSOs have become welfare producers alongside public institutions—further challenging the idea of a purely complementary role (see Vamstad, 2018).

Still an alternative?

Blennberger (1993) defines the alternative role as one in which CSOs operate within the same field as public actors but offer different approaches, values, or methods, thereby providing users with meaningful choices. In the present study, this alternative role appears increasingly blurred. The primary reason seems to be the rules and regulations associated with public procurement, in which CSOs are increasingly embedded. For Christian-based organizations, for example, the explicitly Christian content of their activities has been toned down. One explanation offered in interviews was organizational professionalization, as discussed above: staff are now hired to a greater extent based on formal competence, a development linked to procurement requirements that prioritize professional qualifications. This shift limits the extent to which a Christian message can be emphasized. Another explanation was the ambition to ensure that all visitors feel welcome, regardless of religious affiliation or non-affiliation.

Nevertheless, Christian-based organizations continue to offer pastoral counselling, and some housing facilities still include practices such as morning devotions. Staff is not required to hold a Christian faith, but they are expected to share the organization's core values. In some cases, human rights principles were emphasized more strongly than explicitly Christian foundations (see also Vamstad and Karlsson, 2022). Interviewees provided several explanations for this development.

Some interviewees stressed the importance of CSOs maintaining an alternative position vis-à-vis both the public and private sectors. One interviewee articulated this view as follows:

> I have great faith in what is neither market nor state, and I believe it is important for us in civil society to dare… to regain some confidence in the fact that what we offer often becomes the glue that holds a well-functioning society together. And this is something we have somewhat forgotten in Sweden, where we have placed strong trust in market solutions and in a powerful public bureaucracy. That has of course benefited us, but we also need to safeguard what belongs to neither one nor the other. (Int. 4)

Alternative funding—such as raised funds, donations, and self-generated revenue—creates opportunities for CSOs to offer genuine alternatives. However, this is closely connected to the dynamics described above regarding their roles as both complements and substitutes.

The role as a mediating link

The role of CSOs as a mediating link between individuals experiencing homelessness and local social authorities was identified as significant in the 1990s and subsequently incorporated into Blennberger's analytical framework (Nordfeldt, 1999). The present study indicates that this role has expanded, becoming more structured and complex within certain CSOs. One interviewee described this function as follows:

> We function as grout—we don't directly provide social services, we enable their provision by ensuring that they reach… that the provisions offered by public agencies reach the appropriate target groups. (Int. 1)

Over recent decades, cooperation between CSOs and municipal social authorities has increased, contributing to enhanced legitimacy and recognition for civil society actors. Many municipalities now engage in institutionalized collaboration with CSOs through user advisory boards or involvement groups advocating for various target populations. Such collaboration may also take more informal forms (Johansson et al., 2019).

In the present study, interviewees described cooperation as primarily centred on individual cases, with an expressed ambition to "hook arms" with municipal social authorities. The role of CSOs in facilitating access to the local social security system was frequently emphasized. At the same time, interviewees stressed that CSOs represent something distinct from social authorities—a perception linked to the unique characteristics of civil society organizations (cf. Hultén and Wijkström,

2006; Gavelin et al., 2010). As noted earlier, CSOs do not exercise formal authority, which enables them to build trust and reach individuals in vulnerable situations who, for various reasons, avoid engagement with public services.

Linking into the social welfare system

A recurring theme in the interviews was the increasing difficulty individuals face in accessing the public welfare system:

> If you have dropped out of the welfare system—or never been part of it—it is quite difficult to get back in. (Int. 13)

For individuals entitled to social welfare but disconnected from public services—often due to previous negative experiences with authorities—CSOs' mediating function frequently involves motivation and trust-building. This can be a long-term process aimed at rebuilding confidence in welfare institutions. One interviewee emphasized the importance of avoiding actions that might reinforce distrust in public authorities:

> We have an agency role and assist in resolving these issues. /… / We must avoid falling into the trap of exacerbating distrust in public efforts [by social services]. Instead, together we look at what is reasonable to agree to and what to expect. /… / We enable case management. (Int. 1)

However, the mediating function may also involve direct service provision. Some large and professionalized CSOs have developed "chains of care" as alternatives to public social services, although these often require municipal approval through framework agreements.

Linking through representation and interpretation

Interviewees emphasized the role of CSOs in representation, which takes multiple forms—such as supporting individuals in interactions with social authorities, healthcare services, and landlords. Representation may involve acting on behalf of individuals or assisting them in self-advocacy (cf. Johansson et al., 2019).

Several interviewees reported that individuals often received better treatment when accompanied by CSO staff or volunteers during interactions with social services, healthcare providers, or landlords. Representation in formalized contexts was also highlighted, including participation in a so called Coordinated Individual Plan (Samordnad Individuell Plan, SIP) meetings, which bring together representatives from relevant authorities, family members, and CSO staff.

In addition, some interviewees described CSOs as interpreters facilitating communication between individuals and professionals. This role resembles representation but focuses on clarifying bureaucratic language or bridging linguistic barriers:

> The most important or most common thing that we've noticed is that we are needed as a kind of interpreter, that is, interpret between participants and the social services, in both directions. (Int. 13)

Interpretation may be necessary for individuals with limited knowledge of the Swedish language, but also for people who struggle to understand administrative processes due to prolonged marginalization.

Linking through legal support

Since the 1990s, the provision of legal support has emerged as a distinct CSO role within homelessness services. One interviewee illustrated this development as follows:

> We almost need to be amateur lawyers. Well, not exactly—but we must understand rights and obligations. This has always been necessary, but now there are so many different cases. (Int. 10)

The growing need for legal assistance is primarily linked to CSOs' engagement with refugees and immigrants. This support often involves interpreting decisions from migration authorities, assisting with paperwork, and providing guidance on bureaucratic processes.

Some CSOs collaborate with street lawyers who offer specialized legal advice. Additionally, in Stockholm, law students established a CSO in 2005 dedicated to providing free legal services for homeless and socially vulnerable individuals. This organization offers assistance to visitors at the CSOs included in this study.

Linking in the digital era

The increasing digitalization of public services has introduced new support and mediating responsibilities for CSOs in this study. In the digital society of the 2020s, engaging with social services, social insurance agencies, employment agencies, healthcare providers, housing companies and their queues, banks, and other essential institutions requires access to a smartphone, computer, and electronic identification. For many individuals at risk of digital exclusion (cf. Internetstiftelsen [Internet Foundation], 2020), this digital dependency has created significant barriers to accessing services.

Contacting social authorities, applying for housing, and navigating welfare systems often require a charged mobile phone or computer—an obvious challenge for individuals experiencing acute homelessness, such as those sleeping rough. In addition, technological knowledge and digital literacy are necessary to interact effectively with these systems. One interviewee vividly described these challenges:

> /… / Digitalization is great for me—I can manage more or less everything by phone. But if you don't have a BankID, a smartphone, or a computer, it's not so easy. It's much harder to walk into a social services office and say, 'Hi, can I see someone?'—because now, they'll just tell you to call a number during office hours /… / And if you're homeless, you can't charge your phone—assuming you even still have it after waking up on a bus. Some of the older folks have missed the internet revolution altogether. This is also tough—it's human nature; when you don't understand something or feel incapable, you avoid it. If someone tells you to log into a webpage and leave a message, but you don't even know how to access the internet, it's easy to just back away. (Int. 13)

In response to these challenges, CSOs in the 2020s increasingly facilitate digital access by providing, for example:

- Computers and internet access for individuals needing to apply for services
- Guidance on using digital platforms required for communication with social authorities
- Support in acquiring electronic identification (BankID) to enable access to public services

By bridging the digital divide, CSOs help ensure that marginalized individuals can navigate and utilize essential welfare services despite the growing dependence on digital tools.

Conclusion

> There has been an enormous change regarding this part of welfare—social welfare targeting the most vulnerable groups in our society. Whether it concerns the economy, housing, substance abuse, or violence, or whatever… I can see that we are receiving an increasingly large slice of the cake on our plates. (Int. 6)

This interviewee continued by describing a growing demand for basic necessities such as food, with an increasing number of people turning to CSOs for a warm meal or a bag of groceries. This description reflects a shared view among many CSO representatives interviewed in this study. Collectively, they reported a rising demand for CSO support and services in the field of homelessness, accompanied by increasing heterogeneity in both target groups and individual circumstances. This trend has continued beyond the period of data collection. For example, during Christmas 2025, media outlets reported a growing number of people—particularly

families with children—seeking food assistance, Christmas gifts, and social community from local CSOs during the holidays (see e.g., Aftonbladet 2025-12-10; DN 2025-12-21; SvD 2025-12-24).

Taking a step back and reflecting on developments since the late 1990s, the organizational field of homelessness displays both continuity and change. Large traditional organizations continue to dominate the landscape. Historically rooted in Christian charity, many of these organizations have evolved, with some shifting their emphasis toward human rights principles (see Vamstad and Karlsson, 2022).

Since the early 2000s, however, the field of homelessness has expanded and transformed. The institutional shift from a welfare state to a welfare mix in Sweden has resulted in CSOs increasingly becoming providers of social support within a welfare market. This development has produced two contrasting effects. On the one hand, CSOs have gained increased legitimacy and stronger ties with municipal social services. On the other hand, professionalization and bureaucratization—particularly within local procurement systems—have challenged their ability to act as avant-garde actors. As a result, innovative and flexible initiatives increasingly depend on alternative funding sources such as donations and revenues from second-hand stores.

Societal changes have also contributed to greater heterogeneity in CSO activities. The rise of marginalized populations with limited or no access to public welfare—such as asylum seekers, vulnerable EU citizens, undocumented migrants, and third-country nationals—has broadened the scope of services provided by traditional CSOs. At the same time, new organizations and networks have emerged, often focusing on specific groups or social issues.

In this context, the complementary role of CSOs has evolved into a supplementary role. Consequently, the tertiary welfare system role (cf. Olsson and Nordfeldt, 2008) appears to have strengthened rather than diminished since the turn of the millennium.

The increasing reliance on digital technology for accessing welfare services has created new barriers for individuals in vulnerable situations. CSOs now mediate digital access by providing practical support for individuals lacking electronic identification, digital literacy, or even a place to charge a mobile phone. These findings highlight digital exclusion as a form of social marginalization that warrants further research and policy attention.

A key question arising from these findings concerns why the mediating role of CSOs has grown so significantly. While barriers to housing access have been well documented (see e.g., Knutagård et al., 2020; Grander, 2024), this study suggests that barriers to accessing public welfare have also increased.

Taken together, the findings indicate that Sweden's welfare system has become increasingly fragmented and inaccessible for marginalized groups, placing additional pressure on CSOs to bridge these gaps.

Conflict of Interest Declaration

The author declares that there is no conflict of interest regarding the publication of this paper.

Ethics Approval Statement

This study was approved by the Research Ethics Committee at Karlstad University. No sensitive personal data were collected during the course of the research.

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Home is where I lay my head: people experiencing homelessness on housing paradigms, what makes a home, and society and policy

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Abstract_ *Homelessness remains a severe violation of human rights, with people experiencing homelessness also more prone to health issues and substance abuse. As homelessness services move away from a treatment-first approach towards Housing First or Housing Led, the ideas of people with lived experience on this paradigm shift remain largely unknown. Semi-structured interviews about this were conducted with 26 participants experiencing homelessness. Thematic analysis identified three central themes: housing paradigms, what makes a home, and society and policy. The stepwise approach seemed instilled in most. While none were familiar with Housing First, many endorsed its core principles, especially the separation of housing and treatment. However, several participants considered mandatory treatment acceptable for those in active addiction. Overall, participants saw both paradigms as complementary, mostly wishing for tailored care first. Few participants expressed interest in alternative types of housing. Most preferred a more conventional house and shared how home is more than a place 'where you lay your head'. It's feeling safe, being able to connect with others, and participating in society. Findings underscore the importance of a diverse range of housing support services, accessible through a shared decision-making process, and the structural inclusion of people with lived experience in policy development.*

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Keywords_ *Homelessness; Housing First; Housing Led; lived experience; policy; housing paradigms*

Introduction

As about 1 287 000 people are sleeping rough, in night shelters or in temporary accommodation across Europe, FEANTSA warns about a 'worrying increase' in homelessness across Europe (FEANTSA, 2024). With an estimated 45 860 people experiencing homelessness (PEH), Belgium is no exception (Hermans, 2024). A homelessness count conducted in 2023 in Antwerp, Belgium, identified more than 3 400 PEH (Hermans, 2024) out of a population of 565 000 (Antwerpen, 2025). Over 400 of the PEH were adults surviving in extremely precarious conditions, some sleeping in a night shelter (n=117), others spending the night in public spaces (n=226) or non-conventional dwellings such as garages or cars (n=85). Many of them also have important care needs, most frequently mental health and/or substance abuse issues (Hermans, 2024). This link between homelessness and health (issues) has been well documented (Aldridge et al., 2019; Lancet, 2019; Everdingen et al., 2021), especially the high prevalence of severe mental illness and substance abuse in PEH (Everdingen et al., 2021) that contributes to elevated mortality rates (Feodor Nilsson et al., 2018), prolonged periods of hospitalization (Catthoor et al., 2024) and involuntary admissions (de Jong et al., 2020).

In the effort to combat homelessness, an important paradigm shift has taken place across homelessness services over the last few decades: moving from a stepwise or treatment-first approach, where permanent housing is the final step in a rehabilitation or treatment process, towards Housing First. Housing First has its origin in the United States, initially developed specifically for PEH with severe mental illness and/or experiencing substance abuse (Raitakari, 2015). Within Housing First, permanent housing is provided immediately, alongside tailored housing support that, in principle, is separate to the right to housing (Goering, 2014; Pannecoucke, 2015; Housing First Europe, n.d.). Other core principles of Housing First include seeing housing as a human right; choice and control for service users; recovery orientation; harm reduction; active engagement without coercion; person-centred planning and finally flexible support as long as required (Housing First Europe, n.d.).

Although Housing First is a well-researched intervention (Raitakari, 2015) and gaining traction in Europe, its implementation remains highly heterogeneous with varying degrees of programme fidelity (Waegemakers Schiff and Schiff, 2014; Planije, 2023). In Belgium today, various sectors develop housing programmes, ranging from treatment-led to partial or full Housing First approaches. Most housing initiatives are organised by one (care) sector, addressing a specific type of support

need for a selected group (e.g., the psychiatric nursing home targets people with mental health needs, disability-supported living targets people with an intellectual disability). Yet PEH are a heterogeneous group and many PEH have complex, interdependent care needs (van Everdingen et al., 2021; Lei and Brown, 2022) that all need to be taken into account to prevent relapse into homelessness (Waegemakers Schiff and Schiff, 2014; Lei and Brown, 2022; Stadler and Collins, 2023).

In a 2024 stakeholder meeting in the city of Antwerp, local representatives met along with mental health workers and social welfare organisations to discuss the results of the homelessness count and actions needed to reduce homelessness in the city. Stakeholders largely subscribed to the principles of Housing First but felt it had become an umbrella term for an amalgamation of housing initiatives, making it difficult to establish what works for whom, in line with the ongoing European debate about terminology and programme fidelity (Waegemakers Schiff and Schiff, 2014; Dyb, 2016). The Antwerp stakeholders preferred to move away from this discussion by moving towards a Housing Led approach, as introduced at the 2011 European Consensus Conference on Homelessness (FEANTSA, 2011; OECD, 2024).

A Housing Led approach is generally understood – and used throughout this article – as an approach that sees stable housing as the starting point for addressing homelessness, with support offered as needed, but without strictly adhering to all core Housing First principles (FEANTSA, 2011). Which of these principles are adopted, and to what extent, can vary considerably, allowing for 'different response models for different profiles of homelessness' (Joaquim, 2024). Housing First can, in that sense, be understood as one specific intervention within a broader Housing Led approach, existing alongside more time-limited, or lower-intensity interventions, such as rapid rehousing, private rented sector access schemes, Critical Time Intervention or tenancy sustainment services (Greenwood et al., 2020; OECD, 2024).

What these approaches ultimately aim to provide is not simply housing, but the conditions under which housing can become *home*. Housing studies have long treated 'home' as analytically distinct from 'house' or 'housing'. The latter denotes a physical unit of accommodation and its legal or material characteristics, the former a multidimensional psychosocial achievement bound up with control, privacy, ontological security, identity, belonging, and continuity over time (Mallett, 2004). For those with co-occurring mental health needs specifically, a sense of home seems to depend as much on emotional safety, autonomy, and social connectedness as on the physical adequacy of the accommodation itself (Howard, 2025; Patmisari et al., 2026).

Although there is a substantial body of research on housing, relatively little is known about how PEH understand current housing paradigms and how they conceptualize the notion of home within this context. Existing studies on Housing First have often

focused on measuring the effectiveness of specific housing interventions (Goering, 2014; Mathys et al., 2021; Van Gucht, 2023) rather than exploring the broader perspectives of PEH on this paradigm shift. In practice, many people continue to live in what has been described as a 'state of lack' after exiting homelessness (Marshall et al., 2023) and gaps in service provision persist (Smith et al., 2021; Paradise et al., 2023).

Reflecting the general underrepresentation of people with lived experience in research and policy, no representatives with lived experience of homelessness were present at the stakeholder meeting in Antwerp. In addition, none of the stakeholders reported any type of forum within their own organisation or elsewhere, where the topics outlined above were systematically discussed with people with lived experience of homelessness. This illustrates the limited opportunities available for PEH to directly impact homelessness policy, even at the local level.

A clearer understanding of the perspectives of PEH is therefore essential to ensure that the further development of long-term strategies to end homelessness is grounded in lived experience and to support more empathetic and inclusive policymaking (McIntosh and Wright, 2019).

Research method

Data collection took place through in-depth interviews with PEH in Antwerp, Belgium.

Sampling and recruitment

Participants were recruited through intermediaries from organisations working with PEH, and through on-site recruitment at day and night shelters by two of the researchers (LVS and KV).

Inclusion criteria were:

- Being 18 years or older;
- Not cohabiting or planning to cohabitate with children;
- Having legal residence in Belgium;
- Experiencing homelessness (cf. Ethos light typology (FEANTSA, 2007)); and
- Sufficient knowledge of the Dutch or English language to participate in an in-depth interview

The principles of purposive sampling were applied to increase representativeness by including a diverse range of people experiencing homelessness, for example:

- Young people (18-25)
- Older people (65+)
- Women
- Recently homeless
- Homeless for an extended period of time

Ethics

All participants were informed about the research objective, confidentiality of their participation, and their right to stop participation at any time, without consequences. All participants signed an informed consent form. All participants gave consent for the recording of the interview. Approval of this study was provided by the ethics committee of UZA/UAntwerpen (2024-6633).

Data collection

Data collection took place from November 2024 until March 2025, when data saturation was reached. The interviews were done by two researchers (LVS is a mental health nurse and PhD student who has been working with PEH for over seven years, and KV is a master's student and penitentiary social worker) with a semi-structured interview guide that was informed by a preliminary literature review of housing paradigms and input from the stakeholder meeting.

Thirty PEH were interviewed. Twenty-four participants were interviewed individually; three couples requested to be interviewed together. Four interviews were not retained for analysis: two due to insufficient knowledge of the Dutch or English language becoming apparent during the interview, one person for whom it became apparent that they were living in the family home (but frequented a day shelter), and one because of a failed audio recording.

Five interviews were conducted in English, a language that was not the first language for either the interviewer or the participants. All other interviews were conducted in Dutch. The interviews took place in various locations, depending on the preferences and possibilities of the participants: at homelessness organisations, in participants' temporary accommodation, or even in a local park. Interview durations ranged from 16 to 73 minutes, with an average of 36 minutes.

Data analysis

All interviews were transcribed by researcher KV, after which the audio was deleted. The data were analysed via thematic analysis (Braun and Clarke, 2006,2021) using Microsoft Excel.

A deductive approach was adopted at first, with the main themes emerging from the pre-established topic list used during the interviews. Based on this thematic structure, researchers KV and LVS coded all transcripts independently. Subsequently, outputs of both coders were compared and discussed. In consultation, similarities and differences in interpretation were evaluated, after which the codes were clustered under common themes. This process allowed the researchers to identify recurring patterns; one additional theme was associated inductively.

For the sake of confidentiality, the results do not mention participants' names. Instead, coded labels (P1 – P26) are used, which refer to participants' characteristics as listed in Table 1. This coding allows citations to be linked to background characteristics without compromising the anonymity of participants.

Results of the interviews

In the following paragraphs, we first describe the participants' characteristics and backgrounds. Next, we present the findings related to the themes *Housing paradigms* and *What makes a home*. These themes were incorporated into the interview guide, and the corresponding findings were derived deductively. Finally, the theme *Society and policy* emerged inductively from the data and is discussed in the final section.

Participants' characteristics and history

An overview of participants' characteristics and housing background can be found in Table 1.

The average age of participants was 43 years, with a range from 21 up to 67. Nineteen participants were male, and seven were female. Eight participants were married or in a long-term relationship; the others were currently single. Nine had children, none of whom lived with their currently homeless parent(s).

Most participants had been private renters at some point in their lives. Five had once obtained social housing but had since lost it due to rental debt or causing a nuisance. All participants reported long periods of housing instability. Over half of participants had been homeless for over a year; seven participants had been homeless for over a decade: *"I've been fighting my entire life" (P21).* Many participants found it difficult to recall the exact periods of homelessness, often alternating

among sleeping rough, emergency shelters, and temporary accommodation for long periods of time. Half reported at one point staying in a non-conventional dwelling such as their car, garage or a squat. One participant recounted growing accustomed to living in a basement: *"For me, that was the most dangerous part… I had everything I needed in that basement and started to get used to it so much that it became my home" (P13).*

At the time of the interview, 11 participants were staying at one of the city's night shelters. Eight had found temporary accommodation, one was hospitalised, and three were staying with friends or family. Three participants were housed between recruitment for and execution of the interview.

Table 1: participant characteristics and housing background*

P	Gender	Age	Marital status	Children	Income	Direct cause of homelessness	Current overnight stay	Duration of homelessness
1	F	40	Relationship	Yes	Unemployment benefits	Relationship problems	Night shelter	1 – 5 years
2	M	38	Relationship	None	Unemployment benefits	Renovation rental property	Night shelter	1 – 5 years
3	F	58	Married	None	Social integration income**	Eviction: rental debt	Night shelter	< 1 year
4	M	56	Married	None	Sickness benefits	Eviction: rental debt	Night shelter	< 1 year
5	F	35	Single	None	Unknown	Discharge from care facility	Night shelter	< 1 year
6	M	33	Divorced	Yes	Social integration income**	Relationship problems	Night shelter	1 – 5 years
7	M	54	Single	Yes	Unknown	Eviction: rental debt	Night shelter	1 – 5 years
8	M	67	Single	None	State pension	Eviction: rental debt	Night shelter	< 1 year
9	M	66	Divorced	Yes	Social integration income**	Renovation rental property	Care facility	Unknown
10	F	46	Relationship	Yes	Sickness benefits	Relationship problems	Couchsurfing	> 10 years
11	M	33	Single	None	Disability benefits	Eviction: rental debt	Recently housed	1 -5 years
12	F	62	Single	None	Wages + sick benefits	Seizure of residential property	Night shelter	< 1 year
13	M	35	Single	None	Social integration income**	Familial problems	Temporary housing	1 – 5 years
14	M	59	Single	None	Unemployment benefits	Eviction: rental debt	Night shelter	< 1 year
15	M	27	Single	None	Disability benefits	Detention measure	Supported living facility	< 1 year
16	M	39	Single	None	Unknown	Substance abuse disorder	Mental health facility	> 10 years
17	M	57	Single	None	Wages + social integration income	Substance abuse disorder	Recently housed	5 – 10 years
18	M	47	Single	Yes	Social integration income**	Eviction: neighbourhood nuisance	Couchsurfing	> 10 years
19	M	49	Divorced	Yes	Social integration income**	Loss of income	Night shelter	< 1 year
20	M	44	Single	None	Unemployment benefits	Relationship problems	Temporary housing	> 10 years
21	M	39	Single	Yes	Unknown	Substance abuse disorder	Temporary housing	1 – 5 years
22	F	23	Relationship	Yes	Unknown	Substance abuse disorder	Temporary housing	Unknown
23	F	22	Relationship	None	Social integration income**	Loss of temporary housing	Temporary housing	< 1 year
24	M	22	Relationship	None	Social integration income**	Loss of temporary housing	Temporary housing	< 1 year
25	M	53	Single	None	Social integration income**	By choice	Recently housed	> 10 years
26	M	21	Single	None	Unknown	Social housing waiting list	Couchsurfing	< 1 year

*all information – including *gender* and *direct cause of homelessness* – is based on self-reporting

***social integration income* (Dutch: leefloon) is a minimum income granted by public social welfare centres to residents who lack sufficient means to live and are not eligible for other types of benefits

Housing paradigms

Stepwise approach ('housing ladder', 'treatment first')

The stepwise approach traditionally links housing to treatment or housing support. Although not familiar with the term itself, this approach to housing was the one most participants were acquainted with. The principles seemed highly internalised, as also apparent in the language used, exemplified by a participant who talked about moving his way up in the system: "*I've been put in residential youth care since I was 6. And when I was 16, I moved up to a studio apartment. And then I worked my way up further, went into co-housing and then to live by myself" (P26).* Moving up the ladder was perceived by many participants as a reward: "*Currently I am staying in a mental health hospital. My legal address is there now as well. They changed my address because they can see that I am doing well, making an effort" (P16).*

Several participants provided examples of conditions they were required to meet to obtain or retain housing: *"They can give you a house, but they will take it away again if you're not willing to stop using [drugs]" (P19).* Another participant felt that it was implied that not agreeing to inpatient mental health treatment would result in eviction from his supported housing facility: "*Look, we just want you to go for a brief admission [in the mental health hospital], for like a month, and then [when your mental health stabilizes] you can just return to your studio apartment" (P21).*

None of the participants actively questioned this conditionality, and most participants stated that they would accept mandatory housing support if it were a condition for obtaining housing. Although most considered their living skills to be adequate, participants still described a range of interventions that could be beneficial to them: following up on finances and administration, mediating with neighbours or landlords, aiding with practical matters such as cooking, cleaning,…

Others emphasized the importance of social and emotional support. For example, a number of participants saw housing support professionals mainly as a point of contact, a supportive listener, someone who helps to combat the loneliness that can come with being housed after a period of homelessness.

More important than the specific task content seemed to be the way in which support is provided. Participants were largely positive about assertive housing support that centres on proximity and a proactive attitude. However, many participants said they would drop out if it started to feel compulsory. *"Housing support should not feel like being on a leash" (P21).* Loss of autonomy or the feeling of being made dependent provoked resistance and undermined commitment to the support provided.

Most participants must wait a long time for permanent housing, with or without housing support, and many saw temporary accommodation as an in-between step that can offer some stability. Especially younger participants welcomed this as an

opportunity to acquire independent living skills. On the other hand, temporary accommodation was sometimes perceived as restrictive. One's way of living is judged according to the standards of the organisation, and house rules determine whether one is doing well. Violating these rules can lead to the loss of one's place of residence. This increased the pressure and contributed to feelings of insecurity for many participants.

Also, participants raised concerns about the alignment of 'steps' of the ladder. Often, waiting lists hinder timely transfers. One participant remembered being offered a room in a temporary housing initiative a couple of months after he had already moved into a private rental (P13). A couple recounted having been forced to leave the shelter they were staying in, simply because their allocated time was up and no other solution had been found: "*… my time here is up and I don't know what's going to happen to me. Those things freak people out" (P9).*

This temporariness could be counterproductive or even debilitating: "*Sometimes you are not doing anything wrong, but then still the time can be up, and then you start again from the beginning" (P6).*

Furthermore, the stepwise model felt non-transparent to many respondents:"*It's all unclear to me too. Am I going to move now? Am I not going to move now?" (P15).* Several participants were on multiple waiting lists but had no idea what to expect. They were simply told to wait: *"Maybe you get lucky and you only have to wait 3, 4 years. But maybe 10, 9, maybe 20 years. But you'll always have to wait" (P7).*

It was mostly care providers who made a judgement about the most appropriate next step as opposed to it being a process of shared decision-making: "*If you want to move forward, you'll have to bend to the system" (P25).* Participants were more positive about the stepwise approach when they are involved in the decision-making process and when it is clear that the end-goal is to live independently: *"After a while, you should be able to get off of that ladder" (P26).*

Housing First

Housing First was an unknown concept to all interviewees, but its principles were largely endorsed by the participants once discussed with them. Interviewees indicated that homelessness is associated with numerous problems, many of which reduce or disappear on their own once stable housing is acquired: "*Because that's the most important thing, to have a roof over your head, you know. Because if you have a place to stay, the rest of the things will fall in place. Because if you do not have a place, you are like a bird, you fly from here to there, it's terrible you know" (P9)* and "*When you live on the streets, stability is not an option. You first need a roof over your head" (P21).*

Participants especially subscribed to the principle of separation of housing and treatment, as many of them have experienced loss of residence in this way firsthand.

However, a significant number of participants felt that people in active addiction *should* follow treatment before being housed. One participant stated: *"Because they can give you a house, but you are going to neglect or get rid of that if you are not prepared to tackle your [substance] use as well" (P16).*

Several participants with current or a history of substance abuse expressed doubts about the applicability of Housing First in a phase of active addiction as well. One participant stated: "*Should they have given me a place to live, I might have continued to use drugs. Then that might have gone wrong again… because I was so far gone" (P16).* Another pointed to possible risks associated with living independently at that stage: "*Maintaining your house when you're wasted or…. or setting your couch on fire with a lit cigarette because you fell asleep" (P25).* In this context, mandatory treatment and counselling and linking housing to treatment were considered acceptable by most participants.

Tailored care first

Several participants, however, stressed the importance of an individual assessment, looking at whether someone can be housed immediately or needs treatment first. Overall, participants saw both approaches as complementary and felt that mostly tailored care is needed in the search for (supported) housing: "*We just need a couple of extra ladders" (P13).*

Many participants felt that their needs were not met, that there was no adequate solution available for them: "*[…] but you also have people like me, who fall between the cracks. Too good for one thing, not good enough for another" (P11)* and that they were not listened to properly: "*There is also a need to listen. What does this homeless person want? That is what is missing, I think. Social services just offer things, but 'What do you actually want?'"(P25).*

What makes a home

Most participants approached housing from a practical point of view: "*It doesn't need to be big, we don't need a lot. Just a couch, a TV and a bed. Oh, and some cutlery. And a stove. And a shower" (P1).*

The question of what makes a house a home was difficult, and dreaming of something more than the basics seemed risky: "*We're never sure, you can never know for sure [that you won't end up homeless again]" (P11).*

Many of the interviewees had never really experienced feeling at home somewhere: "*[…] It is hard for me to answer that. I've never really gotten attached to anything or anyone. I've never really had anything in my comfort zone" (P26).* One participant quoted the heavy metal music group Metallica: *"Where I lay my head is home[1]" (P25).*

Another stated that being with her case manager felt like home: "*This [gestures to space where we are sitting and to her case manager] is my home for me. I've been coming here five years, get it?" (P22).* This feeling of home being with a person was reiterated by other participants: "*For me, home feels like when my mother is with me, my friends, my…" (P23).*

Having a place of one's own does not only provide physical shelter, but mental safety as well. Especially the women participating in this study emphasized the difference between "*sitting safely at home instead of scared on the streets" (P10),* stressing that a home is *"a quiet place where you can heal" (P10).* A house provides privacy, autonomy and the possibility for personal development and restoring personal relationships, for example with estranged children.

Most participants were only familiar with the more traditional types of housing initiatives, such as social housing or nursing homes. More specialized facilities were unknown, unless a participant had lived there themselves (e.g. the psychiatric nursing home).

None of the participants linked their health needs to the type of housing facilities most suitable for them. Care needs were never mentioned spontaneously in this context, and when asked, they were perceived as barriers in finding but not in retaining housing. Being housed was perceived as beneficial to health and well-being, though: "*It [housing] makes you healthier in a way. […] you can work out. You can volunteer. You can do basically anything if you have a roof over your head." (P5)*

Alternative housing initiatives were mostly approached from a scarcity mindset: "*I am currently sleeping in an underground parking lot. If that works, why not a container?" (P21)* more than as a valuable addition to the housing landscape.

An absolute minority of participants would prefer to live in an alternative way indefinitely: "*Give me a campsite and I'll put my tent there just like that,… or where can I put my van, I'll sleep in my van" (P25).* Most, however, did not see alternative housing initiatives as an answer to their feeling of 'falling between the cracks'.

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1 From the song Wherever I May Roam, by Metallica

Society and politics

Housing was seen as an essential element of participation in society. Several participants stated that without an address, you do not exist and are excluded from many basic rights and amenities. Participants experienced this exclusion on a less palpable level as well, feeling that society has very little tolerance for PEH. *"You're not allowed to be poor in the city anymore. (…) As a homeless person, you're being chased away everywhere" (P18). "The homeless have to disappear from everywhere." (P2).*

Several participants often felt ignored both on a micro- *"there's a lot of people who just walk past you (P26)* and macro-level *"our voices are not heard" (P26).*

A lot of this seems to stem from a misunderstanding of homelessness. *"People don't realize what it is like to be homeless. They just don't realize" (P20). "People who have a home, they do not seem to understand what someone on the streets has to endure. They look down on you and they insult you." (P10).* Some participants who had been homeless for a long time indicate that this lack of tolerance has worsened over time: *"you used to be allowed to sleep in bunkers or squats, but not anymore" (P26).*

At the same time, participants saw very little structural effort being made to end homelessness. *"I do feel like society is saying look, those homeless people have to get off the streets. (…) but how are you going to do that if you cannot offer them housing or even shelter. Because even the night shelter is fully occupied. Then there is no other option than sleeping on the street." (P26).*

Instead, participants reported anti-homelessness actions being taken, such as being fined for sleeping outside, or public spaces where the lights and music are kept on all night, to discourage sleeping.

For some, this seemed to have led to a loss of trust in society as a whole and feelings of hopelessness: *"And then it really doesn't matter to you anymore. Because you have nothing to lose, because you have nothing" (P26).* Other participants felt a need to stress that not all PEH cause nuisance or are lazy, and asked to be seen for the people that they are: *"Whatever the situation may be, you're still human" (P13).*

Many participants seemed to have at least partially internalized a more stereotypical image of homelessness whilst at the same time not identifying themselves with these stereotypes. They discussed the conduct of others who drink a lot, demonstrate deviant behaviour due to mental health issues, or are violent and thus reinforce negative societal perceptions. *"(…) they are running around drunk, smelling. You won't find any [housing] that way" (P10). "Because I'm not like that, but who believes me? If you are on the streets, they think you are the same" (P21).*

This distancing oneself from other (groups of) PEH was also apparent when discussing government support, with most participants feeling disadvantaged compared to other groups. Native Belgians felt that those with a migration background were favoured: *"It's bad to say it, but much more is being done for foreigners than for their own [native] people" (P3),* whilst participants with a migration background felt discriminated against for not being Belgian (or white). There were many references to the reception of refugees from Ukraine, who, according to participants, were given preferential treatment over refugees or migrants from other countries. *"These people get a chance, but I have to stay on the street, even if I'm European, I can't understand why it's like this" (P21).*

These feelings extended beyond race or country of origin: a participant with a disability felt like this, as did one with a forensic profile. *"There is still a huge stigma attached to people with disabilities" (P11).*

There was a lot of anger towards politicians, whom participants expected to provide more aid. *"Just find the necessary budget. That's all I really want to say to the government" (P11).* Respondents felt that policy makers are too far from the reality of being homeless to develop adequate policies. "*They don't understand what it is like to be homeless. I didn't either, at the beginning. (…) Because actually, there should be someone in politics who has truly been homeless" (P5).*

Participants suggested several courses of action, such as regulating the rental market, putting an end to the practices of slumlords, and using vacant buildings to combat homelessness. "*Those [apartment] blocks are completely empty. (…) Allow people to live there for a year or two, charge them 400 euros a month, so that they can save up (…) and then we can move on" (P3).*

Not taking such measures will lead to many more people becoming homeless, according to participants. *"You can go to work for minimum wage, but one small problem and you can end up on the streets. So, I don't see that problem going away anytime soon. Yes, the policy really needs to be changed." (P13).*

In the meantime, PEH also asked for more (night) shelter and temporary accommodation as the bare minimum needed for survival while homeless.

Discussion

Findings

In this study, we discussed housing paradigms and what makes a home with 26 people experiencing homelessness in Antwerp, Belgium. Throughout the interviews, many participants also commented on society and politics, which we subsequently retained as a third theme.

Although Housing First has become a well-known term, none of our participants were familiar with the concept, nor had they ever heard of a Housing Led approach. On the contrary, the stepwise approach seemed to be instilled in them. Very few participants questioned the conditionality of the stepwise approach unless actively challenged. None of the participants spontaneously framed housing as *a* – let alone *their* – 'human right'. Yet throughout the interviews, many of the other core principles of Housing First (Housing First Europe, n.d.) were mentioned, albeit some more explicitly than others. Participants subscribed to the idea of 'separation of treatment and housing'. In their wish to be heard and involved in shared decision-making, PEH asked for 'choice and control for service users' and 'person-centered planning'.

Somewhat contradictory, many PEH reported (very) long periods of housing instability and repeated periods of homelessness yet deemed their own independent living skills as sufficient without further question. None of them actively linked their history of homelessness or care needs to their own housing or support needs. At the same time, most were not opposed to housing support that is preferably given in an assertive way, again linking to the Housing First principle of 'active engagement without coercion'.

Participants did, however, see support needs in other PEH and were even quite adamant that for some, mainly those in active addiction, mandatory treatment (first) was justifiable. This idea was shared by participants both with and without lived experience of addiction. At first glance, this seems contradictory to a Housing First or Led approach. However, participants mostly wished to be listened to and receive tailored care, which could mean either treatment or Housing First. In that sense, participants do subscribe to the idea of a Housing Led approach but prioritize individual, shared decision-making over programme or paradigm fidelity.

Care providers play a pivotal role in this process, yet research has shown that they may remain biased against Housing First principles (Clarke et al., 2020) and tend to favour lower-needs clients who are more likely to succeed (Padgett et al., 2016; Clarke et al., 2020). A Housing Led approach could help address this by offering a comprehensive range of housing initiatives that enable care providers to tailor housing (support) to the specific needs and preferences of individual clients through a process of shared decision-making.

Achieving this, however, requires a systemic change towards unconditional access to housing rather than the continuation of the development of isolated housing programmes (Allen et al., 2020). Even Housing Led inspired programmes risk moving too far away from the principle of separation of care and housing and effectively circling back towards a treatment-first approach. Our participants themselves illustrated this tension by supporting conditions on housing for some PEH, whilst emphasising the desire for choice and control for themselves. At the same time, several participants stated that they would accept housing support if it were their only way to access housing, even if they did not feel like they really needed it. This illustrates how easily conditionality can become normalised in a system that does not leave room for actual 'choice and control'.

Moving forward, a Housing Led approach should leave room for more unconventional types of housing such as living in a tent or van, as this might be a rightful outcome of such a process of shared-decision making and indeed, would be the choice of a couple of our participants as well.

Critical Housing First literature understands this as an expression of agency and resistance, creating an alternative vision of 'home' and warns against Housing First (or Led) practices being (mis)used to 'mold' people back into 'mainstream life' (Pleace et al., 2022; Kudla and Clarke, 2025). 'Home' has been described as a contested concept by some authors, open to competing definitions depending on disciplinary, political, or lived-experience perspective (Meers, 2023). Our participants, however, mostly desired to live in a regular house and would consider alternative types of housing only out of deficit: only if nothing else was available. It is therefore important to remain open to alternative types of housing while avoiding 'a romanticisation of housing deprivation' (Kudla and Clarke, 2025).

Overall, what makes a house a home was a difficult question for many of our participants, yet their views were consistent with earlier research, as described above; respondents also stated that housing alone does not make a home (Boland et al., 2023; Marshall et al., 2023; Thornhill et al., 2026). Some participants indicated that a 'permanent home' does not necessarily offer security or peace of mind, but can also be associated with stress, loneliness, or the fear of becoming homeless again. Indeed, housing is not inherently positive: the same dwelling can be experienced simultaneously as material shelter, a source of psycho-emotional comfort, and a site of confinement or entrapment, particularly when support is intrusive, closely monitored, or hard to exit (Lowe and DeVerteuil, 2022). This was reflected by participants who argued against housing support that *feels like a leash (P21)* and in favour of *getting off the [housing support] ladder at some point (P26).*

A Housing Led approach must therefore take into account that, regardless of the type of housing (support), a sense of home develops through opportunities to find safety and security, exercise autonomy, build relationships and reconnect with the surrounding community (Boland et al., 2023; Thornhill et al., 2026). Stable housing may provide the conditions for these opportunities, but it will not be sufficient on its own (Padgett, 2007). Participants emphasised the importance of housing support professionals in this process (Sandu et al., 2021; Thornhill et al., 2026). Such support should prioritize relational continuity, shared decision-making and person-centered care, and have the ambition to go beyond housing retention and symptom control. Housing support should aid people to feel secure and at home, (re)build meaningful social roles and find their place in society, instead of merely ensuring a roof over their heads.

The relational nature of home connects housing to social acceptance, which has been described as 'one of the most fundamental aspects of being human' (Jensen, 2020). Currently, respondents felt excluded from, and ignored by, society, describing exclusionary design and law practices such as being fined for sleeping rough or bright lights and loud music in public spaces. These practices are part of a recognizable policy pattern of (re)criminalisation of homelessness, documented in cities worldwide (Rosenberger, 2020; Justesen, 2023; Skovlund Asmussen, 2024; McCreath, 2025). Human rights advocates argue that these exclusionary measures diminish the visibility of these social issues, stripping PEH of an important advocacy tool – visibility in itself – and making it harder to foster a shared sense of responsibility and hold decision-makers responsible (Rosenberger, 2017; Skovlund Asmussen, 2024; Udenfor, 2024).

Respondents felt that policymakers were too far from the reality of being homeless to develop adequate policies and suggested that there should be people in politics who have experienced homelessness. This echoes the call of McIntosh and Wright (2019) to let lived experience not merely be a source of information, but guide practice development. Meaningful participation entails more than consulting PEH about predefined programmes. It requires lived experience to inform how problems are understood, which solutions are considered, and how effectiveness or success is measured at the micro-, meso- and macro-levels.

Empowering PEH and ensuring their voices are heard is worthwhile not only in the development of housing initiatives, but for people's personal recovery and to work towards a more understanding and inclusive society in general.

Although we aim to draw attention to the importance of this, no people with lived experience of homelessness were involved in the data analysis or writing of the article. This is an important limitation of our research and illustrates the gap between advocating for participation and executing it in practice.

A modest step in bridging this gap was taken by the dissemination of this study's preliminary findings to members of the recently established Antwerp Street Syndicate[2] — a citizen platform composed of both people who are or have been experiencing homelessness and engaged citizens. Those present were most surprised by the limited interest of study participants in the development of alternative types of housing. During the discussion, we hypothesized that this might have been partially due to the fact that these alternatives were mere abstract ideas and thus hard to imagine or discuss.

Further, the Street Syndicate agrees with participants that there is a fundamental underrepresentation of PEH in policy and research. Addressing this is its main purpose. However, structural collaboration or embedding of their platform within care organisations or even academia is far from what their goal is. They wish to remain a fully independent forum. Partially informed by this research project and our discussion, the Syndicate is currently preparing a co-creation project that aims to further explore alternative types of housing with a focus on visualisation of the possibilities and peer-led interviews.

Strengths and limitations

Although we managed to include a diverse sample of participants in the interview study, we found that participants' views did not appear to differ substantially by demographic characteristics or history of homelessness. One notable exception was that female participants placed greater emphasis on the insecurity that comes with being homeless and, conversely, on feeling safe as an important aspect of housing.

The interviewers put in special effort to include this population often considered to be "hard-to-reach" for research, for example by interviewing in a local park – as this is where the participants felt safest – or by recruiting participants throughout continued presence in the day and night shelters, often returning without new participants. Still, there is at least a partial selection bias, as all recruitment was done through homelessness services. The views of PEH without any link to these services remain unknown. Given the potentially emotional impact of the interview, however, it was deemed appropriate to interview only those who could receive support from their care provider afterwards if needed.

The interviews took place during the winter, at which time none of the participants were sleeping rough, yet most participants did report experiencing this at one point. The views of people who exclusively sleep rough might be different from those of the participants. Similarly, people who were not in a fit state to provide consent to participation were not included in the study. Their ideas might also differ from the results reported.

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2 Dutch: Antwerps Straatsyndicaat

In addition, no PEH without legal residence were included in the study, as this group has little to no access to permanent housing. Nevertheless, they represent nearly half of the PEH population in Antwerp(Hermans, 2024), and their needs remain largely unaddressed. Further research into their needs, alongside the development of humane policies safeguarding their rights, is urgently required.

Both interviewers have prior experience of working with PEH. LVS is a mental health nurse and PhD candidate, working in an outreach team for PEH in Antwerp. KV is a master's student and has previously worked as a social worker in an Antwerp prison, where she also encountered many people who had experienced homelessness. None of the participants, however, had any prior working relationship with any of the interviewers, and all were clearly informed that participation was voluntary. They were also informed that the information shared would not impact their trajectory. Still, the working experiences of both researchers have undoubtedly influenced the course of the interviews and data analysis. To partly counter this, both researchers coded the transcripts independently, and the retained themes were reviewed by the senior researchers involved in the project, namely KVDB (psychologist), MD (psychiatrist) and JM (sociologist).

Finally, data saturation was reached after interviewing 26 participants, yet the study remains relatively small-scale. Further research in diverse contexts would be valuable to assess the consistency and transferability of these findings.

Conclusion

In this study, we discussed housing paradigms, what makes a home, and society and politics with 26 people experiencing homelessness. The stepwise approach seemed instilled in most participants. None of them were familiar with the terms Housing First or Housing Led, yet they largely subscribed to its core principles, with the exception of people in active addiction for whom they found mandatory treatment to be justifiable. Overall, participants saw both paradigms as complementary, but prioritised tailored care and shared decision-making over programme or paradigm fidelity.

Ultimately, the question is not only which housing paradigm should guide practice development, but who gets to define what housing, support and making a home mean. Housing and support programmes should be adapted to individual needs and preferences as assessed in a process of shared decision- making. Policymakers and programme developers should support this by providing a diverse and accessible range of housing and extensive, assertive housing support, developed in structural collaboration with people with lived experience of homelessness.

A couple of participants expressed a desire to be permanently housed in an alternative type of housing, such as a van or campsite, but most preferred a more conventional type of house. Participants' accounts showed that, in the end, a home – whatever form it may take – is *more* than a place 'where you lay your head'. It entails feeling safe and being able to connect with others, which in turn enables recovery and participation in society.

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Between Temporary Protection and Housing Precarity: Ukrainian Refugees' Housing Pathways in Slovakia

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Abstract_ *This article explores housing precarity among Ukrainian refugees in Slovakia within a broader context of limited housing availability and affordability. It argues that refugees' housing insecurity is not solely a consequence of displacement but is deeply embedded in structural conditions, including migration governance and an increasingly inaccessible housing market. Based on ethnographic research with Ukrainian households conducted in Bratislava between February 2024 and February 2025, this paper explores the effects of temporality on Ukrainian refugees' housing pathways. The study shows that intersecting factors, including temporary protection status, gendered care responsibilities, limited social networks, and language barriers, shape housing trajectories. The absence of robust data on the impacts of housing policy changes further obscures the scale of emerging vulnerabilities. Drawing on comparative evidence, the article highlights the critical role of housing support in preventing poverty and homelessness. It concludes that without sustained, structurally grounded interventions, refugees remain at heightened risk of exclusion, even homelessness in extreme situations, underscoring the need for long-term housing policies that extend beyond migration frameworks.*

Keywords_ *Ukrainian refugees, Slovakia, housing, displacement, temporality, housing pathways*

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Introduction

Ideally, home constitutes a shared living space that fosters stability and ontological security. While ontological security is subjectively experienced, it is nonetheless produced through broader structural conditions (Madden and Marcuse, 2016), with housing stability playing a central role. In the context of displacement, home and housing thus take on particular significance, as the possibility of secure housing shapes not only everyday wellbeing but also people's capacity to envision and plan their futures (Power, 2023).

According to Eurostat, by July 2025, the number of non-EU citizens displaced from Ukraine and granted temporary protection within the European Union had reached approximately 4.34 million (Pleace et al., 2025). Closely tied to liminality, insecurity, and the temporality of legal status, refugees must navigate new and unfamiliar environments in receiving countries while constantly negotiating among their actual needs, available resources, and the limits of receiving societies, thereby affecting their housing arrangements and often leading to housing precarity. As the outbreak of the full-scale war in Ukraine in February 2022 has shown, migrant and refugee populations not only face the need to stabilise their lives in receiving countries, but must also navigate the often pre-existing housing structural constraints of those societies. Rather than entering a neutral or accommodating housing environment, refugees have had to navigate housing markets that are already deeply unaffordable, residualised, and insecure, thereby significantly shaping their housing pathways (Clapham, 2005) and everyday experiences of settlement.

This article addresses the housing pathways of Ukrainian refugees in Slovakia after February 2022. Grounded in ethnographic research, the article examines the important transitional period from emergency response to the need for middle- and long-term housing solutions. Particular attention is given to a "tipping point", a moment marked by the introduction of sharp austerity measures in summer 2024 and their consequent impact on gendered forced migration from Ukraine. Using the theoretical frameworks of liminality, temporality and housing precarity as a lens through which we view their situation, the article argues that the housing pathways of Ukrainian refugees in Slovakia are shaped not only by displacement itself, but also by the intersection of the temporary protection scheme, gendered care responsibilities and a housing regime that is both unaffordable and weakly regulated. These factors lead to long-term uncertainty, constrained housing options and limited possibilities for stable settlement.

Theoretical Frameworks: Liminality, Temporality and Housing Precarity

Ukrainian refugees, displaced after February 2022, found themselves in situations and unfamiliar environments marked by insecurity when their old lives, lived realities, and structures sustaining everydayness were disrupted. Such conditions created the very state of liminality, broadly understood as a transitional phase, a threshold within social and cultural processes, where old structures are disintegrating, and new ones are not yet fully established (Turner, 1969; Horvath et al., 2015). The resulting liminal state was mainly a consequence of the fact that the displacement was initially perceived as only short-term, war was expected to end soon, and return home remained an imagined inevitability. These conditions had a vast impact on life strategies and agency. With a displacement lasting longer than expected, the experience of displacement has led to a state of constant uncertainty, temporality, ambivalence, and tension, leaving Ukrainian refugees feeling "stuck" in a limbo between transitional phases (Stenner et al., 2017). Therefore, the liminal situation was very closely related to temporality, where the conditions, decisions, and choices were experienced and perceived as temporary.

Literature on Ukrainian displacement increasingly addresses temporality, in which this state is not only associated with passivity but with a situation in which refugees exercise agency, as, for instance, the concept of agency-in-waiting (Maxwell et al., 2024) proposes. Wehrle et al. (2025) refer in the forced migration context to the concept of under-institutionalised liminality, which is applicable in the context of Ukrainian refugees. Unlike institutionalised forms of liminality (understood as a liminality more broadly in everyday life, which typically follow established predictable patterns, rituals, and clear milestones, such as completing university education, marriage, etc.), the liminal phase offers refugees predictability, planning, or clear imaginaries of the future. The under-institutionalised nature of liminality reflects why displacement with temporary protection status is not only prolonged, but also profoundly uncertain in terms of its duration and resolution. Importantly, the temporality in the context of Ukrainian refugees was strongly influenced also by the legal status granted – temporary protection. Temporary protection, by definition, creates an uncertain liminal status, a legal "limbo" (Hartonen et al., 2022; Goldring, 2014), where protection enables relatively easy access to destination countries, but at the same time introduces uncertainty regarding changing conditions and associated rights (such as the permitted length of stay, but, importantly, also access to supportive measures, including housing subsidies). Consequently, holders of temporary protection are vulnerable to legal changes and developments. In this article, we understand liminality as a transitional phase between the disruption of life before flight and the (re)building, reshaping, and reconstruction of a new order of life in displacement, a process that, as outlined below, remains profoundly

uncertain in its duration and resolution. Relatedly, we understand temporality as a subjective and psychological resource that people draw on to connect their past, present, and future, and to make sense of and act within uncertain circumstances (Flaherty & Fine, 2001; Wehrle, Kira and Klehe, 2025). As time progresses, Ukrainian refugees adapt and integrate, and their perception of temporality evolves accordingly. Temporariness is thus best understood as a continuum where different forms of temporariness influence the adaptation patterns of short- and long-term stayers differently (Chiu and Ho, 2023).

The temporality that defines the liminal experience of Ukrainian refugees finds its most immediate material expression in housing. In our research, we consider housing to be a human right. From this point of view, housing is not only a physical space or commodity but is an essential component of human dignity, security, and social stability. By framing housing as a human right, this perspective sheds light on the structural inequalities inherent to refugee housing (Brown et al., 2024). A growing body of literature on precarious housing conditions reveals how structural deficiencies and the chronic failure of institutional frameworks perpetuate and entrench residential inequalities (Nikolić et al., 2025). Precarious housing constitutes a form of spatial and material vulnerability, encompassing dwellings that are unaffordable or unsuitable (overcrowded, spatially marginalized, unsafe, etc.) (Bold and Darling, 2022). The housing precarity may be understood as a structurally embedded social position that amplifies individuals' exposure to vulnerability, exclusion, and neglect, with cascading effects across domains of health, social reproduction, and economic participation (Listerborn, 2023*).*

From Reception to Housing Precarity: the Slovak Context

According to official statistics, 141 616 Ukrainians were granted temporary protection status in Slovakia as of March 16, 2026. Within the adult population, 67.1% were women (67 291 individuals), and people aged 60 or older accounted for 7.7% (10 932 individuals). Children under 18 held 29.2% (41 311 individuals) of the total number of Ukrainian temporary protection holders (Ministry of Interior SR, 2026). According to the regions where the claims were registered, the highest concentrations are in larger cities and near the Ukrainian border. The majority of refugees in Slovakia are women who fled with children or older adults, while their husbands and partners remained in Ukraine (Bahna et al., 2025). This gendered forced migration pattern, combined with the demographic structure of the refugee population, directly shaped their specific housing needs and housing pathways. However, Slovakia lacks accurate data, as re-registration of temporary protection holders has not

been carried out. Accurate and reliable data are essential to develop targeted policies, and these gaps are further compounded by the absence of a comprehensive national integration policy (Najvyšší kontrolný úrad SR, 2025).

Although Slovakia was not prepared to receive such a large number of refugees, the involvement of the people and the non-governmental sector, in cooperation with international organisations, was a remarkable response and demonstrated considerable effort to provide Ukrainian refugees with the emergency support they needed. Similar welcoming responses were observed in other European countries also (Carlsen et al., 2024; Schrooten, 2025). During this period, the availability and affordability of stable housing have become a central need for Ukrainians and an essential pillar of their stability. However, access to and availability of mid- and long-term housing solutions have remained a persistent challenge for migration and integration governance in Slovakia since the pre-war period (Hlinčíková and Sekulová, 2015).

After February 2022, emergency housing was provided to people fleeing Ukraine, and a new housing subsidy scheme for Ukrainian refugees was established (by the Ministry of the Interior of the SR and the Ministry of Transport of the SR), involving private property owners and also business entities (Wilsch and Hlinčíková, 2024). In finding and securing housing, non-governmental and international organisations played an important role. Also, local authorities have become important supporters and intermediaries in providing support and integration services, leading to the establishment of support and integration centres, "points of safety", to support refugees and migrants (UNHCR, 2025). However, these approaches were more crisis-driven and short-term than a systematic, stable housing system should be. Diverse actors, including non-governmental international organisations and experts, have argued that the key obstacles to effective housing support for Ukrainian refugees are rooted in the lack of reliable data on the actual needs of displaced persons and consequent ineffective monitoring of housing quality and conditions, and the lack of affordable mid-and long-term housing options (Mittelmannová, 2023; Drozd et al., 2024).

According to a recent large-scale empirical study of Ukrainian refugees in Slovakia (Bahna et al., 2025), at the end of 2024 was the most common form of housing among refugees from Ukraine rented apartment or house (56.9%), apartment provided by a local authority (12.1%), living with host families from Slovakia (9.2%), collective housing, such as dormitories or gyms (8.8%), host families from Ukraine (4.6%), own apartment or house (4.0%) or in other forms (4.6%). At the same time, more than half of Ukrainian households covered their housing costs in full (52.3%), while another 35.6% of households covered them partially. 12.1% of Ukrainian refugees lived in housing provided free of charge (Bahna et al., 2025). A large

proportion of Ukrainian households moved from initial emergency housing into the commercial rental sector, and most households gradually covered a significant share of the financial responsibility for housing. At the same time, housing allowance for Ukrainian refugees continued to play a very important role. This gradual shift towards greater financial responsibility also imposed a significant economic burden on Ukrainian households. Rather than emerging only in response to displacement from Ukraine, housing precarity has been embedded within the longer-term structural constraints of migration and integration governance in Slovakia.

Housing in Slovakia

Housing, in general, is a basic need and a prerequisite for a stable and secure life, as well as a place of social reproduction. For those living in it, housing embodies various social, cultural, and political values (Madden and Marcuse, 2016). When housing stability is lacking, it impacts a wide range of life domains, including perceptions of personal identity continuity and lived experience. Thus, it represents an essential part of human dignity, security, and social stability. For Ukrainian refugees, access to affordable housing is imperative for ensuring stability and enabling meaningful inclusion in the social and economic spheres of receiving societies (Habitat for Humanity, 2023). Today, Europe faces a housing crisis, manifested in high housing costs and an increasing number of individuals and families living in housing precarity. The situation in Slovakia is primarily the result of post-1989 developments in housing policy, when housing became a commodity (G. Lutherová, 2014; Pelikánová, 2009; Florea et al., 2022). This shift strengthened a meritocratic discourse in which individuals are seen as solely responsible for their living conditions, even though structural inequalities remain evident (Kusá, 2018; Katz, 2013). These phenomena are reflected in the housing stock composition, where owner-occupied housing dominates (93%); only about 7% of the total housing stock is rental housing (Eurostat, 2025), and social rental housing accounts for roughly 2.5% (Kulesa et al., 2024). Apartments in Slovakia's largest cities are among the least affordable in Europe. For example, in Bratislava, it takes more than 12 years' worth of wages to buy an apartment (Gromóczki, 2025). Rising housing costs have rendered homeownership inaccessible, especially for younger and lower-income populations, with Slovakia experiencing a 95% increase in housing prices from 2015 to 2025 (Council of the EU, 2025a). We can assume that this is one of the reasons why 82% of young people aged 20–29 in Slovakia lived with their parents in 2024 (Eurostat, 2026).

Financial unaffordability of housing leads to additional issues: overcrowded and multigenerational households (Eurostat, 2025), long-term residence in substandard accommodation (such as hostels, shelters and social services) (Hlinčíková, 2024;

Wilsch and Hlinčíková 2024), households spending an increasing share of their income on housing, relocation from urban centres to smaller municipalities or suburban areas (Šveda, Šuška, 2019), and general housing insecurity and instability. Among the most vulnerable are, for example, single-parent households, which spend a large portion of their income on housing, and this group also includes Ukrainian displaced families.[1] Therefore, homelessness disproportionately affects single mothers with children, who often face socio-economic exclusion even before losing their housing (Quilgars and Pleace, 2023).

If we look at policies aimed at ending homelessness, Slovakia adopted the first National Concept for Preventing and Ending Homelessness 2023–2030 in April 2023. The National Concept is grounded in the European Typology of Homelessness and Housing Exclusion (ETHOS) of homelessness and in a human-rights-based approach to housing, and it commits Slovakia to ending homelessness by 2030 (Unattainable right to housing, 2024; Hlinčíková, 2024). There is no legal obligation to collect data on homelessness in the Slovak Republic[2] (Data on homelessness 2024), and no annual survey on the issue exists. The first nationwide snapshot of homelessness was provided by the 2021 Population and Housing Census. The Census captured so-called secondary homelessness, a category that includes people in precarious, shifting accommodation, from shelters and halfway houses to emergency facilities, as well as those living in recreational buildings, emergency structures, or mobile homes not designed for long-term residence (Sčítanie obyvateľov domov a bytov, 2021). According to it, there are 71 076 people who are homeless. We can assume that the actual number of people experiencing homelessness is much higher (Unattainable right to housing, 2024), as this data does not include people living on the streets, in public spaces or living temporarily with others in conventional housing (Data on homelessness 2024). According to the Census, up to 15.5% of homeless individuals are children and adolescents (Sčítanie obyvateľov domov a bytov, 2021).

Looking at the housing shortage in Slovakia, the housing trajectories of displaced Ukrainian families in Slovakia cannot be understood as an exceptional, crisis-specific phenomenon. Rather, they are the result of a pre-existing housing regime characterised by financialization of housing, scarcity, commodification, weak rental and social housing sectors, and broader patterns of housing insecurity in Slovakia.

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1 According to data from the 2021 Census, there are more than 156 000 single-parent households with children under the age of 18 living in Slovakia. According to the latest research, housing is a major problem for single-parent households, as nearly a quarter of them spend more than 40% of their income on housing (*Na Slovensku žije…* , 2026).

2 Given that there is no national census of homeless people, some cities conduct their own censuses at the municipal level, such as Bratislava, Košice, and Prešov.

Research Methods

This chapter draws on ethnographic research conducted with 24 Ukrainian refugees (19 women and 5 men, aged 31–72) and 2 municipal social workers in the field of supporting Ukrainian refugees in Bratislava, Slovakia, between February 2024 and February 2025. The sample was designed to capture diversity across regions of origin in Ukraine, stages of integration in Slovakia, positions within the life-course, and housing arrangements (including housing in collective institutional housing facilities), while also reflecting diverse dimensions of vulnerability, including trauma, healthcare needs, and varying levels of social capital. Particular attention was paid to the household composition of interview partners, encompassing mothers arriving with children without partners, older adults acting as legal guardians for grandchildren, lone individuals of diverse ages, and complete family units.

Research methods involved semi-structured interviews, informal and repeated interviews, and participant observation. Thematically, the interviews explored care and social support, housing, and housing needs within the broader contexts of welfare and refugee support infrastructures. Interviews were conducted in Slovak, English, or Ukrainian, with an interpreter facilitating Ukrainian interviews. At the same time, the research adhered to the highest ethical standards in research involving vulnerable groups (American Anthropological Association, 2012; Düvell et al., 2010). All individuals received comprehensive information in their native language before participation, outlining the purpose and procedures of the study and their rights as participants, including the right to withdraw at any time or to decline any question. Participation proceeded only after written informed consent was signed. Interview partners received a symbolic shopping voucher as compensation for their contribution. The researchers did not initiate questions about traumatic experiences; they were raised only if participants themselves did. At the same time, we were reflexive about the asymmetrical positioning of research participants and our own positionality, as well as the interpreter´s potential influence on the dynamics of the interview and meaning mediation. To protect the privacy of research participants, all names used in this article are pseudonyms.

Temporality and Housing Decisions in Everydayness

The nature of the temporary protection scheme has contributed to refugees' experiences of insecurity, liminality, and the experienced temporality of displacement. Recent scholarship has addressed the situation of Ukrainian refugees through the lens of temporality, conceptualising asylum as a liminal condition marked by prolonged uncertainty and temporality, shaping everyday life and its governance (Cacciotti, 2024; Maxwell et al., 2024). For many Ukrainian refugees, daily life in

Slovakia unfolds in an "in-between" state: they are no longer fully part of their previous social worlds, but not yet fully integrated into new ones (O'Reilly, 2018). This in-between condition unsettles the familiar ground of home and belonging. Recent evidence also shows that liminality does not mean passivity, lack of agency, or dependence. Even in situations of insecurity and displacement, refugees remain agentive, make decisions, and seek ways to create stability amid uncertainty (Maxwell et al., 2024).

Applied to Ukrainian refugees in Slovakia, temporality is shaped both by legal uncertainty and by the subjective expectation of return once the war ends. Initially, Ukrainians, after the outbreak of war, were widely perceived as the "deserving" (Mokrá and Rapoš Božič, 2025), given the perceived cultural and religious proximity, as well as common historical experience with Russian oppression. Slovak residents expressed a strong willingness to open their homes to those who had fled the war, to contribute to fundraisers, and to assist them otherwise, and this was also reflected in a supportive political discourse. In accordance with European legislation, Slovakia adopted a series of measures under the Lex Ukraine framework (2022-2025) that enabled refugees to have immediate access to the labour market, free education, and other areas of society (Mittelmannová and Novák, 2025). In the area of housing, the most significant measure was the introduction of a housing allowance in April 2022 for Ukrainians with temporary protection status, a new benefit exclusively targeting Ukrainian refugees, discussed in detail later in this article, which facilitated their access to rental housing in the private sector.

The indeterminacy surrounding the war's temporal horizon profoundly influences how refugees conceptualise and prioritise their needs. At the same time, it often leads individuals to question the relevance of investing in long-term housing while sustaining ambivalence about settlement versus return (Haase et al., 2024). Many interview partners, after arrival, believed the conflict would be short-term, lasting only a few weeks or months, and consequently regarded temporary arrangements, such as private homes, dormitories, or shared apartments, as sufficient. As the war became longer than anticipated, lived experiences, needs, strategies, and housing pathways evolved as well, significantly affecting the refugees' social situation and life circumstances. Research partners frequently narrated leaving their homes with only minimal luggage, expecting to return within "two or three weeks". Irina perceived her stay in Slovakia as being only short-term:

> *"We all came from Ukraine, thinking we would be away for at most three weeks. Everyone I asked had only gone for a short time. And so had I. I went with a tiny backpack, thinking I'd be back home in three weeks."* (Irina, 42 years old, lone individual, living in a shared apartment)

Ukrainian refugees were forced to navigate life in Slovakia while keeping the possibility of return open, continually reconsidering their future strategies, including settlement and return. The temporary protection status was an important source of insecurity for many of our research partners. Several of them described constantly waiting for decisions regarding the extension or termination of this status. They feared losing their legal residence and lacked information about alternative residence permits. For some, this uncertainty was deeply distressing because returning to Ukraine remained impossible due to ongoing war conditions. The temporary nature of the legal status, therefore, reinforced the broader sense of liminality and postponed life trajectories.

Yet, displacement is not a uniform experience. Its impact on housing and the sense of home varies according to imaginaries of the future, socio-economic background and social and cultural capital, position within the life-course, length of displacement, and the (un)availability of social ties and intergenerational support, among other factors. This was particularly evident among older adults in our sample, who struggled with both the practical and psychological dimensions of displacement when supportive networks were absent. Yulia, a 72-year-old lone adult, despite having stable collective institutional housing for free, including meals, the psychological strain remained significant, and her main wish was to return to Ukraine:

> *"I do not know what to do. I prefer to go home… It doesn't have to be in* [home city under occupation in Eastern Ukraine]… *But I want to go home, home to Ukraine* [*crying*]. *I want to go home; I don't want to stay here…. I can't breathe here, I can't live here."* (Yulia, 72 years old, lone individual, collective institutional housing)

Within the framework of temporary protection, uncertainty over the temporal horizon of displacement, insecurity about the future, unstable legal standing, and only partial knowledge of the conditions of life in the host country together produce a prolonged experience of liminality (Schrooten, 2025). It places refugees in an ambiguous and precarious position, where they are often integrated into certain aspects of life in the country (the labour market, education, cultural life), yet remain in a state of long-term uncertainty in others (housing, healthcare, social assistance). At the same time, a low level of housing security leads to a reduced ability to imagine or plan the future (Power, 2023). As the initial emergency phase of displacement gradually shifted into a more prolonged situation, needs for support moved toward longer-term assistance, mainly in the areas of housing, employment, education, and integration. Although Slovakia continues to provide temporary protection until March 4, 2027 (Ministry of the Interior of the SR, 2026), which includes eligibility for a housing allowance, the housing support program for

Ukrainian refugees has undergone several changes, including a new definition of eligibility, amounts and eligibility period of provision, involving the rationale of austerity, exposing many to exclusion.

A Tipping Point: from Support to Exclusion

The government housing allowance, introduced in March 2022, was an important component of ensuring access to safe housing for Ukrainian refugees in Slovakia. Paid directly to housing facility owners, initially both private individuals and business entities, it enabled them to provide free-of-charge accommodation to temporary protection holders from Ukraine. Several participants referred to the housing allowance simply as "the programme" and described it as a crucial safety net that helped them stabilise their lives after arrival. The housing allowance played a fundamental role in access to accommodation during the period when it was provided universally. As many as 84% of Ukrainian refugees lived in subsidised housing in 2023 (UNHCR, 2024). Yet despite this widespread coverage, such arrangements were frequently characterised by overcrowding, limited privacy, and inadequate living conditions (UNHCR, 2024).

The need for supported housing was in sharp contrast to the unavailability of other options in Slovakia. Despite the Housing Policy of the Slovak Republic until 2030 (2021) identifying foreigners and migrants as disadvantaged groups on the housing market, they are often excluded from publicly regulated rental housing in Slovakia. Although Ukrainian refugees could in principle apply for municipal (social) housing, in practice their access was largely foreclosed by long waiting lists and restrictive eligibility criteria. In many municipalities, these rules required several years of permanent residence, thereby excluding refugees and other foreign nationals with only temporary legal status in Slovakia (Wilsch and Hlinčíková, 2024). Given the very limited opportunities to find affordable housing, for many refugees, the housing program, which they referred to as the subsidized housing scheme for Ukrainian refugees themselves, represented the main safety net, preventing housing loss. Consequently, the unpredictability of government housing allowances influenced their housing decisions and, in some cases, contributed to housing precarity.

The changes to the housing allowance in Slovakia included gradual changes to the amount of the benefit, eligible recipients (exclusion of legal entities), the duration of eligibility to be a beneficiary (Wilsch and Hlinčíková, 2024), as well as the definition of those eligible on long-term as a very target group of "vulnerable" individuals (defined as those in material need, single parents with a child under five years old, persons granted custody of a child, severely disabled persons, and persons over

65 years old) with the changes after July 2024 being most restrictive.[3] However, these changes were introduced without broader expert consultation and with limited time for implementation. Relevant stakeholders, experts, and non-governmental organisations critically reflected on changes to the housing allowance due to an untransparent administrative and legislative process, leading to increased uncertainty and vulnerability among Ukrainian refugees (Mittelmannová, 2024).

Restrictive measures targeting refugees from Ukraine with temporary protection, as well as cuts to aid, can be observed in many European countries. In this context, FEANTSA raised awareness about the need to ensure access to suitable and affordable accommodation and housing for people fleeing Ukraine (Barbu, 2025). In Slovakia, we lack data on homelessness among Ukrainian refugees, but as the FEANTSA report suggests (Barbu, 2025), in some countries, they have already faced homelessness or the threat of it. The research revealed that some Ukrainians with temporary protection sought out homeless shelters as a form of temporary housing. This was also confirmed by a local government representative, who stated:

> *"There are many of them there, because we regularly direct them there. These are people of working age who, for one reason or another, have been unable to secure an income, and we have no other means of housing or placing them."* (municipal representative)

Single-parent households with young children, relying on a single income, are likely to be among the most at risk. This risk is particularly pronounced in Slovakia, where the mainstream welfare system, designed to support all residents experiencing financial hardship irrespective of origin or status, provides only a very limited housing benefit, reserved for recipients of material need assistance only (Ministry of Labour, Social Affairs and Family of SR, 2021).

Refugees repeatedly expressed concerns that if the government withdrew financial support unexpectedly, they might lose their ability to pay rent, keep their housing, and stay in Slovakia. As a result, some respondents preferred smaller or cheaper housing options that would remain affordable even without state support. While the housing "program" initially provided crucial support, research partners described it as temporary, unstable, and governed by rigid eligibility criteria, creating ongoing uncertainty about their future housing situation. Andrij, an older adult with severe health issues who arrived in Bratislava with his wife, expressed a high sense of fear since he did not meet the criteria for subsidized housing, whereas his wife did, and

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3 Act No. 144/2024 Coll. amending and supplementing Act No. 480/2002 Coll. on asylum and on amendments and supplements to certain acts as amended, and amending and supplementing other acts (2024), adopted on June 13, 2024.

it was unclear whether their household would be eligible after the change. With their meagre pension, they could not afford to pay rent on the private housing market and were therefore entirely dependent on assistance under the housing program:

> *"Right now, we don't know whether we'll have to leave because we don't know yet what the new law entails. We're not sure. Maybe we'll need to leave starting on the first."* (Andrij, 63 years old, with wife, collective institutional housing)

Consequently, given the legislative framework, unpredictable development without a long-term strategy, a recurring theme across the interviews was the lack of predictability in housing policies and the legal status of temporary protection. Although eligibility for subsidised housing for Ukrainian refugees was initially defined very broadly, after March 2025[4], entitlement to subsidised housing for a period longer than 60 days has only narrowly defined a group of vulnerable Ukrainian refugees. However, this definition of vulnerability was determined very rigidly, without broader discussion with stakeholders or refugee representatives. This illustrates how administrative definitions of vulnerability may fail to capture the complex realities of refugee households. In one of the interviews, Danylo expressed sadness and concerns about how eligibility for support programs for Ukrainians is designed in Slovakia, where meaningful support should also take into consideration the permanency of loss, such as home, community, or the very possibility of return, apart from demographic characteristics and material needs.

> *"Within the community of refugees from Ukraine, I see a huge difference between those who survived the war and lost their loved ones, their property, and everything they had. For them, regardless of their age or whether they have young children, they need much greater and longer-term support. We need Slovakia to come up with a way to create 'categories' of people based on characteristics other than age, whether they have a child under 5, or material need."* (Danylo, 71 years old, living with wife, collective institutional housing)

The sudden and rapid change in eligibility criteria for housing allowance after July 2024 caused significant problems for many. After losing their eligibility, some of the research partners had to quickly join forces with others and live together in overcrowded shared apartments, often with strangers or acquaintances. Others described living in a state of worry about whether they would even be able to remain in their current housing, whether housing support would continue, or whether the government would extend their legal status. Lesja, mother of a child with health

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4 Resolution of the Government of the Slovak Republic No. 76/2025 on the draft Government Regulation of the Slovak Republic amending Government Regulation of the Slovak Republic No. 151/2024 Coll. on the provision of a housing allowance for persons granted temporary protection.

disabilities, was very afraid of losing the support. She was unable to work as her child with severe psychiatric (undiagnosed) issues and consequent behavioural problems could not be placed in kindergarten, and she took care of him:

> *"I'm terribly afraid of what will happen if they cancel the housing program. Because then we really won't be able to survive in Slovakia. Those with sick children suffer the most. No one will hire us, and I can't work either. My husband, grandmother, and grandfather are far away; they can't look after the child while I'm at work. And without a job, I won't survive."* (Lesja, 40 years old, lone parent with child with disabilities, firstly apartment, later hotel)

These stories illustrate the highly complex and diverse situations in which refugees from Ukraine find themselves, given the unpredictability of existing solutions and their missing long-term vision, along with systemic housing market issues in Slovakia. Several families experienced changes to the housing program following the sudden termination of their leases in the supported hostels. In some cases, they had only a few days to find new housing. It was the case of Tetjana's family, who were staying at the hostel:

> *"We were not notified of the need to move out of the dormitory until June 21, 2024, and were told we had to leave by the end of June. It was a huge problem."* (Tetjana, 40 years old, complete family unit, rented apartment)

Unclear conditions, rapid changes and missing information or awareness campaign contributed to a sense of uncertainty, stress, and fear. For many, the loss of eligibility for housing support created significant financial pressure. Some Ukrainian families found housing on the private rental market through their social networks (religious groups, acquaintances). However, our research also identified cases in which families were forced to return to Ukraine (such as Tetjana with a son with disabilities) due to a lack of resources to secure housing. The institutional representatives described how many Ukrainians had to reassess their economic situation and housing strategies, while some left Slovakia after the government reduced the housing allowance. As they noted, uncertainty remains widespread within the Ukrainian community, particularly about the future and what comes next. Slovakia still lacks a long-term strategy for securing affordable housing for refugees from Ukraine, partly due to the uncertain course of the war (Hegedüs et al., 2023). At the same time, no coherent system is in place to prevent housing loss or provide social services, even though refugees remain at considerable risk of homelessness.

Private Rental Market: Discrimination and Unaffordability

In the first months of the war, Slovak residents commonly expressed exceptional solidarity, including offering accommodation voluntarily and, in some cases, providing apartments even free of charge, motivated by a desire to help rather than by financial incentives. Participants described these as acts of personal generosity. However, these housing arrangements were typically short-term, lasting only a few months. That was also Irina's experience. She first lived with the owners of an apartment together with their children, before she moved out independently:

> *"I found my first apartment through a Ukrainian Facebook group. People were very compassionate, especially in the first months of the war. And Ukrainians who had lived here before the war helped with questions about finding housing… I lived in that apartment for three months. Then I started receiving a steady salary and could afford to rent an apartment."* (Irina, 42 years old, lone individual, living in a shared apartment)

Most of the research partners reported finding housing through informal channels, such as social media groups and friends or acquaintances from work, school, or language courses. Facebook groups, particularly those for the Ukrainian community and housing in Bratislava, played an important role in connecting refugees with potential accommodation. Thus, they served as informal networks for sharing contacts and opportunities. Listings published on nationwide websites by nonprofits and local authorities were also available, but informal networks played a more important role in practice. Some refugees also found temporary accommodation in hotels, hostels, dormitories, or shelters operated by municipalities and charities. As living situations stabilised and incomes became more secure, many transitioned to private rental housing, motivated by a desire for greater independence and privacy. However, this proved difficult due to high rents and limited availability, particularly in Bratislava.

Participants described diverse obstacles in securing housing in private rental housing, including repeated refusals from landlords, sometimes explicitly linked to their identity as Ukrainian refugees. Several interview partners reflected that landlords refused to rent apartments to Ukrainians, even when they proved they could pay. Families with children faced particularly strong barriers. Landlords and property owners often rejected potential tenants with children, due to concerns about overcrowding or unsuitable living conditions. This pattern suggests that refugee households, especially single mothers with children, may face systemic exclusion within the rental market. Ukrainians are in even more vulnerable positions than other Slovak citizens regarding affordable housing, due to their temporary residence status, language barriers, and discrimination (Wilsch and Hlinčíková, 2024).

The majority of research partners had only one-year rental contracts and were unsure whether these would be extended once the contract ended. Even though they were satisfied with their current housing, it was rarely described as fully secure. Housing was therefore experienced as structurally temporary, even as people began to imagine long-term settlement in Slovakia. At the same time, most of our research partners experienced multiple housing moves. Housing security often depended not on rights or formal protections but, as some research participants described, on the personal goodwill of the landlords. This can provide relative stability, but it also makes access to decent housing highly contingent and uneven. In this sense, even seemingly stable housing remained fragile and conditional rather than fully secure.

Because of the instability of housing support programs and the high cost of the private market, some refugees adopted cautious strategies when searching for housing. For example, participants described reluctance to leave institutional or subsidised accommodation if they were unsure whether they could maintain private housing independently. Such a situation creates housing insecurity for many who continue to live in precarious conditions, such as overcrowded housing or housing that lacks sufficient privacy.

Collective Housing: Spaces of Support and Ambivalence

Collective institutional housing, which was at the time one of the potential options for Ukrainian refugees in Slovakia, provided by public and business entities, functioned as a form of conditional stability for Ukrainian refugees. What had initially been perceived by Ukrainian refugees as a short-term emergency solution gradually became a longer-term housing arrangement, as affordable alternatives on the private market remained out of reach for many. For low-income Ukrainian refugees, especially older adults, women with younger children, and persons with disabilities, the collective housing, which also included daily meals, reduced the immediate risk of homelessness while also reinforcing dependence on institutional forms of support.

The collective institutional housing represented a spatially confined, institutionalised living arrangement influenced by rules, shared infrastructure, and particular eligibility criteria. The interviews reflected that collective housing was simultaneously a space of support, adaptation, and community. Yet such housing also involved overcrowding, limited privacy, and institutional precarity, as collective living arrangements typically offered little private space, as in hostels. A family comprising several members shared one small room with just beds, a tiny wardrobe,

and a bathroom. Other necessary facilities, such as kitchens, laundry rooms, refrigerators, and communal areas were also extremely limited and shared by all residents. As Oksana described:

> *"The kitchen is the only shared one for both floors. And it's so tiny. Just one stove for everyone… And it's so tiny, maybe just for coffee or tea. There are microwaves on the floors. But that kitchen is the only one for both floors."* (Oksana, 65 years old, with a grandson, collective institutional housing)

Access to this form of housing was highly conditional. Entry was frequently mediated through informal networks and word of mouth within the Ukrainian community and depended on the director's decision, while continued residence also depended on eligibility for the housing support scheme. Residents could, at the same time, lose access once household income exceeded the programme threshold. In practice, employment of one family member could render the entire household ineligible, as Oksana describes the application of these rules:

> *"After the rules changed… the only ones left are those who are sixty-five, people with disabilities, and children. Mothers with children. Everyone who used to work has left. Not a single person is working. Everyone lives here for free and gets food, too."* (Oksana, 65 years old, with a grandson, collective institutional housing)

As a result, some families were required to leave the hostel after their economic situation improved, even if their income remained insufficient to secure affordable housing on the private market. This situation shows a broader structural tension between integration policies intended to promote employment and housing policies targeting low-income groups. However, collective housing was also a space of mutual support and collective care. Several research partners reflect the emergence of social bonds and support among residents, who often experienced collective housing as a community, as "a large family". Thus, shared experiences of displacement contributed to solidarity and mutual support, particularly among families with children. Despite the institutional environment, residents played an active role in organising the space as they were responsible for cleaning the shared spaces, maintaining order, caring for the surrounding environment, including planting flowers, maintaining small gardens, organising community events, and volunteering. They also organised concerts, workshops, and celebrations for major holidays. The hostel also became a node of relationality, help and support: Ukrainian refugees distributed food and material aid, collected clothes and food for soldiers and people in Ukraine, or organised public fundraising events. Collective institutional housing has thus become not only a site of institutional dependency, but also a socially constructed structure of daily support among displaced Ukrainians, which has in many respects compensated for gaps in institutional support.

Gendered Care and Unequal Pathways to (Housing) Stability

Stable housing remained difficult to secure, not only because of high housing costs, but because access to it was structured by intersecting constraints, such as unaffordability, gendered care responsibilities, insecure tenancy, and discriminatory practices. Across the interviews, housing appeared not only as shelter but as something closely tied to economic survival, family life, privacy, dignity, and imaginaries of home and belonging. Housing constituted a site of continuous negotiation between what is available and what is desired. Research partners articulated a clear vision of "good housing" understood as family togetherness, privacy, stability, and, often, a house with a garden. Participants also frequently reflected on their lives in Ukraine, and the contrast with their current situation was often striking. Some had owned houses with gardens or spacious apartments in Ukraine; others had weekend cottages and animals. Many described it as painful to think about housing in Ukraine, expressing an intense sense of loss of home and also of housing standards, privacy, and everyday autonomy. In Slovakia, by contrast, many lived in smaller, unrenovated, shared apartments or in hostel rooms. Shared housing was often economically necessary. Natalia, living with her daughter, sister, and nephew, illustrates this clearly:

> *"I live with my daughter, my sister, and her son in a three-bedroom apartment. From the start, we've been paying for everything ourselves; we don't receive housing assistance. I work, but my sister isn't working yet. My sister's husband helps us financially. I earn around 1 200–1 300 euros and pay about 700 euros in rent."* (Natalia, 45 years old, lone parent with child, living in shared apartment)

Empirical research was conducted in Bratislava, the capital city, which ranks among the most expensive European cities for housing. Many of our participants living in private rental flats often paid more than half of their income for housing. In the interviews, housing costs were described as disproportionately high compared to wages, particularly for people working in low-paid sectors such as cleaning, care, or service work, where lone parent households with children very often find employment, as Irina explains:

> *"I've already realised that housing here in Bratislava is incredibly expensive. For example, the average salary in Slovakia is around 1 000 euros, but a studio apartment starts at 600 euros. And that's an awful lot."* (Irina, 42 years old, lone individual, living in a shared apartment)

Maintaining private housing often requires an intensive combination of paid work, careful budgeting, and everyday care, making housing stability closely dependent on the organisation of daily life. Several participants held multiple jobs to maintain

and pay for their housing, and they had to plan their budgets carefully to cover rent, food, transportation, school costs, and extracurricular activities for children, as Valentina describes:

> *"Even the women who do cleaning: they go to work during the day, and then they go to clean. And they come home at nine o'clock at night… But there's no other way."* (Valentina, 51 years old, lone adult, rented apartment)

As the majority of refugees from Ukraine are women, the housing precarity they face is influenced by intersectional risks, such as overconcentration in insecure, low-paid employment, exposure to labour exploitation and the burden of reproductive labour and care for children and older relatives. Mothers face additional barriers to employment due to the shortage or unaffordability of childcare and educational provision. Therefore, housing insecurity of Ukrainian refugees cannot be isolated from gendered care responsibilities and unequal access to paid work. Research participants narrated that they could not freely choose among available apartments but were compelled to accept whatever was on offer, as landlords frequently refused to rent to Ukrainians with children. Jevgenija noted that while she could imagine living elsewhere, fear of losing her housing stability led her to remain where she was:

> *"In Slovakia, landlords don't want to rent apartments to Ukrainian women with children, so we took what was available. It's impossible to find the kind of apartment you want here. If we could live in a smaller, cheaper place, we would, but we're glad to have this one."* (Jevgenija, 31 years old, lone adult with daughter and mother, rented apartment)

Although many research partners regarded their stay as temporary and expressed modest expectations, those with older children or teenagers articulated a clear need for space and privacy that remained largely unmet. Across narratives about housing, participants frequently expressed satisfaction and gratitude for what they had, despite not considering their living situation ideal, as also reflected by Liliya:

> *"Well, of course, now that we live there, we don't want to live anywhere else. Finding a place to stay is always a problem. If I were on my own, it would be one thing, but with the kids, it's always a problem. We have what we have; I don't need anything else. If something changes, like if they cancel our housing, then I'll think about what to do next."*(Liliya, 61 years old, living with daughter and grandson, rented apartment)

Expressions of gratitude did not mean that people were satisfied with the conditions they had; rather, they reflected the lowered expectations caused by forced displacement, instability, and war, and under such conditions, even unstable housing had value for them.

Conclusions

The housing landscape in Slovakia is characterised by significant constraints in both availability and affordability. Low-income and socially vulnerable populations face substantial barriers to securing stable, adequate, and secure housing. Ukrainian refugees constitute a particularly marginalised subset within this context. Housing precarity among them is not solely a product of displacement but reflects deeper structural conditions shaped by the longer-term governance of migration and integration. Their precarity is compounded by the absence of property ownership, limited social capital, including weakened or fragmented informal or kinship networks, and insufficient proficiency in Slovak. Our findings show that housing trajectories among Ukrainian refugees in Slovakia are determined by multiple intersecting forces — the temporary protection framework, gendered care burdens, and a housing market characterised by high costs and limited regulation, which together sustain prolonged insecurity and restrict pathways toward stable settlement. Housing precarity, therefore, stems not only from displacement itself but also from refugees' incorporation into an already unaffordable and weakly accessible urban housing market.

While detailed monitoring of homelessness was lacking in most EU countries, available evidence suggested that Ukrainian refugees were not experiencing homelessness at rates comparable to other non-EU migrant populations in 2025 (Pleace et al., 2025). Also, in Slovakia, no data or estimates are available on the impact of the housing allowance restrictions on the lives of refugees from Ukraine in Slovakia, including how many were forced to leave or make significant changes to their living arrangements, moving into precarious or overcrowded housing. At the same time, there are no data on the extent to which the termination of housing support would increase the risk of poverty. Research from the Czech Republic (Prokop et al., 2023) indicates that housing costs are a major driver of refugee poverty. Even with free housing included in income calculations, a large share of refugees live in poverty, and without housing allowance and humanitarian assistance, most would fall below the poverty line (Prokop et al., 2023). This shows how crucial housing support is for preventing deep economic deprivation and the potential loss of housing and consequent exposure to homelessness. This concern is also confirmed by FEANTSA's conclusions that "the situation of people fleeing Ukraine in various European countries is marked by uncertainty as well as high poverty rates, precarious employment, and systemic policy challenges that collectively elevate the risk of homelessness" (Barbu, 2025: 20).

While there are signals that the temporary protection scheme will not be prolonged beyond March 2027 (Council of the European Union, 2025b), housing precarity remains a pressing concern for Ukrainian refugees in Slovakia. It is unclear whether social benefits tied to this status will be adjusted accordingly once it expires, and

what consequences this may have for those already living in precarious housing conditions. At the same time, persistent economic difficulties of many lone parent families, as well as the continuation of the new arrivals, including vulnerable groups such as older adults and lone parents, who continue to settle in Slovakia, compound existing pressures on the housing system. In the absence of sustained public and policy debate on housing precarity, this situation risks deteriorating further rather than being resolved.

Without sustained and structurally grounded housing support, Ukrainian refugees in Slovakia and across Europe remain at heightened risk of poverty and homelessness, underscoring the urgent need for policy responses that move beyond temporary relief toward durable solutions, including a stronger emphasis on mid- and long-term housing provision for vulnerable populations, one that extends well beyond migration and integration policy alone, to address the housing needs of society as a whole.

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‘Lost in Translation’ – Problem Representations in Swedish Homelessness Policy

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Abstract_ *This article explores how the problem of homelessness is constructed and translated across multiple levels of governance. Drawing on a policy translation perspective alongside Bacchi’s WPR framework, it explores how national policy ideas are reshaped as they travel through regional and local levels, resulting in an avoidance of fiscal responsibility. Three policy documents from the national, regional and local levels are examined to understand how problem representations of homelessness are constructed and translated across governance contexts. The findings show that at the national level homelessness is framed as both a structural issue linked to poverty and housing provision, and as an individual issue associated with mental ill-health and addiction. In contrast, at the regional and local levels, homelessness is divided into ‘structural’ and ‘social’ categories, with ‘structural’ homelessness considered to be outside the scope of social services. At the local level, the national representation transforms from a problem of poverty and housing provision to an issue of safety and security in public spaces. Similarly, the local translations turn the national introduction of Housing First into a problem of individuals’ ability to retain long-term housing.*

Keywords_ *policy translation, problem representations, structural homelessness, multi-level governance, Housing First, critical policy analysis*

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Introduction

This article examines how homelessness is constructed and translated within Sweden's multi-level governance, focusing on problem representations and their underlying assumptions, including what is left unproblematic. Drawing on the concept of policy *translation* (Czarniawska & Joerges, 1996), this study investigates how policy ideas travel and are reinterpreted across levels of governance. Specifically, it analyses and compares policy documents on homelessness across the national, regional and municipal levels in Sweden and aims to explore how the problem of homelessness is constructed and translated within different levels of governance, resulting in an avoidance of fiscal responsibility.

To analyse how homelessness is constructed as a policy problem, Bacchi's (2009) *What's the Problem Represented to be?* (WPR) approach is applied in this article. According to Bacchi (2009), policy problems do not exist independently of governance but are produced through policy processes. From this perspective, critically examining how policy language constructs and represents social problems is essential, since particular problem representations shape and delimit the range of policy responses considered possible (Bacchi, 2016).

Focusing on the problem representations of homelessness and the translation of policy between the national and municipal levels, this article contributes to the literature in two ways. Firstly, it extends research on policy translation (e.g. Agago, 2025; Hustad, 2023) to the field of homelessness, an area seldom explored, with a specific focus on its problem representations. Secondly, it contributes to constructivist homelessness research (e.g. Flåto, 2022; Petersson, 2017; Van Loon et al., 2026) by integrating WPR critical policy analysis and extending it to policy translation by analysing how problem representations are interpreted and reshaped within a multi-level governance structure. Combining these two strands of research, this article identifies how socially constructed ideas of homelessness travel across levels of governance.

This article contributes to existing research on how homelessness is problematised in policy, with particular attention given to underlying assumptions regarding its causes and solutions. It further develops existing scholarship by examining how such problem representations are translated from the national to the local level. The study is guided by the following research questions: (i) How is the problem of homelessness represented in Swedish national, regional and local policy documents? (ii) What are the assumptions about homelessness and homeless people that underpin these problem representations? (iii) How are national problem representations translated at regional and municipal levels?

The Swedish homelessness policy context

Sweden's public administration is divided into three levels: national, regional and local. The national government is responsible for pushing forward legislative proposals and implementing decisions made by the Swedish Parliament. The County Administrative Boards[1] act as intermediaries to coordinate local initiatives with national directives to ensure national policy compliance. Municipalities have a constitutional right to self-governance and the ultimate responsibility for ensuring constituents receive the help and the support they need according to 2 c. § 1 of the Swedish Social Services Act (SFS 2025: 400).

In 2001, a governmental report on homelessness (SOU, 2001: 95) based on an extensive body of research was submitted by a public committee appointed by the Swedish Parliament. As recommended by the report, local development projects were funded by the National Board of Health and Welfare[2] (NBHW) to tackle homelessness during 2002–2005 (Benjaminsen & Knutagård, 2016; Dyb et al., 2021). The NBHW launched the first national homelessness strategy, *Homelessness – Many faces, responsibility of many (2007–2009)*, followed by an evaluation report that found the objectives had not been achieved (Denvall et al., 2011). Additionally, the Housing First (HF) model was one of the proposed solutions, but it had not had the same impact as in other Nordic countries (Dyb et al., 2021). After more than a decade of vacuum in national homelessness policy, the Swedish Ministry of Health and Social Affairs[3] (MHSW) published a national homeless strategy for 2022–2026 with four major goals: (i) homelessness should be prevented; (ii) no one should reside or live on the street; (iii) the HF method should be introduced nationally; (iv) the social perspective in urban planning should be strengthened (MHSA, 2022).

Among the Nordic countries, Sweden has the highest rate of homelessness per capita (Dyb & Zeiner, 2020; FEANTSA, 2024). The most recent report from the Swedish national survey of homelessness – conducted every seven years – was published in 2024 and showed a decline in the homeless population: a total of 27 380 people over the age of 18 years were identified in NBHW's homelessness situations (NBHW, 2024). However, civil society organisations have criticised the definitions of homelessness used as being too narrow and not representing the entire homeless population (The Swedish City Missions, 2024).

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1 Länsstyrelserna

2 Socialstyrelsen

3 Socialdepartementet

Literature review: Constructivist homelessness and policy translation studies

Across the growing body of constructivist homelessness policy research, a key focus is exploring the various ways in which the problem of homelessness is constructed and represented. As demonstrated in previous research, policy is shaped by discourses and definitions of homelessness (Van Loon et al., 2025), notions of welfare dependency and responsibilisation (Horsell, 2024), epistemic communities (Flåto, 2022) and community narratives surrounding homelessness (Gleason et al., 2024). Discursive constructions of homelessness have also been explored in the Nordic context in recent years (Dyb, 2021; Flåto, 2022; Petersson, 2017; Sahlin, 2020). Flåto (2023) shows that despite all governmental sectors appearing to recognise their responsibility within a social welfare frame, sectoral discourse contributes to differing problem representations. Adopting Bacchi (2009)'s approach to analyse the underlying assumptions underpinning different representations and their real-life effects in three European cities, Petersson (2017) highlights that homelessness is constructed as being a result of individual deficiencies and personal failures rather than addressing broader structural economic factors and intersectional dimensions of discrimination rooted in social structures. While most of the research above examines how the problem of homelessness is framed and constructed within policy discourse, few have critically studied the underlying assumptions of the constructions (e.g. Petersson, 2017) and how these constructions and problematisations are (re)interpreted as they travel between different levels of governance.

Another strand of constructivist homelessness research focuses on public spaces (Addo, 2018; Lundberg et al., 2025; Toolis & Hammack, 2015) and welfare accessibility through outreach work (Grymonprez et al., 2020). Lundberg et al. (2025) show that homeless individuals are discursively constructed as unwanted groups by restricting their presence in public space. Toolis and Hammack (2015) similarly highlight that homeless people are portrayed as a threat to safety and economic vitality to justify criminalisation of homelessness. Such discourses on homelessness have shaped the practice of outreach work. For example, Grymonprez et al. (2020) show that outreach work is increasingly shaped by shifting discourses on welfare accessibility, with access functioning as a form of gatekeeping that requires 'housing readiness' and excludes those deemed not 'ready' in order to safeguard future institutional cooperation. With the increasing relevance of constructivist studies on homelessness, this article will further explore socio-spatial governance of homelessness to understand how policy discourse constructs access to urban environments and welfare through outreach work for homeless people.

Policy translation is often studied in policy studies to explore how transnational or national policy ideas travel to local settings (Agago, 2025; Ball, 2022; Hustad, 2023; Kluczewska & Korneev, 2021; Milhorance et al., 2022), being also seen as an alternative analytical lens to policy transfer (Freeman, 2009; Hassenteufel & Zeigermann, 2021; Mukhtarov, 2014; Stone, 2004). In a Swedish context, studies have investigated policy translation in the fields of civil society (Johansson & Johansson, 2012), health and healthcare (Lindberg & Erlingsdóttir, 2005; Wihlborg, 2016), methadone and family doctor practice (Johnson, 2003) and HF (Hansen Löfstrand, 2012). This article examines how social constructions of homelessness are translated across multiple levels of governance, focusing on how policy ideas are interpreted, adapted, and reshaped as they move between governance contexts.

Theoretical approach

This study applies Carol Bacchi's (2009) WPR approach, which challenges the notion of policy-making as a neutral and rational process. The intention is to reveal the underpinning assumptions, political implications and power dynamics in policy-making (to *interrogate* problems). Within this approach, "public policy is not only expressed in words, but it is literally 'constructed' through the language(s) in which it is described" (Fischer, 2003, p. 43). In conventional approaches to policy analysis, Bacchi (2026, p. 30) describes it as a "problem-solving framework"; policies are assumed to tackle 'pre-existing' social problems, which are seen by their nature as being *exogenous* to (outside of) the realm of governance. Conversely, as a "policy problematising approach" (Bacchi, 2026, p. 30), Bacchi (2009) believes social problems are *endogenous* to (created within) the policy-making process, which implies certain understandings of what needs to be changed by constructing the pre-conditions of social problems. Therefore, policies give shape to social problems, for example by defining the underlying mechanisms of the intended solutions. Bacchi and Goodwin (2016) also subscribe to the Foucauldian position that understands discourses as *socially produced forms of knowledge* – discourse (*savoir*) as in the background epistemological and ontological assumptions, and discourses (*connaissance*) as in 'true scientific' knowledge. Taken together, they define the boundaries of *what* can be thought and said about a given social object or practice (Ball, 1991; McHoul & Grace, 1993), shaping how individuals understand themselves in the world. Hence, the language used in policy has a role in constructing worlds, problems and people as governable entities (Dean, 2010). Following this approach, the intention in this paper is to critically reflect on how 'discursive formations' (Bacchi & Goodwin, 2016, p. 36) are constructed through policy language and their material and discursive effects.

Furthermore, this article draws on the *translation perspective* (Czarniawska & Joerges, 1996) to analyse the travel of ideas on homelessness policy from the national level to the municipal level in the Swedish context as well as how policy ideas change in the course of translation. The concept of *policy transfer* is often associated with the international context, for example coercive *policy diffusion* and voluntary *lesson-drawing* (Brinks & Coppedge, 2006; Dolowitz & Marsh, 1996; Rose, 1993), in which the travel of ideas is viewed more as a rational, mechanistic processes rather than the work of free agents. Czarniawska and Joerges (1996), taking a different approach, draw on Latour's (1984) concept of translation, which they view translation as a complex process by which actors continuously and actively (re)*interpret* and *act upon* an idea to be transformed into different forms and contexts. As Czarniawska-Joerges and Sevón (2005, p. 8) suggest, ideas change from one context to another – "to set something into a new place is to construct it anew". The translation perspective assumes that ideas inevitably change in the course of repetitive (re)interpretations and transformations by different actors. In the context of policy translation, instead of questioning *why* policy ideas alter at the local level, the translation perspective is applied as a central concept to understand *how* national policy ideas change and transform as they travel through multiple levels of governance.

The analysis undertaken is informed by three of Bacchi's (2009, p. 2) six questions for WPR analysis: (i) *What's the 'problem' represented to be in a specific policy?* (ii) *What presuppositions or assumptions underlie this representation of the 'problem'?* (iii) *What is left unproblematic in this problem representation? Where are the silences? Can the 'problem' be thought about differently?* By examining and comparing homelessness policies in regional and municipal policy documents, the aim of this paper is to examine how the problem of homelessness is constituted within and translated through different levels of governance.

Methods and materials

This article forms part of a larger doctoral project focusing on how Swedish policy ideas on homelessness are translated from the national to the local level as well as from policy to practice. In this paper, official homeless policy documents were analysed based on the consideration that these documents are "practical texts", which are "written for the purpose of offering rules, opinion, and advice on how to behave as one should" and comprise "the leading edges of governmental problematisation" (Bacchi & Goodwin, 2016, p. 34). The data comprises policy documents from three levels of governance – national, regional and municipal – with the aim being not only to cover broader policy mandates but also to enable problem

representations to be traced from the national to the municipal level to provide an understanding of the transformations of the policy ideas. The selected policy documents are presented in Table 1:

Table 1. Homelessness policy documents analysed

Year	2022–2026	2024	2025–2026
Level of governance	National	Regional	Municipal
Organisation	The Ministry of Health and Social Affairs	The County Administrative Boards	The City of Gothenburg
Policy document	The Swedish National Homelessness strategy 2022–2026 (NHS)	Tackling homelessness – What can a municipality do? (RP)	The Homelessness plan for the City of Gothenburg 2025–2026 (HPG)

The national homelessness strategy was published in 2022, followed by the regional policy in 2024 and the municipal plan in 2025, with both aligned with the goals stated in the national strategy. This article focuses on Gothenburg, Sweden's second-largest city, selected because its two-year plan falls within the implementation period of the national strategy, allowing for analysis of how national goals are incorporated locally.

Document analysis was conducted according to Bowen (2009) as a systematic and iterative procedure that included elements of content and thematic analysis: (i) skimming (superficial examination), (ii) reading (thorough examination) and (iii) interpretation. Guided by Bacchi and Goodwin (2016, p. 16), the policy documents were analysed "backwards" to examine and question "their underlying premises". Policy solutions in all three documents were first identified, then a focused re-reading was performed to locate the premises and the constructed problems based on the policy solutions. Several categories were in turn developed based on the characteristics of the solutions to capture the problem representations and underlying assumptions. Repeating this iterative process for each policy document, an overall picture of the policy translation of the problem representations across the three levels of governance was established.

Results: Problem representations and their translation

National problem representations of homelessness

A poverty problem solvable through collaboration between social services and landlords

The Swedish National Homelessness Strategy 2022–2026 (NHS) (MHSA, 2022) states that collaboration between social services and landlords is "a success factor" (NHS, p. 8) in solving the problem of homelessness by preventing evictions. In addition, the County Administrative Boards, the NBHW and the Enforcement Authority[4] are explicitly assigned roles to assist social services in preventing evictions.

> *Not being approved as a tenant is often due to landlords considering the income to be too low or not accepting all types of income, such as social assistance or establishment allowance*. (NHS, p. 8)

In this case, rejections and evictions by landlords of low-income households or households with unaccepted sources of income (from, e.g., social benefits) are represented as the cause of the homelessness problem, through which homelessness is constructed as a poverty problem:

> *Since 2006, Sweden's population has increased faster than housing construction. The accumulated housing shortage grew until 2017 and was estimated in 2022 to amount to just over 180 000 dwellings. […] As a result of both increasing income inequality and rising housing prices during the 2000s, the number of households for which it is difficult to save for owner-occupied housing has also increased. Consequently, the share of households demanding rental housing has risen, while the share of rental dwellings in the national housing stock has decreased*. (NHS, p. 3)

Homelessness is described with regard to the collective term 'households' instead of 'individuals', which presents homelessness as a societal problem caused by structural factors rather than an individual problem for people with certain characteristics. The problem of homelessness is constructed as a structural one, a consequence of widening income inequalities which have resulted in an increasing share of the population not having the economic means to purchase owner-occupied housing or rent an apartment within the regular housing market, combined with rocketing house prices and a shrinking stock of rental housing. Taken together, homelessness is framed as a poverty problem produced by structural economic inequalities, resulting in households with low and unaccepted incomes being excluded from both the owner-occupied and rental housing markets. Collaboration in municipal efforts to prevent evictions is constructed as the appropriate response to this problem repre-

4 Kronofogden

sentation, as homelessness is understood as an outcome of housing exclusion produced through landlords' practices of rejection and eviction. By locating both the mechanisms producing homelessness and the interventions intended to prevent it at the local level, this representation narrows the range of solutions that appear relevant and legitimate. Rather than addressing the structural conditions identified as underlying homelessness—such as housing shortages, rising housing costs, and insufficient access to affordable housing—the policy response becomes centred on municipal coordination and the prevention of individual households' exclusion from existing housing. In this way, a structural problem representation is translated into a predominantly local and preventive policy response. This discursive shift also redistributes responsibility: from the national government and interventions requiring substantial public investment and political reform, such as state-funded housing production, towards municipalities and local actors expected to manage the consequences of structural housing-market inequalities.

A problem caused by the lack of active participation of social services in urban planning

Besides the structurally oriented representation of homelessness as a poverty problem, there is a representation of homelessness as a problem resulting from a lack of social perspectives in urban and housing provision planning. The national policy proposes that the involvement of social services and social welfare committees in urban and housing provision planning be increased, with national homelessness surveys serving as a knowledge foundation.

> *This [strengthening the social perspective in urban planning] can be achieved by increasing the involvement and participation of social services in housing provision planning, thereby giving the social welfare committee's knowledge of living conditions in the municipality greater scope. The measures in the strategy should be implementable regardless of how the housing market develops during the period and do not require any legislative changes*. (NHS, p. 2)

> *The social welfare committee's knowledge of living conditions in the municipality needs to be given greater scope in municipal urban planning. […] The aim is to enable the social welfare committee to actively prevent and counteract social problems based on its specific expertise*. (NHS, p. 19)

Social welfare committees, particularly social services, are framed as key actors in municipal urban and housing planning to counteract homelessness. In emphasising their knowledge of local living conditions, social services are positioned as responsible for actively preventing and addressing homelessness through a stronger social perspective in urban planning (NHS, p. 19). Homelessness is hence represented as a problem of a lack of social perspectives in urban and housing provision planning.

Homelessness is seen as resulting from both individual and structural causes, as expressed in the following account:

> *The causes of homelessness vary, and different types of interventions are needed to counteract it. Both individually oriented social interventions and structural-level measures are required, for example interventions in the housing market to prevent homelessness*. (NHS, p. 4)

Here, homelessness is represented as a complex social problem with diverse causes, implying that effective responses must combine individually oriented social interventions with structural measures, especially those addressing housing market conditions. This problem representation normalises a dual causal logic in which responsibility is distributed across individuals and societal structures. While this framing legitimises a broad repertoire of policy responses to the problem of homelessness, it risks diluting accountability for structural conditions by positioning individual-level interventions as an equally necessary response, thereby potentially constraining more far-reaching structural change.

Key underlying assumptions in this national representation concern the 'responsibilisation' (Bacchi, 2009) of local social services, which are presented both as central actors and as lacking sufficient knowledge in various policy areas (NHS, p. 8 & 12). Contrarily, responsibility at the national level is presented in more limited terms, being primarily confined to producing continuous homelessness surveys, providing knowledge on outreach work and emergency housing, and encouraging municipalities to implement HF. Thus, the national strategy discursively frames homelessness as a problem of a lack of collaboration and knowledge among local actors. Consequently, possible ways of addressing homelessness are limited to municipal levels, and the national government's fiscal responsibility of addressing the structural conditions contributing to homelessness, i.e. shortage of affordable housing, is left out.

A problem of mental ill health, addiction and distrust towards authorities

A problem representation emerges in the proposal to develop outreach social work to reach individuals experiencing so-called 'acute homelessness', defined here as homeless people who are unwilling to engage with welfare services. In the text, outreach workers are positioned as intermediaries who bridge the gap between reluctant homeless people and the welfare system. Homeless people are described as "sleep[ing] outdoors or in public spaces" and often reluctant to seek assistance due to presumed "distrust towards authorities" (NHS, p. 12). In this way, "acute homelessness" is represented as a problem partly rooted in individuals' reluctance and/or inability to engage with welfare services. The prevalence of substance use and mental health problems among this presumed hard-to-reach category of homeless people is also emphasised, highlighting comorbidity as a prominent

characteristic of this group (NHS, p. 14). Together, these presentations construct homelessness as being primarily a problem of marginalised and hard-to-reach homeless people unwilling to accept help.

Another suggestion in the national policy pertains to the need for improved knowledge on municipal use of emergency housing solutions to combat homelessness. Prolonged and recurring placement in short-term housing is said to cause "lock-in effects, particularly for people with complex social needs" (NHS, p. 13). Emergency housing, such as overnight shelters, is positioned as a temporary solution for people "to find their own dwelling or be granted a long-term housing solution from the social services" (NHS, p. 11). Here, homelessness is represented as a problem of homeless people being 'locked in' to homelessness by short-term housing solutions; it is suggested that these be replaced by long-term solutions to enable the social services to care for the needs of homeless service users and provide them with individualised support and help (NHS, p. 13). Permanent housing coupled with specialised health and social support is stated to be necessary:

> *Having a home of one's own is of central importance for all individuals and is, in many ways, a prerequisite for well-being and participation in society. […] Within the group of homeless individuals, there are often people with complex problems and in significant need of various care and support services in addition to housing. To assist them, more developed methods and approaches are needed.* (NHS, p. 14)

A home – rather than 'housing' – is considered necessary 'for all'. However, to address homelessness among people with "complex needs", HF rather than a home is suggested to be "possibly more effective than usual interventions to reduce homelessness and increase stability in housing" (NHS, p. 15).

> *The Housing First method is an established approach for addressing homelessness among individuals with social problems. The method is based on the idea that people need stable housing in order to address their other problems. It involves offering individuals in acute homelessness housing on the same terms as other tenants. This is then combined with voluntary and individually tailored support services*. (NHS, p. 15)

It is suggested that homeless people with 'social problems' be provided with housing on the same terms as regular tenants in combination with voluntary individualised support (NHS, p. 15). The success story of transferring the HF model from an American to a European context during the early 2000s is re-told. The HF model builds on the central idea that housing should be provided to homeless people without conditions on interventions or treatments, provided with its eight core principles. The problem representation that emerges through these solutions

is one of mental ill health, addiction, and an unwillingness to seek assistance due to a distrust of authorities. Outreach workers are positioned as a bridge between marginalised and hard-to-reach homeless people with mental health and/or addiction issues and welfare services, facilitating the provision of long-term housing solutions under HF.

Through national funding, municipalities are strongly encouraged to start and strengthen their HF programmes and to guarantee that "the model's core principles can be preserved" (NHS, p.16). However, there is no reference made to the documented challenges surrounding the methodologically faithful translation of HF to the local level (Hansen Löfstrand, 2012; Knutagård & Kristiansen, 2013; Pleace, 2011; Uhnoo, 2016), leaving the problem of model fidelity unproblematised at the national level. The subtext of the problem representation is that responsibility for effective HF implementation is transferred solely to municipalities, especially in terms of how the method should be integrated into existing working methods and local contexts.

Regional problem representation of homelessness

A problem of 'social' homelessness for social services to solve

Regional policy (RP) (The County Administrative Boards, 2024) targets municipalities within respective regions and aims to provide them with recommendations on how to address homelessness. Unlike national representations, the regional document divides homelessness into 'social' and 'structural' categories:

> *Homelessness is sometimes divided based on its causes, distinguishing between social and structural homelessness. Social homelessness refers to situations where there are underlying issues such as addiction or mental ill health. Structural homelessness means that households, without social problems, are unable to enter the housing market due to factors such as low income or a lack of established networks and contacts*. (RP, p. 4)

A distinction is created between homeless people based on the perceived reasons for their 'homelessness'. 'Social' homelessness is defined as a lack of housing occurring as part of a range of individual problems, including addictions or mental ill health, whereas 'structural' homelessness is defined as a lack of housing occurring due to households lacking the economic means and necessary connections to access the housing market, independent of other social problems. This binary categorisation of homelessness also has practical implications for municipalities.

> *Housing First is an alternative form of support that municipalities can provide instead of the staircase housing model. It is aimed at individuals experiencing homelessness due to social problems. The idea behind the model is that a person without housing first needs a home in order to be able to address other problems*. (RP, p. 6)

The HF model is presented as an alternative to the traditional "staircase model" for homeless people with "social problems", in which access to independent housing typically depends on demonstrating housing readiness, maintaining sobriety, and complying with certain rules while progressing through transitional forms of accommodation (RP, p. 6). However, the regional representation departs from the national representation of HF. Whereas the national representation identifies homeless people with "complex problems" as a key target group for HF, the regional representation constructs only a small proportion of the homeless people as suitable for HF services. This narrowing of eligibility is reinforced by the conditional character of tenure. Homeless people accommodated through HF are not initially granted tenancy rights; instead, a tenancy contract is to be awarded only if "everything goes well" (RP, p. 6). Thus, although HF is presented as an alternative to the staircase model, the regional representation partially reproduces a logic of housing readiness by making both access to HF and secure tenure conditional on assessments of individual suitability and conduct.

Alongside this representation of homelessness in terms of individual "social problems", the regional representation also acknowledges a "structural" form of homelessness, which is explicitly constructed in opposition to "social" homelessness:

> *A growing group among the homeless consists of individuals and households, without social problems, who cannot afford or access housing on the regular housing market. In some municipalities, the support provided by social services is influenced by whether homelessness is categorised as social or structural. Individuals and households experiencing structural homelessness risk falling through the cracks*. (RP, p. 7)

Although "structural" homelessness is acknowledged, responsibility for addressing it is positioned outside the scope of social services. Instead, the housing needs of people experiencing structural homelessness are assigned to long-term municipal housing and urban planning (RP, p. 7). This distinction constructs homelessness as a social services problem only when the lack of housing co-occurs with individual problems, such as mental ill health and/or addiction. By separating "structural" from "social" homelessness, the problem representation thus draws an institutional boundary around social services' responsibility: housing deprivation alone does not warrant intervention by social services, whereas homelessness associated with individual social problems does.

This regional representation rests on the normative division of "social" versus "structural" homelessness, reflecting an assumption of entitlement-based welfare that only those deemed eligible for social assistance, legally or by other means, should have access. This assumption becomes a discursive criterion for not only who can access housing assistance from municipalities but also who is included

within the collective view of the 'problem' of homelessness. This representation leaves the situation for people categorised as structurally homeless, and subsequently excluded from housing assistance, unproblematised. A strong tendency in the document is the use of formulations that neither assign responsibility nor propose solutions, as illustrated below:

> *Many stakeholders are calling for a clearer national housing policy for those who have difficulty entering the housing market, including people experiencing structural homelessness* (RP, p. 7).

Very little is said about working methods on how social services can contribute to local housing and urban planning; instead, national housing policy is demanded in regional policy to address structural homelessness. In sum, unlike the national representation, the regional representation constructs homelessness as a 'social' problem for social services to solve, with the HF providing for a small number of homeless individuals with additional social problems in municipalities implementing HF.

Thus, as the national representations are translated to the regional level, they are reinterpreted and reshaped through locally situated understandings of homelessness, particularly the distinction between "social" and "structural" causes. Despite these shifts in problem representation, however, responsibility for addressing homelessness remains largely located at the municipal level. This translation therefore does not fundamentally redistribute responsibility across levels of governance; rather, it reproduces a governance arrangement in which municipalities are expected to manage both individual and structural manifestations of homelessness. In doing so, it leaves the economic and political responsibility of the national government for addressing structural housing-market conditions through national housing policy reform largely unchallenged.

Municipal problem representations of homelessness

A problem of 'structural' homelessness that is not for social services to solve

Similar to the regional representation, the distinction between social and structural homelessness is presented as a self-evident starting point in the municipal homelessness plan (HPG) (The City of Gothenburg, 2025). Structural homelessness is described as a result of housing production being outpaced by population growth (HPG, p. 9). For structurally homeless people, the municipality is said to fulfil its 'ultimate responsibility' (HPG, p. 25) in providing short-term emergency housing, such as hostels, only in cases in which a homeless person lacks the economic means to meet their immediate housing need. Here the cause of structural homelessness is represented as a problem of economic disadvantage caused by a shortage of housing.

> *The solution to the structural dimension of homelessness is not to be found within social services. Instead, solutions need to be based on the general housing provision. However, active participation by social services in housing planning can be an important measure to counteract structural homelessness in the long term.* (HPG, p. 9)

As stated above, social services reject responsibility for solving structural homelessness, with planning for municipal housing provision with active participation of social services instead claimed as the means to address structural homelessness. Taking the distinction between social and structural homelessness as a starting point, the local document does not present structural homelessness as a problem for social services to solve, instead emphasising that economically disadvantaged people who lack housing can benefit from the active participation of social services in housing provision planning.

A problem of evictions due to a lack of communication with landlords

A strengthened collaboration between social services and housing companies is proposed as a key factor in preventing evictions, allowing tenants to be contacted before an eviction notice reaches social services (HPG, p. 19). Personnel from social services, housing companies, and other actors should also increase their knowledge of eviction processes, including the roles of various actors and authorities and possible interventions to prevent evictions effectively (HPG, p. 18). Social services and landlords are framed as having responsibility for proactively preventing homelessness, particularly among families with children. This solution focuses primarily on families with children, with the document mentioning local increases in evictions despite targeted interventions (HPG, p. 18).

> *To prevent families with children covered by the Settlement Act from being at risk of acute homelessness after their housing period ends, the Urban Development Administration has primarily worked with informational measures in the form of housing introductions and housing advice/housing coaching*. (HPG, p. 23)

Specialised housing coaching is offered to newly arrived migrant families to prevent homelessness. With reference to the Convention on the Rights of the Child, families with children are presented as a priority group among those at risk of eviction. Preventive interventions for individuals with mental ill health have been abolished (HPG, 19), with a general housing advisory instead provided by a variety of actors to a broader target group. The problem of homelessness is represented to be the result of a lack of collaboration and communication in eviction prevention between social services and landlords and a lack of guidance for households at risk of eviction. Strengthened collaboration between the social services and landlords,

alongside specialised housing coaching, is proposed as a solution to address the eviction of families with children, whereas collaboration with the healthcare sector is seen as a solution to support individuals with mental ill health at risk of eviction.

A problem of mental ill health, addiction and inability to retain long-term housing

A recurring theme is homelessness being constructed primarily as an individual problem related to mental ill health, addiction and an inability to retain long-term housing. Those in the category of "long-term acute homeless people" are singled out and their reluctance and/or inability to seek help linked to a presumed "distrust towards authorities" and/or "cognitive disabilities" (HPG, p. 26). Mental ill health and substance abuse are stated to be prevalent among this group, as is an inability to move on to long-term housing:

> *Existing interventions within supported social housing need to be developed to meet the needs of individuals who have difficulties moving on to long-term housing solutions*. (HPG, p. 28)

> *Many of those who remain in long-term acute homelessness have a known history of harmful use of alcohol and/or drugs, often alongside mental ill health. Being able to access healthcare at the early stage is often a prerequisite for moving on to a long-term housing solution*. (HPG, p. 29)

While long-term housing is recognised as an appropriate solution, individuals experiencing 'long-term acute homelessness', particularly those with addiction and/or mental health problems, are portrayed as less able to move on to more stable and long-term housing solutions (HPG, p. 28), often resulting in them remaining in emergency or temporary housing. The policy further emphasises that early contact with healthcare services is frequently a prerequisite for people with complex problems to access more stable housing (HPG, p. 29). Unlike the national representation of homeless people as 'locked in' to emergency housing and in need of long-term housing, the local representation constructs homelessness as a condition associated with complex medical needs that hinder individuals' ability to move on to long-term housing. At the same time, the local problematisation medicalises homelessness by presenting it as a health condition requiring medical care, which can be interpreted as an expression of medicalisation (Hansen Löfstrand, 2012; Lyon-Callo, 2000) rather than just a condition of exclusion from housing. With this problem representation, outreach work, alongside overnight shelters for homeless people, is presented as a solution for connecting hard-to-reach homeless people with the healthcare and welfare services (HPG, p. 26).

Furthermore, HF is described as a proven method of support for homeless people with 'social problems' (HPG, p. 30). However, HF is only presented as an 'alternative' to other forms of supported social housing, such as emergency shelters, based on individuals' circumstances (HPG, p. 30).

> *For individuals who have lived in homelessness for a long time and are struggling with social problems, such as substance abuse or mental ill health, the path to obtaining a first-hand contract on the regular housing market is often very difficult. There is often a need for various care and support interventions in addition to housing, and more developed methods and approaches are required. The Housing First method is an established approach to counteracting homelessness among individuals with social problems.* (HPG, p. 30)

The local implementation of HF does not come as a surprise; what does is the proposal to expand HF to incorporate more target groups, i.e., victims of domestic violence and people with previous addiction problems (HPG, p. 30-31); meanwhile, only some of the original target group – homeless people with mental ill health and addiction – are described as 'suitable' for HF. The expansion of HF is seemingly justified on the grounds that the new target groups can "minimise disturbance and situations that negatively affect neighbours" (HPG, p. 33). The local policy emphasises the prevalence of mental health and addiction problems among those experiencing prolonged periods of homelessness and their inability to live independently. Here homelessness is thus represented as a problem of mental ill health, addiction and an inability to retain long-term housing.

A sub-category of the hard-to-reach homeless people stands out in the policy text, which corresponds with 'extreme case formulations' (Pomerantz, 1986) to justify and legitimate the policy:

> *Among many people experiencing long-term acute homelessness, there is distrust and fear of authorities, sometimes with paranoid elements, which prevents them from approaching social service offices. Within this group, there are also individuals with cognitive impairments and thus impairments in executive functioning […] Some have difficulty understanding and following instructions, which leads to them missing scheduled appointments at social service offices or not understanding why they need to answer questions and submit documents. Some have difficulties with emotional regulation and therefore come into conflict with social workers*. (HPG, p. 27)

The policy text positions 'long-term acute homeless people' as deviant and unstable through references to emotional dysregulation, paranoia and conflict-seeking, while downplaying institutional demands placed on clients. Homelessness is thereby represented as rooted in individuals' unwillingness or inability to seek

institutional support and in their psychological or behavioural problems. The proposed response is referral to healthcare and civil society organisations rather than positioning social services as the sole responsible actor. In line with Grymonprez et al. (2020), this representation reproduces a logic of 'housing readiness', whereby access to welfare services becomes conditional on individuals' capacity to meet institutional expectations.

The underlying assumption rests on homeless people's 'ability to retain long-term housing', allowing them to transit from emergency solutions to long-term housing and eventually take over a first-hand contract. In this case, drawing on the concept of 'creaming' (Lipsky, 1980), instead of offering HF flats to 'extreme cases' within the core target group as established in research, those being individuals with mental health and addiction problems, the policy instead introduces HF to other comparatively less complex groups, such as people with previous addiction problems.

The assumption of 'ability to retain long-term housing' also reflects a strong resemblance to the logic underpinning the 'staircase' model, namely that homeless people need to prove that they have the necessary skills to live independently, contrary to the principle of HF (immediately providing housing with tenure rights unconditionally). Thus, it is plain that the work logic of HF collides with the 'staircase' model in practice, transforming Housing First into 'Housing Last' (e.g. Lindwall, 2024), leaving the method fidelity of the HF programme unproblematised in this representation.

A problem of safety and security in public spaces

Local policy proposes that social services' knowledge on living conditions and social exclusion be integrated in urban development projects (HPG, p. 36). City planning committees[5] are presented as lacking social knowledge on working with "people with addiction" in particular, focusing on their use of public spaces (HPG, p. 36). The proposed policy response emphasises 'location-based collaboration' among social services, civil society organisations and property owners, alongside outreach work. Its goal is to "identify places where socially excluded groups gather and create general strategies to ensure safety in the public spaces" (HPG, p. 38). Here, homelessness is constructed less as an issue of social knowledge informing housing planning, and more as a matter of social disturbances manifested in the presence of marginalised groups in public spaces, generating insecurity for the general public:

> *Collaboration between social welfare administrations and civil society organisations is important to ensure that no one sleeps outdoors and to increase safety in the city.* (HPG, p. 29)

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> *Thus, it concerns both social interventions and measures in the physical environment. The City of Gothenburg's safety-promoting and crime-preventive programme 2022–2026 states that safety-promoting and crime-preventive aspects need to be considered to a greater extent in physical planning in urban development*. (HPG, p. 38)

As outlined above, social interventions – safety-promoting and crime-prevention aspects – are described as needing to be strengthened in physical urban planning. Rather than primarily a question of living conditions and housing provision, homelessness is locally rearticulated as a problem of public safety and urban order. Through this representation, and in accordance with the concept "production of places" (Bacchi, 2026, p. 21), public space is discursively constructed as a place in which the safety of the public is threatened by homeless individuals, while the policy explicitly acknowledges that the proposed measures do not address homelessness, but instead focus on long-term housing planning:

> *Efforts to strengthen collaboration with social welfare administrations in the development of the existing city and new areas are not directly linked to the goals of reducing homelessness, even though there are connections to housing provision in the longer term*. (HPG, p. 37)

Nevertheless, very little is said about the involvement of social services in *housing provision planning* in the proposed policy, with specific reference made only to *urban planning* of the physical environment to ensure safety in public spaces (HPG, p. 38). In the previous local representation, it is claimed that structural homelessness is solvable through the active involvement of social services in housing provision planning; nevertheless, there is no mention of how social perspectives should be integrated in housing provision. Instead, measures and interventions are proposed with the explicit purpose "to increase effectiveness and benefits in the local area" (HPG, p. 37). The underlying assumption is therefore ultimately to safeguard the local area and the public spaces, rather than addressing homelessness. This narrative resonates with previous research highlighting how the City of Gothenburg's "soft exclusion" of homeless people from certain public spaces serves to "sanitise" areas for customer-friendly purposes (Thörn, 2011). This representation narrows the range of possible responses to structural homelessness. The need to provide housing for people experiencing homelessness in public spaces is not constructed as part of the homelessness problem and, consequently, housing provision does not emerge as a relevant policy response. Instead, the problem is confined to the presence of homeless people in public space and how that presence should be managed. In this way, the representation shifts attention away from the municipality's responsibility for housing provision and limits its fiscal responsibility for addressing the structural conditions producing homelessness.

Concluding discussion

This article has explored how homelessness is problematised and translated across national, regional and municipal levels of governance in Sweden by critically examining the problem representations constructed in homelessness policy documents.

This article shows that, at the national level, homelessness is problematised as an outcome of structural poverty, where the 'problem' is represented as residing in economic marginalisation that produces housing exclusion, as landlords are positioned as rejecting and evicting individuals with insufficient or inadequate forms of income. This problem is said to be solvable through strengthened collaboration between social services and landlords. Furthermore, homelessness is constructed as a problem resulting from a lack of social knowledge in urban development committees and insufficient involvement of social services in urban planning. More specifically, social services' knowledge of social living conditions is said to contribute to identifying the housing needs of the economically disadvantaged population and improving planning of housing provision. Homelessness is represented as a complex problem of mental ill health, addiction and distrust towards authorities, described as prevalent among hard-to-reach homeless people. Outreach work, together with the national introduction of HF, is presented as the solution to combat homelessness among this category of people.

In regional policy, homelessness is represented as either a 'social' or 'structural' problem, with only 'social' homelessness stated to be a problem for social services to solve. For individuals with co-occurring social problems, such as mental ill health and addiction, HF and the 'staircase' model are suggested as parallel solutions. Meanwhile, for households or individuals who only lack the economic means to access the housing market, no concrete solutions are provided to fulfil their housing needs.

At the municipal level, taking the division of 'social versus structural' homelessness as an evident starting point, the 'structural' problem is represented as beyond the scope of social services, which means that economically disadvantaged individuals lacking a home might end up in limbo. Alternatively, homelessness is constructed as an eviction problem, particularly for families with children, which, alongside housing coaching, is said to be solvable through enhanced communication between social services and landlords. Homelessness is also represented as a problem of mental ill health, addiction and an inability to retain long-term housing. Collaboration with the healthcare sector is specifically presented as a solution for hard-to-reach homeless people with mental health and addiction issues who are incapable of independent living; meanwhile HF is described as more 'suitable' for those who can live independently in long-term housing and minimise disturbance to neighbours. Last but not least, homelessness is represented as a problem of safety and security

in public spaces; rather than taking a social perspective on housing provision planning, managing the presence of marginalised substance users and socially excluded groups in public spaces to ensure safety for the general public is presented as a solution to tackle 'homelessness'.

Table 2. Problem representation across different levels of governance

Level	Problem representation
National	A poverty problem solvable through collaboration between social services and landlords
	A problem caused by a lack of active participation of social services in urban planning
	A problem of mental ill health, addiction and distrust towards authorities
Regional	A problem of 'social' homelessness for social services to solve
Municipal	A problem of 'structural' homelessness that is not for social services to solve
	A problem of evictions due to a lack of communication with landlords
	A problem of mental ill health, addiction and inability to retain long-term housing
	A problem of safety and security in public spaces

An important finding in terms of policy translation is that the national representation of homelessness transforms from a problem of poverty and housing planning to a problem of safety and security in public spaces at the local level. Attempts at the national level to address homelessness as a problem of poverty and housing provision, "including social perspectives in housing provision planning", are missing in the policy translation at the regional and municipal levels. Instead, the normative distinction between 'social' and 'structural' homelessness is evident at the regional and municipal levels in the presentation of 'structural' homelessness as a problem beyond the scope of social services. At the local level, the only proposal that addresses homelessness as a structural problem – establishing a clear role for social services in housing planning – evaporates during policy translation, with the solution to structural homelessness instead rendered an issue of managing homeless people in public spaces.

A recurring problem in representation at all levels is homelessness as an individual-level problem of mental ill health and addiction to be solved through the implementation of HF. While at the national level HF is explicitly recommended for individuals experiencing long-term homelessness alongside mental ill health and addiction, the regional level provides a slightly different construction of HF, which is cast as a possible alternative to the 'staircase' model for so-called 'socially homeless'. In addition, the regional document highlights that HF only covers a small number of people in municipalities implementing the method, while some municipalities only provide second-hand contracts to HF tenants. At the municipal level, rather than targeting all homeless individuals with mental health

and addiction problems, some homeless people are portrayed as having difficulties transitioning to long-term housing, and in such cases contact with the healthcare is instead presented as a solution.

By adopting the national representations, national solutions in housing provision are left unproblematised. The role of municipal housing companies is notably absent in the problem representations, taking social responsibility off municipal housing companies – whose stated aim *used to* be to provide 'good rental housing for all regardless of background'. Together with the lack of national efforts to create incentives for private housing companies to provide affordable housing, the national representations have made a national public housing policy unthinkable. Drawing on Matland's (1995) concept "symbolic implementation", with a high level of ambiguity and conflict in policy, the national homelessness policy functions to affirm new goals, values and principles, while still reinforcing municipalities' responsibility for addressing homelessness, and without increasing the national government's fiscal responsibility for public housing reform.

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Research Notes

Part B

Homeless EU Migrants in Zürich: Social Vulnerabilities and Access to Support Services

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Abstract_ *Each year, thousands of destitute individuals from various European countries migrate to Switzerland in search of a better life. Zürich, as the country's largest city, is particularly impacted by this movement, with many migrants experiencing homelessness and relying on social support services. On behalf of the Zürich City Social Department, researchers at the University of Applied Sciences Northwestern Switzerland conducted a qualitative study to explore the migration-related motivations, housing and working conditions, coping strategies, and information sources of these migrants. The study involved 21 semi-structured interviews with European migrants living in homelessness in Zürich, analysed using qualitative content analysis. The findings reveal that key migration drivers include poverty, social insecurity in the home countries, and the influence of acquaintances with prior experience in Switzerland. All participants had experienced homelessness in Zürich, with most sleeping rough. Despite expressing a desire to work, respondents faced significant labour market barriers such as insufficient qualifications, limited language skills, and lack of experience. Support from social workers was limited, often impeded by language barriers and intercultural challenges. The research study concludes with a discussion of the political implications for enhancing services for European homeless migrants in Zürich.*

Keywords_ *Homelessness, Migration, Destitution, Zürich, Switzerland*

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Introduction

Similar to other economically developed Western European countries, homelessness in Switzerland is predominantly an urban phenomenon. It represents a living condition that is often intertwined with absolute poverty, psychiatric disorders, substance use, and long-term unemployment (Drilling et al., 2021). Housing is not defined as a basic human right in either the Swiss Federal Constitution (*Bundesverfassung*) or the cantonal constitutions and social legislation. Homeless individuals, therefore, live on the margins of Swiss society and are frequently among those most affected by societal changes and crises, such as the COVID-19 pandemic, during which many homelessness services were temporarily closed, and numerous individuals were left without adequate social support (Roduit et al. 2022).

Responsibility for homelessness services in Switzerland lies primarily with cities and cantons; there are no federal organizations or comprehensive national strategies directly addressing homelessness. The Swiss Federal Housing Office (*Bundesamt für Wohnungswesen*) addresses homelessness only indirectly, mainly within the broader framework of housing poverty. In the absence of a federal homelessness strategy or designated national institutions, responsibility for addressing homelessness remains with social, health, and police services at the cantonal and municipal levels. Smaller local communities, in particular, often overlook homelessness, resulting in non-governmental organizations (NGOs) and church-based organizations assuming primary responsibility for service provision. While larger cities such as Zürich and Geneva operate their own shelters and soup kitchens, the majority of homelessness services—even in major urban centres—are provided by NGOs and faith-based organizations. As these organizations are largely financed by municipalities and cantons, public involvement in homelessness care often takes the form of indirect service provision through civil society. The largest nationwide organizations supporting homeless people include Caritas Switzerland, Diakonie, and the Salvation Army. Local service providers, such as Pfarrer Sieber and the City Mission in Zürich, are also key actors in homelessness support.

As with many areas of Swiss social policy, the organization of social support and the regulation of homelessness—including local rules governing street music, begging, and the use of public space—fall under cantonal and municipal jurisdiction. Within these regulatory frameworks, homelessness is frequently addressed not only as a social issue but also as a matter of public order and policing (Christen and Kurt, 2021).

The first nationwide homelessness count, conducted by Dittmann et al. (2022), identified 543 homeless individuals in Switzerland. Surveys were carried out with 1 182 people in the eight largest Swiss cities, with the involvement of 62 homelessness organisations. Individuals were considered homeless at the time of data collection if

they were rough sleepers or spent the night in homeless shelters (ETHOS categories 1 and 2). Homeless respondents completed a longer questionnaire on their living conditions, whereas for all other participants, only basic sociodemographic information was collected. Based on the main sociodemographic characteristics, 83% of the respondents were men, with an average age of 40 years; additionally, 83% did not hold Swiss citizenship. The highest number of homeless individuals was recorded in Geneva (359 people), followed by Lausanne (170 people).

In Zürich, Switzerland's largest city, 106 homeless individuals were identified within homelessness services such as shelters, soup kitchens, and day centres, representing the third-highest number among Swiss cities. Of these, 24 reported spending nights in public spaces, while 82 regularly stayed in night shelters. This means that approximately one quarter (22.6%) of respondents in Zürich were rough sleepers, a proportion closely aligned with the Swiss national average of 25.9%. Compared with other major European cities, the prevalence of homelessness in Zürich is relatively low, with only 29 homeless persons per 100 000 inhabitants (Dittmann et al., 2022).

However, as Dittmann and his colleagues also state in their report, the actual number of homeless people is likely much higher than this one-night count suggests, as only individuals staying in homelessness service organizations were included. Individuals sleeping rough in public spaces or abandoned buildings were excluded from the study. A significant portion of this hidden homeless group consists of undocumented migrants, who are often barred from mainstream homelessness services due to a lack of residence permits (Temesvary et al., 2023). Like the Swiss national pattern, more than 80% of Zürich's homeless population were born abroad, and approximately 40% lacked valid Swiss residence documents (Dittmann et al., 2022). This creates insecurity regarding their legal status and restricts their access to most city-run homelessness services, which generally require residence permits. As a result, undocumented homeless individuals can only access limited support from a few NGOs providing low-threshold social services. Notably, the only night shelter available for undocumented people operates only in winter and limits stays to two weeks. Several soup kitchens and daycare services run by NGOs and churches also provide some support, but many undocumented homeless people resort to sleeping in public spaces due to the lack of institutional options (Temesvary et al., 2023).

The increase in homeless migrants from Eastern Europe and the Balkans followed the EU's expansion to these regions (Epple and Schär; 2015; Coulon et al., 2015). EU and Schengen membership for Bulgaria and Romania—the poorest EU countries—facilitates easy travel to Switzerland. According to the EU-Switzerland treaty on free movement, Switzerland cannot restrict entry or stay for destitute

migrants from EU countries for up to 90 days as tourists. However, beyond basic emergency services, EU tourists are generally not eligible for Swiss welfare structures. If migrants stay longer than 90 days, they must obtain residence permits, which are often denied without employment or rental contracts. (Christensen and Kurt, 2021) Additionally, under the Foreign Nationals and Integration Act (FNIA), Swiss cantons may require EU migrants to demonstrate that they have sufficient financial means to support themselves while residing in Switzerland; otherwise, they may face expulsion.

Based on the statistics of Dittmann et al (2022, p.55), one-fourth (24%) of non-Swiss homeless people in Zürich come from Eastern Europe, including the Balkans, followed by Western Europe (22%) and Africa (22%). European homeless migrants in Switzerland form a diverse group in terms of gender, ethnicity, and age. Roma people are notably overrepresented among destitute European migrants (Coulon et al. 2015, Colombo et al. 2016). A particularly large number of Roma appear among Eastern European poverty migrants: 63% of the Eastern European migrants who used Swiss homelessness services were Roma (Temesvary et al. 2023). While men are strongly overrepresented compared to women in general, the proportion of women among European homeless migrants (26.5%) is higher than in the overall Swiss homeless population (17%). Regarding age, European homeless migrants (average age 34) are younger than their Swiss counterparts (40), as destitute older individuals with poor health are often unable to leave their home countries. (Dittmann et al., 2022; Temesvary et al., 2023).

Destitute European migrants are often labelled as “welfare tourists,” “EU migrants,” “poverty migrants,” or “guest workers” in both Swiss and international political discourse (Scholten and van Ostaijen, 2018; Gaisbauer et al., 2019; Raithelhuber, 2019). Most Swiss cantons try to restrict or quickly expel mobile destitute people such as beggars, sex workers, garbage collectors, and rough sleepers, but EU free movement laws complicate these efforts. For example, in 2021, the city of Geneva fined and expelled a Romanian Roma beggar, but the European Court of Human Rights ruled the expulsion violated EU law and ordered compensation. Since then, Swiss cantons have been more cautious with expulsions and fines, exploring alternative measures like the “Berner Model,” which requires proof of sufficient funds for self-support as EU tourists or results in fines and possible expulsion.

In Zürich, homelessness organizations attempt to mitigate the social vulnerabilities of European homeless migrants with various services, though success is limited, often maintaining only the status quo. Many vulnerabilities—such as poor education and health—preceded migration and accumulated over years or decades in the countries of origin. Limited resources, administrative and legal obstacles, and

language barriers between staff and clients further complicate support efforts. Additionally, a lack of trust in social institutions among migrants poses significant challenges for effective social work (Temesvary et al., 2023).

This study aims to scrutinize the migration-related motivations, housing and employment-related vulnerabilities, and future perspectives of mobile European homeless people in Zürich. It further seeks to understand their reasons for staying in Zürich and to capture their perspectives and information channels regarding available assistance services.

Methods

Researchers from the University of Applied Sciences Northwestern Switzerland (FHNW) conducted 21 semi-structured qualitative interviews with European homeless migrants in shelters, soup kitchens, and day-care facilities in Zürich between November 2024 and January 2025. The interviews were conducted in German, English, French, Hungarian, and Romanian. All interviews were transcribed and subsequently analysed using the method of qualitative content analysis (Mayring, 2015) and processed with the software *Atlas.ti,* using main categories such as the (1) reasons for migration, (2) housing conditions, (3) labour market participation, (4) coping strategies, (5) future perspectives, and (6) the sources of information. Codes were then organized under these previously created categories. The research focus and main analytical categories were defined in consultation with the City Social Department and reflect the areas that social workers and managers of the city homelessness services identified as most relevant for collecting information to support the further development of structures.

Sampling was conducted using the snowball method (Flick, 2017), with some respondents recommended by social workers who were familiar with their biographies and deemed them suitable for the study. The duration of the interviews varied between 37 and 84 minutes. Some interviews were conducted across multiple locations and at different times. In some cases, interviews began in the morning at a soup kitchen and concluded later that night at a shelter. Based on the agreement with the City Social Department, we interviewed homeless migrants who met the following criteria: (1) they were citizens of a European Union country, (2) they had experience with homelessness in Zürich, and (3) they were either currently active in the Swiss labour market or had made efforts to find work in Zürich. We selected only individuals with EU citizenship, as their eligibility for access to the Swiss labour market and to social and medical services differs significantly from that of migrants from non-EU countries. The two participants, originally from Kosovo, also held EU citizenship in other countries. We classified individuals as homeless according to

the European Typology of Homelessness and Housing Exclusion (ETHOS) (FEANTSA 2017). The City Social Department considered work participation or work-related efforts an important selection criterion, as it aimed to identify opportunities for integrating the target group into the labour market. We anonymized all interviewees after data collection, avoided interviewing when social workers or other clients were present, obtained written or verbal consent before interviews, and securely stored all materials—including audio recordings and transcripts—on protected university servers.

The research design—including the interview guides and data collection procedures—was developed in accordance with the ethical guidelines of *Swissethics*, the national ethics board for research in Switzerland. The study also followed the standards set by *Avenir Social* (Swiss Association of Social Workers) and the ethical recommendations of the University of Applied Sciences Northwestern Switzerland. For the publication of our qualitative findings, we adhered to the SRQR (Standards for Reporting Qualitative Research) and followed the accompanying reporting checklist (O`Brien et al., 2014).

Results

Socio-demographical Characteristics

The youngest respondent was 19 years old, and the oldest was 70 at the time of data collection. Among the respondents, there were 5 women and 16 men. The average age of the participants was 39 years. Regarding their countries of origin, 6 individuals came from Romania, 5 from Hungary, 2 from Germany, 2 from Kosovo, and one each from Italy, the United Kingdom, Poland, Croatia, Slovakia, and the Netherlands. In some cases, the current nationality did not correspond to the respondents' country of origin. For example, the respondent with British nationality was born in Brazil, the person holding an Italian passport was born in Tunisia, and the participant with Dutch nationality was born in Morocco.

Reasons for Migration

Initially, the interview guide addressed the respondents' motivations, aiming to understand which causes and events in their home countries had led them to Zürich. We were also interested in why they specifically chose Zürich and not another (Swiss) city when planning their migration. After several rounds of analysis, we assigned six codes to this category (reasons for migration): (1) poverty, (2) ambitions, (3) friends and family, (4) health, (5) conflicts and crises, and (6) housing problems/homelessness.

The respondents mainly cited two central factors: the influence of friends and family (13 persons) and the role of poverty and lack of prospects (12 persons) in their home countries as decisive for their migration-related decisions (see Figure 1). Under poverty, unemployment, very low wages, and general hopelessness in the countries of origin were often mentioned. We were particularly interested in the motivations of European homeless migrants who were already employed in their home countries but decided to migrate. Respondents came not only from Eastern Europe but also from Western Europe, who, despite working, could not secure their livelihood and lived as "working poor" in their home countries. One example is a young German nurse who was pushed out of the housing market in Dortmund due to high rents.

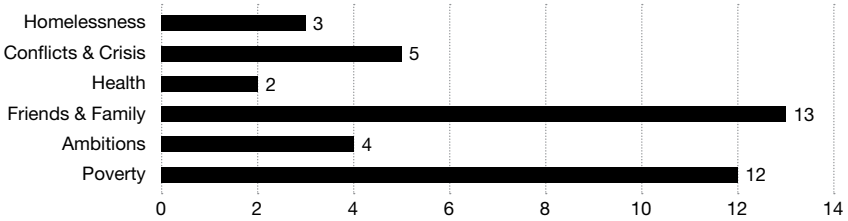
"I was poor, but I had a job as a caregiver in a nursing home. I couldn't afford an apartment in the city and didn't want to move back in with my mother." (Man, Germany, 28)

The role of friends and family was significant in migration decisions. This influence manifested itself on the one hand through friends, former colleagues, and family members already living in Zürich who "invited" the respondents. On the other hand, former migrants who reported positively about their life in Zürich after returning home also played a role. If the family in the home country lives in (financial) distress, often a family member is encouraged to emigrate to support their relatives from abroad.

"I really wanted to leave Croatia and live in Western Europe to work in the fashion industry. A friend from primary school was working in Switzerland, in Zürich. One time, when she was home, she told me about it, and I wanted to try it too – to live in Switzerland, earn money, and have a better life. She was working for a Swiss family as an au pair. When she had to return to Zagreb due to family reasons, she recommended me to the family to take over her position." (Woman, Croatia, 32)

The targeted use of Swiss social benefits and medical services was never mentioned as a motivation for migration in any of the interviews, which contradicts the popular theory of welfare tourism. Homelessness was primarily discussed in relation to poverty, while health was mentioned only twice as a motivation for migration—more as a "push factor" than a "pull factor," meaning that poor health contributed to migration rather than the prospect of using Swiss healthcare services. Under ambitions, we grouped concrete goals the respondents wanted to achieve in Zürich, such as completing a training program or gaining work experience. However, such specific goal-settings were rarely mentioned.

Figure 1. Most frequently mentioned reasons to migration (multiple responses possible, n=21)



Labour Market

Since participation in the labour market was a central focus of our study, we also asked participants about their qualifications, work experience in Switzerland and their home countries, the main obstacles they faced in finding suitable employment, and their previous efforts to secure a job in Zürich. Our findings showed that the vast majority of respondents had not completed any formal vocational training. Eleven out of 21 participants had no school qualifications or had dropped out of their studies for various reasons—most commonly due to poverty and the need to find work to support themselves and their families. Seven respondents had completed vocational training, for example, as bricklayers, electricians, seamstresses, or nurses.

Almost all individuals (six out of eight) who had obtained a school qualification and thus a professional credential in their home countries had either a job in Zürich or prior experience in the primary (open) labour market. Conversely, nearly all those who arrived in Zürich without qualifications were unable to find employment in Switzerland. This suggests that qualified and employable European destitute migrants can, in many cases, be integrated into the Swiss labour market relatively quickly and smoothly.

"A construction site is a construction site, no matter where. I work on the scaffolding, and I don't care whether I'm in Romania or in Switzerland – the only difference is that the wages are five times higher." (Man, Romania, 48)

Seasonality has a significant impact on employment opportunities, particularly for construction and agricultural workers. One man from Romania, for example, worked throughout the summer and into autumn on a construction site. His employment ended in the winter, and during that time, he was unable to find another position in the construction sector. He had to wait until spring to be rehired by the same company. As long as he had money, he stayed in a cheap hotel, but once his savings were exhausted, he became homeless and lived on the street. Age also

represents an added vulnerability for foreign workers. A trained bricklayer from Germany, for instance, had sent dozens of job applications since arriving in Switzerland but received no offers. At 59 years old, he is considered "too old" for the construction industry and is not hired despite his extensive experience.

"I sent out many applications. Twice, I managed to get something for a short time: two days on a construction site, but then I was sent away – I don't know why. Then seven days at a moving company, but after that, they just never got back to me." (Man, Germany, 59)

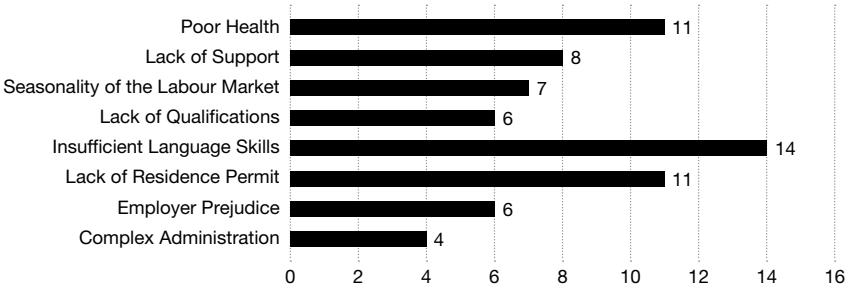
Another interviewee, already 70 years old, receives a small pension from his Eastern European home country and occasionally works as a cleaner in a church in Zürich. The Zürich labour market often lacks employment security. An injury or job loss can place individuals in a precarious situation—especially if they have only short-term employment and a temporary residence permit. Agencies and labour intermediaries can also play a role in supporting job seekers by bringing workers from other European countries directly to Switzerland to fill labour shortages. A young woman moved to Zürich directly after completing vocational school and, like many Eastern European women, initially worked as a child caregiver through an agency. Later, she found a position with a Swiss supermarket chain that matched her original training. Unfortunately, she had to quit due to conflicts with colleagues.

In addition to advanced age, low qualifications, and limited work experience, the respondents' health status also occasionally hindered their entry into the labour market. Half of the respondents (11 individuals) suffered from a chronic illness, a psychiatric disorder, or the consequences of an injury. Psychiatric conditions (either diagnosed or non-diagnosed) were particularly common among participants and significantly affected their daily lives and quality of life. Five young men were diagnosed with schizophrenia in their home countries but did not receive adequate psychiatric treatment in Zürich. While individuals with injuries and physical illnesses are generally treated relatively effectively within the Swiss healthcare system, the lack of sufficient psychiatric care represents a major gap in the available support services.

Beyond the formal or open labour market, some individuals found income through informal or illegal work. Among the respondents, there were beggars, sex workers, and street musicians who operated in the grey or half-legal zone of the labour market. One young man from Italy, for example, sold mobile phones on the street that he had purchased cheaply in Italy, earning a small income during his first months in Zürich. According to the respondents, the main barriers to integration into the labour market were: insufficient language skills, prejudice from employers against Roma and/or Eastern Europeans, seasonality of the job market, lack of qualifications, absence of a residence permit, and the complexity of the Swiss bureaucracy (see Figure 2).

Fourteen respondents named language barriers as the main reason for their difficulties in finding work. They reported having trouble writing a résumé or participating in a job interview in German. The lack of a residence permit was also a major hurdle, as employers often require a valid permit before hiring. Eight participants mentioned that, despite needing support, they had not received any assistance from Swiss aid organizations in finding work.

Figure 2. Most common obstacles in the job search (multiple responses possible, n=21)



The majority of respondents (17 individuals) had already made concrete efforts to find a job on the Swiss labour market. Some received professional support from social services, while others sent their résumés directly to employers on their own. Most of the job searches were conducted online via job portals, through offers from aid organizations, or through informal exchanges with peers.

Housing and Homelessness

At the time of the interviews, all participants were living in precarious housing conditions (see Figure 3). Since most of the interviews were conducted in homeless shelters, all respondents had experience with various forms of homelessness, and many were either staying in emergency shelters or sleeping in public spaces. Street homelessness is a particularly severe form of homelessness, yet half of the respondents (11 individuals) regularly slept on the street. The high number of street homeless individuals can be explained by the limited number of places in emergency shelters, which are also available to foreign homeless persons. In rare cases, sleeping on the street is a personal choice. Individuals who theoretically have access to emergency shelters but choose not to use them often reported negative experiences—such as theft, violence, or interpersonal conflicts encountered in these facilities. Train stations sometimes offer a temporary retreat from the street, where people can warm up for a short time before being asked to leave by security personnel.

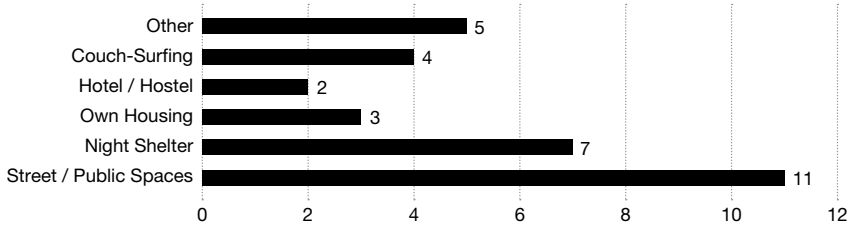
"I sleep at the main train station, where homeless people are tolerated by security staff. I sleep in the heated waiting room, but only 2–3 hours per night. That's why I'm tired and exhausted all day." (Man, Italy, 19)

Some participants reported repeated harassment by the police and therefore tried to hide—for example, behind the old city wall or in a forested area. This invisibility increases the risk of hypothermia and frostbite, and these individuals often remain out of reach for social workers. Among the homeless respondents were also individuals who had been pushed out of their apartments due to the tense housing market in Zürich and ended up on the streets after losing their accommodation. Two young men, for instance, could no longer afford their apartments after renovations led to increased rent.

"I lost my apartment in December 2024 due to renovations. (…) We were simply put out on the street. Now I sleep in emergency shelters like this one." (Man, United Kingdom, 28)

A combination of sleeping on the street and using emergency shelters or other temporary accommodations (e.g., hotels, couch surfing) is quite common among mobile European homeless individuals. We asked the participants where they had spent their nights during the past month. The results show that, in addition to street homelessness, many also use available emergency shelters. However, they are allowed to stay there only for a limited period, and outside operating hours, they must find alternative accommodations. As alternative solutions to night shelters, two homeless women, for example, stayed in shelters that allow longer stays, while Romanian construction workers were living in a low-cost hotel, using their savings until they could start a new job in the spring — a job that would include accommodation. Furthermore, one woman was living in a container placed in the courtyard of a private home, where she worked as a domestic helper.

Figure 3. Housing conditions in the past month (multiple responses possible, n=21)



We also asked about participants' housing situations in their countries of origin, and only 4 out of 21 had experienced homelessness there. However, all respondents had struggled with homelessness in Zürich. Although almost all lived in poverty

in their home countries, they had access to relatively stable housing that provided a sense of security. From this perspective, migration did not lead to an improvement in their objective housing conditions.

Coping Mechanisms and Received Assistance

Under the main category "coping strategies," we asked participants about their sources of income and how they manage to survive in Zürich. Our focus was particularly on alternative survival strategies such as begging, street music, or petty criminal activities. We also explored which types of support the respondents receive from Zürich-based aid organizations and how these services contribute to improving their living conditions. Based on our interview data, many respondents followed a relatively strict daily routine, largely determined by the opening hours and availability of homeless shelters, where they could eat, sleep, and warm up during the day. Some individuals never—or only occasionally—made use of Zürich's homeless services and had instead developed an alternative, nature-based survival strategy: they live in tents in the forest, sleep there, and wash themselves in the river.

Several participants reported that they need to hide in order to avoid being expelled from the city. For this reason, they do not access social or medical services and avoid busy public spaces to remain unnoticed. Other mobile homeless people were less cautious and saw their EU passports as a key guarantee for staying in Switzerland long-term. One common strategy involved collecting train tickets from travellers arriving from their home countries at Zürich's main station to "prove" they have only just arrived in Switzerland within the past week.

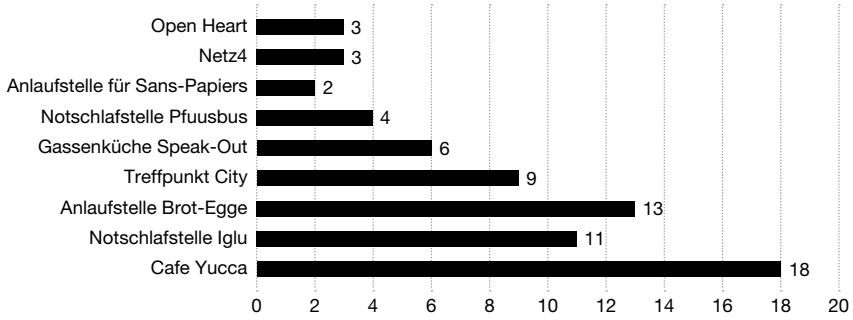
Respondents reported having very limited contact with Swiss nationals, and their social networks mostly consisted of other homeless people. Occasionally, they received support from this community, helping one another in job searches or sharing information about available aid services. Social workers and their organizations often represented the only connection to Swiss society.

Many respondents stated that they had received little or no support from social services in Zürich. Some also expressed dissatisfaction with the services and found them inadequate. These statements were at times contradictory, as several interviews took place while the respondents were eating, washing, or preparing to sleep at homeless organizations. Some interviewees voiced strong criticism of the city's only emergency shelter specifically for homeless migrants. According to some, this shelter was too noisy and overcrowded; there were reports of thefts and fights that disturbed their sleep. However, this criticism seemed somewhat vague, as during our own visit, this shelter appeared particularly clean, well-organized, and equipped with lockable storage compartments.

"The social workers don't help me. They listen to me, but they don't help at all. There are always favourite clients who get support, and others who receive nothing. I got some clothes, a bit of money, and a ticket to Hungary, but no one here wants to really listen to me." (Man, Hungary, 30)

A functional and combined use of various support services—including soup kitchens, emergency shelters, daytime drop-in centres, and food distribution points—was common among the participants. Visiting these facilities became part of their daily routine, which was adjusted according to the time of day, season, and individual needs. According to the interviews, nearly all respondents (18 out of 21) regularly visited *Café Yucca* (a popular soup-kitchen in the centre of Zürich), citing its easy, central accessibility and the low-threshold nature of its support. The *Iglu* emergency shelter for mobile homeless people (11 individuals), the *Brot-Egge* drop-in centre (13 individuals), and *Treffpunkt City* (9 individuals) were also frequently mentioned as places where participants spent time (see Figure 4).

Figure 4. Facilities visited by the participants (Multiple answers possible, n=21)



Sources of Information

We asked the interviewees how they obtained information about support services in Zürich and received very different accounts of the available options. Some participants reported that they simply walked through the streets, came across a facility by chance that could help them, and walked in. However, the primary source of information was the peer group—that is, other poverty migrants, homeless people, or beggars who were already familiar with the services and had had positive experiences with them (see Figure 5). These informal exchanges primarily took place in direct settings such as the dining rooms of emergency shelters, over a cup of coffee in day centres, or on a bench at the train station—settings also observed by the researchers during data collection. Older and more experienced homeless migrants often acted as mentors, introducing younger people to the world of home-

lessness care and job searching in Zürich. They shared their experiences, gave valuable advice, and helped younger people navigate the complex system of support services and the labour market.

"First, I went to a street cafe and asked the other homeless people as well as the staff where else I could eat and sleep. It's really quite simple like that. It was 15 years ago, and ever since, I have been supporting younger people arriving in the city." (Man, Hungary, 70)

Another important source of information was the staff of social organizations. However, communication with social workers and counsellors was often difficult due to language barriers and the high workload of the staff. This was observed by the researchers, for example, in emergency shelters and drop-in centres: staff members had so many urgent tasks (e.g., organizing dining areas, distributing food, admitting guests, receiving donations, and handling administration) that they had little time left for individual counselling. Multilingual information brochures were also mentioned as sources of information, but were less popular than the organizations' websites.

Information and communication technologies were also important resources for homeless migrants. All participants owned a mobile phone or a laptop that allowed them to access the internet. Many organizations provided internet access for those without a personal subscription. For job searching, the participants often used typical Swiss platforms or turned to social media such as Facebook, which was also frequently used for finding jobs. Among younger people, ChatGPT was also mentioned as an important source of information when looking for places to sleep or eat in Zürich.

"I received information about support services through ChatGPT. I ask my questions, and the AI answers them immediately. I also use ChatGPT for translations." (Man, Italy, 19)

Figure 5. Sources of Information about Support Services (multiple responses possible, n=21)



Future Perspectives

Regarding future perspectives, we wanted to know whether the respondents could imagine their future in Zürich, in their home countries, or elsewhere. The clear majority (13 people) wish to stay in Zürich and build a stable future there. However, the scenarios mentioned were often vague and lacked concrete goals, instead expressing general desires for work, a family, and a home. For several people, returning to their home countries was not an option, as they perceived it as a failure and proof that they could not achieve their goals and plans in Switzerland.

"I don't want to return to Slovakia; it would be a defeat for me if I couldn't find my place in Switzerland." (Man, Slovakia, 55)

Sometimes, they feared the shame in front of their families, especially if the family had financed their journey. Other respondents reported that they want to travel to another country. Many of them mentioned Germany and France, as well as the USA or Canada, as possible destinations. Almost all participants excluded returning home or considered it only possible at a later time, for example, at retirement age.

"One day I might return to Romania, maybe only when I am old. Until then, I want to live a somewhat better life than I could in Romania." (Man, Romania, 33)

Conclusions

According to the respondents, poverty and social insecurity in their countries of origin are the primary reasons for migration. In Switzerland, certain cantonal social policies—such as severely restricted access to welfare services—are deliberately designed to prioritize assistance for the local poor and to deter so-called "poverty migrants," including beggars, street musicians, and homeless individuals (Christen and Kurt, 2021; Temesvary et al., 2023). Social legislation often operates on a dual system: one that offers comprehensive services to Swiss residents, and a significantly more limited system for mobile destitute persons, who are typically only entitled to basic assistance such as food and temporary shelter (Colombo et al., 2016; Roduit, 2021). Due to the limited accessibility of homelessness services in Switzerland, the overall living conditions of European homeless migrants are significantly poorer than those of Swiss nationals experiencing homelessness. They are more frequently affected by street homelessness and rely primarily on support from experienced peers rather than professional social workers. Support from friends and family members is another important factor influencing migration-related decisions. With open borders within the Schengen Area, individuals are free to visit relatives and acquaintances in Switzerland and may initially stay with them while exploring their own opportunities. However, these contacts often live under precar-

ious conditions themselves and are therefore unable to provide substantial support to newcomers—a pattern also observed in other European cities, as reported by Scholten and van Ostaijen (2018).

The Zürich system of homelessness care is not equipped to support the increasing number of destitute European migrants. City social services are primarily designed to assist local homeless individuals or those with an official residence permit who have lived in Zürich for an extended period. Our research revealed that individuals with special needs—such as elderly homeless people or those with psychiatric disorders—often do not receive adequate care. The limited services available to homeless migrants primarily address only basic needs and fail to respond to more complex life situations. In the area of psychiatric care, although some psychiatric services are already accessible to destitute migrants in Zürich, the inadequate treatment of mental illnesses remains a significant issue for this target group. Mental health services are particularly inaccessible to individuals who sleep in public spaces and generally remain outside the reach of social service organizations (Blaser et al, 2021).

The vast majority of European homeless migrants come to Zürich in search of employment and a better quality of life than in their home countries (Frick, 2010). However, their efforts often remain unsuccessful due to a lack of work experience, language skills, and a valid residence permit. There is a shortage of workers in Zürich's gastronomy, cleaning, construction, and care sectors; however, these positions are often inaccessible to homeless migrants due to a lack of skills and support. The majority of respondents reported that, despite some minor support services, they received no concrete help in job searching from Zürich's homelessness organizations. The high workload of staff and language or intercultural barriers within the facilities hinder effective job counselling. This leads to a paradoxical situation: despite an existing labour shortage, the homeless migrants remain excluded from open job opportunities.

Lack of language skills was cited as the main reason why respondents couldn't find work, had difficulty representing themselves before authorities, or struggled to interact with Swiss citizens. Only two interviewees spoke German as their native language, and the majority were unable to communicate adequately in German, which significantly hindered their daily activities—particularly their job search. According to the international literature (Mostowska, 2014; Striano and Young, 2018; Scholten and van Ostaijen, 2018), language skills are key to successful social integration. Experiences from previous Swiss studies (Temesvary et al., 2023) also show that homeless migrants in Zürich have significantly less access to language courses compared to those in Geneva or Lausanne. Online offerings and information sources are particularly popular among homeless

migrants, especially the younger generation. Websites of aid organizations are frequently visited, and the use of artificial intelligence to find food and sleeping opportunities is increasing. Although several online platforms from aid organizations already exist in Zürich—mostly informative and in some cases multilingual—there is still room for improvement.

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Barriers and Enablers to Health and Social Care Access for Homeless Hostel Residents from the Perspectives of Community-based Staff: A Qualitative Study

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Abstract_ *Homelessness represents a persistent public health issue. Homeless hostel residents (HHR), particularly long-term and episodic residents, experience disproportionately high levels of morbidity, multimorbidity, and premature mortality. There has been little research into HHR in Northern Ireland (NI). This qualitative study explores barriers and enablers to healthcare access for people living in homeless hostels in four rural health trusts in NI, drawing on the perspectives of community-based support staff. Using an exploratory qualitative design informed by social constructivism and underpinned by Levesque et al.'s client-centred framework for access to healthcare, eleven semi-structured interviews were conducted with eleven experienced hostel support workers for HHR. Data were analysed using Braun and Clarke's thematic analysis. Findings highlight intersecting personal, structural and systemic barriers, including stigma and discrimination, fragmented service provision, GP registration difficulties, geographical displacement and workforce pressures. Key enablers included the advocacy role of hostel support workers, access to Homeless Health Nurses, and collaborative in-reach services.*

The study underscores the critical role of community-based staff in mitigating health inequalities among HHR and highlights the need for integrated, trauma-informed and adequately resourced models of care. Policy implications include the expansion of specialist homeless health services, improved inter-agency information sharing, and enhanced recognition of support workers' advocacy

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roles. These findings contribute to the evidence base on homelessness and health, with relevance for public health policy and service design across comparable settings.

Keywords_ *homeless hostels; healthcare access; health inequalities; community-based staff; Northern Ireland; qualitative research.*

Introduction

This study focuses on 'homeless hostel residents' (HHR), defined as individuals residing in temporary accommodation such as hostels or shelters (Simon Community, 2022). This population has grown substantially in the UK, with a 74% increase in people living in temporary accommodation over the past decade (Shelter, 2023). While hostels aim to provide short-term accommodation and support, residents often present with complex health needs, including physical illness, mental health conditions, and substance use, commonly described as trimorbidity (Hewett and Halligan, 2010).

This study focuses on Northern Ireland. NI has a population of approximately 1.9 million people (NISRA, 2025). Currently, it is estimated that approx 88 000 individuals are experiencing housing instability in Northern Ireland (Homeless Connect, 2025). This is an increase of 132% over the last decade (Big Issue, 2025). The leading causes of homelessness in Northern Ireland are accommodation not being reasonable, family breakdown, and loss of rented accommodation. These factors are closely associated with increased exposure to environmental hazards, heightened risk of domestic violence, and financial strain (NISRA, 2025). Table 1 below summarises some background data.

Table 1: Summary of recent data on homeless-related populations in Northern Ireland

Indicator	Statistic	Time Period	Source
Homeless Presentations	15 845 households	Oct 2024– Sep 2025	NISRA
Statutorily Homeless	10 501 households	Oct 2024–Sept 2025	NISRA
Children (0-19 yrs) affected	19 700	Sep 2024	NIHE/PPR
Hidden Homelessness	25 000	March 2026	Homeless Connect

In Northern Ireland, there are five geographical Health Trusts, see Figure 1. Belfast Trust is an urban trust, whereas the other four cover more rural areas: Northern, Southern, South Eastern, and Western Trusts. Some research has been undertaken

with women living in homeless hostels in the Belfast Trust area (McNeill et al., 2022). The Belfast Trust also has an extensive homeless MDT, in line with NICE guidance. This study, therefore, focuses on the perspectives of community-based hostel staff working in the four rural health trusts in Northern Ireland, where little research has been undertaken and access to homeless health services is limited to 1 Homeless Health Nurse per trust area.

Figure 1



The Supporting People programme funds approximately 86 homeless hostel facilities across NI, see breakdown below. Thirty of these services are registered within Belfast, with the other 56 dispersed across the rest of Northern Ireland.

Table 2: Number of hostel accommodation places, by category across NI Trusts

Accommodation type	Number of services	Number of places
Homeless family hostels	24	311
Accommodation for women experiencing domestic abuse	14	138
Single homeless (includes those for people with additional needs Mental Health, Alcohol and drug addiction, offenders)	48	1256
Total	86	1705

Aims and Objectives

This qualitative study aimed to explore the perceived barriers and enablers to accessing health and social care services for people living in homeless hostels (HHR) in Northern Ireland, from the perspectives of community-based support staff. The objectives were to: Identify perceived barriers to accessing health and social care services for HHR; and explore factors that enable and facilitate access to services using the Levesque et al. (2013) client-centred conceptual framework to inform data collection and analysis. A supplementary objective was to use these findings to develop recommendations that could enhance healthcare access for HHR.

Methods

Study design

An exploratory qualitative design grounded in social constructivism was employed to capture in-depth insights into healthcare access from the perspectives of frontline hostel staff (Parahoo, 2014). Qualitative methods were selected to enable exploration of complex, context-dependent experiences not readily captured through quantitative approaches (Braun and Clarke, 2006).

The study was theoretically underpinned by Levesque et al.'s (2013) client-centred framework for access to healthcare, which conceptualises access as an interaction between individual abilities (to perceive, seek, reach, pay, and engage) and service characteristics (approachability, acceptability, availability, affordability, and appropriateness). This framework has been widely applied to vulnerable populations, including people experiencing homelessness (Cu et al., 2021).

Sampling and recruitment

Purposive sampling was used to recruit experienced community-based staff working directly with HHR across Northern Ireland. Inclusion criteria required participants to have at least two years' experience supporting HHR. Recruitment was facilitated through independent gatekeepers, including the Enhancing Care of the Homeless (ECHO) group and the Northern Ireland Housing Executive.

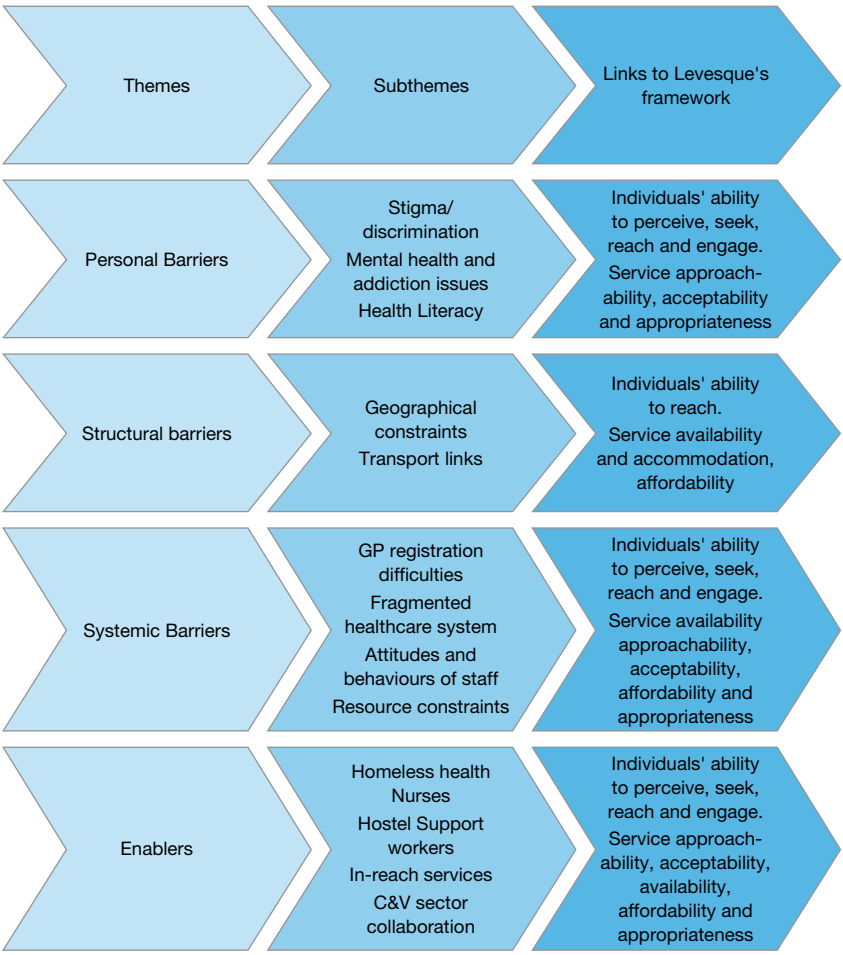
Eleven participants were recruited, representing all six counties of Northern Ireland, covering all four health trusts. They were aged 30-62 years old and included six women and five men. Participants collectively contributed 192 years of experience working with HHR.

Data collection

Semi-structured interviews were conducted via Microsoft Teams to accommodate geographical dispersion (Thunberg and Arnell, 2022). Interviews lasted 45–90 minutes and were audio-recorded with consent. An interview guide included eight questions, which were informed by the literature review and mapped to Levesque's framework, whilst allowing flexibility to explore emerging themes (See supplementary file).

The themes and sub-themes are mapped to Levesque's framework in Figure 1.

Figure 1: Themes and Sub-themes discussed linked to Levesque's Framework



Data analysis

Data were analysed using Braun and Clarke's (2006) six-phase thematic analysis. Transcripts were read repeatedly to ensure immersion, coded inductively, and organised into themes and sub-themes. Themes were subsequently mapped against Levesque's framework to enhance analytical coherence.

Trustworthiness was ensured through strategies addressing credibility, transferability, dependability, and confirmability (Lincoln and Guba, 1985). Member checking, reflexive journaling, and peer debriefing enhanced rigour.

Ethical approval was granted by Ulster University Research Ethics Committee (Ref: CNUR-24-019), and all participants provided informed consent.

Findings

The thematic analysis identified a complex interplay of personal, structural, and systemic factors influencing access to health and social care for HHR. While barriers were dominant across participants' accounts, important enablers were also identified, which were derived from the advocacy role of hostel staff as they support HHR to access health and social care services. Verbatim quotations are included to preserve participants' voices and to illustrate the depth and nuance of the findings.

Personal Barriers to Accessing Care

Stigma, discrimination, and distrust

Stigma emerged as the most consistently reported personal barrier, discussed by all eleven participants. Community experts described how residents' previous negative experiences with healthcare professionals had resulted in deep-seated mistrust of health and social care services. Participants reported that HHR frequently felt judged, dismissed, or treated as undeserving of care, particularly when presenting with mental health or substance use issues.

One participant reflected:

"A lot of our residents have had terrible experiences in the past; they feel judged or dismissed, which makes them reluctant to seek help again." (P09)

Several participants recounted incidents where residents were denied adequate pain relief or had symptoms minimised due to assumptions related to addiction histories. These experiences were described as contributing to feelings of shame, fear, and reduced self-worth, often resulting in avoidance of services until the crisis point. One particularly distressing account highlighted the impact of dismissive professional behaviour following a suicide attempt:

"The first thing the paramedic said was 'you disturbed my lunch'. What does that say to the guy, when he was in a really bad way?" (P02)

Participants emphasised that repeated exposure to such encounters reinforced a sense of fatalism among residents, reducing their willingness to engage with preventive or ongoing care.

Mental health and substance use

Mental health difficulties and substance use were identified as significant personal barriers, often operating simultaneously. Participants described how services frequently refused to engage with individuals who were intoxicated or actively using substances, even when presenting with urgent health needs. Emergency department waiting times were reported to be particularly problematic for residents experiencing withdrawal symptoms, with limited access to substitution or supportive medication while awaiting assessment.

The absence of integrated dual diagnosis services was repeatedly highlighted. Participants described residents being referred, back and forth between mental health and addiction services (CAD), with neither taking responsibility for care:

"Dual diagnosis is a major issue. People are being sent to different places for mental health and addiction, and they just get tired of running between services." (P09)

This lack of coordinated support was seen to exacerbate disengagement and deteriorating health.

Structural Barriers

Geographical displacement and rurality

Rurality was identified as a major structural barrier to healthcare access. Participants described how residents displaced into hostels outside their original Health Trust areas were often required to re-register with GP practices and re-enter waiting lists for specialist services. This frequently resulted in delays in accessing medications and disrupted continuity of care.

One participant explained:

"We've had GPs refusing to give antipsychotic medication… even though they've been taking it for years. That's a real risk management issue for us." (P07)

Participants stressed that such disruptions posed significant risks, particularly for residents with severe mental illness.

Transport and service availability

Limited public transport infrastructure across rural Northern Ireland further compounded access difficulties. Many participants reported that residents were unable to attend appointments due to distance, cost, and poor transport links. Hostel staff frequently accompanied residents to appointments, sometimes using personal vehicles or funds, but acknowledged this was unsustainable.

Missed appointments due to transport barriers often resulted in residents being discharged from services:

"If they miss one appointment, that's it, they're discharged. There's no flexibility." (P08)

Systemic barriers

GP registration and bureaucratic exclusion

Difficulties registering with GP practices were reported by most participants. Requirements for identification, proof of address, and postcode restrictions were described as persistent barriers, despite national guidance stating these are not mandatory for registration. Several participants recounted GP practices refusing registration upon hearing a hostel address:

"As soon as they heard the address, they would say they were full… then if I rang back and didn't give the address, suddenly there was space." (P02)

Participants working in one area reported fewer difficulties, which they attributed to established relationships with GP practices and the presence of an inclusion health hub, highlighting regional inequities in access.

Fragmented services and poor communication

Fragmentation across health and social care services was identified by all but one participant. Poor coordination between mental health, addiction, primary care, and hospital services often resulted in inappropriate discharges, lack of follow-up, and residents having to repeatedly recount traumatic histories.

Participants also reported that information sharing was frequently restricted, with GDPR cited as a barrier:

"Clients go from service to service and have to repeat their stories, get frustrated, and leave." (P01)

Attitudes towards hostel support workers

Seven participants reported feeling dismissed or undervalued when advocating for residents. Hostel staff were often excluded from appointments or care planning, despite their detailed knowledge of residents' needs. One participant described being asked to leave a GP appointment, resulting in the resident receiving inadequate care and later being detained under mental health legislation.

"I work for the Trust, you're voluntary, what would you know?" (P05)

This lack of professional recognition was perceived as undermining collaborative care.

Table 3 provides an overview of the identified barriers and enablers as highlighted by the community-based staff. The table illustrates that personal barriers such as stigma and mental health issues were most frequently reported, while structural challenges like transport and systemic issues, including GP registration difficulties, were also prevalent. Conversely, access to Homeless Health Nurses and the advocacy role of hostel staff emerged as key enablers.

Table 3: Perceived Barriers to accessing health and social care for HHR as identified by community experts

Barriers	01	02	03	04	05	06	07	08	09	10	11
Personal Barriers											
Stigma/discrimination/distrust previous bad experiences HHR	x	x	x	x	x	x	x	x	x	x	x
Mental health and addiction issues	x	x	x	x	x	x	x	x		x	
Health literacy/communication/appt. notification		x	x		x	x	x	x			x
Structural Barriers											
Limited resources/ transport/ travel difficulties	x	x	x	x	x	x	x	x			x
Inadequate local services/geographical restrictions			x	x	x	x	x				x
Lack of health services i.e. Dental	x	x		x						x	x
Systemic Barriers											
Access to GP registration/ Services/GP Rota Issues – issues with Identity Documents/ Paperwork	x	x	x	x	x	x	x	x			x
Inadequate GP/out of hours support once registered/ Unable to access medications/ missed medications	x	x	x			x	x	x	x		x
Stigma to homeless health support workers from the health and social care community	x	x			x	x	x	x			
Lack of continuity of care/ inflexible services/ rapid closure after missed appointments	x	x			x	x	x				x
Inadequate Crisis Response/Mental health access/ long wait times/ unable to transfer and having to start at referral again if displaced	x	x	x	x	x	x	x	x			x
Fragmented services (statutory)/inappropriate discharge/ lack of follow up	x	x		x	x	x	x	x		x	x
Lack of response from social services			x								
Lack of dual diagnosis services	x	x			x	x	x	x		x	x
Attitudes of GP/health and social care staff towards homeless health support workers	x	x		x	x	x	x	x			
homeless health support workers staff burnout/ minimal wages/ emotional impact of the job	x	x		x	x	x	x		x	x	x
Poor communication/ coordination information sharing between health and social care services and hostels/Voluntary &Community sector	x	x	x		x	x	x	x		x	x
Emergency Department wait times/Inappropriate care/ lack of withdrawal meds offered to assist with waiting / hospital admissions		x			x	x	x	x	x		x
No access to Homeless Health Nurse											x

Enablers to Accessing Care

Homeless Health Nurses and specialist services

Access to a Homeless Health Nurse (HHN) was consistently identified as the most significant enabler. Participants described HHNs as providing holistic assessments, advocacy, and navigation of complex systems:

"The Homeless Health Nurse has been a real champion for us… she helps us navigate the system." (P09)

However, participants expressed concern about service inequity, as not all hostels had access to HHNs, and coverage was unavailable during absences.

"Our nurse is amazing, but has been off sick for a while and there is no cover, the service has stopped….one nurse for an entire trust area is just not enough" (P02)

Advocacy role of hostel support workers

All participants described spending between 50–70% of their working time addressing residents' unmet health needs. Hostel staff supported GP registration, appointment attendance, medication management, and health literacy. Their long-term relationships with residents enabled early identification of deterioration and crisis prevention.

"We are with the clients 24/7….we build relationships understand triggers and know when things are going to happen" (P01)

The emotional burden of this role was evident, particularly following resident deaths or suicide attempts. Participants described staff trauma, burnout, and difficulties with recruitment and retention, exacerbated by low pay and insecure funding.

Table 4 demonstrates that access to dedicated Homeless Health Nurses and the advocacy role of hostel support workers were the most frequently cited enablers, complemented by collaborative in-reach services, and strong relationships with health teams.

Table 4: Factors that enable community-based staff to support HHR accessing Health and Social Care

Enablers	01	02	03	04	05	06	07	08	09	10	11
Access to dedicated Homeless Health Nurse	x	x		x	x	x	x	x	x	x	
Advocacy role of homeless health support workers with appointments/letters and health literacy	x	x		x	x	x	x	x			x
Access to other in-reach homeless health practitioners/hub	x	x			x		x	x	x	x	x
Collaborative efforts i.e. ECHO, homeless health nurse working alongside Community & Voluntary organisations	x	x		x	x						x
Locally Enhanced Service funding to engage GPs	x										
On site medication management/ collaborative working with pharmacies	x									x	x
Funding for health initiatives	x	x									x
Community & Voluntary organisations i.e. External, Triangle, floating support, religious organisations			x		x	x	x			x	
A good relationship with health and social care teams/ other bodies i.e. Community Addiction Team/ GP					x	x			x	x	x
Harm minimisation services					x	x	x	x		x	

Table 5 highlights recommendations prioritising the expansion of Homeless Health Nurse provision, development of dual-diagnosis services, improved information sharing, and trauma-informed training, alongside systemic reforms such as streamlined GP registration and integrated care teams.

Table 5: Recommendations to improve access to health and social care for HHR as identified by participants

Recommendations	01	02	03	04	05	06	07	08	09	10	11
Increase number of Homeless Health Nurses to deliver more interventions and provide cover	x	x	x	x	x	x	x	x	x	x	x
Dual Diagnosis services specifically for the homeless	x	x	x	x	x	x	x	x		x	x
Improve information sharing/follow up	x	x	x	x	x	x	x	x		x	x
Promote role of homeless health support workers/More funding to Improve facilities/ training and working environment for homeless health support workers to enhance job satisfaction	x	x			x	x	x	x		x	x
Training of health and social care staff – trauma informed care/sensitivity/ increased awareness of ACEs to reduce stigma etc		x		x	x	x	x	x	x	x	
Policy and funding reform	x	x		x	x	x			x	x	
Streamline GP registration/ to make it accessible	x	x	x	x				x	x	x	
More in-reach services/ mobile units	x	x		x	x			x	x		x
Specialist integrated care teams/ homeless health MDT/Hub in each Trust (as per NICE guidance)		x	x		x	x	x	x		x	
Peer support/PPI involvement in design of services for HHR		x			x	x				x	x
Flexible service pathways/strengthen relationships					x		x		x	x	
Better transportation/free public transport					x	x		x			
Support health literacy and admin needs		x						x			x
Coordinated approach with other sectors i.e. PSNI, NIFRS, NIHE etc							x				x

Discussion

This study highlights how intersecting personal, structural, and systemic barriers constrain healthcare access for HHR across Northern Ireland. Findings align with international literature documenting stigma, fragmentation, and bureaucratic exclusion within healthcare systems (O'Carroll and Wainwright, 2019; Carmichael et al., 2023).

The advocacy role of hostel support workers emerged as central to mitigating these barriers, echoing findings from other European contexts (Armstrong et al., 2021). However, reliance on informal advocacy underscores systemic shortcomings and places emotional and professional strain on a workforce that remains under-recognised.

Mapping findings to Levesque's framework illustrates how service redesign, particularly through trauma-informed care, streamlined registration and integrated homeless health teams, could enhance both access and engagement.

Strengths and limitations

A key strength of this study lies in its focus on rural homelessness, an under-researched community. The qualitative design enabled rich, contextualised insights. Limitations include potential selection bias and the exclusion of Belfast-based hostels, which may limit generalisability to more urban settings. This study was also limited in that it did not directly interview HHR or other stakeholder groups, and the findings may therefore represent some biases due to reliance on staff perspectives. Some aspects of the findings may not be generalisable beyond Northern Ireland.

Implications for policy and practice

Findings support the expansion of access to Homeless Health Nurses, access to dedicated dual-diagnosis services, improved information sharing structures between the voluntary and public sectors with client agreement, and trauma-informed training for healthcare professionals.

Conclusion

Barriers to healthcare access for people experiencing homelessness extend beyond urban centres. In rural Northern Ireland, stigma, fragmentation, and service scarcity intersect and demonstrate a missed opportunity to address key health inequalities. Community-based staff and specialist homeless health services play a vital role in bridging gaps, but structural reform is required to achieve equitable access. Addressing homelessness as a public health priority demands integrated, adequately resourced, and person-centred approaches.

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Registration
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Children's Voices in Family Homelessness: Generational Divergences in Residential Support

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Abstract_ *Family homelessness has become increasingly visible across Europe, yet children's perspectives remain underrepresented and are often mediated through adult narratives. This research note addresses this gap through a qualitative case study conducted in a temporary residential facility for families experiencing residential exclusion in Mallorca, Spain. The study combines semi-structured interviews with adults and an adapted participatory walking interview with children to explore how homelessness and residential support are experienced within the family unit. Rather than treating the household as a unified analytical category, the research examines the divergences that emerge between adult and childhood perspectives. More specifically, the study asks what becomes visible when children's voices are placed at the centre of the analysis of family homelessness and residential support. The findings reveal significant generational divergences. While adults tend to frame the residential resource as a space of stabilization and safety, children experience it through transience, relational disruption, institutional routines, and continuous adaptation. The study also shows that children actively negotiate their situation through peer relations, identity management, and everyday forms of agency within the resource. The findings suggest that material provision alone is insufficient to understand well-being in contexts of family homelessness. Children's accounts highlight the importance of relational, symbolic and everyday dimensions that frequently remain invisible in household-centered approaches. The article argues for the systematic inclusion of children's voices in homelessness research and for greater attention to childhood experience in the design of residential support services.*

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Keywords_ *Family homelessness; Children's voices; qualitative research; generational divergences; Childhood agency.*

Introduction

Family homelessness has become an increasingly visible form of residential exclusion across Europe, particularly in contexts marked by housing shortages, rising rental prices and growing socioeconomic insecurity (Baptista et al., 2017; Horvat and Coupechoux, 2024). Despite this trend, research on homelessness has historically focused on single adults, especially men sleeping rough, while family homelessness has remained comparatively underexplored (Brush et al., 2016; Grant et al., 2013). At the same time, studies that do examine families frequently approach the household as a homogeneous unit of experience, assuming that homelessness and residential support are lived similarly by all family members.

Within this framework, children's experiences have often remained secondary or indirectly represented through adult narratives. Although the Convention on the Rights of the Child (1989) recognizes children as subjects of rights, including the right to participation, research on homelessness has continued to reproduce predominantly adult-centered perspectives (Beazley et al., 2009; Liebel et al., 2018). This limitation is particularly relevant in the field of family homelessness, where children are usually considered dependents affected by housing instability rather than social actors capable of interpreting and negotiating their own experiences.

Recent research has begun to underline the importance of incorporating childhood perspectives into the analysis of housing exclusion and homelessness (Lovell, 2020; Mayock & Neary, 2025; Warren & Barnes, 2023). These studies suggest that children's priorities do not necessarily coincide with those identified by adults or institutions. While policy responses frequently prioritize material protection and housing stabilization, children tend to emphasize dimensions related to safety, belonging, routines, peer relationships, and emotional predictability (Moore et al., 2008). Incorporating children's voices therefore does not simply broaden existing knowledge but may alter the analytical understanding of homelessness itself.

This perspective becomes especially relevant in temporary residential resources for families. These services are generally designed to provide protection, stability, and support during periods of housing crisis. However, they also regulate everyday life through institutional routines, shared spaces and behavioural norms that shape family relationships and childhood experiences in specific ways. Existing research has pointed out that institutional responses to homelessness may affect family

dynamics, parental roles and children's well-being beyond material conditions alone (Mayberry et al., 2014; Milaney et al., 2019). Nevertheless, little attention has been paid to how children themselves experience these environments and how their accounts may differ from adult interpretations of the same residential setting.

This research note addresses this gap through a qualitative case study conducted in a temporary residential facility for families experiencing residential exclusion in Mallorca, Spain. The study combines semi-structured interviews with adults and an adapted participatory walking interview with children to explore how homelessness and residential support are experienced within the family unit. Rather than treating the household as a unified analytical category, the research examines the divergences that emerge between adult and childhood perspectives.

The findings show that while adults often frame the residential resource as a space of stabilization and temporary security after periods of acute housing insecurity, children experience it through transience, relational disruption, institutional regulation and continuous adaptation. At the same time, children actively negotiate their situation through peer relations, identity management, and everyday forms of agency within the resource itself.

The article argues that incorporating children's voices is not only an ethical or participatory requirement but also an analytical necessity for understanding family homelessness more comprehensively. By foregrounding childhood experience, the study challenges the assumption of the household as a homogeneous unit of well-being and highlights the importance of relational, symbolic, and everyday dimensions in the experience of residential exclusion.

Children's voices and family homelessness

Research on family homelessness has traditionally relied on adult-centered perspectives, with children's experiences commonly mediated through parental narratives, institutional assessments or household-level indicators (Lovell, 2020; Mayock & Neary, 2023). Even when children are identified as one of the groups most affected by housing instability, they frequently appear as passive recipients of care and protection rather than as social actors capable of interpreting, negotiating, and giving meaning to their own circumstances.

This tendency reflects broader adult-centric traditions in social research. Different authors have questioned the historical marginalization of children's voices in knowledge production, arguing that childhood has often been approached through frameworks that privilege adult interpretations and concerns (Beazley et al., 2009; Liebel et al., 2018). Within this context, participation is not understood merely as

consultation, but as the recognition of children as competent social subjects whose experiences provide situated forms of knowledge that cannot be fully replaced by adult accounts.

The incorporation of children's perspectives becomes especially relevant in the analysis of homelessness and residential exclusion. Existing literature suggests that children's priorities and perceptions may differ significantly from those of adults. Whereas institutional responses tend to focus on material provision, housing access, and safety, children frequently emphasize aspects linked to everyday life, emotional stability, peer relationships, belonging, and predictability (Moore et al., 2008).

In recent years, some studies have begun to explore childhood experiences of homelessness more directly. Research has shown that children experiencing housing instability actively develop strategies of adaptation, negotiate social identities, and interpret institutional environments in complex ways (Martorell & Carrasco, 2020; Warren & Barnes, 2023). At the same time, homelessness may affect dimensions that exceed material deprivation alone, including emotional security, continuity of relationships and the capacity to sustain routines and social belonging (Murran & Brady, 2023).

This perspective challenges approaches that implicitly assume that improving household material conditions automatically translates into well-being for all family members. Family homelessness involves shared material circumstances, but these conditions are experienced differently according to generational position, social roles, and everyday interactions. Incorporating children's voices therefore has important epistemological implications, as it questions the household as a homogeneous subject of experience and highlights dimensions of institutional life, belonging and well-being that frequently remain obscured in adult-centered analyses.

In this study, incorporating children's voices was not conceived as an additional or complementary dimension of the research but as a central analytical strategy. The objective was not simply to compare adult and childhood accounts, but to examine how children's experiences reconfigure the understanding of family homelessness itself. By foregrounding children's perspectives, the study explores dimensions of residential support that remain less visible in adult-centered analyses, particularly those related to institutional everyday life, peer relations, agency and the relational dimensions of well-being.

Methodology

This study adopted a qualitative case study design centered on a temporary residential resource for families experiencing residential exclusion in Mallorca, Spain. The case study approach was selected to explore in depth how homelessness and residential support are experienced within the family unit, paying particular attention to generational differences between adults and children.

The research was carried out in *Es Convent*, a temporary residential facility managed by the Sant Joan de Déu Foundation in collaboration with public administrations. The resource accommodates families with dependent children who are experiencing different forms of residential exclusion and operates under a staircase model combining temporary accommodation with social and professional support. Families access the resource after experiencing situations such as overcrowding, housing insecurity, temporary accommodation with acquaintances, informal subletting, or episodes of homelessness.

The study combined two qualitative techniques designed to gather both adult and childhood perspectives. Semi-structured interviews were conducted with adults responsible for the household, while an adapted participatory walking interview was developed specifically for children. The objective was not only to compare perspectives but to examine how childhood experience contributes distinct forms of knowledge regarding homelessness and residential support.

Twelve family units participated in the study. The adult sample included ten two-parent migrant families, one migrant female single-parent family, and one Spanish female single-parent family. Adult participants ranged in age from 22 to 58 years old, with the exception of one 75-year-old grandmother who played a caregiving role within the household. The interviews lasted approximately one hour and explored residential trajectories, experiences within the resource, family dynamics, and expectations regarding the future.

Five children between 6 and 11 years old participated in the childhood activity. The group included children of Spanish, Central American, and South American origin. The activity lasted approximately four hours and took place entirely within the residential centre. The sample was not intended to be statistically representative, but rather exploratory and analytically oriented within the framework of qualitative research.

The incorporation of children as direct research participants responds to an epistemological position that questions the traditional adult centrality in homelessness research. Existing literature has shown that children's experiences frequently remain mediated through parental narratives, even in studies focused on families

(Beazley et al., 2009; Liebel & Markowska-Manista, 2021). In contrast, this study sought to access children's experiences directly through a methodological design adapted to their everyday environment and forms of expression.

The childhood research tool was constructed through a contextual adaptation of the child well-being indicators developed by UNICEF's Innocenti Research Centre (Adamson et al., 2007). Rather than applying these indicators abstractly, the study translated them into dimensions associated with concrete spaces inside the residential facility. This adaptation aimed to facilitate situated conversation grounded in children's daily experiences.

Different areas of the centre were linked to specific dimensions of well-being. The room or apartment was associated with privacy, family coexistence, and personal belongings; the dining room with food and everyday routines; outdoor spaces with leisure and friendships; the study room with schooling and relationships with teachers and classmates; the playroom with emotions, autonomy, and the experience of being listened to; and the offices with relationships with professionals. Finally, the entrance of the building was used to discuss connections with the neighbourhood and life outside the centre.

The activity adopted the form of a walking group interview. Children moved collectively through the different spaces while questions linked to each dimension were introduced progressively. This format reduced conceptual abstraction by situating discussions within familiar environments and concrete experiences. At the same time, the group dynamic facilitated interaction between participants, enabling shared reflection, collective validation of experiences, and spontaneous conversations between peers.

The methodological design also sought to minimize the imposition of adult categories during the research process. The gamified and mobile structure of the activity generated a more flexible environment than conventional interview settings and allowed children to redirect conversations toward dimensions they considered relevant. This proved particularly important in identifying aspects of institutional life and peer relationships that were less visible in adult interviews.

All interviews and activities were audio-recorded and fully anonymized. The qualitative material was analysed through thematic analysis using Atlas.ti. Coding was carried out inductively to identify recurring patterns and divergences between adult and childhood accounts. Particular attention was paid to dimensions related to well-being, institutional routines, safety, relationships, and experiences of everyday life within the resource.

Participation was voluntary. Informed consent was obtained from adult participants and assent from children. The objectives of the research and the possibility of withdrawing at any moment were explained using age-appropriate language. Given the context of vulnerability, special attention was paid to emotional safety during the fieldwork process. The research team coordinated with professionals working in the resource to ensure that participation did not interfere with ongoing support processes.

The study presents limitations associated with its single-case design and the small number of participating children. In addition, the group format may have influenced individual expression in some moments. Nevertheless, the methodological approach allowed access to dimensions of childhood experience that frequently remain absent in research on family homelessness, particularly those related to institutional everyday life, peer dynamics and children's situated interpretations of residential support.

Findings

Stabilization for adults, transience for children

Families' trajectories before entering the residential resource were marked by different forms of residential instability, including overcrowding, temporary accommodation with acquaintances, informal subletting and, in some cases, episodes of homelessness. For many participants, arrival in Mallorca had initially been linked to expectations of safety, employment opportunities, or support from social networks. However, these expectations frequently collapsed after arrival, leading to situations of housing insecurity and progressive exhaustion of available resources.

"The friend of hers received her at the time, but when we arrived, we discovered that there were ulterior intentions. On the first day the baby was already born and this person told us to leave. From there, well, the whole panorama changed for us, we went out onto the street to look, we spent a terrible week." (William, father)

Within adult narratives, access to the residential centre is predominantly described as a turning point that interrupts situations of acute uncertainty and instability. Participants emphasize the importance of having a protected place to stay, regular meals, and the possibility of reorganizing everyday life after periods marked by insecurity and the absence of housing alternatives. The resource is therefore experienced primarily through a logic of stabilization and temporary relief.

For adults, this stabilization is closely linked to the possibility of protecting their children. The reduction of immediate concerns regarding accommodation, safety and daily survival generates a perception of "breathing space" that allows families

to recover a minimum capacity for planning and organization. In this sense, the residential resource is not described as resolving structural vulnerability, but as temporarily containing it.

Children's accounts, however, reveal a different experience of the same trajectories. Rather than narrating housing instability through categories such as exclusion, homelessness, or loss, children frequently reconstruct these movements as a succession of places, journeys, or temporary stays. Their narratives are less structured around rupture and more around movement and adaptation.

"In how many rooms or houses have you lived in your life?" (Interviewer)

"Eight… And in hotels too." (Alejandro, son)

"Four." (Keyla, daughter)

"Do hotels count? Ah, then twelve." (Alejandro, son)

These accounts suggest that children do not necessarily conceptualize residential exclusion using the same interpretative frameworks as adults. Nevertheless, their narratives clearly reflect continuous mobility, instability, and the absence of long-term residential reference points. The experience of homelessness therefore appears less as a singular event and more as an ongoing condition of transience.

This divergence becomes particularly visible in relation to the meaning attributed to the residential resource itself. Whereas adults emphasize safety and stabilization, children's experience is strongly shaped by adaptation to new routines, shared spaces and changing social relationships. The centre is identified as a safe environment, but this perception is mediated less by housing conditions themselves than by changes observed in adult behaviour.

Children frequently associated improvement with the emotional transformation of their parents after entering the resource. Reduced tension, greater availability for interaction, and the disappearance of immediate fear emerged as key indicators that the situation had improved. In this sense, children's sense of safety appears relationally constructed through observation of adult emotional states rather than exclusively through material conditions.

At the same time, the resource does not fully eliminate experiences of uncertainty for children. Everyday life within the centre remains marked by temporariness, changing relationships, and the anticipation of future movement. While adults often focus on administrative procedures, employment and housing searches, children place greater emphasis on peer relationships and continuity in everyday interac-

tions. Their accounts reveal the importance of maintaining friendships, negotiating coexistence, and adapting to institutional environments structured by rules and collective organization.

These findings challenge approaches that treat the household as a homogeneous unit of experience. Although adults and children inhabit the same material conditions, they interpret and experience residential support differently. For adults, the residential resource primarily represents protection from immediate housing insecurity. For children, however, the experience is shaped more strongly by mobility, adaptation and the relational dimensions of institutional everyday life.

Institutional life through children's experience

Beyond providing temporary accommodation, the residential resource actively structures everyday life through rules, schedules, and shared spaces. While adults generally interpret these organizational dynamics as necessary for coexistence and institutional functioning, children's accounts reveal a more situated experience shaped by peer relationships, negotiations around rules and the management of everyday interactions within the centre.

One of the dimensions that emerges most clearly in childhood narratives is the importance of social relationships within the resource itself. Given the instability associated with homelessness and frequent changes of residence, peer relationships inside the centre acquire particular relevance. Children describe the resource not only as a place to live temporarily, but also as a social environment where friendships, alliances, and internal hierarchies are constructed.

Within these dynamics, length of stay becomes a significant element of recognition among peers. Children who have spent more time in the centre occupy more visible positions within the group and acquire a certain symbolic status linked to their familiarity with the institutional environment.

"The one who has been here the longest is Alejandro." (Matías, son)

"But I'm the first one who is going to leave." (Alejandro, son)

This exchange illustrates the unstable nature of belonging within the resource. Recognition and social position are constructed around permanence, yet permanence itself remains temporary and uncertain. The same element that generates status simultaneously contains the threat of rupture, since leaving the centre implies losing relationships and social references built within it.

Children's accounts also reveal forms of agency that are less visible in adult narratives. Institutional rules regulating movement, coexistence, and use of space are not experienced solely as external restrictions, but as norms that children continu-

ously negotiate in everyday practice. Certain spaces of flexibility acquire particular importance because they allow children to exercise decision-making capacity and autonomy within an otherwise highly regulated environment.

"There is a rule that says you cannot go to other people's rooms. But well, we do this without some of them finding out. Some know it, but they let us." (Alejandro, son)

Rather than interpreting these practices simply as transgression, children frame them as opportunities for interaction, friendship, and collective play. The selective flexibility shown by some professionals is experienced positively because it creates spaces where children can negotiate institutional control and produce their own forms of sociality. These dynamics reveal that children are not passive recipients of institutional regulation, but active participants in the production of everyday life within the resource.

At the same time, children's accounts highlight dimensions of institutional experience that remain less visible in adult interviews, particularly those related to fear and emotional security. Although adults generally describe the centre as safe compared to previous housing situations, children identify specific moments and spaces associated with insecurity, especially where supervision decreases or where movement through common areas becomes more uncertain. Safety therefore appears as a situated and relational experience linked not only to material protection, but also to how institutional spaces are inhabited and interpreted in everyday life.

The organization of collective spaces also shapes children's experiences in ways that differ from adult priorities. Rules designed to preserve family privacy and facilitate coexistence may unintentionally limit opportunities for peer interaction. One example is the assignment of tables in the dining room according to family units. Adults rarely identify this rule as especially relevant, whereas children place strong value on the occasions when they are allowed to sit with other children during weekends. In a context where maintaining friendships outside the resource is often difficult, these moments acquire particular significance as opportunities for belonging and social continuity.

Children's narratives further reveal how institutional life exposes them to adult tensions, concerns and conflicts that are difficult to separate spatially within the residential environment. Shared living conditions and limited privacy mean that conversations related to housing insecurity, family problems or institutional processes frequently become part of children's everyday experience. As a result, children inhabit an environment where distinctions between adult and childhood spaces are often blurred.

These findings show that the experience of residential support extends far beyond accommodation itself. From children's perspectives, institutional life is shaped by negotiations around rules, the search for autonomy, peer relationships and the management of emotional security within shared spaces. These dimensions remain partially obscured when residential resources are analysed primarily through adult-centred frameworks focused on housing stabilization and service provision.

Family routines, rituals, and constrained agency

Beyond regulating coexistence and everyday interactions, the residential resource also reshapes family routines, rituals, and forms of care. These transformations affect not only the practical organization of daily life but also the relational and symbolic dimensions through which families construct well-being, parental roles, and senses of normality.

Adults frequently describe the loss of control over everyday practices previously associated with family autonomy. One of the most significant examples concerns food and cooking. Within the resource, meals are institutionalized through collective organization, schedules, and standardized provision. Although families generally value having guaranteed access to food, many adults experience the impossibility of cooking as a disruption of their parental role and their capacity to care for their children according to family preferences, cultural practices, or everyday routines.

This transformation extends beyond material provision itself. Cooking appears in adult narratives as a relational activity linked to intimacy, care and family cohesion. Its absence therefore affects not only daily organization but also the ways parents understand and perform caregiving responsibilities. Similarly, the need to discuss administrative procedures, housing searches, or institutional processes within collective spaces alters the meaning traditionally associated with moments such as shared meals or family time.

Children's accounts reveal how these institutional dynamics are also experienced through changes in rituals, celebrations and everyday forms of belonging. Within the centre, some family practices continue to exist, but under formats strongly shaped by institutional organization. Birthday celebrations provide a particularly illustrative example.

"I've already eaten the cake like four or five times. It's always the same one. Do you know what's not cool? What's not cool is that there should also be cake for the grown-ups. I mean, when an adult has a birthday, they should get one too." (Alejandro, son)

Rather than rejecting the celebration itself, children emphasize its standardized and repetitive character. The repetition of the same cake and organizational format produces a sense of homogenization that reduces opportunities for personalisation and family differentiation. Celebrations remain present, but they are reorganized through institutional logics that partially replace family initiative and autonomy.

Children also identify how these dynamics affect family roles and perceptions of normality. The fact that celebrations are organized by the institution rather than by parents alters the symbolic role traditionally associated with caregiving and family rituals. At the same time, the absence of equivalent celebrations for adults introduces asymmetries that children themselves recognize and question. These observations reveal children's active interpretation of institutional life and their awareness of how everyday practices shape family relationships and social meanings.

The findings further suggest that institutional organization may unintentionally limit forms of agency and relational continuity that are central to well-being. Routines cease to be structured primarily around family rhythms and instead become organized according to collective schedules, behavioural norms and operational requirements. Although these arrangements are necessary for coexistence within the resource, they also constrain families' capacity to sustain autonomous forms of everyday life.

Discussion and Concluding Reflections

This study shows that incorporating children's voices into the analysis of family homelessness does not simply add a complementary perspective to existing knowledge but rather reconfigures the understanding of the phenomenon itself. The findings challenge approaches that implicitly treat the household as a homogeneous unit of experience and demonstrate that homelessness and residential support are lived differently according to generational position.

Whereas adults predominantly interpret the residential resource as a space of stabilization following periods of acute housing insecurity, children experience it through transience, institutional regulation, and continuous adaptation. For adults, access to the centre represents protection from immediate residential uncertainty and the possibility of reorganizing everyday life. Children, by contrast, place greater emphasis on disrupted relationships, changing routines, peer dynamics, and the negotiation of everyday life within the institutional environment. These divergences reveal that shared material conditions do not necessarily produce shared experiences of well-being.

The study also highlights the analytical limitations of approaches that understand well-being primarily through material indicators. Although the residential resource guarantees accommodation and basic needs, children's accounts show that well-being is also constructed through relational, symbolic and everyday dimensions. Experiences of belonging, opportunities for friendship, privacy, emotional predictability, and spaces for autonomous interaction emerge as central aspects of childhood experience within the resource. These dimensions remain less visible in household-centred analyses focused mainly on housing stabilization and material protection.

At the same time, the findings show that children are not passive subjects within contexts of residential exclusion. They actively interpret institutional life, negotiate peer relationships, and develop forms of agency within the constraints of the resource. Children identify spaces of flexibility, construct informal hierarchies among peers, and produce their own readings of institutional norms and family life. This reinforces perspectives that recognize childhood as an active social position rather than solely a dependent condition mediated through adults.

The research further demonstrates that residential resources do not operate exclusively as protective services but also actively shape everyday family experience. Institutional routines, schedules, and norms reorganize family life in ways that affect parental roles, privacy, and family rituals. Practices such as cooking, celebrating birthdays, or managing intimate conversations become mediated by institutional logics that prioritize collective organization and coexistence. While these dynamics are often necessary for the functioning of the resource, they may also limit family autonomy and alter forms of care and relational continuity that are central to well-being.

In this sense, the findings suggest that the impact of residential support cannot be understood solely in terms of housing provision or immediate protection from homelessness. Temporary residential resources also configure social relations, emotional environments, and possibilities for agency. Listening to children makes these dimensions more visible and reveals aspects of institutional everyday life that are frequently overlooked in adult-centred accounts.

Methodologically, the study highlights the importance of developing research tools capable of accessing childhood experience directly in contexts of vulnerability. The adapted walking interview facilitated situated conversations grounded in everyday spaces and allowed children to articulate dimensions of institutional life that may not emerge through conventional interview formats. This approach proved especially useful in identifying how children experience rules, routines, friendships, fears, and forms of belonging within the residential environment.

The study has limitations associated with its single-case design and the reduced number of participating children. The findings are therefore not statistically generalizable. Nevertheless, the research offers transferable analytical insights regarding the importance of incorporating childhood perspectives into the study of family homelessness and residential support.

Ultimately, the principal contribution of this research note lies in showing that children's voices do not merely complete adult accounts of homelessness but fundamentally alter the understanding of what homelessness and residential support mean within family life. By foregrounding childhood experience, the study demonstrates the need to move beyond household-centred approaches and to recognize the differentiated, relational and everyday dimensions through which family homelessness is lived and negotiated.

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Think Piece

Part C

A Framework to End Homelessness Among Veterans in the United States of America

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Abstract_ *This article proposes building on a model known as One Team to rebalance resource allocation to address the root cause of homelessness: affordability. One Team is a person-centered, data-driven system of care that integrates housing, health, and social services across agencies. By creating intentional plans that also focus on those with less intensive service needs, policymakers can lower costs and free up new resources for development, while creating more sustainable communities. Pursuing these changes will create a system of care more responsive to the existing Veteran population seeking assistance and ultimately lead to reductions in both homelessness and future inflows into homelessness.*

Keywords_ *Veteran homelessness, integrated services, affordable housing, One Team*

Introduction

There has long been a two-tiered system of care for the homeless in the United States, with Veterans benefiting from enhanced services and greater access to affordable housing. Despite these advantages, homeless Veterans served in Los Angeles County face daunting challenges in the current socio-economic environment. Interventions will need to evolve to remain responsive to these changing conditions. Progress will be facilitated as LA County supports the move towards a person-centered system of care, one that integrates services across providers to

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meet the unique needs of each individual, as the best opportunity to successfully adapt to the current climate. It is an approach that represents a shift away from the traditional program-centered model, where individual agencies may compete to deliver care. Organizing services in this fashion often limits what is offered to an individual agency's capacity and its informal network. Instead, LA County has been moving forward with a cooperative system of care that is both more responsive and flexible, designed to address the needs of the individual seeking assistance.

This approach, known as One Team, prioritizes the shared mission of ending homelessness for every person encountered, regardless of their point of entry into the system. Rather than emphasizing the delivery of agency-specific services to as many individuals as possible, One Team partners focus on ensuring services are appropriately matched to individual needs. As a result, services provided through the One Team initiative are designed to respond to those served, rather than requiring individuals to conform to the model of care available through an individual agency.

To be effective, One Team must be supported by cohesive and empowered leadership that continuously adapts and improves services based on reliable data. While Housing First, an evidence-based practice widely recognized as a critical component of this homelessness response, remains an important element of any comprehensive system, it is not sufficient on its own. Two-thirds of individuals experiencing homelessness do not meet the federal definition of chronically homeless (HUD, 2026), the primary population intended to be served through Housing First interventions (Remaeus, 2011).

Given the disproportionate allocation of funding to meet the needs of the chronically homeless, (relative to the size of the overall homeless population), through the creation and ongoing operations of permanent supportive housing, it may be appropriate to reevaluate current funding commitments. If resources are aligned with need, this analysis suggests that additional investment should be directed toward more inclusive affordable housing strategies that more economically address the needs of the broader homeless Veteran population. Finally, a successful system of care must address the growing number of households at imminent risk of homelessness. Meeting the needs of this population is essential if efforts are to move beyond symptom management and toward a systemic response that addresses the root causes of homelessness.

Present Conditions

On any given night, more than 745 000 Americans experience homelessness (HUD, 2026), with millions more at risk of losing their housing. According to the most recently available Point-In-Time count (PIT) data, just over 10% of the Nation's approximately 32 500 homeless Veterans were located in LA County. Important policy and practice lessons can be drawn from this sub-population, as it has been the subject of significant national attention in the United States. Although homelessness is often attributed to mental health and substance use disorders, its primary driver is one that most Americans who pay rent or a mortgage readily understand: the high cost of housing. Prior to 1980, disabilities, mental health conditions, substance use disorders, and structural racism were present, yet homelessness at today's scale did not exist. What has changed is the well-documented decline in the availability of affordable housing.

Over the past 50 years, reductions in federal investment in affordable housing construction, combined with market forces, have driven rental and homeownership costs upward at a pace that has consistently exceeded income growth, particularly for lower-income households. As increasing numbers of households have been unable to afford housing, rates of homelessness have risen accordingly (Harati et al., 2025).

Since 1980, the affordability crisis has been further exacerbated by median rental costs far outpacing inflation, alongside a sharp decline in the supply of low-cost rental housing (Keys and Reina, 2025). The impact of these changes is reflected in the following two graphs, with the first graph showing the increases in median rents and the second graph showing the available supply of affordable housing, defined by constant 2023 dollars.

Figure 1. Median rent, 1980-2023 (2023 dollars)

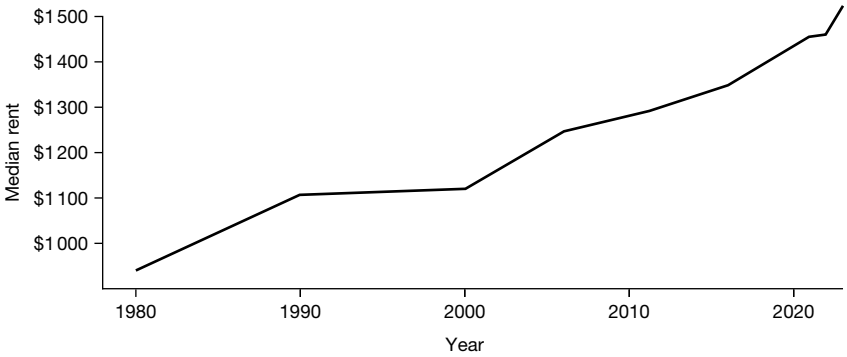
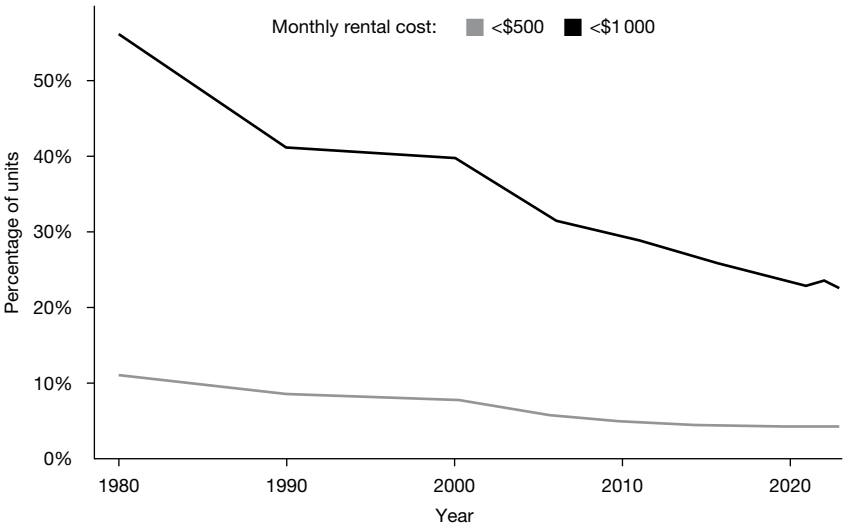


Figure 2. Percentage of monthly rental costs under $500 or under $1,000, 1980-2023 (2023 dollars)



Source: US Census Bureau, American Community Survey, 1980-2023

While the rise in homelessness has not been driven primarily by mental health or substance use disorders, homelessness itself carries profound health and mental health consequences that, when left unaddressed, can become significant barriers to regaining housing. Individuals experiencing homelessness face disproportionately high rates of HIV infection, substance use disorders, serious mental illness, tuberculosis, and other chronic and acute health conditions (CDC, 2024). Tens of thousands of Americans die while experiencing homelessness, with mortality rates approximately 3.5 times higher than those of housed populations (Meyer et al., 2023).

However, policymakers often mistake the consequences of homelessness for its causes, when in reality the relationship is bi-directional. Homelessness can precipitate or exacerbate disability, mental illness, and substance use disorders. This misattribution of causality fuels stigma and results in a misalignment of resources with actual need.

Although the lack of affordable housing remains the primary driver of homelessness, the traumatic health and mental health consequences of homelessness cannot be ignored. Once individuals become unhoused, untreated mental health and substance use disorders can rapidly worsen, making rehousing increasingly difficult and contributing to chronic homelessness. Veterans experiencing homelessness have significantly increased risk of substance use disorders, problematic gambling behaviors and suicidal ideation (Stefanovics et al., 2026). These higher

acuity populations, navigating multiple co-morbidities and past traumatic encounters with the homelessness response system, typically require intensive, ongoing supports to achieve and maintain housing stability.

As a result, homelessness has evolved into a public health emergency (Nelson et al., 2007), exposing large numbers of individuals to serious and immediate health risks that strain community systems. As demonstrated during the COVID-19 pandemic, these risks are magnified by limited access to care and by significant barriers to treatment adherence. These barriers include lack of transportation, absence of secure storage and refrigeration for medications and medical equipment, limited understanding of treatment plans, inadequate sanitation, and pervasive poverty. Compounding these challenges are the dismissive or indifferent attitudes many individuals experiencing homelessness encounter when seeking care.

Together, these factors complicate service delivery and contribute to learned helplessness, a psychological state in which individuals disengage from efforts to change their circumstances due to a perceived lack of control, making subsequent engagement more difficult. Faced with such challenges to engagement, staff must be prepared to consistently deliver on meaningful offers of assistance that are responsive to the Veteran's needs.

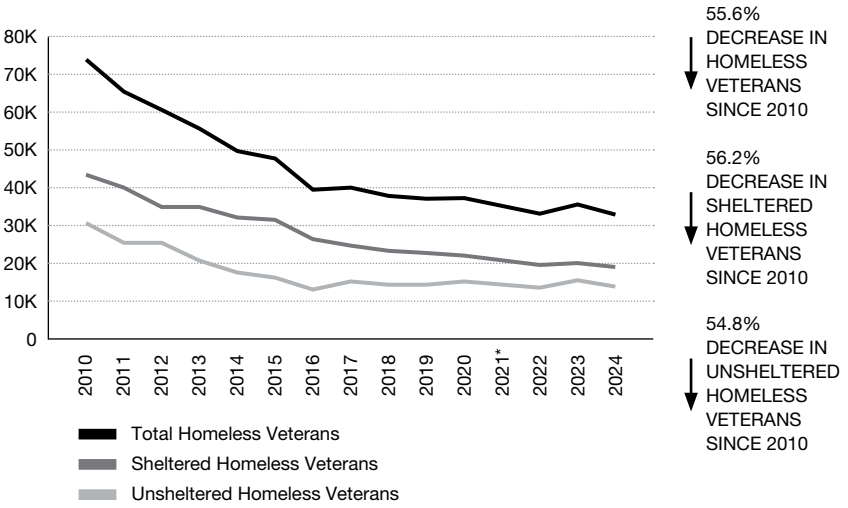
Addressing this public health emergency will require the mobilization of a broad array of institutions and resources capable of identifying, engaging, and supporting individuals and families whose needs extend well beyond housing alone. While addressing barriers to housing placement and retention remains essential and aligns with the evidence-based Housing First model, these efforts must be embedded within a broader, integrated strategy that can reach more people more effectively. Fragmented and compartmentalized systems of care must be aligned and coordinated to allow services to be flexible, responsive, and tailored to individual needs, an approach that lies at the core of the One Team initiative.

What Has Worked

One notable exception to national increases in homelessness is the substantial reduction in homelessness among Veterans. Successive administrations and Congress have prioritized ending Veteran homelessness, committing significant federal resources to this effort. Major investments in housing affordability and supportive services through the two significant housing programs funded by the federal government are central to that effort. One is a collaboration between the Department of Housing and Urban Development and the Department of Veterans Affairs, establishing and expanding a permanent supported housing program known as HUD-VASH. A second program, Supportive Services for Veteran Families

(SSVF), focuses on assisting those facing a short-term housing crisis, offering temporary services and financial assistance. These programs have helped hundreds of thousands of Veteran households obtain and maintain stable housing. Together, HUD-VASH and SSVF offer care that can be titrated to the needs of an individual or family, offering varying types of assistance at different levels of intensity based on need. Since 2010, Veteran homelessness has declined nationally by 55.6 percent, from 74 087 individuals to 32 882 in 2024 (HUD, 2024). In Los Angeles County, Veteran homelessness declined 58.1 percent, from 8 130 in 2011 (2010 figures are not available) to 3 408 in 2024.

Figure 3. The decline of veteran homelessness (2010-2024)



* Incomplete census due to Covid

A central feature of the VA's approach is ensuring that Veterans and their families can access and sustain permanent rental housing as quickly as possible, without preconditions, while simultaneously facilitating connections to health care, employment, childcare, and other supports that promote long-term housing stability and improved quality of life. These services are designed both to address immediate barriers to housing placement and to support households after the initial housing crisis has been resolved. An important flexibility of SSVF, and of the HUD-VASH voucher program, is that assistance can be extended to the Veteran's entire family. This feature is unlike most VA programs that serve only the Veteran. By helping families remain intact, these programs reduce the trauma and long-term adverse consequences associated with housing instability and family separation, particularly when some family members would otherwise remain unhoused.

The Los Angeles Housing Services Authority (LAHSA) reports that, according to point-in-time (PIT) data, Veteran homelessness in the Los Angeles CoC has declined by 21% between 2023 and 2025. These significant reductions, in contrast to national trends, are likely strongly correlated to improved system planning and coordination represented by One Team and suggest a potential model that can be employed in other communities.

Impact of Veteran Initiatives Has Declined

Although nationally, homelessness among Veterans has been reduced by more than half since 2010, the majority of this progress occurred by 2016, when the number declined by 47 percent from 74 087 to 39 471. As shown visibly on the previous graph, between 2016 and 2024, the further reduction to 32 882 represents a more modest 17 percent decline over a nine-year period (HUD, 2024). Strategies that proved effective during the early years of the initiative to end Veteran homelessness are now yielding diminishing returns. This slowdown, despite continued growth in VA investments, suggests the need for new and adaptive approaches.

The deceleration in progress reflects two primary factors. First, the persistent shortage of affordable housing remains a central driver of homelessness and has worsened substantially over the past decade, particularly as COVID-era housing inflation accelerated rent growth and further constrained already limited affordable housing supply. As shown in earlier figures, rising rents and declining affordability show little indication of reversing. Second, Veterans currently experiencing homelessness face more complex and intensive needs than those served when the initiative began. In 2015, 55 percent of SSVF participants had a disabling condition; by 2023, that share had increased to 70 percent (VA, 2024). This shift is closely tied to the aging of the homeless Veteran population, with approximately half of SSVF participants in 2024 aged 55 or older. These trends point to the growing need for housing models that incorporate assisted living options and access to homemaker or home health aide supports.

Thus, while early successes understandably encouraged continued reliance on previously effective strategies, changing conditions now require a recalibration of approach. Because the current challenges stem from both worsening housing affordability and the increasing acuity of need, particularly among unsheltered homeless Veterans, future progress will depend on a comprehensive strategy that simultaneously addresses the immediate service and housing needs of today's homeless Veterans. This immediate challenge must be faced while also confronting the structural affordability constraints that, if left unresolved, will continue to generate new inflows into homelessness.

LA County has begun this process of recalibration.

Revitalizing the Effort to End Homelessness

1. A Data System that Identifies and Tracks Veterans Experiencing Homelessness

Creating a by-name list (BNL) enables communities to identify individuals experiencing homelessness, assign care and service plans, and track progress toward permanent housing in real time. It also provides communities with visibility into system-level challenges, allowing them to identify operational, policy, and resource barriers that impede efforts to end homelessness. As such, the BNL can serve as the foundation of an effective, coordinated system response to homelessness when all stakeholders, such as the VA, Continuum of Care, and Housing Authorities, are committed to the coordination of care through this best practice.

Effective BNLs are most often developed using the locally administered, HUD-mandated Homeless Management Information System (HMIS), which providers are expected to access and use to document services. For HMIS to function as a reliable repository for a BNL, participating providers must update participant status at least monthly, and data entry must include standardized, agreed-upon fields that are sufficient to monitor client progress and support informed case conferencing. Furthermore, these updates should include data validity checks that review the accuracy of data and make corrections and changes to client-level data as it becomes known.

It will be incumbent on One Team partners, in collaboration with LAHSA, to run validity checks no less than monthly on HMIS data to ensure accuracy. The regular updating and review of data are vital to creating a BNL that can be reliably used for understanding current demand, informing planning for Veterans and their families, and allocating resources.

2. Making Emergency Housing Available On-Demand

Communities must do better at moving people off the streets, where they are exposed to repeated trauma, unsafe and unsanitary conditions, and circumstances that undermine both their well-being and the quality of life in surrounding neighborhoods, often reinforcing NIMBY opposition that complicates the development of new housing and services. Temporary shelter that is responsive to basic human needs and offers safe conditions with a degree of privacy is more likely to encourage unsheltered individuals to accept assistance. Even congregate settings can foster a sense of personal space through the use of semi-enclosed bays, partitions, and thoughtful design.

Emergency housing options are also more effective when they are not burdened by unnecessary restrictions and requirements that frequently deter unsheltered individuals from seeking shelter. In addition, shelters must include options that allow families to remain together. Appropriate temporary accommodations, including hotel and motel-based options, are essential to enable service providers to engage consistently with clients, complete permanent housing plans, and deliver other critical supports.

That said, as service providers routinely observe, even when safe and accessible shelter options are available, some individuals will choose to remain unsheltered. This choice places both the individual and the broader community at risk. In some cases, the decision to decline reasonable shelter may reflect impaired judgment associated with prolonged trauma, mental illness, or substance use disorders. Leaving individuals in unsheltered settings under these conditions exposes them to serious harm and creates public health risks. Accordingly, systems must retain carefully defined involuntary placement options for the unsheltered when appropriate temporary housing is routinely declined. Currently, VA maintains sufficient capacity to provide shelter to Veterans through its Grant and Per Diem (GPD) transitional housing and Health Care for Homeless Veterans (HCHV) contract residential services programs. While nightly occupancy varies, on any night, scores of available beds are available. As of April 8, 2026, VA had 182 open beds out of a total of 781 operational interim housing beds in the Los Angeles area. This total does not include temporary motel/hotel beds available through SSVF. Public leaders must be willing to acknowledge this reality and establish pathways that prioritize removing people from the streets, preventing further trauma, and mitigating the severe health consequences of continued unsheltered homelessness. The active involvement of LA County departments, particularly the Department of Mental Health (DMH), and access to health care through Medi-Cal and Covered California will be vital to ensure Veteran ineligible for or refuse VA care have access to needed treatment resources.

3. Increasing the supply of affordable housing

A. Housing First

It is important to begin with a discussion of the dominant model of homeless intervention, Housing First, to understand its role within the broader strategy to end homelessness. Following this overview, the report will address strategies to accelerate the development of affordable housing. Housing First is a proven, evidence-based approach designed to resolve homelessness for individuals with a serious mental illness. By providing intensive support to persons housed in apartments scattered throughout the community (Remaeus, 2011), Housing First has success-

fully engaged a population that is otherwise difficult to reach. As noted in the introduction, this service model remains critically important for serving homeless individuals with long-term, intensive service needs.

However, Housing First was primarily designed to serve the roughly one-third of the homeless population who are chronically homeless. Over time, the term has become a catch-all for strategies to end all homelessness, and its application to broader populations, without supporting evidence, can produce unintended consequences. For example, the focus on chronically homeless individuals has led to funding models that prioritize buildings exclusively for permanent supportive housing (PSH) rather than funding housing that is affordable but does not emphasize case management and other service supports. The principal alternative option available to Veterans is the time-limited subsidy (TLS) program, such as VA's SSVF program, which provides homeless and at-risk Veterans with a pathway into the commercial housing market. However, the subsidies offered are, by definition, time-limited. For those navigating a temporary housing crisis, such support is sufficient, but for those impoverished Veterans who will continue to be unable to afford market-rate rents, once TLS subsidies end, longer-term supports would be needed so they can remain housed. The many Veterans who only need affordable rentals to avoid homelessness would benefit from an intentional plan that offers sustainable affordable housing without the unneeded and unnecessary costs associated with PSH intensive services.

Moreover, concentrating the placement of individuals with serious mental health or substance use disorders into project-based buildings while labeling this "Housing First" misapplies the model, which was originally designed for scattered-site housing. Such concentration can destabilize residents and the surrounding community, creating environments resembling lightly supervised psychiatric wards, jeopardizing tenant safety, sobriety, and mental health, while reinforcing NIMBY opposition.

By contrast, strategies that emphasize affordable housing foster mixed communities more representative of the broader population and avoid concentrating high-need individuals in ways that can undermine outcomes. Mixed-population housing aligns more closely with the evidence-based scattered-site Housing First model, reduces per-unit operational costs, and helps mitigate local opposition, thereby supporting the broader development of affordable housing.

B. Creating Affordable Housing

The cost of developing PSH is high and unsustainable. For example, the average cost to develop a new unit of PSH on the VA's West LA Campus is $750 000, not including the value of the land, provided at no charge. Such costs are not unusual for affordable housing in Los Angeles (Rohrlich, 2023). Several factors contribute to these high costs, including environmental review requirements that add delays

and expenses, mandates to use unionized labor or equivalent wage standards, set-asides for service-disabled veteran-owned small businesses (SDVOSBs), the complexities of applying for low-income housing tax credits (LIHTC), and coordinating the need for and requirements of multiple funding streams. While each of these requirements may offer important benefits, collectively they reduce competition, increase costs, and slow the pace of housing production.

4. One-Team

Homeless programs are often designed to address specific areas of need, such as outreach, housing, mental health services, or employment, but people do not fit neatly into program categories. Program-centered designs are therefore inherently limited, often unresponsive, and inefficient. A person-centered approach, in contrast, asks, "What does this individual need?" rather than "What can our program offer?" In this approach, the program that serves as the entry point into the system draws on the resources of all available programs to develop a comprehensive plan. Staff focus shifts from the program to the person.

One Team seeks to deliver integrated, Veteran-centric care that moves beyond traditional, entry-point–based approaches, where referrals occur only after program options are exhausted. One Team presents Veterans with an integrated housing and service plan that leverages resources from multiple programs as needed to achieve the Veteran's goals and the community's objective of sustainable housing. Housing and services are coordinated from the outset, with staff from each program working collaboratively to ensure a single, dynamic, Veteran-centric plan that evolves as needs change.

One Team identifies all Veterans experiencing homelessness, rapidly triages them to safe, temporary housing, and uses case conferencing, housing navigation, and intentional service bridges to place Veterans into permanent housing with an aftercare plan. Regular case conferencing is the vehicle One Team has used to organize assignment of care and track progress. Changes in care and progress towards both emergency and permanent housing placement are tracked in the BNL

Central to this effort is One Team's creation of a leadership team, known as the Executive Committee, that is empowered to drive system design and continuous improvement. The Executive Steering Committee is comprised of system leaders who meet in person monthly and will drive decision-making in LA County. The Executive Committee can charge committees to focus on specific areas of local need, with some committees being permanent and others time-limited, depending on the priorities and challenges identified.

5. Prevention

Homelessness prevention is often mistaken for eviction prevention, yet research indicates it is difficult to predict if those who are at risk will become homeless. (Shinn et al., 2013). Because actual risk is difficult to measure, prevention must encompass a broad spectrum of individuals, ranging from those imminently at risk to those experiencing "upstream" risk in unstable housing environments.

Imminently at-risk individuals are defined by HUD and SSVF as those within 14 days of losing their primary residence, without a next residence identified, and lacking the financial or social resources to secure housing. Upstream at-risk individuals may not face immediate displacement but live in highly unstable or precarious environments that make future homelessness more likely.

At-risk populations also extend beyond those living in private residences, including individuals in institutions such as those found in the criminal justice system, residential treatment facilities, and other healthcare settings. According to the Prison Policy Initiative, "People who have been to prison just once experience homelessness at a rate nearly 7 times higher than the general public. But people who have been incarcerated more than once have rates 13 times higher than the general public (Couloute, 2018)." Involving representatives of the criminal justice system as well as others serving Veterans in other institutional settings will be critical to the planning needed to ensure Veterans discharged from these settings do not end up on the streets.

Upstream risks can be attenuated by ensuring that Veterans are aware of benefits and entitlements that they are eligible to receive. These income and income-related forms of assistance can be the difference in helping Veterans and their families sustain housing. Yet according to a 2011 RAND study, over 40 percent of Veterans claimed a lack of understanding of benefits available to them, and over 25 percent said they don't know how to get their questions about benefits answered. A November 2021 US Department of Health and Human Services brief, *Participation in the U.S. Social Safety Net: Coverage of Low-Income Families*, provided further evidence that many of those eligible for benefits failed to get these supports. Participation rates in the general population were well below what could be expected based on eligibility, with participation as low as 28% for Temporary Assistance to Needy Families (TANF) and as high as 75% for Medicaid. Low rates of participation may reflect challenges faced by potential applicants trying to navigate changing and confusing eligibility requirements, the shame experienced applying for assistance, and limited outreach informing potential recipients of their eligibility.

Because risk arises from multiple contexts and is difficult to quantify, prevention interventions must be layered, setting-specific, and scalable, escalating in intensity based on the individual's assessed risk. By deploying a layered, risk-informed approach, communities can prevent homelessness more efficiently, address diverse needs, and reduce inflows into emergency housing and shelter systems.

Final Thoughts

The current system of care and resource allocation has become imbalanced. Focusing too heavily on people with the highest-intensity needs leaves many others, those who are homeless or at imminent risk, without sufficient support. As a result, a large share of individuals who require assistance but do not qualify for PSH remain underserved, driving continued inflows into homelessness. While services for people with complex needs are essential, an overemphasis on the most visible forms of homelessness excludes too many who also need help.

If we accept that the primary driver of homelessness is a shortage of affordable housing, and that mental health challenges, while significant, are not the root cause, then resource allocation should reflect that understanding. A useful parallel can be found in healthcare systems that provide intensive, high-acuity services such as emergency and inpatient care, but most care should be delivered in community-based, outpatient settings. The homelessness response system should strive for a similar balance, ensuring that resources are distributed in a way that addresses both urgent needs and attends to the broader demands for housing assistance without the expectation of ongoing or intensive case management.

We live in a dynamic, ever-changing world, and so do the individuals who are homeless or at-risk of homelessness. Intervention models must evolve to remain relevant and effective in addressing these shifting needs. As strategies to end homelessness continue to develop, it is critical to establish a dynamic, adaptable system capable of responding to changing conditions.

Ultimately, the ability of the homeless system of care to adapt depends on strong leadership. Effective leadership ensures the integration of all system components, allocates resources efficiently, invests in staff training, supports robust data systems to maintain an accurate BNL, and prioritizes the time required for planning and case conferencing. Without this commitment, even the most well-designed models will struggle to achieve their intended outcomes.

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Book Review

Part D

Dierk Borstel, Jennifer Brückmann, Laura Nübold, Bastian Pütter, Tim Sonnenberg (eds.)

Handbuch Wohnungs- und Obdachlosigkeit

Springer VS, 2025. €149.99

Homelessness has received political and interdisciplinary academic attention in recent years. In Germany in particular, addressing and countering homelessness is a major field of social work practice and other disciplines. Covering, bringing together, and integrating the many different perspectives on this topic is undoubtedly a significant challenge. However, the *Handbook on Housing and Homelessness* (Handbuch Wohnungs- und Obdachlosigkeit) appears to take on exactly this task by providing a comprehensive overview of empirical research as well as theoretical and practical perspectives on homelessness.

In more than 50 contributions across over 800 pages, a wide variety of disciplinary perspectives and facets of homelessness are addressed. The content ranges from historical and conceptual analyses to studies of living conditions and coping practices of people experiencing homelessness, to intersectional analyses and insights from and reflections on practice. The book is edited by Dierk Borstel, Jennifer Brückmann, Laura Nübold, and Tim Sonnenberg (all Dortmund University of Applied Sciences and Arts) as well as Bastian Pütter (Bodo e. V. Dortmund).

The handbook is structured into nine sections:

- Part I: Homelessness – Living conditions and coping practices
- Part II: Quantitative research approaches
- Part III: Homelessness in society
- Part IV: Social science perspectives
- Part V: Philosophical perspectives
- Part VI: Historical perspectives
- Part VII: Social work in homeless services – theoretical perspectives
- Part VIII: Homelessness within homelessness services
- Part IX: Reflections from practice

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Overall, the book demonstrates, in an impressive way, the disciplinary diversity of the field of homelessness in theory and research. Although the contributions are grouped thematically, their categorisation is not always easy to follow, and the individual chapters do not develop coherent or cumulative lines of argument. Nevertheless, the ambitious attempt to provide a comprehensive and systematising overview with a wide range of theoretical, practical, and empirical perspectives on homelessness is largely successful. At the same time, this also highlights the fundamental challenge of systematising a field of research in which, as the editors themselves emphasise, coherent and consecutive theoretical efforts have so far been limited.

In the following, given the scope and variety of the handbook, I will provide a brief overview of the sections with only selected insights into specific contributions.

The first two parts address homelessness from different empirical perspectives. They include both qualitative and reconstructive research approaches that reveal patterns of orientation, everyday practices, and action strategies, as well as studies that aim to quantify homelessness. For example, Nora Sellner's contribution (pp. 43 ff.) elaborates on the internal logic of everyday practices and different coping strategies of people experiencing homelessness. In contrast, the presented quantitative research approaches and studies focus, in part, on methods for counting homeless people in different cities. These include, for example, street counts, such as the widely discussed homelessness count in Berlin carried out as part of the so-called "Night of Solidarity" (pp. 189 ff.). While some contributions primarily examine the planning and implementation of these counts and remain largely at a descriptive level, others place a stronger emphasis on methodological reflection, such as weighing scientific quality criteria against practical research requirements. The latter is an interesting contribution to current discussions on counting homelessness both on national and international levels.

Parts III and IV, in contrast, examine social structures and processes that cause and accompany homelessness as well as further theoretical perspectives. Key topics include growing social inequality, developments in the housing markets, processes of discrimination, stigmatisation, and criminalisation of people experiencing homelessness. At the beginning, Christoph Butterwegge, for example, critically discusses changes in the housing market in Germany caused by increasing privatisation and the continuous withdrawal of the state from these markets, as well as the related decline in social housing, which are identified as key drivers of housing insecurity (pp. 271ff.). This is followed, among other topics, by a critique of widespread individualising interpretations of homelessness and a discussion of how social narratives, institutional routines, and legal regulations can contribute to the consolidation of social exclusion. In the following part of the volume, classism

is examined by Christina Möller and Max Holtkamp (pp. 417 ff.) as an instrument of social inequality that, on the one hand, has analytical potential but, on the other hand, at least when based on classical class concepts, risks excluding marginalised groups and reproducing exclusions. At the same time, it is criticised that classism-critical analyses often remain limited to the micro and meso levels and to questions of recognition, while macro-analytical links to capitalist structural contexts partly fall out of view (pp. 417ff.). The noteworthy contribution from Jan A. Finzi addresses stigmatisation, intersectionality, and housing insecurity. He identifies a lack of theoretical approaches to homelessness and, based on the concepts mentioned, develops his own approach as an analytical model. This model may need to be further differentiated, but it aims to address key questions in the field, such as an insufficient understanding of the target group and the lack of suitable analytical instruments (pp. 449ff.).

Parts V and VI offer additional perspectives on housing and homelessness from philosophical and historical viewpoints, some of which are rarely discussed in the academic field and practice. For example, Jürgen Hasse looks at housing beyond the widespread notion of fixed domestic housing. Instead, he asks about the nature of home and housing and about the extent to which homeless people "dwell"-dwelling is understood as a complex activity that goes beyond mere use of houses and includes a symbolic relationship to oneself and to the social world (pp. 487ff.). The notable contribution by Wolfgang Ayaß, on the other hand, examines homelessness during the period of National Socialism in Germany, when homeless people were persecuted, forcibly sterilized, and deported to concentration camps – with the support of welfare organisations and accompanied by corresponding media coverage (pp. 553ff.).

The seventh section presents theoretical analyses from social work perspectives. Some of the contributions are characterized by a fundamental critique of established interpretations of homelessness as well as intervention strategies. At the same time, social work itself becomes an object of analysis, particularly with regard to its role in reproducing exclusion, especially through individualising, normalising, and disciplining practices. Among others, Roland Anhorn's contribution deserves particular attention (pp. 567 ff.). He discusses homelessness as a specific form of social exclusion that is primarily produced by the functional principles of capitalist-organised markets, whereby homeless services largely serve to stabilise these conditions. Following this, pathologizing and criminalising practices are criticised in relation to individualised explanations of homelessness.

The eighth and, finally, the ninth and last parts provide insights into the practice of homeless services, both on the basis of field studies and through reflections from practice perspectives. In the former, the contributions range from the presentation

and discussion of the Housing First concept for particularly disadvantaged homeless people (pp. 669ff.) to the opportunities and limits of empowerment, using street newspapers (pp. 715ff.). The reflections on practice highlight the tensions between professional action, political constraints, and legal requirements.

Overall, the handbook is highly convincing as a broad collection of different perspectives that offer diverse theoretical, empirical, and practical insights into homelessness. It becomes clear that multidisciplinary analyses are necessary for a holistic understanding of the topic. Particularly compelling is the wide range from both practice-oriented and basic research, as well as theoretical reflections. Of special note are the in-depth theoretical contributions that address topics that often remain underrepresented in the discourse on homelessness. Some of the critical theoretical works break with established and partly normative narratives within the field of addressing homelessness. In addition, the basic research presented offers a valuable complement to the often more established practice-oriented research in the field. Throughout many contributions, intersectional perspectives are introduced, making the complexity of the issue visible and the different dimensions affected. In a large share of the contributions, the practice perspective of social work is also taken into account and addressed, which makes the book highly interesting for social work practitioners.

At the same time, the handbook is less convincing as a coherent and integrative overall narrative. Most contributions stand largely on their own and build only occasionally on one another. Theoretical, empirical, and practical connections are not systematically linked within the handbook. A clearer synthesis and integrative discussions would have benefited the volume as a whole. However, this does not diminish the substantive value of the individual chapters. The handbook is of a high standard and offers added value for different target groups. A further noticeable issue is the lack of consistent use of terminology and definitions, which may be rooted in the large number of contributions and perspectives and is difficult to resolve. The resulting lack of precision in some places is also a further indication of the complexity of the research and practice field itself.

Overall, due to the diversity of contributions and perspectives, the handbook is suitable for a broad audience. It addresses teaching, practice, and research alike, even if not every contribution will be of equal interest for all readers. As an overview volume, the handbook is clearly recommended to give broad access to the topic of homelessness.

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European Observatory on Homelessness

European Journal of Homelessness

The European Journal of Homelessness provides a critical analysis of policy and practice on homelessness in Europe for policy makers, practitioners, researchers and academics. The aim is to stimulate debate on homelessness and housing exclusion at the European level and to facilitate the development of a stronger evidential base for policy development and innovation. The journal seeks to give international exposure to significant national, regional and local developments and to provide a forum for comparative analysis of policy and practice in preventing and tackling homelessness in Europe. The journal will also assess the lessons for Europe which can be derived from policy, practice and research from elsewhere.

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