Homelessness and Homeless Policies in Europe:

Lessons from Research

FEANTSA

A Report prepared for the Consensus Conference by:

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European Consensus Conference on Homelessness

9-10 December 2010, Brussels

This independent study has been commissioned by FEANTSA in the context of the European Consensus Conference on Homelessness, an official event of the 2010 Belgian Presidency of the Council of the European Union (EU) during the second semester of 2010. It does not necessarily represent the views of the Government of Belgium.

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Acknowledgements

SUMMARY

This overview of research on homelessness in the EU draws largely on the work undertaken by the European Observatory on Homelessness since its formation in 1991, supplemented by secondary literature from other sources. There is considerable evidence on homelessness in Europe but our knowledge remains very uneven with a lack of data and understanding on some aspects of homelessness. More crucially, there is relatively little research in the South and in the Central and East European member states. At EU level, the variations in definition that ETHOS will soon hopefully help address, have hindered the development of a wider perspective and consideration of this social problem at the supra national level. The following summarises the key findings from the overview.

Understanding Homelessness

➜ The most common explanations for homelessness can be divided into two broad categories: structural and individualistic. While explanations for homelessness have oscillated between these positions, with different emphases in different countries at different times, a 'new orthodoxy', based on increasingly robust research evidence, has emerged that understands homelessness as the outcome of a dynamic interaction between individual characteristics and actions *and* structural change.

➜ Homelessness is increasingly best understood as a differentiated process with different routes and exits (i.e. pathways) for different sub-populations. From an almost exclusive focus on routes or pathways *into* homelessness, a focus on routes *out* of homelessness emerged in recent years as it became evident through longitudinal research that homelessness was more likely to be temporary than permanent. The extraordinary diversity of those who are classified as homeless also ensures that the experience of both entering and exiting homelessness will be structured by age, gender, ethnicity, geography, etc.

Defining and Measuring Homelessness

➜ The ETHOS typology provides a robust conceptual definition of homelessness and housing exclusion, which allows specific operational definitions to be adopted in order to reflect national situations and policy needs. Homelessness is defined by exclusion from several or all of the three domains, which constitute a home: the social, the legal and the physical domain.

➜ Adequate data collection on homelessness needs to use and distinguish different types of data (stock, flow and prevalence) and different types of indicators (about the entry and the exit from homeless systems and about the homeless system itself), which are relevant for different policy purposes.

Welfare Provision and Homelessness

➜ The instruments of social inclusion that make up the welfare state and the scale and coverage of welfare provision are not uniform across the EU. In recognition of the varieties of welfare evident across the EU, observers have identified welfare clusters/regimes.

➔ There is some evidence that the more generous welfare regimes – with a range of services that formally aim to promote social inclusion – may be more likely to protect citizens from entering at least some forms of homelessness. Generous welfare regimes are also less likely to utilise the criminal justice system, particularly incarceration, as a means of managing socially and economically marginal households. Leaving prison remains a key trigger for homelessness (along with eviction and family breakdown; indeed, a period of incarceration may be a precursor for eviction and relationship breakdown).

Homeless Services and Provision

➔ While there are variations in the roles of NGOs and the state as providers of services for homeless persons in Europe, the predominant model is that local authorities have the main responsibility for enabling and steering such services and NGOs are the main service providers, financed to a large extent by municipalities.

➔ Existing services for homeless people in Europe are still to a large extent directed at covering the most urgent and basic needs of their clients. But contemporary homeless strategies and services aim to minimise the need for temporary accommodation, to maximise efforts to prevent homelessness and to re-house homeless people as quickly as possible.

➔ There is a growing consensus that in the great majority of those homeless people who are in need of specialised support with social and health difficulties these difficulties can best be tackled by the provision of flexible support in regular housing. However, such a system is highly dependent on the availability of affordable housing, a well-functioning general social security net, adequate crisis intervention and flexible support services.

Homeless Entries

➔ Homeless entries are often a result of a complex interplay between structural, institutional, relationship and personal factors. Evidence on the immediate triggers for homelessness suggests, that eviction (mostly after rent arrears) and relationship or family breakdown are the two most important events leading to homelessness in most EU countries.

➔ In the different pathways to and through homelessness, 'hidden homelessness' (particularly staying with friends and relatives) is a frequent episode, not only for young people and women, but also for men who have lost their permanent home and are trying to secure temporary accommodation in an informal way before they resort to 'official' support.

➔ The profiles of homeless people have been changing in most European countries in recent years. While the predominant users of services for homeless people are still middle-aged, single men, growing proportions of women, of younger people and of families with children are reported and - especially in Western Europe –a growing number of migrants from Central and Eastern Europe and from outside the European Union.

The Effects of Homelessness

→ Experiences of homelessness are varied and this means that homelessness can have different effects on the individuals and households who experience it. People who become homeless may have economic and social characteristics and support needs that predate homelessness, are worsened by the experience of homelessness or which arise while they are homeless.

→ There is widespread evidence of severe mental illness and problematic drug and alcohol use among people living rough, although the extent to which these issues predate living rough is not entirely clear. It is the case that people living rough are exposed to many risks to wellbeing due to lacking decent shelter, problems in obtaining consistent and effective medical treatment, have very poor social support and are widely stigmatised by both the public and also sometimes by service providers.

→ Significant numbers of people only experience homelessness for relatively short periods for reasons linked primarily to factors like loss of employment, eviction and relationship breakdown. Living rough is less common among this group, but they may experience overcrowding through sharing with relatives or friends and may also be living in inadequate or unfit accommodation for sustained periods, all of which may have negative impacts on the mental and physical health of adults and on the wellbeing and development of children.

Exits from Homelessness

→ Homelessness and homeless people take many forms and this means that there is no single answer to providing sustainable exits from homelessness. While all homeless people have a need for adequate, sustainable and affordable housing, the extent to which they will require additional support varies considerably.

→ Maximising access to adequate settled housing is central to tackling homelessness, as is the provision of subsidies to make that housing affordable where it is necessary to do so. Resource constraints are a major issue throughout the EU, which makes maximising efficiency in use of existing affordable housing very important, and it must also be recognised that several member states have large proportions of their general population living in situations of housing exclusion.

→ There is some evidence that the extent of care and support needs among homeless people may have been exaggerated by the research methods employed in many member states. Research is still ongoing, but there is evidence that resource intensive 'staircase' or 'ladder' models of service provision can have limited effectiveness, and that lower intensity and lower cost 'housing first' models that use floating support services and emphasize service user choice may be better at providing sustainable exits from homelessness.

CONTENTS

1. Understanding Homelessness

INTRODUCTION

In this opening chapter we start with a description of the development of contrasting explanations for homelessness, which eventually became a 'new orthodoxy'. This 'new orthodoxy', which is broadly accepted by researchers, views homelessness as a result of a complex interaction between adverse individual and structural events. We then consider some of the issues involved in measuring homelessness and explore the methodological approaches that can be used in researching homelessness. Finally, the emerging 'pathways approach' to understanding homelessness is discussed.

From the early 1990s onwards, research on all aspects of homelessness multiplied in most western and Scandinavian European countries, with a more limited output from southern, central and eastern European countries (Avramov, 1995a and 1995b). This in part mirrored the growth of visible homelessness across Europe and other advanced capitalist countries (Adams, 1986) and the increasingly heterogeneous composition of the homeless population. Not surprisingly, much of the research has focused on enumerating the homeless population and proposing policy solutions to ameliorate their obvious extreme marginalisation.

The initial comparative research on homelessness provided detailed country case studies (e.g. Avramov, 1998; Helvie and Kunstmann, 1999; Polakow and Guillean, 2001) and, although offering important national-level information, was limited in terms of transnational explanations. As definitions of what constituted, and caused, homelessness were contested (Daly, 1992, 1993), rigorous comparative research was difficult to develop and indeed has remained relatively elusive. For example, wide variations in homeless population estimates linked to different interpretations of who should be regarded as 'homeless' make cross-national comparisons difficult. While issues of enumeration and causation are still debated, there is evidence of a growing Europe-wide consensus on issues of definition, enumeration and understanding, which we explore further in Chapter 2 of this report.

In 1985, at one of the first seminars to explore homelessness in the European Community,[1] it was noted that in order to facilitate the preparation of plans to improve the condition of those experiencing homelessness, information was required on (Harvey, 1986):

➔ The extent and nature of homelessness in the member states.
➔ The numbers of homeless people, profiled by age and sex.
➔ The precise legal position of homeless people in the member states.
➔ Details of existing projects that help homeless people, especially innovative projects undertaken by the governmental, voluntary or private sectors.
➔ Details of existing studies on the problem of homelessness.
➔ The causes of homelessness.

The seminar led to the founding of FEANTSA and the European Observatory on Homelessness. The Observatory seeks to provide the required information, as suggested at the seminar, to allow for informed policy making at national and European Union (EU) levels.

This overview of research on homelessness in the EU draws largely on the work undertaken by the Observatory since its formation in 1991, supplemented by secondary literature from other sources.

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1 *This seminar was held from 13 to 15 September 1985 in the Republic of Ireland and was organised by a number of non-governmental organisations (NGOs).*

Reasonably detailed information on the issues highlighted above is available for a large number of member states, but substantial gaps exist, particularly for CEE (central and east European) member states (see also Philippot et al., 2007, for a similar analysis). This report, which is produced in an accessible format, is intended to provide a robust basis for reflecting on policy options for tackling homelessness in light of the available evidence on policies that prevent homelessness and minimise the duration and potential damage of the experience for those who do become homeless.

EXPLANATIONS FOR HOMELESSNESS

The most common explanations for homelessness can be divided into two broad categories: structural and individualistic (Neale, 1997). Structural explanations locate the reasons for homelessness in social and economic structures and typically cite poverty, negative labour market forces, inadequate social service coverage, cuts and restrictions in social welfare payments and a lack of accessible affordable housing as the leading causes. Individualistic accounts focus on the personal characteristics and behaviours of homeless people and suggest that homelessness is the consequence of personal problems such as mental illness and addiction.

Researchers have rarely advocated a position that excludes either structural or individual factors; rather their work has generally been a matter of emphasising one or the other. While explanations for homelessness have oscillated between these positions, with different emphases in different countries at different times, a 'new orthodoxy', based on increasingly robust research evidence, has emerged that understands homelessness as the outcome of a dynamic interaction between individual characteristics and actions *and* structural change (Pleace, 2000).

■ EARLY RESEARCH: EMPHASIS ON INDIVIDUALISTIC EXPLANATIONS

The relatively limited social science research on homelessness prior to the 1970s[2] was largely confined to North America (e.g. Anderson, 1923; Wallace, 1965; Wiseman, 1970; Spradley, 1970) and, to a lesser extent, Britain (e.g. O'Connor, 1963; Cook, 1975; Digby, 1976). It focused on the characteristics of the inhabitants of 'Skid Row'; areas of cities where homeless men clustered.[3] Homelessness, in these studies, was largely understood as a process of disaffiliation[4] from society because of the individual characteristics of homeless people themselves, i.e. it was the needs and characteristics of a person that 'made' them homeless. However, alternative perspectives were also evident, which highlighted the relationships between homeless people and regulatory agencies such as homeless service providers and the police and how these unequal interactions shaped the lives of homeless people (e.g. Archard, 1979a). In his critical review of the existing literature on vagrancy, Archard (1979b: 19) concluded:

2   This research on homelessness or 'vagrancy' was largely dominated by medical researchers exploring the health of homeless people (e.g. Edwards et al., 1966), legal scholars reviewing the consequences and constitutionality of vagrancy legislation (e.g. Lacey, 1953) and journalistic accounts of the experience of homelessness (e.g. Sandford, 1971).

3   Homelessness has been generally viewed as a phenomenon that primarily affects men. Historically and contemporaneously, both in policy provision and in the literature on homelessness, homeless men have been the primary objects of concern. This is not to say that women were not homeless, rather that they were viewed as something other than homeless. It is only in the past two decades that homeless women have been recognised as 'homeless' rather than as victims of domestic violence or as individuals with support needs or who show deviant behaviour. There are perhaps two broad explanations for this. First, as indicated above, homeless women were viewed as deviant, both statistically and in terms of their reasons for homelessness. As a consequence, a range of specialised institutions were developed for the regulation of these undomesticated women, who were therefore re-categorised as something other than homeless. Second, both in ideology and in practice, the women's place was 'within the home' and the options were severely limited for those who wished to escape from it; women who broke these norms were stigmatised. These two factors reinforced each other and as a consequence early studies of homelessness assumed that it was primarily a male issue, and if women were encountered, that they were errant and particularly under-socialised.

4   The leading exponents of this perspective were Howard M. Bahr and his associates. His formal definition of disaffiliation was 'homelessness is a condition of detachment from society characterized by their absence or attenuation of the affiliative bonds that link settled persons to a network of interconnected social structures' (1973: 17).

Our contemporary research strategy has been to study vagrants, not vagrancy. The research spy-glass is focused on the individual, not the social and political dimensions of the problem. The sociological study of legislation and policy, both at their ideological and institutional levels, has been forgotten. More significantly, the relationship between vagrancy, society's reaction to it, and the economic and social structure of contemporary capitalism, is absent in contemporary research.

As the number of homeless people grew during the 1980s, individualistic explanations that stressed the pathology of individual homeless people became increasingly difficult to sustain. New explanations came to the fore. They emphasised the impact of changes in the labour and housing markets, in addition to welfare state retrenchment, as drivers of the apparent increase in homelessness, i.e. they offered 'structural' explanations. These broad changes in how homelessness is viewed often occurred at international level and were a result of debates between quite small groups of academics. The ways in which homelessness was and is viewed in individual member states still varies significantly.[5]

Conceptualisations of homelessness across member states are in part shaped by the academic discipline in which research is located, the ideological viewpoint of NGOs and the branch of government that has responsibility for funding or delivering services to homeless people. For example, Fitzpatrick and Christian (2006) explore the differences between research on homelessness in the United States and the United Kingdom and highlight the impact of different academic disciplines on understanding homelessness.

A second EU-level seminar was held in September 1986 in Vierset-Barse, Belgium, to explore services for homeless people across Europe. The seminar identified two categories of homelessness (Recontre Européenne Humaine, 1986: 23–4):

1. Those who were homeless due to 'a lack of material availability, generally due to discrepancy between the supply of housing and demand' (i.e. homeless for structural reasons).
2. Those who had the 'psycho-social incapability to take up occupancy of an independent dwelling deriving from the fact that, even if material access were possible, those in this category would be unable to settle there in an independent and/or permanent fashion because of various psycho-social difficulties' (i.e. people who were homeless primarily because of their individual needs or characteristics).

■ A SHIFT TOWARDS STRUCTURAL EXPLANATIONS

A report prepared for the Committee on Social Affairs and Employment of the European Parliament on the theme of shelter for the homeless emphasised the structural causes of homelessness:

Homelessness above all results from loss of housing and the homeless [sic] are mainly households which in their majority lie under or slightly above the basic social benefits level, the institutionally defined poverty line … The origins and even more the maintenance of homelessness are a consequence of poverty on the one hand and inadequate, or the lack of, attempts to overcome it on the other. (European Parliament, 1987: 11)

A number of years later, the Council of Europe, in an overview of homelessness, endorsed this broad interpretation, arguing that 'homelessness represents an extreme form of poverty and marginalisation' (Study Group on Homelessness, 1993: 44). In a detailed overview of research on homelessness in the EU, based on the reports compiled by the European Observatory on Homelessness in the first half of the 1990s, Avramov gave a succinct interpretation of homelessness, which was largely to dominate thinking on homelessness at a EU level over the next decade and a half. She argued

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5   For example, detailed reviews of the history of research on homelessness in Britain (Pleace and Quilgars, 2003) and in Ireland (O'Sullivan, 2008b) suggest that structuralist accounts of homelessness emerged at an earlier stage in these countries than is indicated in the sketch above.

that routes into homelessness were 'associated with income insufficiency and lack of access to affordable housing, and, the condition is generally precipitated by one or more traumatic events in the individual's life' (1995a: 80).

Avramov's interpretation was not shared by all, as noted by Fitzpatrick's 1998 review of the national-level reports on homelessness produced by different members of the European Observatory on Homelessness. Fitzpatrick showed that views about the relative importance of structural and individualistic explanations for homelessness varied between different members of the Observatory.[6]

Yet while arguments about whether homelessness causation was mainly structural or individualistic continued, structural explanations were increasingly being seen as more significant than individualistic ones. Avramov's interpretation of the causation of homelessness was becoming increasingly influential.

THE 'NEW HOMELESS' AND THE 'NEW ORTHODOXY'

It was also becoming evident that the nature and extent of homelessness varied across the member states of the EU (Daly, 1993). While data sources on homelessness were and continue to be problematic (see Harvey, 1999, for an overview of the difficulties in defining and measuring homelessness across the EU during the 1990s), there was nevertheless enough information to see that homelessness was not the same throughout the EU.

Marsh and Kennett (1999) argued that changes in the organisation of welfare states were increasing the risk of homelessness for a greater number of individuals. They came up with the label of the 'new homeless', which became an increasingly important way of thinking about homelessness. This 'new homelessness' had been brought about by 'the end of full employment, the erosion of the welfare safety net, and the marketisation and residualisation of the welfare state' (1999: 1). While primarily describing the situation in the UK, Marsh and Kennett claimed that the 'new homeless' were to be found elsewhere in Europe. Although they recognised that welfare state changes were not uniform across Europe, it was argued that a general reduction in welfare spending was associated with rises in homelessness. If homelessness could be understood as resulting from these broad structural changes, and if the variations were evident in the manner in which welfare restructuring was occurring, this suggested that governments could, through policy interventions, shape the patterning of homelessness by minimising its occurrence and duration.

Despite the very different emphasis being placed on structural and on individualistic causes of homelessness in different member states, broad agreement began to emerge among researchers and policy makers that the structural explanation alone was not adequate. While structural accounts were a necessary corrective to the individual pathology explanations, they in turn failed to explain adequately why only some households who found themselves exposed to unemployment, poverty and a retrenchment in welfare services became homeless.

The polarity of views on the causation of homelessness – often exaggerated by polemicists – was gradually replaced with the view that adverse events in the lives of individuals, when coinciding with certain structural factors, could result in individuals becoming homeless. In other words, a confluence of adverse individual and structural events was most likely to trigger homelessness. Adverse individual events did not by themselves necessarily lead to homelessness, nor did adverse structural events, such as changes in housing markets, by themselves lead to homelessness.

Although giving ascendancy to structural causes of homelessness, this 'new orthodoxy' (Pleace, 2000) recognised the significance of personal factors and attempted to integrate these causes

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6 *These different weightings reflected the particular perspective of the individual researcher, but also, in part, the dominant understanding of homelessness in the member states.*

within a structural framework.[7] By the beginning of the twenty-first century, the distinction between structural and individualistic causes of homelessness that dominated debates from the early 1980s had dissipated and was gradually being replaced with a new interpretation or 'new orthodoxy' of the causes of homelessness, which stated that:

> *Structural factors create the conditions within which homelessness will occur; and people with personal problems are more vulnerable to these adverse social and economic trends than others; therefore the high concentration of people with personal problems in the homeless population can be explained by their susceptibility to macro-structural forces, rather than necessitating an individual explanation of homelessness (Fitzpatrick, 2005: 4; see also Fitzpatrick et al., 2009).*

However, Fitzpatrick (2005: 5) argues that the 'new orthodoxy' does not fully deal with the issue of causation and poses the question: 'What is it about these structural and individual "factors" that generate homelessness?' She asserts that the causal mechanisms that can generate homelessness exist at four levels, but significantly, no hierarchy is assumed between them. These are: housing structures, economic structures, interpersonal structures and individual attributes (2005: 13).

McNaughton (2008: 168–9), utilising a qualitative biographical approach to explore the 'new orthodoxy', argues that the homeless people in her study:

> *… all described the cause of their homelessness as individual events, such as drug and alcohol use, relationship breakdown and mental illness … That they led to homelessness also related to a broader structural context whereby the people studied had relatively low levels of resources. Resources of human, social, material, and financial capital provide a buffer to the negative effects of such events, and are accessible (or not) due to structural mechanisms.*

It has been suggested that the role of 'agency' needs to be further incorporated into discussions of the causation of homelessness. For example, Cloke et al. (2010: 18) argue that we should avoid presenting 'homeless people as passive victims of forces beyond their control' and give 'proper voice to the complex and often contradictory emotions, experiences, understandings and actions that people too, and homeless people's lives, articulate'. In a similar vein, McNaughton Nicholls (2009) argues that, while not underestimating the role of social structures in the causation of homelessness, other factors, in particular agency, also need to be incorporated, whilst avoiding pathologising homeless people.

Although a clearer consensus has developed over the past two decades amongst researchers on the causes of homelessness, this consensus is more at the ideological than at the empirical level. In other words, some of the new hypotheses about the nature of homelessness causation are difficult to entirely prove because there is still an absence of robust data on homeless people. Considerable difficulties remain in demonstrating empirically how the confluence of adverse structural and individual factors may 'trigger' homelessness and how intervening variables, from welfare regimes to housing policy to policing policy to addiction treatment policy, contribute to patterns of homelessness across the EU.

These shifting and diverse theoretical and methodological approaches have resulted in differing understandings of homelessness. For example, some explanations for homelessness in the US, particularly for families with children but also for many lone adults, highlight structural factors, specifically the role of the housing market and the lack of affordability of rental housing, over

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7   Lee et al. (2010: 509), in a review of the literature on homelessness in the US, also articulate this viewpoint when they argue that over the previous twenty years '[d]isciplinary and ideological arguments over the causes of homelessness have diminished' and that '[a]mongst researchers, rough agreement now exists on a conceptual model that integrates macro- and micro-level antecedents'.

individualist explanations. Whereas in Europe, a move is evident that increasingly stresses the individual support needs of homeless persons in the context of providing quality self-contained accommodation (Stephens et al., 2010).

MEASURING HOMELESSNESS

The diversity of the homeless population has contributed to the methodological difficulties associated with estimating the prevalence of homelessness, which we discuss in greater detail in Chapter 2. One difficulty in measuring homelessness arises because it is hard to agree on a definition of what constitutes homelessness. O'Connell (2003), for example, makes the point that, despite the huge volume of research into homelessness in both the US and the UK, quantification of homelessness remains elusive.

Homeless people are a diverse population with various life histories and experiences and researchers have employed a spectrum of definitions depending on the scope, nature and purpose of the study. Furthermore, the transience of the homeless population exacerbates the challenge of providing a single, all-encompassing definition and also of measuring this mobile population. People who lack secure accommodation change location, status and living arrangements and this makes it difficult to delineate their diverse and changeable living situations.

The most obvious definition of homelessness, and one that dominates public perceptions, is 'street homelessness' or 'rooflessness', terms used to refer to those who are without shelter of any kind. This also constitutes the narrowest definition of homelessness, which is limited to rough sleepers, newly arrived immigrants, victims of fires and floods and others who face the prospect of, or are currently, living on the street. However, it has been widely acknowledged that rough sleeping represents the experience of only a minority of homeless persons and is associated with particular groups in particular places, generally males in public spaces. In addition, the public perception of rough sleeping as homelessness can maintain a view of homelessness as individual deviance (Pleace, 2000).

At the other end of the spectrum – and taking a wider view – is a definition that includes all those people who are in 'inadequate accommodation' and those who are 'at risk' of homelessness. In between the two extremities of highly visible and relatively concealed or 'hidden' homelessness are people living in emergency and temporary accommodation such as night shelters, hostels and refuges, as well as people who have insecure or impermanent tenure (e.g. staying with friends or relatives, squatting). It is therefore useful to consider homelessness as ranging from people at risk of homelessness through people who are temporarily or episodically without a permanent home (or in temporary accommodation) to individuals who are persistently without shelter.

To address these continuing measurement and definitional issues, the European Observatory on Homelessness and FEANTSA have developed a conceptual classification or definition of homelessness, called ETHOS, that includes four distinct housing situations: rooflessness, houselessness, living in insecure accommodation and living in inadequate accommodation (see Chapter 2 for a detailed examination of the ETHOS typology). The idea of a 'continuum' of homelessness is reflected in this fourfold working ETHOS definition. As a further elaboration, operational definitions are provided for each of the four housing situations to ensure that each of the categories is mutually exclusive and unambiguous. The use of these operational definitions should, it is argued, enable the measurement of different elements of homelessness in any European country.

WELFARE, HOUSING AND SERVICES FOR HOMELESS PEOPLE

The instruments of social inclusion that make up the welfare state and the scale and coverage of welfare provision are not uniform across the EU. In recognition of the varieties of welfare evident across the EU, observers have identified welfare clusters/regimes and these are discussed in greater detail in Chapter 3.

Researchers have long debated the relationship between housing and the welfare state (see Malpass, 2008, and Stephens et al., 2010, for a review of these debates). Malpass (2008) argues that the housing system has its own dynamics, rooted in market mechanisms, and that housing policy should be understood as essentially supportive of the market. Malpass contends that 'housing has facilitated a restructuring of welfare, but has not driven the process' (2008: 16).

Bengtsson et al. (2006) take a similar view in their comprehensive study of the diversity of housing systems in five Nordic welfare regimes. The diversity of housing systems in the Nordic states ranges from the largely homeowner countries (Finland, Norway and Iceland) to Denmark and Sweden with substantial public and private rental sectors. These housing systems have developed along different patterns resulting in a diversity of housing systems in five countries with broadly similar welfare regimes.

Data deficiencies that exist in estimating the extent of homelessness across the EU make it impossible to rigorously test the relationship between welfare regimes, housing policies and levels of homelessness across all member states. However, recent research using a series of country case studies concluded:

> *Welfare regimes were clearly relevant to outcomes for homeless people – the strongest mainstream protection to those at risk of homelessness was offered in the social democratic/hybrid regimes we studied (Sweden and the Netherlands), and the weakest protection was to be found in the Mediterranean regime (Portugal) and even more so, in the transition regime (Hungary). (Stephens et al., 2010: 257)*

Such broad macro patterns may conceal considerable variations in homelessness at local level and services for homeless people may also vary by region, or city, as well as by country (see Chapter 4).

RESEARCHING HOMELESSNESS

As noted above, homelessness is increasingly best understood as a differentiated process with different routes and exits (i.e. pathways) for different sub-populations. The populist presentation of homeless people as consisting of males in their early to mid years, with various addictions and illnesses, represents an often very small subgroup of the homeless population. A key reason for the persistence of this image of homelessness derives from the research methodologies used to study homelessness across Europe.

The most common research methodology utilised in homelessness research across Europe tends be cross-sectional (i.e. a snapshot approach). Cross-sectional research, primarily involving structured face-to-face interviews, provides detailed information on the characteristics – the 'demographics and disabilities' (Snow et al., 1994: 462) – of homeless people, but in the process can distort our understanding of homelessness by failing to capture its dynamic nature. These distortions can arise from a number of methodological and interpretative tendencies in the research, including:

- ➔ The limitations of cross-sectional research.
- ➔ The inappropriate use of instruments of psychiatric evaluation, and the medicalisation of the issue.
- ➔ The absence of a contextualising framework.

■ LIMITATIONS OF CROSS-SECTIONAL RESEARCH

Cross-sectional or snapshot studies will overestimate the 'disabilities' of homeless people, as, at any point in time, those people who are homeless on a long-term basis will be substantially over-represented in such research. Such research will not capture the flow of people in and out of homelessness over a prolonged period of time. Only longitudinal research will capture this dynamic nature of homelessness.

Benjaminsen et al. (2005: 13), in their review of quantitative research on homelessness, argue that 'it is crucial to perform longitudinal studies despite their high cost and difficulty, because they provide essential information about the causes of the exits from homelessness and multiple homeless episodes, as well as the development of these person's life situation'. However, robust longitudinal studies are relatively rare in the EU member states and reflect, in part, differing methodological research traditions in the study of homelessness.

For example, Fitzpatrick and Christian (2006) note that researchers of homelessness in the UK tend to have academic backgrounds in social policy and housing, whereas academic backgrounds in psychology, social work and medicine tend to dominate research on homelessness in the US. Methodologically, this situation has broadly resulted in quantitative methods dominating US research (more generally, the social sciences in the US are dominated by quantitative methods more than they are in the EU member states) with qualitative methods featuring most prominently within British studies.[8] This also reflects differing funding environments, as quantitative research, particularly of a longitudinal nature, is resource-intensive.

Longitudinal research in the US has clearly highlighted the dynamic nature of homelessness, with the majority of people both entering and exiting homelessness relatively speedily. In broad terms, three subgroups of the homeless population were identified:

➔ The transitional homeless, who rapidly exited and did not return to homelessness.
➔ Those who had ongoing episodic bouts of homelessness.
➔ The chronic homeless, who were long-term users of emergency services and/or rough sleepers.

Approximately 80 per cent of homeless people were in the transitional category. These research findings, which broadly applied to both homeless individuals and homeless families, albeit with some important differences, demonstrated that the majority of individuals and households did and could exit homelessness on a permanent basis. Thus, understanding of the conditions for successful long-term exiting from homelessness came to the fore of researchers' and indeed policy makers' agendas (Culhane and Metraux, 2008). A more detailed discussion of this analysis will be found in Chapter 7.

However, it is difficult to compare the situation in the US accurately with the majority of EU member states, where homelessness is less 'broad' in terms of the population affected (particularly in northern and western countries, but possibly less so in southern and CEE countries) than in the US. In addition, the lack of clarity over how a successful exit from homelessness should be defined poses difficulties for comparative accounts (see Mayock et al., 2010, for a review of the differing ways in which exits from homelessness are measured). Nonetheless, Geerdsen et al. (2005: 13) studied homeless exits among adults in Denmark, where an exit was defined as someone who had attained 'normal housing' (i.e. 'housing with a permanent contract') seven years after they were initially surveyed as accommodated in 'a shelter, a reception centre, or family institution', and found

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8   *This situation is broadly true in other EU member states where qualitative or cross-sectional quantitative research dominates research on homelessness. However, a longitudinal quantitative national-level project has recently been initiated in Denmark and a qualitative longitudinal study of homeless young people in Dublin, Ireland, has completed its third phase of data gathering (Mayock et al., 2010).*

that the majority had transitioned to stable accommodation but that women were more likely than men to have exited.

■ INAPPROPRIATE USE OF INSTRUMENTS OF PSYCHIATRIC EVALUATION

Homelessness has long been associated with mental health problems and substance misuse in the popular imagination, but the relationship is not necessarily as strong as was once thought. Fazel et al. (2008), in a review of studies that explored the prevalence of mental disorders among homeless people between 1966 and 2007, could identify only twenty-nine studies in the EU and the US that clearly defined both mental disorder and homelessness. Even within these more methodologically robust studies, prevalence rates varied enormously. For example, prevalence rates for alcohol dependence ranged from 8.5 to 58.1 per cent, and drug dependence from 4.7 to 54.2 per cent, with psychotic illness ranging from 2.8 to 42.3 per cent.

Clearly, great caution is required in assessing rates of mental disorder amongst homeless people. In addition, much of the research in this area cannot deal with the issue of causation, but inferences can sometimes be inappropriately drawn. While a consensus exists that homeless people, usually based on cross-sectional research, have higher rates of mental disorder than the non-homeless population (see Beijer and Andréasson, 2010, for a recent study demonstrating this), it is not clear whether this is a contributory cause in an individual becoming homeless or a consequence of homelessness.

■ THE ABSENCE OF A CONTEXTUALISING FRAMEWORK

Research on homeless people must recognise that context matters, or as one group of researchers pithily noted in relation to measuring the extent of mental illness amongst homeless people, researchers need to be mindful of 'the Precariousness of Measuring Insanity in Insane Contexts' (Snow et al., 1988). For example, research has consistently shown that homeless people are over-represented in arrest rates and prison populations (Seymour and Costello, 2005; Dyb, 2009). This can be interpreted as confirming that homeless people are more criminogenic than the non-homeless population. Thus, from this perspective, homeless people are viewed as inherently deviant and it is this deviant behaviour that leads to their arrest and, in certain cases, incarceration. However, rather than viewing the incarceration of the homeless as indicative of their criminality, it can be argued that it is the criminalisation of certain actions associated with homelessness that leads to their disproportionate rates of arrest and incarceration.

Until recently, in some EU member states, homelessness, or the more common phrase 'vagrancy', was in itself an offence that could lead to incarceration, in other words it was a 'status' offence rather than a criminal offence. In more recent years, at both national and city levels, legislation has been introduced to prohibit or regulate street-level activities such as begging, rough sleeping and alcohol consumption (see Doherty et al., 2008). Thus, arrest rates and incarceration rates need to be contextualised as a consequence of shifting forms of state regulation. One cannot read into arrest and incarceration rates that homeless people have a criminal disposition and that this disposition is a cause of their homelessness. Rather, the objective condition of homelessness is in itself defined as criminogenic through the actions of legislators. In addition to criminalisation of the status of homelessness by state regulation, the condition of homelessness may result in homeless people engaging in 'strategies of survival', which are often illegal and hence generate higher arrest rates amongst homeless people.

The above discussions on the changing conceptualisations of homelessness and the methodological tools deployed are inter-related. In part, the discussion of the causation of homelessness across EU member states has been hampered by the research methodologies utilised, which has contributed to a distorted understanding of the nature and extent of homelessness and, hence, the causation of homelessness. However, more diverse and sophisticated methodologies are evident in recent homelessness research in Europe (e.g. Morrison, 2009; Dibben et al., 2009; Mayock et al., 2010).

PATHWAYS INTO AND OUT OF HOMELESSNESS

In addition to more nuanced theoretical explanations of the causes and context of homelessness, more complex and richer understandings of the pathways into and out of homelessness, underpinned by the concept of a homeless 'career', have emerged in recent years (Clapham, 2003). The notion of a career stands in contrast to understandings of homeless people as static entities (Minnery and Greenhalgh, 2007: 644). The career concept emerged as research became methodologically more sophisticated and moved away from cross-sectional or snapshot surveys to longitudinal approaches. In doing so, researchers became increasingly aware that households moved into and out of homelessness on a more frequent basis than cross-sectional studies had revealed.

From an almost exclusive focus on routes or pathways *into* homelessness, a focus on routes *out* of homelessness emerged in recent years as it became evident through longitudinal research that homelessness was more likely to be temporary than permanent. The extraordinary diversity of those who are classified as homeless also ensures that the experience of both entering and exiting homelessness will be structured by age, gender, ethnicity, geography, etc. In addition to understanding the diversity of the homeless experience, Pleace (2005: 5) suggests that a useful concept of homelessness needs to be disaggregated 'into meaningful and verifiable groups of people with shared pathways into and through homelessness'. This approach argues that we should seek to identify distinct sub-populations within the overall homeless population rather than examining homelessness as a self-contained or all-encompassing category. This perspective is also informed by the view that explanations of homelessness cannot be directly inferred from the individual characteristics of homeless persons. In other words, for every homeless person with risk factors such as a care history, family breakdown, physical or sexual abuse, offending behaviour, lack of social support networks, etc., there is a further unquantifiable, but nonetheless large, number of people who have some, if not all, of these characteristics but who are *not* homeless.

Pathways are discussed in greater detail in Chapters 5 and 7, with the intervening chapter exploring the effects of homelessness.

CONCLUSION

Research on homelessness across the EU still suffers from a number of weaknesses, and much of it is descriptive and polemical rather than empirical and evaluative. For example, in a recent review of empirical studies on effective interventions for homeless youth, Altena et al. (2010) found none in the EU, with the vast majority in the US. Philippot et al. (2007: 497), in their analysis of psychological research on homelessness in Europe from 1970 to 2001, bluntly conclude that this research suffered from two weaknesses: the 'methods used are often very weak, and studies are mostly descriptive and atheoretical'.

In Chapter 2 we provide detailed information on how researchers have measured homelessness, in particular the development of the ETHOS typology of homelessness. We then explore the diversity of policy approaches to homelessness across the EU in Chapter 3 and the types of services available to homeless people in Chapter 4. Chapters 5, 6 and 7 examine what we know about the routes into homelessness, the experience of being homelessness and how people exit homelessness respectively.

2. Defining and Measuring Homelessness

INTRODUCTION

In this chapter we present the issues involved in arriving at a consensual definition of homelessness (and housing exclusion) across the EU and the factors that must be considered to improve data collection and data analysis. Developing and implementing effective policies to prevent and address homelessness involves different government ministries, central and local authorities as well as NGOs that provide services for the homeless. Hence it is essential to have a common understanding of the nature of homelessness and a common approach to data collection in the EU.

The chapter begins with a description of the conceptual definition of homelessness proposed by FEANTSA, which is known by the acronym 'ETHOS' (European Typology of Homelessness and Housing Exclusion). We then consider briefly some of the operational issues to be addressed to ensure that accurate and reliable data are collected. The third section explores the development of indicators of homelessness and concludes with a consideration of the indicators recently adopted by the Social Protection Committee on homelessness and housing exclusion. We then discuss the governance issues involved in data collection and describe different approaches adopted in Europe. The chapter concludes with reflections on the approach required to ensure the quality of data collection and data analysis in order to improve our understanding of homelessness, and how to prevent it; to improve the evaluation of different policy instruments; and to facilitate peer learning and comparative research.

CONCEPTUAL AND OPERATIONAL DEFINITIONS OF HOMELESSNESS

The changing conceptualisations of homelessness have been discussed in Chapter 1. In order to enumerate homelessness it is necessary to establish both conceptual and operational definitions that allow the population of interest to be determined unambiguously and to specify the living situations in which this population may be counted. FEANTSA approached this task by specifying a conceptual approach that identifies three domains that together constitute a home and the absence of which can be taken to delineate homelessness. Having a home can be understood as:

➔ Having a decent dwelling (or space) adequate to meet the needs of the person and his/her family (*physical domain*).
➔ Being able to maintain privacy and enjoy social relations (*social domain*).
➔ Having exclusive possession, security of occupation and legal title (*legal domain*).

This conceptual model is used to specify seven theoretical types of homelessness and housing exclusion (see Figure 2.1). From this model, FEANTSA has adopted a conceptual definition of homelessness and housing exclusion, outlined in Table 2.1, and developed this into an operational definition, which forms the basis of the ETHOS typology of homelessness (see Table 2.2).

Figure 2.1: Domains of homelessness and housing exclusion
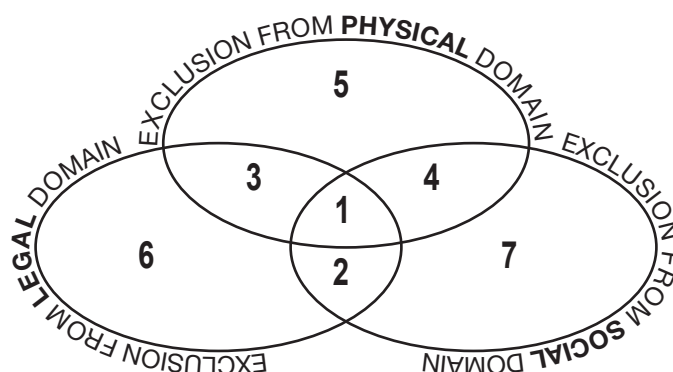
Table 2.1: Seven theoretical domains of homelessness

Conceptual category	Operational Category		Physical domain	Legal domain	Social domain
Homelessness	1	Rooflessness	No dwelling (roof)	No legal title to a space for exclusive possession	No private and safe personal space for social relations
	2	Houselessness	Has a place to live, fit for habitation	No legal title to a space for exclusive possession	No private and safe personal space for social relations
Housing exclusion	3	Insecure and inadequate housing	Has a place to live (not secure and unfit for habitation)	No security of tenure	Has space for social relations
	4	Inadequate housing and social isolation within a legally occupied dwelling	Inadequate dwelling (unfit for habitation)	Has legal title and/or security of tenure	No private and safe personal space for social relations
	5	Inadequate housing (secure tenure)	Inadequate dwelling (unfit for habitation)	Has legal title and/or security of tenure	Has space for social relations
	6	Insecure housing (adequate housing)	Has a place to live	No security of tenure	Has space for social relations
	7	Social isolation within a secure and adequate context	Has a place to live	Has legal title and/or security of tenure	No private and safe personal space for social relations

The ETHOS typology (Edgar, 2009: 73) derived from this conceptual approach is intended to provide an operational definition of homelessness and housing exclusion that can be adapted to national and local perspectives. This also allows different nomenclature of service provision and policy models to be clarified and related.

Table 2.2: ETHOS – European Typology on Homelessness and Housing Exclusion

Conceptual category	Operational category		Living situation	
Roofless	**1**	People living rough	**1.1**	Public space or external space
	2	People staying in a night shelter	**2.1**	Night shelter
Houseless	**3**	People in accommodation for the homeless	**3.1**	Homeless hostel
			3.2	Temporary accommodation
			3.3	Transitional supported accommodation
	4	People in women's shelters	**4.1**	Women's shelter accommodation
	5	People in accommodation for immigrants	**5.1**	Temporary accommodation or reception centre
			5.2	Migrant workers' accommodation
	6	People due to be released from institutions	**6.1**	Penal institution
			6.2	Medical institution
			6.3	Children's institution or home
	7	People receiving longer-term support (due to homelessness)	**7.1**	Residential care for older homeless people
			7.2	Supported accommodation for formerly homeless persons
Insecure	**8**	People living in insecure accommodation	**8.1**	Temporarily with family or friends
			8.2	No legal (sub)tenancy
			8.3	Illegal occupation of land
	9	People living under threat of eviction	**9.1**	Legal orders enforced (rented)
			9.2	Repossession orders (owned)
	10	People living under threat of violence	**10.1**	Police-recorded incidents
Inadequate	**11**	People living in temporary or non-conventional structures	**11.1**	Mobile home
			11.2	Non-conventional building
			11.3	Temporary structure
	12	People living in unfit housing	**12.1**	Occupied dwelling unfit for habitation
	13	People living in extreme overcrowding	**13.1**	Highest national norm of overcrowding

OPERATIONAL ISSUES IN COUNTING HOMELESSNESS AND HOUSING EXCLUSION

The ETHOS typology was developed to reflect the different pathways into homelessness and to emphasise the dynamic nature of the process of homelessness. This highlights that one of the key operational issues in measuring homelessness is the temporal or 'time' dimension.

The episodic nature of homelessness, and differences in the duration of homelessness, mean that the time of data collection can be critical in determining the nature and scale of the phenomenon

that is recorded. In cross-sectional survey methods of data collection, which are essentially point-in-time surveys, seasonal factors as well as the length of the survey period (one night and one week are commonly used) can affect the outcome of the findings. In register-based systems, which use information from service providers and administrative records, continuous recording can provide information at different points in the system (entry and exit) but data analysis needs to determine the appropriate recording period. Approaches to data collection are discussed in further detail below.

When counting homelessness it is important to specify whether what is being measured is the stock, the flow or the prevalence of homelessness. It is, of course, essential to understand what type of data is being employed, especially when comparing data from different sources. Fitzpatrick et al. (2000) give a clear description of this aspect of the measurement issue. They define these elements as:

➔ The **stock** of homelessness refers to the number of people or households who are homeless at any point in time. Survey data (e.g. counts of rough sleepers) is point-in-time or stock data; equally, the specification of the supply capacity in terms of the number of bed spaces available is a stock figure.
➔ The **flow** of homelessness refers to the people who have become homeless, or ceased to be homeless, during any time period. The number of people entering and leaving a homeless accommodation service over time is an example of flow information.
➔ The **prevalence** of homelessness refers to the number of people who have experienced homelessness during a particular time period (period prevalence or lifetime prevalence). The relevant time period will reflect both the data instrument and the policy purpose for which the data is collected. Thus, for example, a homeless module in EU-SILC (EU Survey on Income and Living Conditions) may ask if people have experienced an episode of homelessness in the previous ten years. Or prevalence data can be derived from homeless service registers or administrative records (e.g. the number of prisoners released during a period who have no permanent home to return to).

Homelessness has also been differentiated by broad duration of homelessness. Thus, for example, Statistics New Zealand (2009) refers to the chronic homeless (people who live on the periphery and may remain homeless for long periods of time), the cyclical homeless (people who lose their home during a transition phase in their life) and the temporary homeless (who are without accommodation for a relatively short period).

Culhane (2008), using US administrative data from homeless services, distinguishes between transitional homelessness (people who are homeless for a relatively short time during a transition in the housing situation), episodic homelessness (people who have repeated episodes of homelessness) and chronic homelessness (people who remain in homeless services for long periods of time). Hence, a further operational issue to resolve in data collection is to establish a policy definition of repeat and chronic homelessness.

The relevance of this becomes clear when we review policies aimed at the prevention of homelessness. The Irish strategy, for example, aims to ensure that people are rehoused within six months; whereas the Finnish strategy aims to end long-term homelessness by 2015. From a data-collection perspective, the time dimension requires that data items relating to the entry and exit points from the service can be determined so that duration of homelessness can be calculated for different clients.

Another important operational issue in data collection arises from this dynamic nature of homelessness: whichever data collection method is employed, it is necessary to avoid duplication of enumeration. This requires an identifier that can uniquely distinguish an individual. At the same time, data protection regulations require that this identifier protect the anonymity of the individual. This dilemma – requiring unduplicated counts for policy and management purposes while protecting

the personal identity of the individual – is a key operational issue in the enumeration and profiling of homelessness in Europe. This issue is addressed and managed in some countries, whereas in others it remains a barrier to effective data collection on this vulnerable group of people.

DEVELOPING INDICATORS ON HOMELESSNESS

This section considers the approach to specifying indicators that monitor changes in homelessness (level or nature of the population) and the effectiveness of policy implementation. Edgar et al. (2007) describe the need for input, system and output indicators (see Figure 2.2). They describe the nature of the system to be managed in relation to the pathways into homelessness (related to prevention indicators), accommodation and related homeless services (system indicators) and pathways out of homelessness (output and outcome measures).

Figure 2.2: The homeless system

Entry (Inputs)	Homeless system	Exit (Outputs)
Structural	Rough Sleeping	Long-term Supported Accomodation
Institutional	Accomodation Services	Institutional
Relationship		
Personal	Family and friends	Permantent Housing
Different pathways		Routes to different living situationas
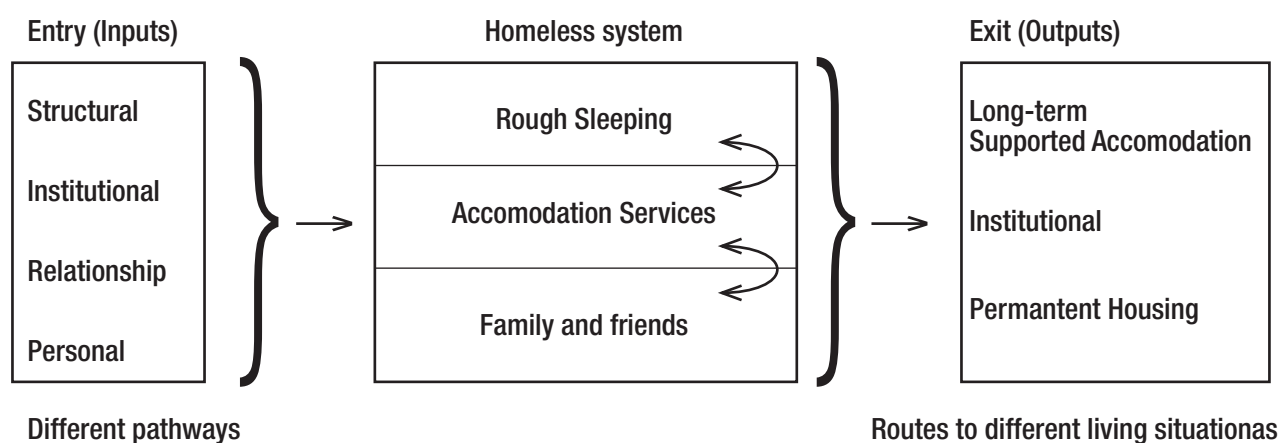
Source: Edgar et al. (2007: 191).

From this approach it is possible to specify input, system and output indicators, for example:

➜ Input indicators
 – Number of people threatened with eviction
 – Number of people leaving institutions
 – Number of children leaving care.
➜ System indicators
 – Number of people receiving services
 – Time spent in the system
 – Flow of people through the system.
➜ Output indicators
 – People rehoused (with/without support).

A review of homeless strategies in Europe suggests that most identify specific targets related to the strategy objectives, which can be monitored using specified indicators (e.g. numbers of evictions or the number of people in temporary accommodation for more than a defined period) (see Edgar, 2009, for a discussion).

Using variables derived from EU-SILC, the Indicator Sub-Group (ISG) of the Social Protection Committee has adopted indicators of housing quality and housing deprivation that relate to some

of the ETHOS categories (on overcrowding and inadequate dwellings) – see Table 2.3.

Table 2.3: Secondary indicators on overcrowding and housing deprivation

Overcrowding rate Percentage of people living in an overcrowded household: – all households* – excluding single households	Sex; age (0–17; 18–64; 65+); income quintiles, poor/non-poor; tenure status (four categories: full ownership, owner still paying mortgage, tenants at market price, tenants at subsidised price or rent free); degree of urbanisation; household type	The person is considered as living in an overcrowded household if the household does not have at its disposal at least: – one room for the household – one room for each couple – one room for each single person aged 18+ – one room for two single people of the same sex between 12 and 17 years of age – one room for each single person of different sex between 12 and 17 years of age – one room for two people under 12 years of age
Housing deprivation by item Percentage of the population deprived of each housing deprivation item, and by number of items	Sex; age (0–17; 18–64; 65+); income quintiles, poor/non-poor; tenure status (four categories: full ownership, owner still paying mortgage, tenants at market price, tenants at subsidised price or rent free); degree of urbanisation; household type	The following housing deprivation items are considered: – leaking roof, damp walls/floors/foundations, or rot in window frames or floors – no bath or shower in the dwelling – no indoor flushing toilet for the sole use of the household – dwelling too dark

* The calculation includes single households and considers them as deprived if they live in a studio with a bedroom not separated from the living room. This calculation, based on all households, should systematically be used if the overcrowding criteria are analysed together with other housing quality criteria.
Source: European Commission (2009).

COUNTING PEOPLE WHO ARE HOMELESS AND IN HOUSING EXCLUSION

This section discusses how the usefulness of data may be limited by the policy or research concerns that led to its collection, which meant that only certain methods were used or only certain data were collected. The factors that affect reliability of the information and the approaches to data collection on homelessness are also considered.

■ DATA COLLECTION AND POLICY MAKING

A simple policy typology of emergency services, integration services and prevention provides clues about the information needs of policy making:

➔ Simple counts of the homeless are useful for understanding the needs for emergency services.

➔ Demographic profile information is also useful since the needs of families, single adults and young people differ.

➔ More complex information is needed for responsive transitional policies designed to assist

homeless people to exit from homelessness.

→ Estimates of annual prevalence (the number of unduplicated cases of homelessness in a year) can help to determine the numbers of individuals and families requiring transitional services in a given period.

→ The information requirements for preventative services are more complex. Prevention requires knowledge of the characteristics and needs of the at-risk population who are, by definition, either institutionalised or housed at any given time.

Culhane (2008) suggests that surveys in the US have been important in showing that lone adults who are homeless have high rates of prior child welfare system involvement and frequent contact with the courts and correctional facilities. However, because most of this research does not include housed comparison groups, he argues that the degree to which these service needs or usage rates are different for people who are homeless as compared with the housed poor more generally has not always been clear.

The availability of administrative data, particularly data that track homeless programme utilisation, has helped to overcome those limitations in the US. According to Culhane (2008), management information systems (MIS) essentially created a data archive of all users of the publicly funded shelter system. This administrative data provided unduplicated counts of shelter users in each jurisdiction, creating the first 'period prevalence' counts of homeless shelter use in the US. Availability of the MIS data enabled the generation of annual and multi-year counts of homeless people, as well as population-adjusted rates of shelter use (Culhane and Metraux, 2008). Importantly, these administrative data also allowed researchers to identify distinct patterns of shelter use. Culhane (2008) argues that this administrative data provided further benefits especially for the evaluation of prevention strategies.

■ APPROACHES TO DATA COLLECTION ON HOMELESSNESS

The legislative basis and governance of data collection on homelessness is only weakly developed in most EU countries. As a result, responsibility for data collection on homelessness is often not clearly defined or coordinated. Only a small number of EU countries have national homeless strategies with a clear responsibility for monitoring and implementation (see Edgar, 2009, for a detailed description). A significant number of countries, including most of the EU-10 countries, have no official or coordinated sources of data collection on homelessness. Countries with a federal structure of government (Austria, Belgium, Germany and Spain) have no national approach to data collection, although some regions have more developed systems in place.

This section presents an overview of approaches to data collection on homelessness. Broadly, three main approaches and sources of information are described: using survey methods to count the homeless; register-based approaches using information from service providers and administrative records; and using censuses of the general population and related official surveys (e.g. of housing and households) – see Table 2.4. Each of these approaches focuses on different components of the homeless population as defined in the ETHOS typology. They also have benefits and disadvantages in relation to the type of information they provide (prevalence or point-in-time data) and the frequency and cost of provision.

Table 2.4 Summary of the main broad approaches adopted to collect data on homelessness

and housing exclusion

Approach	Method	Focus
Surveys (counts)	National counts	ETHOS categories 1,2, (3)
	Capital city counts	Homeless people
	Local authority surveys (national/regional)	Point-in-time (stock)
Registers	Municipal (client-based)	Homeless services
	Service provider	Social welfare services
	NGO (client-based)	Profile data
		Prevalence, flow (stock)
Census (market surveys)	Census 2001/2011	All ETHOS categories
	Housing market surveys	Point-in-time (stock)
	Housing needs assessments	Infrequent
	Homeless surveys	

Surveys, national counts and street counts

Two distinct forms of survey are evident: surveys of homeless people and surveys of local authorities and service providers. Most commonly, surveys of homeless people are employed to make a point-in-time estimate of the number of people sleeping in a public place or in an overnight emergency shelter. A distinction can be made between surveys that rely on statistical methods to estimate the size of the homeless population from a sample survey, and surveys that aim to count all people sleeping in a public place (or in temporary accommodation for the homeless) on a given night. Different approaches can be identified across Europe (see Table 2.5).

Table 2.5: Survey-based methods of data collection

Surveys	Examples	Agencies
National counts of people sleeping rough or in overnight hostels	Italy (2000) France (2001) Spain (2004) Portugal (2005)	Social Exclusion Commission INSEE INED Institute for Social Security
Capital city or municipal counts of people sleeping rough or in overnight hostels*	Dublin (Ireland) England Netherlands Portugal (Lisbon; 2004)	Homeless Agency DCLG Homeless Monitor City of Lisbon
National counts using a survey of local authorities	Finland Ireland Sweden Denmark	National Housing Fund Department of the Environment National Board of Health and Welfare The Danish National Centre for Social Research
Regional counts using a survey of local authorities	North Rhine-Westphalia (Germany)	Office of Statistics

* Conducted as part of official data collection.

Surveys can also be employed to quantify different aspects of homelessness, including, for example,

the number of people living temporarily with family or friends. Such methods are less common and are not generally employed as part of the data collection approaches to estimate the scale of homelessness on a regular basis. However, there are numerous examples of ad hoc research-based surveys at a local level on specific aspects of the homeless population.

Registers and administrative data

Registration or administrative records are employed in a number of countries to collate statistics on the number and profile of homeless people. These can take a number of different forms. They are often recent in origin and there is evidence of changes in systems to take advantage of improvements in database technology. Three main approaches are identified here and selected examples are used to illustrate them (see Table 2.6).

Table 2.6: Register-based methods of data collection

Register method	Examples	Responsibility
Official national returns from local authorities and/or service providers (of clients)	Denmark (since 1999) England	Social Appeals Board DCLG
Official registers of service provision	Czech Republic Hungary	MOSLA Central Statistical Office
NGO client record systems	Netherlands Germany – AG STADO Czech Republic Portugal	SAD, Federatie Opvang BAG W SAD, Nadeje AMI

Censuses, housing surveys and population registers

National censuses and household surveys can be used as a source of information for some categories of homelessness. They can provide information on those parts of the population who live in institutional situations; those who live temporarily with family or friends or in accommodation provided for the homeless; and those living in overcrowded conditions or in unfit or non-conventional dwellings.

According to the current version of the EU Census Regulation, member states can base the statistics on different data sources. Three broad approaches and two supplementary approaches can be identified, as shown in Table 2.7.

Table 2.7: Census data collection approaches for 2011

Census approach 2011	Countries
Conventional census	Bulgaria, Czech Republic, Estonia, Greece, Hungary, Ireland, Italy, Lithuania, Poland, Portugal, Romania, UK
Register-based census	Austria, Denmark, Finland, Germany, Norway, Sweden
Combination of register-based census and conventional census	Latvia, Luxembourg, Slovenia, Spain
Combination of register-based census and sample survey	Belgium, Netherlands
Rolling census	France

The countries in the first row of Table 2.7 have adopted a traditional census, using administrative

data and registers only as supporting tools in organising the fieldwork and in data collection, and with no specific plans to replace the traditional model by a new one. The countries in the second group have opted for an entirely or largely register-based census. The countries in the third group have decided to employ a mix of conventional and register-based censuses. The Netherlands, Belgium and France have adopted different methods of census enumeration. The Netherlands has developed a distinctive approach: its census will be a combination of information from administrative sources and of results from sample surveys and the data gathered will be used to build up, through imputation, micro-files covering the whole population. France has adopted a continuous rolling census, which involves a rotating total count with five-year periods for most of the population and estimates to cover the gaps.

The different methods of census data collection used will inevitably determine the nature of the enumeration strategies targeting homeless people on census night. The following sections consider the issues involved and the arrangements being considered in the conventional enumeration methods and those involving register-based approaches. The evidence for this is drawn from two main sources. First, following publication of the EU Census Regulation, FEANTSA conducted a consultation of national statistics offices on the enumeration of homeless people on census night (FEANTSA, 2008). Second, the MPHASIS project[9] has included research on the issues of data collection on the homeless in countries with register-based census approaches, using Germany and Slovenia as case studies.

The survey conducted by FEANTSA (2008) suggests that three broad categories of approach can be identified including countries using traditional enumeration approaches with cooperation from homeless services, countries intending to draw information from their registers, and countries using registers plus support from homeless services (see Table 2.8).

Table 2.8: Approaches to counting the homeless in the 2011 census

Homeless enumerated through traditional methods and cooperation with homeless services	Homeless enumerated as part of a register	Homeless enumerated through register and homeless services
Czech Republic	Austria	Estonia
England	Belgium	Germany
France	Denmark	Latvia
Hungary	Finland	Slovenia
Ireland	Netherlands	Spain
Italy	Sweden	
Lithuania		
Luxembourg		
Poland		
Portugal		

CONCLUSION

The ETHOS typology provides a robust conceptual definition of homelessness and housing exclusion, which allows specific operational definitions to be adopted in order to reflect national situations and policy needs. The need to have different types of data (stock, flow and prevalence) has implications for the operational methods used to collect information. Thus, for example, service provider systems need to record data of entry to and exit from the service to allow different

9 *MPHASIS, which stands for Mutual Progress on Homelessness through Advancing and Strengthening Information Systems, aims to improve the capacity of member states in data collection on homelessness.*

measures to be calculated and to monitor policy objectives (e.g. reducing the length of time spent in temporary accommodation). In order to monitor strategic policy objectives to end long-term homelessness it is necessary to adopt a consensual operational definition of chronic homelessness and repeat homelessness.

There is evidence from reviews of national homeless strategies of countries successfully using specific target indicators to monitor policy implementation and outcomes (e.g. prevalence rate of evictions, number of people spending more than a defined length of time in temporary accommodation). The adoption of secondary indicators on overcrowding and housing deprivation by the Social Protection Committee provides the basis for more comparative analysis of some ETHOS categories using EU-SILC and the 2011 census. The different approaches to data collection across Europe have been briefly described here.

This review and the evidence from the MPHASIS project demonstrate several key issues. First, it is necessary to use a combination of survey and administrative sources of data collection to provide the evidence base for policy purposes. Second, most countries need to ensure that there is proper governance of data collection on homelessness and housing exclusion by specifying the strategy and funding for data collection in their overall homelessness strategy. The census in 2011 provides an opportunity for all countries in Europe to provide a baseline of information on most of the ETHOS categories.

3. WELFARE PROVISION AND HOMELESSNESS

INTRODUCTION

This chapter provides an overview of the structures and policies that appear to influence the size and nature of homelessness across the EU. The focus is on the suite of policies and practices designed to protect households from experiencing homelessness and to provide people who do experience homelessness with appropriate and suitable accommodation as soon as possible.

The primary state intervention to protect individuals against adverse circumstances generated by the vicissitudes of the market and the family is the provision, directly or indirectly, of a range of welfare or social services, which generally include income support, healthcare, childcare, housing, in addition to implementing active labour market policies. However, the degree to which the state provides these services directly (at national, regional or local level) or encourages other service providers (families, NGOs, private for-profit providers) varies considerably, as does the emphasis or priority placed on particular services.

The instruments of social inclusion that make up the welfare state and the generosity and scope of provision are not uniform across the EU. In recognition of the varieties and configurations of welfare provision evident across the EU, observers have identified welfare clusters/regimes or different 'families of nations' and we will assess the evidence on how these different welfare configurations may shape the nature of homelessness and consider which appear to be most successful in protecting households from homelessness.

While welfare systems are designed to promote social inclusion, criminal justice systems can have long-term exclusionary effects on those citizens who are punished by the state. The formal instruments of social exclusion extend from excluding individuals from particular places and spaces to excluding individuals from participation in society through incarceration in penal institutions. In many cases, the institutions of the 'social state' and the 'punitive state' are treated as separate realms with sharply contrasting populations, but in the case of homelessness, we will assess the evidence for the existence of an 'institutional circuit' that contains individuals in a spectrum of institutions from homeless shelters to prison establishments.

Other services such as child welfare services are intended to have a positive impact but can have long-term negative effects, in that removing children into public care provides protection for children facing adversity, but, unless adequate after-care provisions are put in place, such children may be particularly vulnerable to homelessness.

WELFARE REGIMES IN EUROPE

The welfare state of any country is not simply the sum of all social policies; rather, it is a reflection of the historical relations between the state, religion, class and the economy. As such, welfare states are very diverse, owing their differences to cultural, historical and political variations from country to country. By examining the variations in social rights, welfare state stratification and the different arrangements between the three possible providers of care, i.e. the state, the market and the family, Esping-Andersen (1990, 1999) determined three different clusters of welfare capitalism based on the degree of decommodification and stratification evident.[10]

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10 *The neglect of the family as a source of care in the Three Worlds of Welfare Capitalism (1990) was rectified in Esping-Andersen's later work on the Social Foundations of Post-Industrial Economies (1999).*

Esping-Andersen (1990) argues that welfare states are clustered about three separate ideal-types: the liberal, the social democratic and the corporatist. Since the publication of the *Three Worlds of Welfare Capitalism* in 1990, scholars have debated the existence of additional welfare regimes. These debates first centred on the positioning of certain countries in Esping-Andersen's typology and then on how to incorporate the new central and eastern member states of the EU into the typology (See Arts and Gilissen, 2010 for a recent review of these debates). For the purposes of this report, we can identify six welfare regimes in the EU (adapted from Whelan and Maître, 2010: 93; see also Draxler and Van Vliet, 2010, for a broadly similar clustering):

➔ The **social democratic regime**, which assigns the welfare state a substantial redistributive role. A high level of employment flexibility is combined with high security in the form of generous social welfare and unemployment benefits to guarantee adequate economic resources independent of market or familial reliance. For example, Sweden, Finland, Norway, Denmark.

➔ The **corporatist regime** involves less emphasis on redistribution and views welfare primarily as a mediator of group-based mutual aid and risk pooling, with rights to benefits depending on being already inserted in the labour market. For example, Germany, Austria, France.

➔ The **liberal regime** acknowledges the primacy of the market and confines the state to a residual welfare role, social benefits typically being subject to a means test and targeted on those failing in the market. For example, the UK, Ireland.

➔ The **southern European or Mediterranean regime** is distinguished by the crucial role of family support systems. Labour market policies are poorly developed and selective. The benefit system is uneven and minimalist in nature and lacks a guaranteed minimum income provision. For example, Spain, Portugal, Greece, Italy.

➔ The **conservative post-socialist regime** consists of the central European countries with mostly transfer-oriented labour market measures and a moderate degree of employment protection. For example, the Czech Republic, Slovenia, Hungary.

➔ The **liberal post-socialist** cluster comprises the Baltic countries, which are characterised by a more flexible labour market, with employers, particularly in the private sector, unwilling to abide by legal regulation of the market. For example, Latvia, Estonia, Lithuania.

Table 3.1 provides summary data on a number of indicators for these regimes. Gross public social expenditure[11] is a useful proxy for welfare effort or the generosity of welfare regimes. However, gross expenditure does not account for how tax systems affect public and private spending on social protection, the net figure is therefore a better gauge of welfare effort (see Obinger and Wagschal, 2010 for a detailed account of social spending in OECD countries). As the overall effect can be considerable and vary across countries, it affects cross-national comparisons of social expenditure and narrows the gap between countries. The data below support the welfare clusters identified above, with the social democratic and corporatist regimes demonstrating the highest levels of welfare generosity, and they, along with the post-socialist conservative regimes, display the lowest levels of at-risk poverty.

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11 *Social expenditure, as measured by the OECD, comprises nine categories of expenditure: old-age – pensions, early retirement pensions, home-help and residential services for the elderly; survivors – pensions and funeral payments; incapacity-related benefits – care services, disability benefits, benefits accruing from occupational injury and accident legislation, employee sickness payments; health – spending on in- and out-patient care, medical goods, prevention; family – child allowances and credits, child care support, income support during leave, sole parent payments; active labour market policies – employment services, training, employment incentives, integration of the disabled, direct job creation and start-up incentives; unemployment – unemployment compensation, early retirement for labour market reasons; housing – housing allowances and rent subsidies; and other social policy areas – categorical cash benefits to low-income households, other social services.*

Table 3.1: Dimensions of welfare regimes

	Gross public social expenditure 2005 € million	Net total social expenditure 2005 € million	Prison population per 100,000 inhabitants 2008	Rate of entries of penal institutions per 100,000 inhabitants, 2007	Percentage at risk of poverty after social transfers, 2008	Percentage of population living in subsidised or rent-free accommodation	Percentage of bottom income quintile living in subsidised or rent-free accommodation
Liberal	23	27	119	419	18	16	35
Social democratic	30	25	69	243	12	14	12
Conservative	29	28	105	188	13	8	14
Mediterranean	23	18	119	138	18	12	19
Post-socialist conservative	22	19	157	169	12	16	14
Post-socialist liberal	13	n/a	263	172	22	9	17

Sources: Adema and Ladaique (2009); Aebi and Degrande (2010); Eurostat (2010); Ozdemir and Ward (2009).

HOMELESS STRATEGIES

A key development in the evolution of homeless policies in recent years is the adoption in a number of countries of coordinated and comprehensive approaches to homeless service provision and homelessness prevention with the development of national homeless strategies. These strategies generally establish the extent of homelessness and outline a set of objectives that aim to, in many cases, eliminate homelessness and, in particular the need to sleep rough or use emergency accommodation for more than a minimum period of time.

The countries that make up the liberal and social democratic welfare regimes have all published national-level homeless strategies, with one member of the southern regime, Portugal, and one member of the corporatist regime, France, also publishing homeless strategies (Anderson, 2007; Benjaminsen et al., 2009; Baptista, 2009; Edgar, 2009; République Française, 2010). In addition, a number of major cities and regions across the EU have adopted homeless strategies. These strategies are not mere reflections of the dominant welfare ethos of the individual countries, but rather reflect different configurations in housing provision, criminal justice systems, addiction policy and core–periphery relations. Benjaminsen et al. (2009: 45–56), in their review of homeless strategies in liberal and social democratic welfare regimes, conclude:

> A focus on general housing policies and a rights-based approach in terms of the statutory definition of homelessness and the corresponding interventions seem to be predominant in the liberal regimes, whereas a focus on the most marginal groups and extending social services and interventions for these groups is most characteristic of the strategies in the social democratic regimes. However, there are also clear elements of convergence as a housing-first-dominated approach has come into focus across the different types of welfare state, and prevention and targeted, individualised and tailor-made interventions are key objectives in developing national homeless policies.

A number of countries have reported reduced levels of homelessness in recent years. They include Germany, England and Wales, Scotland, Ireland, Austria, the Netherlands and Finland (Busch-

Geertsema and Fitzpatrick, 2008; Anderson, 2007; O'Sullivan, 2008b; Tainio and Fredriksson, 2009). Explanations for the apparent declines in homelessness vary, but a striking conclusion from Busch-Geertsema and Fitzpatrick (2008: 90) in their analysis of Germany and England is:

> … it seems that positive outcomes can be achieved even in the face of unhelpful structural trends (worsening housing affordability in England; rising unemployment and poverty in Germany). Successful prevention policies (at the secondary and tertiary levels) must be carefully targeted at the key 'triggers' for homelessness, which may differ to some extent between countries, although relationship breakdown and eviction often seem to be prominent.

Some commentators have suggested that legal and enforceable rights to housing should form the basis of policy provision for those who are homeless (Kenna, 2005; see Fitzpatrick and Watts, 2010, for a critique of the housing rights approach); however, Frazer and Marlier (2009: 4) argue that such rights are not a precondition for effective action on homelessness and housing exclusion. Indeed, in many of the countries where homeless strategies have been developed and where decreases in the numbers of homeless people have been observed, such rights are not in place (Benjaminsen et al., 2009). Only France and the UK nations have a statutory right to housing in the EU, and in France such provisions were introduced in response to a perceived crisis in homelessness (Loison-Leruste and Quilgars, 2009). While adverse structural conditions may generate a higher number of households who are actually homeless, or at risk of homelessness, specific targeted policies may ameliorate this risk and even reduce the population who are currently homeless.

INCLUSIONARY STRATEGIES, WELFARE REGIMES AND HOUSING

For Stephens and Fitzpatrick (2007), while acknowledging that data on homelessness across different welfare regimes are not directly comparable, the significance of different configurations of welfare on homelessness is:

> The nature, as well as the scale, of homelessness is also likely to be related to welfare regimes, and their (contingent) interaction with housing systems. Welfare regimes that produce high levels of poverty and inequality not only produce high levels of homelessness, but the resulting homeless population is made up predominantly of households facing access and affordability problems, rather than particular personal needs arising, for example, from alcohol or drug dependency, or mental illness. Conversely, those countries whose welfare regimes produce low levels of poverty and inequality tend to have lower levels of homelessness, while a greater proportion of their homeless populations tend to have individual support needs, such as those related to addiction or mental illness. (Stephens and Fitzpatrick, 2007: 209–10)

Stephens and Fitzpatrick (2007: 208) further argue that the 'housing systems can produce powerfully decommodifying[12] influences, and these may run counter to the influence of the welfare regime. The provision of housing subsidies targeted on lower income households, such as housing allowances, and the availability of social rented housing will also reduce the level of homelessness.'[13]

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12 This concept, as developed by Esping-Andersen (1990: 37) in his work on comparative welfare regimes, refers to 'the degree to which individuals, or families, can uphold a socially acceptable standard of living independently of market participation'.

13 Housing costs are particularly difficult to estimate across the EU, as Ozdemir and Ward (2009: 20) outline: housing costs absorb a substantial proportion of the disposable income of many households across the EU, especially of those with low levels of income. The amount involved, however, varies markedly between member states, bearing only a limited relationship with housing tenure, or, more specifically, with the relative number of people who own their own houses. This partly reflects the fact that housing costs are composed to a significant extent of elements such as heating, maintenance, repairs or charges of one kind or another rather than just rent or mortgage payments.

The targeting of social housing seems an important factor here, as suggested by Stephens and Fitzpatrick, rather than the stock of social housing. As Table 3.1 shows, 35 per cent of the bottom income quintile is living in subsidised or rent-free accommodation in liberal welfare regimes with 16 per cent of the total population living in subsidised or rent-free accommodation, whereas the comparable figures for the social democratic welfare regimes are 12 per cent and 14 per cent. In other words, the stock of such accommodation does not always result in those with the greatest degree of disadvantage obtaining such accommodation.

While it is not possible to rigorously test the relationship between welfare regimes, housing policies[14] and levels of homelessness across all EU member states, due to the lack of comparable data on homelessness (see Chapter 2), recent research using a series of country case studies (Stephens et al., 2010: 257) concludes:

> *Welfare regimes were clearly relevant to outcomes for homeless people – the strongest mainstream protection to those at risk of homelessness was offered in the social democratic/hybrid regimes we studied (Sweden and the Netherlands), and the weakest protection was to be found in the Mediterranean regime (Portugal) and even more so, in the transition regime (Hungary).*

However, these broad macro patterns may conceal considerable change at local levels. For example, Benjaminsen and Busch-Geertsema (2009) highlight the potential impact of labour market reforms in Denmark and Germany on exacerbating homelessness, and Hansen Löfstrand (2010) notes that a range of local influences may shape policies towards homeless people, not simply the overarching structure of the welfare regime.

Thus, in addition to the need for more robust data to allow us to explore macro-level relationships between welfare regimes and homelessness, we need nuanced analyses of how the provision of welfare is delivered to specific groups at the point where responsibility is located. For example, Sweden is often heralded as the exemplar of a statist universalistic welfare provider, yet, we find that services for homeless people, particularly emergency services, are provided by traditional Christian charitable providers and private for-profit agencies (Olsson and Nordfeldt, 2008; Hansen Löfstrand, 2010).

The instances cited above do not necessarily invalidate broader hypotheses about the relationship between welfare regimes, housing and homelessness, but rather are reminders that caution needs to be shown in demonstrating how broader welfare policies are operationalised, filtered and interpreted by 'street level bureaucracies'. Thus, it can be argued that our knowledge of the relationship between welfare regimes and homelessness, in terms of promoting social inclusionary policies, remains relatively limited, but what evidence we have largely confirms that more inclusive welfare regimes have a greater range of protections for those who are at risk of homelessness, or are actually homeless, than regimes with more limited safety nets.

However, individual country case studies remain the primary mode of analysis in the absence of robust comparable data across the EU, which restricts our ability to test a range of hypotheses on the relationship between welfare regimes and homelessness. Furthermore, given that the delivery of homeless services in a large number of member states is the responsibility of local or regional authorities, it is important to understand how homeless services are delivered and the degree to which they conform to expectations from the overall tenor of the welfare regime.

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14 *In the case of housing policy, Fahey and Norris (2010: 480) make a persuasive argument that 'the role of the state in housing is so multiple and varied that neither its extent nor its distributive impact is open to any kind of quantification that would allow us to say confidently how great it is at time or place or whether it has grown or declined over time'.*

EXCLUSIONARY POLICIES AND HOMELESSNESS

In addition to providing mechanisms of social inclusion, such as the range of welfare policies outlined above, member states also deploy instruments of social exclusion (Rose, 2000). One core institution of exclusion, which has been long associated with regulating homeless people (Beier and Ocobock, 2008) and 'regulating social marginality' (Beckett and Western, 2001) more generally, is the prison. The rate of incarceration per 100,000 population varies considerably by welfare regime, with the social-democratic regimes having the lowest level and the post-socialist welfare regimes the highest, particularly the post-socialist liberal regimes (Lacey, 2008; Walmsley, 2009).

However, the liberal and social-democratic regimes have the highest flow, rather than stock, of prisoners, which implies that a considerable number of individuals receive comparatively short sentences. Both short- and long-term incarceration are likely to produce particular outcomes; indeed, short sentences may contribute more to homelessness by disrupting accommodation and employment, but not putting in place adequate reintegrative policies. Downes and Hansen (2006), in a comparative analysis of the relationship between welfare spending and rates of incarceration, contend that those countries that spend a higher proportion of their GDP on welfare have lower imprisonment rates, a relationship that had grown stronger over the previous two decades. Similarly, Lappi-Seppälä (2009) argues that amongst the most powerful predictors of moderation in penal policy and practices are strong welfare states. Dyb (2009), in one of the few comprehensive studies of the link between homelessness and incarceration in a European context, describes imprisonment as a major gateway to homelessness. In her study of prisoners in Norway, she highlights that while one-third of the inmates surveyed were homeless when they entered prison, two-thirds were homeless when they were released, demonstrating that 'the rate of homelessness increases during the sentence' (2009: 821).

Across the EU in recent years, at either national or city level, attempts have been made to regulate behaviour in public space, particularly begging, sleeping rough and the consumption of alcohol (see Belina, 2007; Eick, 2003; FEANTSA, 2007a; Meert et al., 2006; O'Neill, 2010).[15] These initiatives have generated considerable debate, which it is not the intention of this chapter to review (see Huey, 2009; Johnsen and Fitzpatrick, 2010, and DeVerteuil et al., 2009, for recent overviews). The focus here is rather to understand how these initiatives have been presented.

The view that the regulation of public space, through ordinances that prohibit certain forms of behaviour or exclude people from city areas, constitutes an 'attack' on homeless people largely originated in the US (Mitchell, 2003). In Europe the debate has centred not only on homeless users of public spaces and semi-public spaces such as shopping centres and railway stations (Bonnet, 2009; Doherty et al., 2008), but also on migrants, particularly Roma (Adriaensses and Hendrickx, 2010; Tosi, 2007). One strand of the debate suggests that regulating public spaces punishes, criminalises or excludes the homeless (Doherty et al., 2008); another strand suggests that it may actually protect the homeless (Huey, 2010). These debates question the boundaries of welfare in the area of homelessness.

The regulation of public space, the restriction of certain forms of activity such as begging, rough sleeping, the public consumption of alcohol and narcotics, and the pervasive eye of CCTV can and have been interpreted as instances of 'coercive care' and protection for the homeless, albeit that they may be 'high risk strategies' (on the UK, see Johnsen and Fitzpatrick, 2008, and on Rotterdam, see Barendregt and van de Mheen, 2009). They can therefore be viewed as instances of circuits of inclusion, as much as circuits of exclusion.

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15 *There is nothing particularly new in the regulation of begging: cycles of regulation can be observed with different rationales justified at different periods. In recent debates, the regulation of begging is justified in terms of reducing public disorder and preventing antisocial behaviour (see Baker, 2009, for a detailed overview of the justifications put forward to regulate begging).*

The exclusion of certain migrants from the fundamental welfare services that characterise welfare regimes also leads us to think anew about the boundaries of welfare. It must also be seen in the context of the restructuring of urban environments, where previously marginal sites of land or property become, or have the potential to become, gentrified and appealing to the swarms of conference and convention goers that cities increasingly strive to attract. Homelessness and homeless people are not in the abstract perceived as a threat to order – in most cases they invoke a compassionate response – rather, as Wardhaugh (1996: 706) argues:

> *Homelessness is perceived as dangerous because (and only if) it is visible in public spaces. It is this visibility that represents a threat to the security and sense of place enjoyed by settled citizens. Thus, it is not marginality per se that is dangerous: rather, it is the visible presence of marginal people within prime space that represents a threat to a sense of public order and orderliness.*

In addition to these explicit bans, more implicit bans are evident in terms of restricted access to housing for the homeless, ex-prisoners and migrants on the basis that their low socio-economic status precludes entry. Furthermore, in some instances their support needs and behaviour could be viewed as a risk to community cohesion by local authorities, or blocked on a more informal basis by middle class concerns.

SUBSTITUTE CARE

A reasonably consistent research finding relating to children leaving care is their heightened risk of becoming homeless compared with children brought up in their family of origin. Care leavers have to attempt the transition to independence at a much younger age than most other young people (who tend to leave home later). These problems are exacerbated by their lower level of educational attainment and fewer career options. As Stein (2006: 273) notes in a review of the research in this area, children in care '[a]re more likely than young people who have not been in care to have poorer educational qualifications, lower levels of participation in post-16 education, be young parents, be homeless, and have higher levels of unemployment, offending behaviour and mental health problems'.

While Stein argues that this statement is true in a general sense, those leaving care can be sub-categorised as young people who have successfully 'moved on' from their care placement; those who are 'survivors' of the care system; and those who are 'victims' of the system. The last two groups are likely to have had disrupted care placements and instability in their care history that increase their likelihood of post-care homelessness. In particular, the 'victims' are those who have 'the most damaging pre-care family experiences and, in the main, care was unable to compensate them, or to help them overcome their past difficulties'; as a consequence, 'after leaving care they were likely to be unemployed, become homeless and have great difficulties in maintaining their accommodation' (Stein, 2006: 277).

However, not all jurisdictions collect data concerning the percentages of children placed in public care and those that do show considerable variations. Eurochild (2010) estimates that in 2009 some 1 per cent of children were taken into public care, but this figure varies from 2.2 per cent in Latvia to 0.6 per cent in Sweden. Data from France show that 23 per cent of homeless persons surveyed had experience of care, compared with 2 per cent of the general population (Firdion, 2009).

WELFARE REGIMES AND HOMELESS SERVICE PROVISION

It is evident that welfare regimes are not reliable predictors of the dominant type of homeless service provision (Daly, 1999). For example, the housing first approach (Atherton and McNaughton Nicholls,

2008: see Chapter 7 for further discussion) seems to be becoming the dominant model in the liberal *and* social democratic welfare regimes (Benjaminsen et al., 2009), at least as articulated in the homeless strategies of these countries. Another example concerns legal rights to housing in that such rights are found only in liberal and corporatist welfare regimes.

At a macro level, welfare states may have broadly identifiable traits that allow for their classification as encompassing or restrictive, as universalistic or selective, or as inclusionary or exclusionary. However, the relative generosity of cash transfers or the scale of service provision within countries does not necessarily tell us much about the ideological tenor of particular interventions.

For example, in relation to alcohol consumption and addiction treatment, countries vary significantly in their adoption of abstinence or temperance-based policies rather than harm-reduction-oriented policies, particularly in relation to problematic use and the preferred approaches cannot be easily deduced from their overall welfare regimes (Peele, 2010; Marlatt and Witkiewitz, 2010). This is best exemplified in the Swedish staircase model of housing provision, where treatment for alcohol and other substance misuse is required before independent accommodation is provided (see Blid and Gerdner, 2006; Blid, 2008; Sahlin, 2005). Although increasing adherence to housing first models, which do not require abstinence (see Chapter 7), are articulated by policy makers, deep-rooted cultural assumptions in relation to addiction may limit the ability of policy makers to develop successful evidence-based programmes. Furthermore, generous welfare regimes are based, both fiscally and ethically, on the assumption that citizens are in employment, and for those who are not, a range of labour market activation policies are in place.

Within social democratic welfare regimes, homelessness appears to be the fate of only a minority, but for those who are homeless, policies and practices are restrictive, and in the case of Sweden, involve relegation to a secondary and inferior housing market for those who fail to meet the targets of abstinence and conformity with other social norms, particularly those of employment. Less generous welfare states tend to have higher rates of homelessness, albeit that many who experience homelessness will exit relatively quickly.

A better understanding of the relationship between welfare regimes and patterns of homelessness requires a more detailed knowledge of a range of intermediate variables. In addition to the structure of housing provision (particularly ease of access to rental housing) and labour markets, we need detailed information on, for example, the ideology of treatment services for addictions (whether harm reduction or abstinence), levels of punitiveness, eligibility criteria for access to services for migrants or provision structures for homeless services. This chapter argues that these intermediate-level interventions cannot be read or assumed from the type of welfare regime a country has.

CONCLUSION

Despite considerable advances in recent years, data on the extent and nature of homelessness in Europe remains fragmented, inconsistent and localised. While the qualitative evidence from country case studies suggests that welfare regimes may generate particular patterns of homelessness, the absence of detailed, robust and comparable data on homelessness throughout the EU means that formally testing the mechanisms by which welfare regimes might generate these patterns will remain problematic. However, country case studies allow for the gradual development of theory building on the relationship between welfare regimes and homelessness and it would be constructive to build on the methodology devised by Stephens et al. (2010) and incorporate a greater range of countries.

It is notable that we have little information on how the gendered nature of welfare regimes may generate particular patterns of homelessness. While welfare spending has not, on average, decreased across the EU over the past decade, mechanisms to restrict access to welfare services, particularly for those without full citizenship, have increased. A key research question that arises is

how we conceptualise the shifting boundaries of inclusion and exclusion for particular marginalised populations and how these boundaries shape the extent and nature of homelessness.

Nonetheless, a number of generalisations may be made. Generous welfare regimes are more likely to protect citizens from entering homelessness as a consequence of the range of services that aim to promote social inclusion formally. More generous welfare regimes are also less likely to utilise the criminal justice system, particularly incarceration, as a means of managing marginal households. Leaving prison is a key trigger for homelessness (in addition to eviction and family breakdown). Indeed, a period of incarceration may be a precursor for eviction and relationship breakdown.

The provision of social or non-market-rent housing is a powerful social good in its own right, but does not necessarily impact directly on the extent of homelessness. Targeted policies may be more effective in this respect, but this in turn may carry the risk of creating an artificial increase in homelessness to avail of what in some countries is a scarce commodity. The development of homeless strategies in a number of countries has proven to be reasonably effective in providing a coordinated response to homelessness, which can overcome this potential difficulty. A key feature of many of these strategies is to ensure that those leaving institutions are provided with adequate accommodation on their discharge. Ensuring the smooth transition from substitute care to independent living will protect many young people from entering homelessness but, although many countries have put in place statutory after-care plans, this appears to be occurring in only a small number of jurisdictions.

4. Homeless Services and Provision

INTRODUCTION

This chapter begins with a short overview – as far as information is available at a European level – of the statutory duties and the extent of state involvement in the direct provision of services for homeless people in different countries. Then we focus on non-governmental organisations (NGOs), which play a very significant role in most European countries in the provision of services for homeless people. After discussing the different 'players' in service provision, we analyse the kind of services provided. To conclude we consider key trends in the development of service delivery across Europe before identifying the main challenges in service provision.

Information on service provision for homeless people in Europe is patchy and incomplete; however, a FEANTSA working group has analysed this theme over four years in seven European countries (Austria, Denmark, Finland, Greece, the Netherlands, Portugal and the UK; see Edgar et al., 2003, 2004a; Anderson et al., 2005b).[16] Fitzpatrick and Stephens (2007) provide us with additional details for the Czech Republic, France, Germany, Hungary, Poland and Spain. Information for other European countries can be extracted from journal articles and national reports, e.g. for the MPHASIS project (see Chapter 2) funded by the European Commission.

Trends in service provision for homeless people were also analysed in the 1999 transnational report for the European Observatory on Homelessness (Edgar et al., 1999) – although this report did not aim to take stock of existing services, but focused instead on the emergence of new and innovative projects and programmes, the opening chapters nevertheless provide a broad analysis of service development.

THE ROLE OF THE STATE IN PROVIDING AND FINANCING SERVICES FOR HOMELESS PERSONS

■ LEGISLATION

An obligation on the part of public authorities to procure decent housing for the population and for those unable to help themselves is outlined in the constitution or in legislation regulating housing policies in many countries.[17] The legislative framework in most EU member states does not imply an individually enforceable right to permanent housing, with only the UK (since 1977) and France (since 2007) having such a right (Loison-Leruste and Quilgars, 2009).[18]

In the majority of EU countries the responsibility of the state for funding or providing services for homeless people is provided for under social welfare legislation, if such a responsibility exists at all. Only in very few countries is the legislative framework established within housing or homelessness statutes (as in the UK under the homelessness legislation and Ireland under the Housing Act 1988). But even in those countries, elements of the duties are regulated by legislation and programmes that are within the realm of social welfare. There are a number of EU countries where the legislation provides homeless people with an individually enforceable right to social support (e.g. in Germany

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16 Denmark and Finland were covered in only one, and the Netherlands in three, of the four years.

17 At the beginning of this century the number of EU countries that had a right to housing enshrined in their constitution was seven out of the fifteen member states at that time. In seven EU countries a right to housing was set out in legislation (Kenna, 2005: 86, with reference to a study conducted by the French BIPE Institute in 2000; see also Tosics and Erdösi, 2001).

18 However, in a greater number of EU countries there are legally enforceable obligations on local authorities to provide emergency accommodation for roofless households, for example in Germany, Hungary, Poland and Sweden.

where they can claim support 'to overcome special social difficulties'); others where the provision of services (or even the development of homeless strategies) is a duty of public authorities; and those where the provision of services is delivered on a purely voluntary basis. Obviously, a statutory right is an important basis for creating an adequate service infrastructure and for strengthening the position of those in need of services, but the quality and adequacy of such services also depends to a large extent on the resources made available and the organisation of services that fit the (often multiple) needs of homeless persons.

■ CENTRAL, REGIONAL AND LOCAL GOVERNANCE

Edgar et al. (2003: 7) identify 'a wide variation in the central/local split in responsibilities for planning, implementation and funding of service provision across Europe'. While in most European countries, local authorities have the main responsibilities for provision and funding of services for homeless persons (often in close cooperation with NGOs as important providers of such services; examples are Austria, Finland, Germany, the Netherlands, Poland and many more), central government dominates the field in some other countries (e.g. Greece – at least until recently – and Slovenia).

Around the turn of the century a general tendency towards the 'retrenchment of the state' occurred in many European countries. State responsibilities in some cases have been decentralised from the central to the municipal (local authority) level of government, thereby often increasing the autonomy of municipalities. This development 'has often been accompanied by a changing culture of governance. This can be characterised as a shift to the enabling role where the municipalities act as strategic planning and coordinating authority for the local community.' (Edgar et al., 1999: 50) Instead of providing services themselves (if they ever did) the municipalities often purchase such services from NGOs on a contractual basis.[19]

However, Fitzpatrick and Stephens (2007) found national homelessness programmes/funding streams in seven of nine EU countries covered by their study.[20] Municipalities were indeed in most cases service enablers, but municipalities in Germany, Sweden, England and Hungary were also direct providers of services for homeless persons. Only in France and the Netherlands was the direct provision of services for homeless people by municipalities found to be negligible. In Spain and the Czech Republic, municipalities had no major role either as direct providers or as enablers of such services.[21]

While decentralisation of government tasks plays a particular role in some CEE (central and eastern European) countries, where centralisation of powers was a prominent feature under state socialism, the picture is still quite diverse among these countries, as a recent comparison of Hungary (strong tendency towards decentralisation) and Slovenia (still many services provided by the central state) demonstrates (Filipovič Hrast et al., 2009).

Financing/regulatory bodies at the level of regional states may also play an important role as funding authorities; this is especially the case in countries with a strong federal structure (such as Austria, Belgium, Germany or Spain and, increasingly with devolution, in the UK countries). While it is frequently argued that municipalities are best equipped to organise and 'steer' service provision and

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19 *In some countries, especially those following the principle of 'subsidiarity' and with a strong 'tertiary sector', municipalities have always been more of an enabler than a provider of services for homeless persons (for Germany, see Busch-Geertsema, 2004). It has been shown for a number of (western) EU countries that the impact of neo-liberalism, while promoting deregulation, privatisation and public private partnerships, has not everywhere led to a diminution of the role of the state. In some areas it is even more appropriate to refer to a 'rolling out' instead of a 'rolling back' of the state (see Peck and Tickell, 2002, for a more general analysis; Doherty, 2004, on policies concerning housing and housing exclusion; O'Sullivan, 2004, for Ireland; De Decker, 2004, for Belgium; and Blanc, 2004, for France).*

20 *Such programmes/funding streams were found in France, the Netherlands, Sweden, England, the Czech Republic, Hungary and Poland, but not in Germany and Spain, both exemptions being strongly federalised countries.*

21 *In the Czech Republic, most grants were still paid from central government to NGOs at the time of analysis, but some services were funded directly by municipalities. In Spain, some municipalities provided basic services, but the Catholic Church and NGOs funded most provision.*

promote multi-agency working where needed, central and regional governments have an important task in ensuring some geographical balance of provision and a certain (minimum) standard, quality control and continuity of service provision.

THE ROLE OF NGO SERVICE PROVIDERS AND OTHER ORGANISATIONS

NGOs have a long tradition of providing services for homeless and destitute persons and are still (or in some cases increasingly) dominant providers of such services in most EU countries. NGOs were the principal direct providers in seven of the nine EU countries analysed by Fitzpatrick and Stephens (2007). In some countries the role of primary provider has been divided between NGOs and local authorities (with different target groups, as in the UK and Germany). Only in a minority of EU countries are NGOs less important in this field, for example in the Scandinavian countries (see Olsson and Nordfeldt, 2008, for Sweden; Edgar et al., 2003, for Finland) and in some of the CEE countries (but see, for example, Hradecký, 2008, for a detailed account of the development of NGO services for homeless persons in the Czech Republic).

Among the most prominent NGOs providing services for homeless persons are faith-based organisations. Some of them are active in many different EU countries, for example the member organisations of Diaconia, Caritas, Order of Malta and the local branches of the Salvation Army.[22] Increasingly NGO services are also provided by purely secular organisations and in some countries, where faith-based organisations still play an important role, the visibility and practice of religion has diminished significantly over time and the nature and quality of their services are difficult to distinguish from secular NGOs (see Johnsen with Fitzpatrick, 2009, for the UK).[23] But there is a great diversity within as well as between EU countries concerning the role of the 'spiritual' element of service provision.

It can be assumed that a majority of NGOs providing services for homeless people are non-profit organisations (charities). Commercial (for-profit) providers have hitherto not gained much influence in the provision of services for homeless people, although they do play a role and their share is increasing in some countries with the adoption of private market mechanisms such as 'quasi markets', where local authorities or other state agencies purchase services for homeless persons from non-profit organisations as well as from commercial providers. Tourist hotels as well as other types of temporary accommodation for homeless people are the most important types of service provided for profit.

FUNDING OF SERVICE PROVISION AND PERSONNEL

Over a decade ago, Edgar et al., (1999: 19) argued that 'although state services exist in most countries, the predominant pattern of service provision is one of voluntary sector provision and reliance upon the state for funding'. However, there are large differences regarding not only the role of NGOs, as mentioned above, but also the amount of funding provided by different levels of the

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22 *While the Salvation Army is an international organisation with headquarters in London and services all over the world, Caritas Europe (with strong links to the Catholic Church) and Eurodiaconia ('rooted in Christian faith within the traditions of the Reformation as well as in the Anglican and Orthodox traditions', www.eurodiaconia.org/about-us) are federations of local and national organisations, institutions and churches providing social and health services, including services for homeless people. Another, much smaller, provider for homeless persons in several European countries are the Emmaus communities. Emmaus is a homeless charity founded in France in 1949 by the priest Abbé Pierre and Emmaus communities of formerly homeless persons, often living together and collecting, sorting and reselling donated furniture and household goods, exist in several European countries as well as in other parts of the world. They define themselves as not a religious organisation but as a 'secular solidarity movement'.*

23 *The same can be said for Germany, where the great majority of homeless service providers still have links to the Catholic or the Protestant churches (Caritas and Diaconia).*

state. For example, in some southern countries, NGOs are the main service providers but can count on only limited funding from municipal and other state sources (for Greece, see Edgar et al., 2003), while in Germany or the Scandinavian countries more than 90 per cent of the costs of NGO services for homeless persons are paid for by local and regional authorities. Accordingly, private donations, charitable funds and voluntary work vary in importance in the provision of services to the target group, on a more general perspective between countries, but also between different organisations and types of service. In general, low-threshold services and distribution of food and clothes will rely more on donations and voluntary work than specialist integration services.

In recent years, public sector management has developed private sector approaches, including competitive bidding and targeting. Business-oriented methods in this area may increase 'value for money' in times of tight budgets, but may also create problems such as the 'creaming' or 'cherry picking' of less demanding clients or a lack of continuity and local links among external service providers. Possible implications of contracting NGO services include:

➔ Enhanced control over service provision for local government/regional authorities because they can opt for short- and medium-term contracts that can be redrawn or cancelled.
➔ Innovation and increased cost-effectiveness resulting from NGO competition for public funding.
➔ Uncertainty for NGOs, impacting on their capacity to plan for the future and to experiment, develop and pilot new services. Uncertainty might also influence staff retention.[24]
➔ Dependency on continuous fundraising and changing funding options constrain continuous service delivery for specific target groups that may consequently lose service access.
➔ Increased need for contractors to monitor NGO services, to ensure public money is being properly used, and to prevent abuses, etc.; thus creating an administrative burden for the commissioning body as well as the NGO.
➔ Increased efforts by NGOs in marketing and promoting their services.
➔ Possible undermining of effective joint working and sharing of knowledge by the contract culture because service providers are competitors or because an NGO does not want to offend or question the policies of the commissioning authority.
➔ Dependency on contracts might soften the voices of NGOs in respect of their lobbying activity that draws attention to policy problems.

In the context of increased competition between service providers and in order to ensure comparability and a certain quality of service provision, performance measurement and quality assurance standards have gained importance (see Wolf and Edgar, 2007). However, the impact of the EU on the development of service quality in the field of social services is not yet entirely clear. While the EU Directive on Services in the Internal Market (the Bolkenstein Directive), aiming at the creation of an open market for service provision, excludes non-economic services of general interest, initiatives have been developed at EU level to establish criteria and indicators for the quality of social services. When developing quality assurance measures for homeless services, it is essential to include the user perspective – as in most other social services – and to ensure that quality criteria are developed together with homeless strategies and the provision of adequate resources for high-quality services.

There is little research available on the detailed funding arrangements used to finance services for homeless people across Europe. Examples of such arrangements include: project or grant funding (calculated on the annual costs of a service); the purchase of certain categories of support package; or the payment for an individually specified amount of 'service hours'. NGOs may also raise 'purely charitable' funding, according to their capacity to raise funds from churches and from private as well as business donations. Diverging national traditions concerning such donations and the role of

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24 'The reality of service providers is one of short term funding often won by a bidding process, of funding derived from diverse sources and of funding limited to annual or short time periods thus providing for an uncertain medium or long term stability' (Edgar et al., 2003: 19).

charities in general have a significant influence on the extent to which this funding source can be explored. Matching a wide range of different funding sources and raising funds to finance a service may of course be a time-consuming and costly task in itself.

Since the EU has no competences in the realm of service provision for homeless persons, European-level funding is usually not available for such services, except in areas where specific innovative projects are subsidised. However, it has been shown that Structural Funds have had significant influence in shaping services for these target groups, for example in Poland, through programmes such as EQUAL fostering the development of inclusion of homeless persons into employment (Wygnańska, 2008).

Variation may also be found in the training and qualification of personnel, although, to date, little comparative analysis has been done on this particular topic. While, for example, a large proportion of the personnel providing advice and support for homeless persons in Germany are trained social workers, who often have studied at university, personnel with such a professional qualification tend to be a minority among the staff of organisations providing services for homeless people in a number of other EU countries. However, Edgar et al. (2004a) found a general 'increase in professionally qualified and paid staff (at least in accommodation based services)' as a key trend across Europe. Peer support is an important element of provision in some countries,[25] whereas it plays a negligible role in others.

SERVICES FOR HOMELESS PEOPLE AND ORGANISATIONAL STRUCTURE

While the role of homelessness services should not be restricted to alleviating immediate crises and providing roofless and destitute persons with a roof and something to eat and drink, services offering such basic support are an important element of service provision in all European countries and in some locations remain the dominant form of activity.[26] It is acknowledged in most countries that prevention services are needed to avert emergency situations and more general housing crises from occurring, and that homeless people who are not able to help themselves may need individualised support in order to resettle and find their way back into more or less normal housing conditions. Moreover, the idea of providing ongoing support in housing for people who have been homeless or threatened with homelessness and have been rehoused, but are found to still be in need of proactive support in order to prevent them from relapsing into homelessness, has gained influence in recent years (see Edgar et al., 2000). Specialist services that provide education, training and employment to homeless people exist in a number of European countries and, with increasing emphasis on labour market activation policies as an overall trend in Europe, such services have gained importance (see FEANTSA, 2007b).

Table 4.1 provides a broad typology of services that are either directed exclusively to homeless people (and those in immediate risk of homelessness) or that are used by homeless persons as well as other parts of the population.

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25 *In Finland, the Y-Foundation, a national association providing permanent housing for single homeless persons, has gained positive experiences with pilot projects using volunteers to help rehoused formerly homeless persons to cope with the challenges of living alone (Kärkkäinen, 1999). Some evaluation projects for rough sleepers in the UK have similarly recommended the 'use of volunteers for befriending and lower level needs such as housekeeping' (Randall and Brown, 1996: 78) and 'peer support' (Dane, 1998: 85).*

26 *Even in countries with a relatively strong welfare system and a very differentiated system of services, provision of a very basic nature, such as winter shelters or food banks, have (re-)emerged in recent years (see the contributions to FEANTSA's Magazine Homeless in Europe, Winter 2005 on 'Social Emergency and Crisis Intervention in Large European Cities').*

Table 4.1: Typology of services for homeless people and those in immediate risk of homelessness

Service	Example
Prevention services for households in immediate risk of homelessness	Services offering mediation in cases of domestic conflicts, assumption of rent arrears, etc.
Emergency accommodation for roofless persons	Emergency shelters
Temporary accommodation for houseless persons	Temporary hostels, supported or transitional housing, shelters for victims of domestic violence
Non-residential services for homeless and formerly homeless persons	Outreach services, day centres, advice services, health services, mobile food services, floating support for ex-homeless persons in permanent housing, and education, training and employment services
Accommodation for other client groups that may be used by homeless people	Hotels, bed and breakfast accommodation, specialist support and residential care services for people with alcohol, drug or mental health problems
Mainstream services for the general population that may be used by homeless people	Advice services, municipal services, health and social care services, welfare payment services
Specialist support services for other client groups that may be used by homeless people	Psychiatric counselling services, drug detoxification facilities, services for former offenders, services for vulnerable young people

Source: Adapted and amended from Edgar (2009: 17).

In those countries with a more developed system of service provision a variety of specialised services exist, focusing either on specific target groups of homeless people (e.g. women, young people, frail elderly people, families, people with substance abuse problems) or on specific areas of support (e.g. accommodation, financial affairs, employment and training, health, social and personal affairs, housekeeping).

With this growing specialisation and segmentation of welfare provision, the importance of inter-agency working has grown (Anderson et al., 2005b). It is clear that the increase in the number of specialised services has led to fewer direct access services, and more services where entry depends on referrals from another service and on specific eligibility criteria being satisfied. So, those homeless people who do not meet the predefined criteria of specialist provision may face increased barriers of service eligibility. But access to services may also be restricted by other criteria: families with children are often defined as a priority need group (e.g. by the homelessness legislation in the UK) and single homeless persons without specific additional support needs may be excluded from specific services such as rehousing or prevention. Similarly, migrants, depending on their legal status, are often faced with specific barriers hindering their access to services for homeless people.

User involvement in the management of services for homeless people is still underdeveloped in many EU countries, though evidence of increasing user involvement can be found in, for example, Denmark, France, Hungary, the Netherlands and the UK (Latour, 2006; Bakos, 2006; Nederland and Davelaar, 2006; Jezek, 2009; Williams, 2009). However, it should also be noted that the ability of users in the homeless sector to defend their interests is inhibited and limited by the often transitional nature of homelessness, in addition to a lack of resources, continuity and stability (see Allen, 2009; Anker, 2009).

DEVELOPMENTS AND TRENDS IN SERVICE PROVISION FOR HOMELESS PEOPLE

There is a growing trend in EU member states to replace the staircase model of services, in which homeless people move through a series of services until they are ready to live independently, with a housing first (or housing-led) approach that broadly involves assisting homeless people to move into permanent housing as quickly as possible and providing appropriate support services to them in their homes (see Chapter 7).

A review of homeless strategies identifies policies in a number of countries where the target is to ensure that people do not stay in temporary accommodation for more than a defined period and to use a housing first (or housing-led) approach (Edgar, 2009). Figure 4.1 summarises this shift in policy approach, which has been associated in many countries with a refurbishment of traditional hostel accommodation into smaller-scale living situations with less communal or shared rooms and more privacy, and in the case of homeless families by using ordinary housing for the provision of temporary accommodation. While this reprovisioning of supply has occurred in many countries, perhaps the most ambitious target in EU member states has been set by Finland, where the aim is to eliminate the use of hostel accommodation altogether by 2015 (Tainio and Fredriksson, 2009).

Accordingly, there has been a shift in a number of EU member states away from place-centred approaches to person-centred provision. This means moving away from temporary accommodation and supported housing towards support in housing (Edgar et al., 2000), which also facilitates an increase of flexibility in terms of intensity and duration of such support. However, the scale of housing support services varies and they have been slower to develop in some countries, meaning that the extent to which this shift in the pattern of service provision is occurring across Europe is variable.

Figure 4.1: Summary of shift in homeless policy approaches
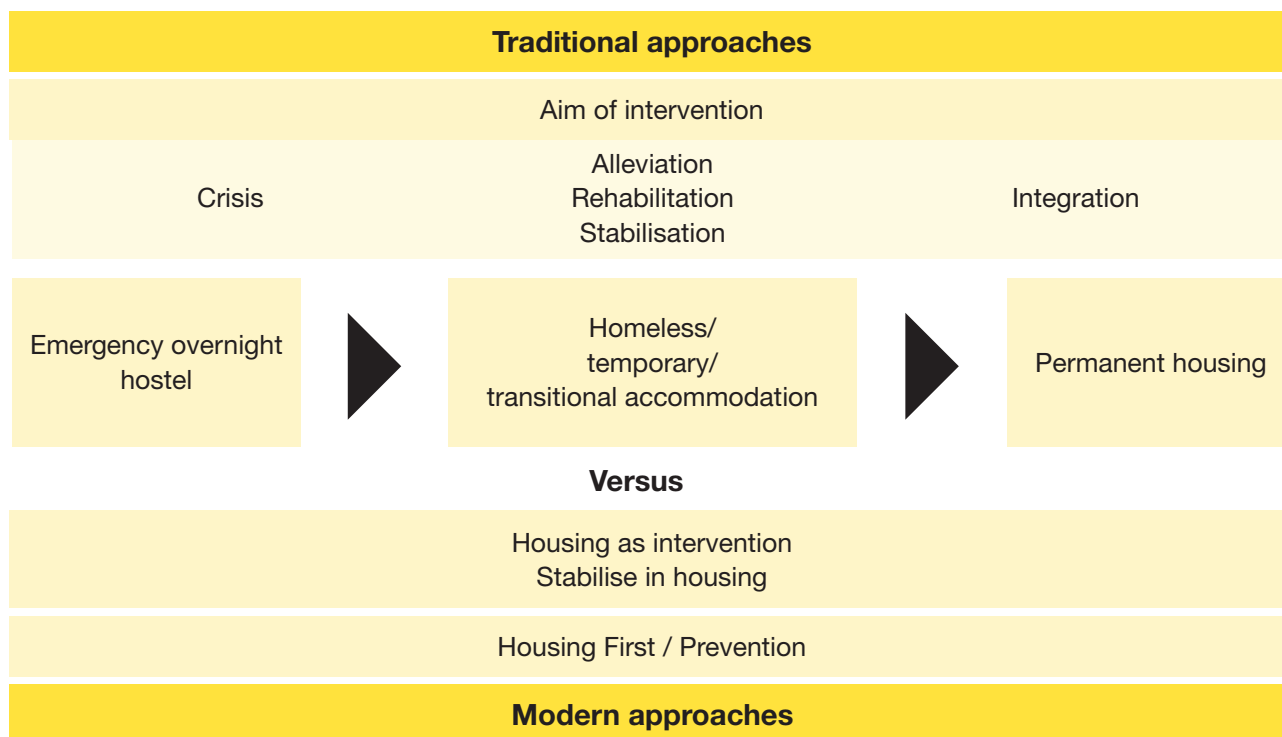
Source: Edgar in Frazer et al, 2010.

The ability of the local state to meet the needs of vulnerable groups depends on the capacity and availability of mainstream services, targeted services and the allocation mechanisms that control access to these. Equally, institutional procedures in relation to rehabilitation and the discharge of people into the community are key components affecting vulnerability and the risk of homelessness. The provision of appropriate assistance for households with support needs can help to prevent homelessness and also play a vital role in its resolution.

Prevention has gained much importance in many EU countries during the last ten to twenty years and almost all the recently published national, regional and local homeless strategies mention prevention as a priority (see Edgar, 2009, for an overview; see Busch-Geertsema and Fitzpatrick, 2008, for the role of prevention in Germany and the UK). In a number of countries, for example Austria and Germany, specialised prevention centres for households threatened by eviction have been implemented during recent decades (in Germany mainly by municipalities, in Austria mainly by NGOs), which offer proactive support for households, especially with rent arrears. In addition, prevention efforts have often been targeted at mediating domestic conflicts and organising access to regular housing for people leaving institutions.

To varying degrees, 'social cohesion' and 'activation' approaches aim to go beyond rehousing homeless people and explicitly to tackle sustained worklessness, social isolation and 'chronic exclusion' with multidimensional interventions. While this approach is inclusive, contributing to improving the quality of life and to preventing repeat homelessness, it may also have exclusionary consequences, at least for some homeless persons. This may be particularly the case when it is combined with increased sanctions and enforcement measures for persons who are unwilling or unable to get themselves 'activated' or to engage in structured programmes. The most prominent example of this approach, where day centres and hostels were required by the government to become 'places of change' in order to get state funding, is the UK (DCLG, 2006; Johnsen and Fitzpatrick, 2008; Fitzpatrick et al., 2009), but similar tendencies can be found elsewhere (Benjaminsen and Busch-Geertsema, 2009).

CONCLUSION

Not all homeless people need specific services to alleviate the consequences of being without a home and to exit homelessness successfully. This is particularly the case if the episode of homelessness is of short duration, informal sources of support can be drawn on, and affordable permanent housing is available. But when episodes of homelessness are of longer duration, those affected will depend increasingly on formal services to obtain temporary accommodation and to cover basic needs (e.g. food and drink, clothes, hygiene). They will also need assistance to overcome the difficulties that contributed to their becoming homeless, or that have appeared or become exacerbated while being homeless, and that ultimately may prevent their exit from homelessness.

While there are variations in the roles of NGOs and the state as providers of services for homeless persons in Europe, the predominant model is that local authorities have the main responsibility for enabling and steering such services and NGOs are the main service providers, financed to a large extent by municipalities.

Contemporary homeless strategies and services aim to minimise the need for temporary accommodation, to maximise efforts to prevent homelessness and to rehouse homeless people as quickly as possible. There is a growing consensus that, in the great majority of cases, any presenting difficulties can best be tackled by the provision of flexible support in regular housing rather than in special institutions for homeless persons. However, such a system is highly dependent on the availability of affordable and adequate housing, a well-functioning general social security net, adequate crisis intervention and flexible support services.

Existing services for homeless persons in Europe are still to a large extent directed at covering the most urgent and basic needs of their clients. Very often they aim to fill gaps in mainstream welfare provision. Therefore, effective homeless strategies will always aim not only at improving the effectiveness of homeless services (joint working for meeting multidimensional needs, differentiated provision for groups with differing needs, reduction of exclusionary effects of existing services, emphasis on prevention) but also at filling the gaps in mainstream provision.

5. HOMELESS ENTRIES

INTRODUCTION

In this chapter we review the current state of knowledge about the different pathways leading into homelessness. The tendency to focus on individual biographies when discussing homeless entries and pathways into homelessness means there is a certain risk of ignoring the structural factors contributing to or causing homelessness. In Chapter 1 we discussed the progress made in the social scientific debate, which has evolved from the old dichotomy between structural and individual factors. Amongst researchers, there is now a broad consensus that homelessness is a result of a complex interplay of structural, institutional, relationship and personal factors. We will come back to this in the next chapter.

The scale, nature and causes of homelessness as seen in a particular national context might be substantially influenced by the predominant definition and conceptualisation of homelessness commonly used in that context. A very narrow definition focusing on the most extreme forms of homelessness and the most destitute persons (rough sleepers and persons in emergency accommodation) will almost automatically lead to a smaller homeless population with a higher proportion of persons with serious support needs and burdened life histories than if a broader definition is applied including the 'houseless' and different household types (including families) in temporary accommodation.

It has been hypothesised that countries with benign social and economic conditions – well-functioning housing and labour markets and generous social security policies – will have a lower overall prevalence of homelessness, but a high proportion of their relatively small homeless populations will have complex personal problems (Fitzpatrick, 1998). The reverse would be true (high prevalence/low proportion with support needs) in countries with less favourable social and economic conditions. There is some evidence available for this within existing national contexts, concerning regional differences of size and composition of homelessness in areas with high or low housing pressure; or concerning different groups of homeless persons, immigrants often being among those least well protected.

As discussed in Chapter 3, this hypothesis remains difficult to prove through comparative analysis between countries for two reasons. First, homeless numbers are still extremely difficult to compare across countries (Edgar, 2010; Stephens et al., 2010). Second, different national conceptions of homelessness can have the reverse effect; for example, a restricted definition of homelessness is more common in those countries with less well-developed structural conditions and broader definitions are more established in countries with favourable structural conditions.

It is a very complex task to comment on homeless entries and 'causes' of homelessness across different countries; care must be taken because 'whether primarily "structural" or "individual" factors are identified may well be influenced by the dominant research traditions and ideological assumptions in different national contexts, as much as by varying "realities" of homelessness' (Fitzpatrick and Stephens, 2007: 53; see also Fitzpatrick and Christian, 2006).

The relative weight of factors also differs for different homeless subgroups. A large study in the UK has shown that families accepted as homeless under the national homelessness legislation, while being a disadvantaged group with respect to their health and access to social support (and experience of domestic violence), proved, in the main, not to be a vulnerable group, with very few self-reported current drug or alcohol problems. In contrast, 16- and 17-year-old young people accepted as homeless were an extremely vulnerable group, who had often experienced educational and/or family disruption and mental health and/or substance misuse problems (Pleace et al., 2008).

A survey of 3,630 households imminently threatened with homelessness and in contact with one of forty-three municipal homelessness prevention services across Germany showed that 40 per cent of these households were judged by workers within the prevention services to be in need of more specialised support with addiction, mental health problems or other social difficulties. The remaining 60 per cent needed only short-term crisis intervention and financial support (a great majority of all households being under threat of eviction) (see Busch-Geertsema et al., 2005).

Important differences in typical pathways into homelessness can be found according to gender, age (the majority of homeless persons in most European countries still being single and middle-aged men, see Fitzpatrick and Stephens, 2007: 17; Stephens et al., 2010: 198) and immigration status. Often pathways to homelessness differ between urban and rural areas, with the latter offering less formal provision of support for homeless people (see Cloke and Milbourne, 2006, for further discussion of pathways to homelessness in rural areas).

There is no research evidence for the idea, all too often presented in the media, that homelessness is a 'chosen' lifestyle for a significant number of those affected. However, homeless persons are not purely passive victims of 'objective' forces at work, but often have to choose between very restricted options under difficult circumstances (McNaughton, 2008). In the following sections we first focus on risk factors and triggers for homelessness and then discuss the literature on different pathways into homelessness.

RISK FACTORS AND TRIGGERS

Following Edgar (2009) we can distinguish four broad risk factors that increase the probability of those affected becoming homeless. These are structural, institutional, relationship and personal factors (see Table 5.1). In addition, triggers refer to specific events that may lead directly to an episode of homelessness or to a further step in a 'career' that may ultimately result in homelessness.

■ STRUCTURAL FACTORS

The overwhelming majority of homeless people have to live on low incomes. In most European countries the great majority of homeless people are unemployed or working in very low-skilled and unstable jobs. These common risk factors have contributed to homeless entries for almost all persons who have become homeless. People who are not poor can usually avoid homelessness, even if they experience a personal crisis, because they are able to afford temporary housing. Some exceptions may be found with persons who are hit very harshly by a separation, by the death of a partner or by another life event experienced as traumatic, and who suddenly give up a job and an established life because they cannot cope with their new situation.

Shortage of housing, affordability problems and specific problems of access to housing for disadvantaged persons (often seen as risky tenants or potential trouble makers; see Edgar et al., 2002) are particularly important structural factors in the context of homelessness. Developments in Germany show that a slackening housing market and targeted prevention policies can contribute greatly to a reduction of homelessness despite growing poverty and unemployment (Busch-Geertsema and Fitzpatrick, 2008).

Social protection is another most important structural factor. If security provided in cases of illness or unemployment is patchy and minimum benefits are either not available or not sufficient to cover reasonable housing costs and the costs of living, then the risk of homelessness and housing exclusion is much higher. The same is true for particular groups who are excluded from ordinary social security and minimum benefits, or are denied access to housing on legal grounds or because of discrimination, as is often the case for different categories of immigrants, including an apparently growing number of EU migrants. In some countries, some of these groups do not even have access to emergency accommodation and other very basic provision for destitute persons.

■ INSTITUTIONAL FACTORS

Institutional factors – for example, if persons in need do not receive adequate support because services are not available or are not coordinated adequately – can increase vulnerability to homelessness. Policies on the allocation of resources and gate keeping by service providers as well as by providers of regular housing can increase the risk of specific groups of persons either becoming homeless or remaining homeless. This may be because they are not assessed to be in priority need (as is often the case with single people) or because they are explicitly excluded from services (e.g. because of a lack of identity documentation and legal status).

Institutional living can itself increase vulnerability as competencies for living independently may be lost (Busch-Geertsema and Sahlin, 2007). Discharge procedures may not be accompanied by adequate preparation to ensure access to housing and a stable life afterwards, so that some people are discharged from hospital, jail or other institutions to the street. Admission to prison, and also to some longer-term treatments in hospitals, can lead to a homeless entry because existing permanent housing is lost. As mentioned in Chapter 3, Dyb (2009) shows that while about one-third of prison inmates in Norway have been homeless before entering prison, about two-thirds of them reported that they would probably be homeless when they are released. The author stresses the under-reporting of homelessness among prison inmates in official documents because homelessness can be one reason to refuse parole before the full sentence has been served.[27]

■ RELATIONSHIP FACTORS

Escalating conflicts in an existing relationship, abusive partners or parents, separations or bereavements are quite common factors leading into homelessness. Survey results in a number of countries show relationship problems as one of the most frequently mentioned immediate triggers (see below). In many countries the proportion of homeless people that have undergone very difficult experiences earlier in their life course, such as domestic violence, separation, leaving the parental home at an early age or the death of a parent during childhood is significantly higher than among the general population. This shows that there are a number of risk factors on the relationship level that make the people affected more vulnerable to becoming homeless than others. But the incidence of such 'critical life events' differs between countries and between different subgroups of homeless persons.

■ PERSONAL FACTORS

Last but not least, personal characteristics influence to a great extent, which persons will be most vulnerable to the risk factors mentioned before and they can also be the decisive factor in causing homelessness. Mental health problems and addiction are those personal problems most mentioned in this context, but long-term illness, disability and low educational attainment are also factors influencing the vulnerability of people and increasing their risk of becoming homeless. However, it should be kept in mind that in all European countries there are many unemployed and poor people, immigrants, mentally ill, addicted and divorced persons and other vulnerable groups, who are not homeless. Among people who have been affected by one of the factors, usually the number who are living in 'regular' housing will be greater than the number who are homeless.

Equally, many of those affected by repossession, an eviction, a separation from their family or spouse or a release from an institution will be able to find another housing option in the regular housing market. But whether they succeed in doing so, and thereby manage to prevent themselves from becoming homeless, will to a large extent depend on their economic, social and cultural resources (e.g. having money to pay rent and deposits, friends and relatives who can help, knowledge of how to find a housing alternative and how to get support) and on support offered by the welfare system. Those persons or households who become homeless often lack some of these resources and/or face specific barriers excluding them from adequate support.

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27 *The same effects are reported by Wygnańska (2009) for Poland in her survey undertaken for the European MPHASIS project.*

Table 5.1: Risk factors and triggers for homelessness

Cause	Factor of vulnerability	Trigger
Structural	Economic processes (poverty, unemployment)	Rent or mortgage arrears
	Housing market processes	Eviction from rented or owned home
		Loss of tied accommodation
		Change of place for job search
	Social protection/welfare	New arrival
	Immigration, citizenship	Change of status
		Access to affordable housing and social protection blocked
Institutional	Shortage of adequate mainstream services and lack of coordination between existing services to meet demand or care needs	Support breakdown or no adequate support in case of emerging need
	Allocation mechanisms	
	Institutional living (foster and child care), prison, long-term hospital	Discharge
	Institutional procedures (admission, discharge)	Loss of home after admission
Relationship	Family status	Leaving family home
	Relationship situation (abusive partners or parents)	Domestic violence
	Relationship breakdown (death, divorce, separation)	Living alone
Personal	Disability, long-term illness, mental health problems	Illness episode
	Low educational attainment	Support breakdown or problems to get adequate support
	Addiction (alcohol, drugs, gambling)	(Increased) substance misuse

■ **IMMEDIATE TRIGGERS OF HOMELESSNESS**

If we look at the immediate triggers listed in Table 5.1, it should be clear that they can also be interrelated and that it is therefore often difficult to decide which factor is most decisive. A separation can lead directly to rent or mortgage arrears for those remaining in the dwelling. Substance misuse and an illness episode can lead into rent arrears or be an important factor in a relationship breakdown. Although the picture is not complete and it is difficult to compare national data on the quantitative significance of immediate triggers for homelessness, there is some evidence that eviction (mostly after rent arrears) and relationship or family breakdown are the two most important events leading to homelessness in most European countries (Fitzpatrick and Stephens, 2007; Stephens et al., 2010).[28]

28 *Among the reasons given by families in the UK for applying as homeless, 'relationship breakdown' was mentioned most often (38%), followed by 'eviction/tenancy ended' (26%) (Pleace et al., 2008: 106). Among homeless persons using aid services in France and asked in the large INSEE survey 2001 about the circumstances that led them to leave their home, the trigger most frequently mentioned was 'leaving the marital home' (26%), followed by 'end of cohabitation with parents' (21%), 'arrival in the country' (19%) and 'housing deprivation for financial reasons' such as eviction and not being able to pay the rent (16%) (Brousse, 2009: 48). In Germany, rent arrears scored particularly high among*

HETEROGENEITY AND PATHWAYS INTO HOMELESSNESS

Homeless entries are often not the result of a single event or trigger but are another step in a pathway or 'career' (see Chapter 1) with earlier stages and/or – as O'Flaherty (2004) calls it – 'a conjunction of unfortunate circumstances'. This is important because it draws attention to opportunities for early intervention and crisis intervention. But it is also important to acknowledge that the step into homelessness is nothing like the 'last' step of a 'downward spiral'. As described in Chapter 1, and later in greater detail in Chapter 7, 'homeless careers' can be more adequately categorised into those leading to only a relatively short and singular episode of homelessness (transitional homelessness), those involving several episodes of homelessness (episodic homelessness) and those where homelessness has been experienced without interruption for years (chronic homelessness) (see, for example, May, 2000).

Although comprehensive and robust research on the 'dynamics of homelessness' in Europe is absent, there are clear indications that long-term homeless people constitute a minority of service provider clients in Europe. Data from Germany, for example, show that only 11 per cent of all users of NGO services for homeless persons used these services for more than one year, 47 per cent used them for less than one month (BAG W, 2009). However, caution is needed when interpreting these data because short-term users of one service may move on to use other services instead and therefore not using a service for homeless persons cannot be equated with not being homeless.

Various biographical studies have shown that quite often 'official homelessness' of persons who use homeless services is preceded (and interrupted) by periods of 'hidden homelessness', when the people who lack a home of their own try to stay with friends or relatives for a while and hope to find another permanent place to live. This informal strategy of securing 'temporary accommodation', known as 'sofa hopping' or 'sofa surfing' is common for young people but it is in no way restricted to young people. For homeless women, hidden homelessness is often said to be a dominant feature of their housing career (Watson and Austerberry, 1986) and this makes them particularly vulnerable to sexual exploitation and domestic violence. However, a number of biographical studies have shown that men also very frequently try to find informal ways of securing temporary accommodation with friends and relatives (May, 2000; Ruhstrat, 1991; Busch-Geertsema and Ruhstrat, 1997).

We have argued above that there are particular vulnerabilities to homelessness and exclusion from the housing market. The extent to which these vulnerabilities lead to common patterns or profiles of homelessness across the member states of the EU depends upon the impact of the welfare regime and housing market structures (see Chapter 3).

Frazer et al (2010) summarise the findings from a EU survey of homelessness. The evidence suggests that the profile of homeless people varies across Europe in relation to key demographic and nationality characteristics, but that the profile in many countries is changing. While the predominant characteristic of homeless people is middle-aged, single men, there are a growing proportion of women, younger people and families with children. Furthermore, while most homeless people have low educational attainment and are unemployed, there are a growing proportion of people with higher levels of education and who are in work (albeit mostly part-time and low-paid employment). Although most homeless people are national citizens, in many EU countries (especially among the EU-15) there are a growing proportion of immigrants among the street homeless and among homeless service users (in some countries this is the majority).

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clients of prevention services (86%) (Busch-Geertsema et al., 2005: 18), while among (mainly single) clients of German NGO services for homeless persons in special social difficulties only 14 per cent gave 'high rent' as a reason for their last loss of a settled home, scoring third in the frequency of triggers mentioned; most frequently mentioned were 'separation/divorce' (22%) and 'change of city/place' (18%); the fourth most frequently mentioned trigger was 'leaving parental home' (13%) (BAG W, 2009: 36). A Danish survey among people recently evicted showed that approximately one-quarter of people evicted were in a homelessness situation one year later (Christensen and Nielsen, 2008).

DEMOGRAPHIC CHANGE AS A DRIVER OF CHANGING HOMELESS PROFILES (AGE AND MIGRATION)

All EU countries have undergone a demographic transition since the 1960s, leading to an ageing of the population combined with a fall in general fertility rates. This has meant that population change, within countries and regions, is increasingly led by migration rather than by natural change. It is reasonable therefore to expect such structural changes to be reflected in the age profile and migration (and ethnic) status of homeless people.

■ YOUTH

Low fertility and increasing life expectancy (based on declining mortality at higher ages) in Europe together reverse the age pyramid, leading both to a shrinking number of younger people and to an increasing number and share of older people. While the proportion of young people in the population is declining across Europe, structural changes (e.g. in the labour market) and limited welfare protection (e.g. access to housing allowances), combined with changing family status (e.g. divorce and remarriage) continue to leave young people vulnerable in the housing market. The transition to adulthood is reflected in the ages at which young people leave full-time education and enter the labour market, and leave home and start living in a partnership. A recent EU-funded study (Smith, 2008) illustrates clearly the variation in Europe and between different sectors (education, justice, housing) in defining 'youth' for policy purposes.

While there has been limited research on youth homelessness in Europe, it is clear that there are different pathways into homelessness experienced by young people (for an overview, see Anderson and Tulloch, 2000, and O'Sullivan, 2008a). Experience of care is a significant pathway – studies indicate that around one-third of homeless people had experience of care during childhood. Intergenerational effects also influence the likelihood of experiencing homelessness during the transition to adulthood (i.e. many young people have experienced homelessness or housing exclusion with their family). Personal factors such as low educational attainment and drug use are also associated with pathways to homelessness for young people. Such personal factors also reflect the need of some young people for formal support (and supported housing) during the transition to adulthood. Prevention of homelessness among young people therefore requires a range of approaches: structural (education); institutional (care discharge); and family mediation and personal skills (home making and employment).

■ OLDER PEOPLE

Meert et al. (2004) demonstrate that adult pathways into homelessness are often associated in the media and in the public mind with middle-aged, single men. However, significant proportions of homeless people are older (over 50 years) and have been homeless or living in precarious situations for some years. The low priority given to older homeless people is reflected in the lack of comprehensive statistical evidence showing the true extent of the problem. Our understanding of the causes and pathways into homelessness among older people therefore depends on focused research.

Crane and Warnes (2002) indicate that divorce later in marriage is an increasing route to homelessness for older men and show that in the UK the biggest increase in people going into shelters is among older people. In France there is an increasing proportion of men in hostels over retirement age (IGAS, 2002). The need has been recognised in Denmark, the Netherlands and the UK for specific supported accommodation facilities for older homeless people.

■ IMMIGRANTS, ETHNICITY

In sharp contrast to previous periods, most European countries have experienced a positive net migration balance during the last decade, as illustrated in Table 5.2.

Table 5.2: Net migration, 2005

Country	Net migration
Spain	+652,000
Italy	+338,000
UK	+196,000
France	+103,000
Germany	+99,000
Portugal	+64,000
Austria	+61,000
Ireland	+47,000

Source: Muenz 2007: 3

The Czech Republic experienced the largest net migration gain (+36,000) among the central European and Baltic countries (EU-8). But Hungary, Slovakia and Slovenia also had a positive migration balance. In absolute terms, Germany has by far the largest foreign-born population (10.1 million), followed by France (6.3 million), the UK (5.1 million), Spain (4.5 million) and Italy (2.5 million) (Muenz, 2007: 3).

The pattern of migration into Europe has been associated with increasing numbers of asylum seekers and undocumented immigrants and has impacted on countries that traditionally had not experienced high levels of immigration (e.g. Greece, Spain, Italy). Migration from new EU member states has been associated with both seasonal labour and more permanent migration patterns. The impact of migration has been reported by homeless service providers in many recipient countries (see Edgar et al., 2004b).

In some countries, especially in the south of Europe, immigrants make up a large part, if not the majority, of homeless persons. In Spain, for example, a majority of homeless rough sleepers have been found to be of foreign nationality. Street counts in the two largest Spanish cities found that 53 per cent of rough sleepers in Madrid (2005) were foreigners and this proportion rose to 62 per cent in Barcelona (2006; see Cabrera et al., 2008). A large survey among users of accommodation and hot meal distribution services in France in 2001 showed that 36 per cent of homeless persons using these services were born abroad. Arrival in the country was given as the reason for leaving the previous housing by 19 per cent of respondents (Brousse, 2009: 48). In other countries, especially those in the north and east of Europe, percentages of immigrants among homeless persons are lower, but the situation of roofless and destitute migrants from eastern countries, refused asylum seekers and undocumented migrants has been seen as a growing problem in most west European countries (Stephens et al., 2010).

'DEFAMILIALISATION' AS A DRIVER OF CHANGING HOMELESS PROFILE (FAMILY STATUS AND GENDER)

Lister (1994: 37) defines defamilialisation as 'the degree to which individual adults can uphold a socially acceptable standard of living, independently of family relationships either through paid employment or social security provision'. Strong family networks in southern Europe are often credited with protecting people from vulnerability in the housing market. Hantrais (2004) identifies

four clusters of countries in Europe depending upon the extent of defamilialisation (she defines these as defamilialised, partially defamilialised, refamilialised and familialised).

Thus, while service provider records indicate that in most countries women represent an increasing proportion of users, there are significant differences between countries in the nature and causes of homelessness for women (either on their own or with their children). While relationship factors represent key variables in the description of homelessness among women – and domestic violence in particular (Edgar and Doherty, 2001) – they are not a sufficient explanation of women's pathways into homelessness. The consequences of changes in household composition and risk of poverty (more female-headed households, more single mothers, a 'feminisation' of poverty, increased participation in the low-paid segments of the labour market) are also relevant. For example, data in a number of countries show a high rate of rent arrears and evictions as triggers for homelessness among women. And there are indications that homeless women are often younger than homeless men and there is a higher share of homeless women with a migration background (see the contributions in Edgar and Doherty, 2001).

Despite women's experience of negative discrimination in many fields, the lower proportion of women among homeless persons and the fact that they often experience shorter periods of homelessness than men point to the effects of positive discrimination such as priority for women, and especially for women with children, in the allocation of housing and in the provision of social support, and also to greater support from family and friends (see Marpsat, 2008). However, it should be noted that women are often reluctant to leave their homes even when experiencing very difficult domestic conditions including violence at home.

CONCLUSION

Homeless entries are often a result of a complex interplay between structural, institutional, relationship and personal factors. In the different pathways to and through homelessness, 'hidden homelessness' (particularly staying with friends and relatives) is a frequent experience not only for young people and women, but also for men who have lost their permanent home and are trying to secure temporary accommodation in an informal way before they resort to 'official' support.

The profiles of homeless people have been changing in most European countries in recent years. While the predominant characteristic of homeless users of services in many EU countries is still middle-aged, single men, there seems to be a growing proportion of women, of younger people and of families with children. Although most homeless people are national citizens, in many EU countries – especially in Western Europe – there is a growing proportion of immigrants among rough sleepers and homeless service users.

Instruments to prevent entries into homelessness rely on early information about existing risks (rent arrears, domestic conflict, insecure housing, unmet support needs, etc.) and therefore need to include measures to prevent eviction, to mediate domestic conflicts, to address domestic violence, to provide adequate social and financial support for those in need and to provide housing options to households who split up, to people leaving institutions and to immigrants. Obviously the growing problem of destitute migrants calls for targeted measures.

6. The Effects of Homelessness

INTRODUCTION

This chapter reviews the evidence on the effects of experiencing homelessness. We begin by briefly exploring how the experience of homelessness may have varied effects. We then examine the issues in measuring the specific effects of homelessness and consider the different effects of homelessness for people living rough and people living in temporary accommodation and various forms of supported housing.

VARIED EXPERIENCES OF HOMELESSNESS

Homelessness is now widely understood within the EU as a part of wider social exclusion. It is often linked to individual support needs and negative life experiences as well as to broader structural factors such as the nature of welfare regimes in member states and variations in labour markets and in affordable housing supply (Edgar et al., 1999; Edgar et al., 2000; Meert, 2005; Fitzpatrick and Stephens, 2007; Thorpe, 2008; FEANTSA, 2008; Stephens et al., 2010) (see Chapters 1 and 5).

US research evidence using longitudinal methods has suggested that experiences of homelessness tend to be 'transitional', 'episodic' or 'chronic' (Culhane and Metraux, 2008; O'Sullivan, 2008a). Chronic and episodic homelessness are strongly associated with lone men with high rates of problematic drug and/or alcohol use and severe mental illness. Transitional homelessness is associated with *low* individual support needs and while it can involve exposure to living rough and/or emergency accommodation, it may well not involve either. Transitional homelessness is more likely to be experienced by families and couples and appears to be associated with lifelong experience of relative poverty and housing exclusion (see Chapter 5).

Evidence on the nature of homelessness in the EU is quite often limited, making it difficult to assess to what extent the chronic, episodic and transitional patterns of experience exist within EU member states (see Chapter 2). There is some evidence from surveys and longitudinal monitoring of homeless people that similar patterns of homelessness experience exist in Germany, France and the UK (Brousse, 2009; Firdion, 2009; Join-Lambert, 2009; McNaughton, 2008; Pleace et al., 2008; Jones and Pleace, 2010) (see Chapter 5). Attempts have been made to link the varied experiences of homelessness within EU member states to variations in labour markets and welfare regimes. The argument is that patterns of homelessness take specific forms in specific contexts. For example, experience of transitional homelessness may be more common in countries where housing-related welfare subsidies are minimal or restricted (e.g. where unemployment may result in loss of housing because help with housing costs is restricted). Transitional homelessness may be less likely to be the case in a country with extensive housing-related welfare supports (Fitzpatrick and Stephens, 2007; Stephens et al., 2010) (see Chapters 1, 3 and 5).

Figure 6.1 offers a broad summary of some factors that may influence the nature of the experience of homelessness, but is *not* an attempt to produce an explanation of the causation of homelessness (see Chapters 1 and 5).

Figure 6.1: Broad summary of the factors that may influence the experience of homelessness
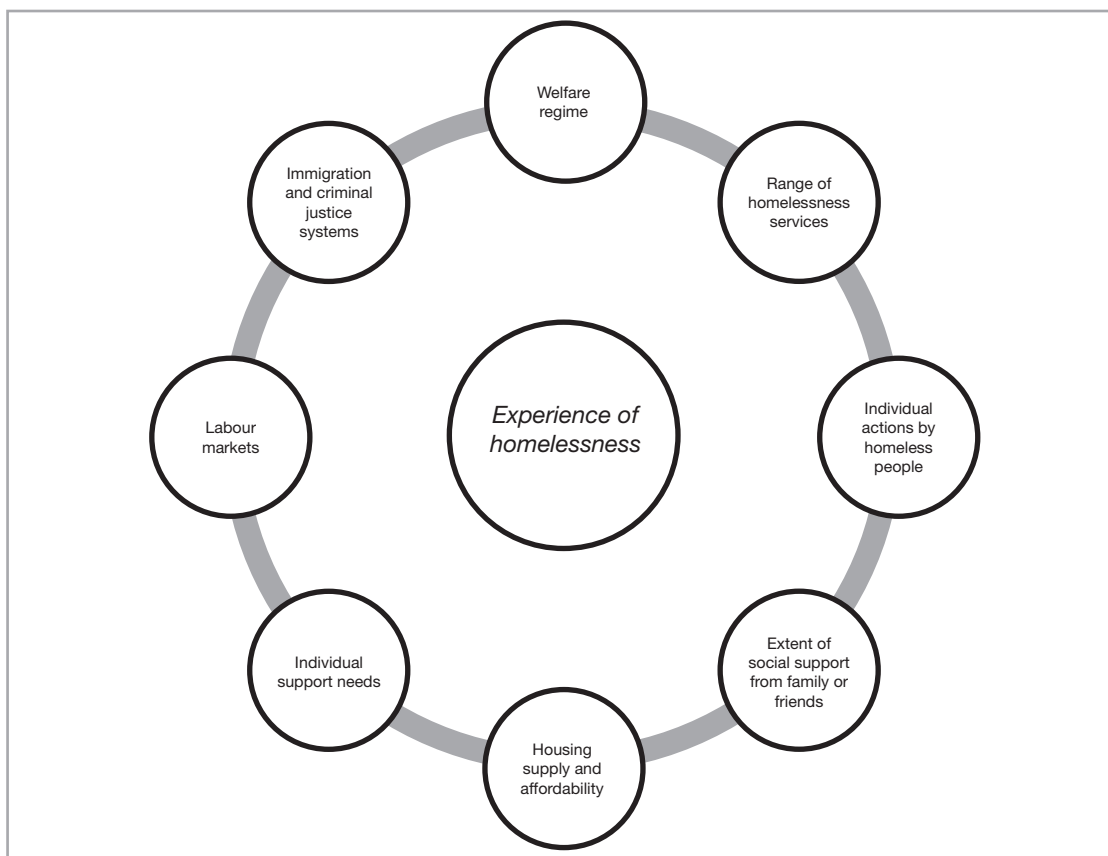
It is important to note that the theory that categorises homelessness into transitional, episodic and chronic forms is not uncontested in the US. There are those who argue that this approach oversimplifies the nature of a much more complex and diverse set of US homelessness experiences (McAllister et al., 2010). While there is some evidence of associations between welfare regimes, labour markets and experiences of homelessness in the EU, that evidence is not comprehensive (Stephens et al., 2010). The important point in respect of this chapter is that there does appear to be sufficient evidence to show that experience of homelessness is *varied* and this variation means experience of homelessness can have a range of potential effects.

MEASURING THE EFFECTS OF HOMELESSNESS

While the diversity of homelessness means it may potentially have many effects on the people who experience it, homeless people do often have one thing in common: they tend to be socio-economically excluded. Importantly, in respect of assessing the effects of homelessness, exclusion appears often to pre-date homelessness and to persist once homelessness has ceased (Brousse, 2009; Join-Lambert, 2009; Pleace et al., 2008). Research in Belgium found a group of people in long-term housing exclusion who seem to bear a very close resemblance to populations experiencing transitional homelessness and from which this group of homeless people may often originate (Meert and Bourgeois, 2005). In the US there is clearer evidence that transitional homelessness is very often a short-term experience of households with low support needs who are characterised by sustained social and economic exclusion (Stojanovic et al., 1999).

The associations between sustained experience of relative poverty and poor physical and mental health, well-being and lack of opportunity, often described by the EU as 'social exclusion', are very

well documented (Eurostat, 2010). When experience of socio-economic exclusion is sustained, both prior to and following homelessness, measuring the potential effects of homelessness can be problematic, particularly when that homelessness is a transitory experience (see Chapter 2).

Another challenge is presented by determining the exact relationship between 'chronic' forms of homelessness and high support needs. Problematic drug use, for example, may act as a cause of homelessness, may get worse while someone is homeless and may also develop during homelessness. Within just one group of chronically homeless people, examples of all these relationships between problematic drug use and homelessness may be happening simultaneously (HUD, 2007; Pleace, 2008). The EU member states tend to lack large-scale longitudinal evidence that would allow the tracking of homeless people over time (see Chapter 2), and therefore it is difficult to determine and assess the rates at which support needs cause chronic homelessness, are worsened by the experience or emerge during it.

The effects of homelessness on support needs will also vary by context (Stephens et al., 2010). A major city with a relatively 'service rich' homelessness and welfare sector may be well equipped to deal with the needs of a chronically homeless person with multiple support needs. In other contexts, including sometimes the rural areas in 'service rich' countries, as well as those societies with generally more restricted services, there may be little or no help available to someone with those needs.

In discussing the effects of homelessness, it needs to be clear which experiences are being defined as 'homelessness'. While considerable progress has been made by FEANTSA in promoting common definitions of homelessness, most notably in the development of ETHOS, a universally accepted definition does not yet exist across the EU (FEANTSA, 2005; Edgar, 2009) (see Chapter 2). In particular, homelessness that does not involve living rough or staying in emergency accommodation (e.g. living temporarily with relatives) is regarded as 'homelessness' in some member states but is not viewed as 'homelessness' in others (Edgar, 2009).

In summary, experiences of homelessness are varied and this means that the potential effects of homelessness are also varied. In addition, experience of homelessness and sustained experience of social exclusion are closely interrelated, which makes it difficult to differentiate the specific effects of an experience of homelessness from those of sustained experience of social exclusion. Similarly, high support needs may pre-date an experience of chronic homelessness, be worsened by that experience and/or arise during the experience. Caution is therefore needed in assessing the specific effects of an experience of homelessness on support needs. Finally, homelessness is not defined in consistent ways across the EU and these definitional variations must be remembered when considering how to describe the potential effects of an experience of homelessness. The remainder of this chapter discusses the potential effects of homelessness by drawing upon ETHOS definitions.

THE EFFECTS OF HOMELESSNESS: LIVING ROUGH AND IN EMERGENCY ACCOMMODATION

Using the ETHOS definition, 'roofless' people include those living without a fixed shelter and people in emergency accommodation provided only on a night-by-night basis (FEANTSA, 2005) (see Chapter 2). Living rough was, until quite recently, associated with white, indigenous males aged over 25 years. However, a higher prevalence of women, young people and recent migrants, including paperless migrants, has been reported across the EU (Meert et al., 2005; Join-Lambert, 2009; Edgar, 2009) (see Chapters 1 and 2). As populations 'living rough' are very often characterised by experiencing both periods in which they live rough and periods during which they stay in emergency accommodation, the term 'living rough' is used in this section to describe all 'roofless' people.

■ LACKING SHELTER

A person living rough has no security, no door to lock, no safe place to keep possessions and may be at heightened risk of experiencing theft, violence and sexual crimes. Living rough also means having nowhere to store or prepare food and may mean there is no guaranteed source of sufficiently nutritious food. Maintaining basic hygiene can be highly problematic. People living rough are widely viewed as making urban space undesirable and are subject to growing restrictions on where they can sleep and spend time in many EU cities (May et al., 2005; Meert et al., 2006; Doherty et al., 2008). Welfare regimes often assume that people have a fixed address and organise themselves on that basis, although homelessness services in some countries have overcome this potential problem by acting as an 'administrative address' (Marpsat, 2007; Van Laere et al., 2009b). However, the absence of a fixed address may make it difficult to maintain relationships with friends and family (there is nowhere to meet and no fixed point of contact) and to secure some forms of paid work (as employers may be reluctant to take on someone without a recognisable address). Similarly, banks, telephone companies and other private sector services tend to expect someone to have an address.

■ HEALTH AND SUPPORT NEEDS

The extent of poor physical health among people living rough is well documented. The dangers to health include exposure to the elements, restricted access to good nutrition and a greater risk of being a victim of violent crime. A consistent association between living rough and very poor physical health has been reported in Germany (Trabert, 1997), France (Brucker et al., 1997), the UK (Connelly and Crown, 1994), the Netherlands (Van Laere et al., 2009a) and more generally across Europe (Wright and Tompkins, 2005; FEANTSA, 2006). In the UK, Denmark and Germany, there is statistical evidence that people with experience of living rough die significantly earlier than the general population (Brimblecombe, 1998; Nordentoft and Wandall-Holm, 2003; Ishorst-Witte et al., 2001). Chaotic lifestyles and problems in accessing consistent medical care have led to concerns over the emergence of drug-resistant TB in some populations of people living rough (Diez et al., 1996; Badiaga, 2009).

A high rate of both severe mental illness and problematic substance misuse has been found among people living rough, with significant numbers of people exhibiting both forms of need. This includes evidence from, for example, Germany (Fichter and Quadflieg, 1999, 2003), Denmark (Stax, 2003), the Netherlands (Lempens et al., 2003; Van Laere et al., 2009b), Spain (Pascual et al., 2008), the UK (Gill et al., 1996), Ireland (Keane, 2006), France (Brousse, 2009) and Estonia (Pärna et al., 2007) as well as pan-European research (March et al., 2006).

As noted above, the relationship between the need for high support and homelessness may be variable. Kemp et al. (2006) use the term 'mutually reinforcing' to describe the relationship between living rough and problematic drug use: neither guarantees the other, but each increases the risk of the other occurring (see also Doherty and Stuttaford, 2007; Pleace, 2008). Similar evidence has been reported about the relationship between severe mental illness and living rough, in that mental illness can precede, be intensified by or result from living rough (Philippot et al., 2007).

The actual extent of health problems and high support needs among people living rough *may* be less than is generally thought. US research has shown that people with higher needs tend to stay roofless or in emergency accommodation for much longer than people with low needs, which means that when researchers arrive to conduct a short-term study (which most EU research has been) it is people with the high support needs who are most likely to be present and therefore the extent of support needs among people living rough gets over-represented (O'Sullivan, 2008a) (see Chapter 5). It has also been argued that researchers working on people living rough 'expect' to see high support needs and may neglect evidence that some people living rough have low support needs or are self-reliant. Perhaps most importantly, the sometimes *short-term* nature of the experience may also be neglected, as people living rough may only experience 'transitional' homelessness (Snow et al., 1994; O'Sullivan, 2008a).

While the level of support needs among people living rough may be lower than was once thought, there is also some evidence supporting the possibility that a fairly small 'chronically homeless' population of people, such as that found in the US, may exist in some EU member states. This group comprises people who have severe mental illness and problematic drug and alcohol use and who live rough and in emergency accommodation for sustained periods (Beijer et al., 2007; National Centre for Social Research, 2009).

People living rough may become involved in begging, 'survival' crime and antisocial behaviour to help secure food and shelter or to sustain substance misuse (Johnsen and Fitzpatrick, 2008). This can sometimes mean that people living rough are picked up by criminal justice systems, rather than by support services, which may make them vulnerable to living rough when they leave prison (Dyb, 2009) (see Chapter 3).

■ A 'CULTURE' OF LIVING ROUGH?

The idea of a 'street homeless culture' that encourages and sustains living rough arose in US sociology and ethnography. This work suggests that people living rough become so socially distinct and alienated from mainstream society that they could not easily rejoin it (e.g. Snow and Anderson, 1987; Grigsby et al., 1990; McNaughton, 2008).

Growing evidence that it is only a relatively small chronically homeless group with high support needs that experiences sustained living rough (while a possibly larger transitionally homeless group experiences living rough for shorter periods and often stops living rough through drawing on their own resources) has led to questioning of the idea that there is a single shared 'culture' among people living rough (O'Sullivan, 2008a; Join-Lambert, 2009).

■ STIGMATISATION OF PEOPLE LIVING ROUGH

Stigmatisation of people living rough is widespread. In some EU member states with a communist legacy sleeping rough was a criminal offence until quite recently. Mainstream cultural views that living rough is a *deliberate* 'choice', often associated with problematic drug and alcohol use, can be quite common in societies where people are used to universal provision of housing and employment by a collectivist state and therefore believe there is no 'excuse' for being roofless (FEANTSA, 2004).

In France and the UK, images of living rough are sometimes linked to longstanding stereotypes about the existence of groups of 'undeserving' poorer people (Join-Lambert, 2009; Carlen, 1996; Pleace, 2000; McNaughton, 2008). British research has shown that people living rough sometimes do not even approach free public health services because they expected to be refused treatment (Pleace et al., 2000). Swedish work similarly indicates that people living rough can encounter difficult attitudes when seeking health care, although most actual experiences were positive (Irestig et al., 2010). Some pan-European research also suggests that stigmatisation can sometimes block access to health services (Anderson et al., 2005a). Stigmatisation can also form barriers to employment, for example because people living rough are assumed to be involved in problematic drug use (FEANTSA, 2007b). However, working people who are living rough are not unknown in the EU, albeit that they are often in casual and informal employment (Join-Lambert, 2009).

Social landlords and supported housing providers may be reluctant to engage with people with experience of living rough. This reluctance stems from widespread expectations that people living rough will present with high support needs, making them potentially hard-to-manage tenants, and that they may exhibit chaotic or antisocial behaviour. Social landlords may also perceive risks to neighbourhood socio-economic balance and community stability from formerly homeless households, i.e. that negative 'neighbourhood effects' will occur if they house too many economically marginalised formerly homeless people in one area (Busch-Geertsema, 2007).

There is evidence that some service models presume that all people living rough have the same characteristics. This means that some services do not always respond in an objective way to the needs of a person who is living rough and do not assess individual needs properly. This can disempower people living rough as service users and also severely limit service effectiveness (Hutson and Liddiard, 1994; Pleace, 2000; Johnsen et al., 2005; Sahlin, 2005; Tainio and Fredriksson, 2009) (see Chapter 4).

Living rough may also have the potential to intensify existing stigmatisation. In Sweden, for example, lone women with experience of living rough are often assumed, largely incorrectly, to have traded sexual favours for accommodation (Thorn, 2001). Ethnic minority groups who experience racism, ranging from undocumented migrants to specific groups such as Roma in western Europe or ethnic Russians in the Baltic countries, may become 'doubly' stigmatised if they begin living rough (Edgar et al., 2004b; FEANTSA, 2004). Former offenders who have left prison and end up living rough may also be 'doubly' stigmatised (Dyb, 2009) (see Chapter 3).

There may be consequences arising from being labelled as a person (or household) who is living rough. Enhancements to data collection, monitoring and data sharing about homeless people are under way in some EU member states (Anderson et al., 2005a). There are questions about what the potential impact on individuals might be as data sharing is enhanced. For example, if the record, and thus the stigma, of having lived rough remains with an individual as they attempt to move away from the experience, it could potentially disadvantage them throughout their life course (Pleace, 2007).

Table 6.1 summarises the potential adverse effects of experiencing living rough.

Table 6.1: Summary of the potential effects of living rough

Effect of living rough	Potential impacts on people living rough	Possible limits on effect
Lacking shelter	Increased risk of theft, physical danger and sexual abuse and violence Distress of having no settled home, no access to facilities Exposure to weather if sleeping outside Problems accessing services, seeking employment, maintaining social contacts or claiming welfare benefits with no address	Duration of living rough may be limited
Poor physical health	Well-being is undermined Increased risk of premature death	Health problems may arise prior to living rough and not be intensified by it Influenced by access to medical services and emergency accommodation Largely cross-sectional research may have exaggerated the true extent of health care needs among people living rough because it over-represents chronically homeless people Duration of living rough may be limited

Poor diet	Well-being is undermined May lead to involvement in begging, survival crime	May pre-date living rough and not be worsened by it Duration of living rough may be limited
Association with problematic drug and alcohol use	Life chances, including access to education and employment, may be limited by stigma Potential restriction of access to health care, social care, social housing and other welfare services, which could lead to deterioration May lead to involvement in begging, crime	May precede living rough or may not be intensified by the experience, particularly if short term Largely cross-sectional EU research base *may* exaggerate the true extent because it over-represents chronically homeless people
Associations with severe mental illness	Life chances, including access to education and employment, may be limited by stigma Potential restriction of access to health care, social care, social housing and other welfare services, which could lead to deterioration	May precede living rough or may not be intensified by the experience, particularly if short term Largely cross-sectional EU research base *may* exaggerate the true extent
Associations of living rough with alienation from cultural and societal norms	Negative impact on well-being and life chances Possible intensification of stigmatisation Possibility that alienation will worsen if living rough is prolonged	Evidence base is mainly from the US and has been questioned as largely cross-sectional research and researcher bias may have exaggerated the true extent Duration of living rough may be limited
Stigma	Negative impact on well-being and life chances, including employment and access to some services Some service responses may be inappropriately coercive, seeking to correct (presumed) 'deviant' behaviour Potential to have enduring effects on life chances if a record of having lived rough stays with an individual throughout their life course	Duration of living rough may be limited Records of experience of living rough may not be accessible to third parties

THE EFFECTS OF HOMELESSNESS: HOUSELESS PEOPLE

According to the ETHOS definition, 'houseless' people include individuals and households living in accommodation and institutional settings that are designed to be temporary. This group includes people in hostels, shared housing and other temporary accommodation provided for homeless people; women in refuges escaping, or at risk of, domestic violence; people in temporary accommodation for migrant groups; and people who are about to leave children's homes, long-stay hospitals, prisons and other institutional settings for whom no move-on housing has been arranged or is available. 'Houselessness' does not include people in insecure or inadequate housing (FEANTSA, 2004) (see Chapter 2).

The ETHOS distinction between people living rough and houseless populations (FEANTSA, 2004) is not always reflected in current research. Much of the EU research follows the French definition,[29] or variations of it, encompassing both the roofless population and homeless people in emergency accommodation (Marpsat, 2007). Evidence specifically focused on 'houseless' populations is therefore less extensive than that on people living rough and/or in emergency accommodation.

The nature and extent of 'houselessness' varies between member states and is possibly influenced by welfare regimes and specific policy responses to homelessness (Daly, 1996; Fitzpatrick and Stephens, 2007; Edgar, 2009; Stephens et al., 2010) (see Chapters 2 and 3). In the relatively 'service rich' countries, small houseless populations can be found living in non-emergency temporary and supported accommodation specifically for homeless people, whereas this is not the case elsewhere (FEANTSA, 2005; Edgar, 2009) (see Chapters 2 and 4). Some houseless people in supported accommodation have high support needs, particularly some lone young people and lone adult men and women. However, data on the people using these services are quite often collected at only one point in time, which may over-represent the true extent of support needs (Quilgars et al., 2008; Brousse, 2009).

As houseless people have relatively stable access to temporary accommodation, they should, at least theoretically, experience homelessness at a different 'depth' from people living rough (Edgar, 2009). The degree to which houselessness presents risks to homeless people is dependent on the quality of temporary accommodation and any support services they can access and also the speed at which households are able to exit from houselessness (Busch-Geertsema and Sahlin, 2007; Pleace et al., 2008).

■ INADEQUATE TEMPORARY ACCOMMODATION

Inadequate conditions in temporary accommodation for homeless people, ranging from physical problems such as cold, damp or animal/insect infestation, through to lack of space, lack of proper kitchen and bathroom facilities and insufficient privacy, can all impact on health and well-being. The potential effects of inadequate temporary accommodation are very similar to those for inadequate housing more generally and include heightened stress and other risks to health for adults. Potential risks for children include lack of privacy, noise and sleep deprivation, lack of space for play (and for schoolwork) and a greater risk of accidents in restricted spaces (Murie and Jeffers, 1987; Niner, 1989; Quilgars, 2001; Pleace et al., 2008). Health problems may, of course, pre-date houselessness. Inadequate housing is also just one of many variables influencing health (Bonnefoy, 2007). Some British research suggests that there is little distinction in the health status of 'houseless' homeless people and permanently housed, socially excluded people (Victor, 1996).

■ SHARING SPACE

Sharing space with other households in temporary accommodation and institutional settings can be highly stressful because of the loss of privacy and control over one's living space (Pleace et al., 2008). There may be threatening behaviour, abuse, bullying, theft, and physical and sexual violence from other residents (Fitzpatrick et al., 2003; Warnes et al., 2005). Children may be vulnerable to problematic behaviour or other potential risks from other residents (Niner, 1989; Quilgars, 2001; Pleace et al., 2008). While building design and properly resourced management can make a very important difference, it cannot always be possible to overcome these risks entirely (Neale, 1997; Busch-Geertsema and Sahlin, 2007).

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29 *Someone is regarded as "sans domicile" (homeless) if he/she is sleeping in a place not meant for human habitation (either outside or in a building not suitable for human habitation) or is taken in charge by an organisation providing emergency accommodation. France has modelled its definition of homelessness closely on that used in the US, and major surveys in France have drawn on the US definitions used in the McKinney Act. British research tends to follow the various statutory definitions of homelessness in the UK nations, all of which encompass households that are not regarded as homeless by other EU countries.*

■ STIGMATISATION OF HOUSELESS PEOPLE

Houseless people can be stigmatised in just the same way as people living rough. However, welfare regimes across the EU tend to view children as deserving of support, which can mean homeless families have access to more services than lone adults or couples, although the range of help available can be radically different across different member states. Nevertheless, some services for lone homeless women with children can seek to impose prescriptive, sexist, limitations on the role that a woman should take in society (Doherty, 2001; Watson, 1984). Service models that stigmatise homeless people, and exercise prescriptive control over aspects of homeless people's lives, may be in conflict with attempts to enhance user involvement in service delivery (Anker, 2008) (see Chapter 4).

■ LOCATION OF TEMPORARY ACCOMMODATION

If a houseless household has to move in order to access temporary accommodation, this may mean that access to social support is threatened, that employment cannot be maintained, and that access to services, including education for any children, is disrupted. Specialised temporary accommodation services, such as those for lesbian and gay individuals or for specific ethnic or cultural groups, are highly unusual and the few examples are confined only to the major cities in a few countries, requiring homeless people to move some distance to access those services. Migrant populations and some women at risk of domestic violence may also have to move a considerable distance from their point of origin.

■ SUSTAINED STAYS IN TEMPORARY ACCOMMODATION

Prolonged living in some forms of supported accommodation has been widely assumed to undermine those 'daily living skills' that are needed to live independently. However, some research suggests that only individuals with high support needs, or young people who have never lived independently, actually require support or training related to daily living skills (Jones et al., 2001).

If temporary accommodation is inadequate, or has to be shared, there is an argument that the longer the stay in that accommodation, the greater the potential risks to well-being (Murie and Jeffers, 1987). However, as discussed in Chapters 4 and 7 of this report, traditional models of temporary accommodation are being restructured, remodelled and replaced across the west, east and north of the EU. Use of housing first and housing-led models, employing floating support, and replacement of shared temporary accommodation with clusters of self-contained flats are widespread (Busch-Geertsema and Sahlin, 2007; Meert, 2005; Busch-Geertsema, 2002; DCLG, 2006; Perl, 2008; Tainio and Fredriksson, 2009).

However good temporary accommodation is, sustained houselessness still means continually confronting the frustration of not being able to *exit* from homelessness. This may bring frustration and also worry about the future (Nettleton et al., 1999; Pleace et al., 2008). Houselessness separates homeless people from normal life because it separates them from other citizens, placing their lives 'on hold' (Busch-Geertsema and Sahlin, 2007; Pleace et al., 2008).

Table 6.2: Summary of the potentially negative effects specific to houselessness

Effect of houselessness	Potential impacts on houseless people	Possible limits on effect
Inadequate temporary accommodation	May impact on health and well-being Possible impacts on child development, safety and health	Accommodation and service provision can be highly variable
Sharing temporary accommodation with other households	Stress and strain of sharing might undermine well-being Potential risks from other residents	Effective management might lessen risks Shared forms of temporary accommodation are being replaced with self-contained and housing-led service models
Having to move to access temporary accommodation	Disruption to social supports, work, education and access to services	Local services will reduce issue, but some women at risk of domestic violence and recent migrant populations are still likely to be affected
Sustained stays in temporary accommodation	Possible negative effects of living for prolonged periods in accommodation not designed for the purpose May affect well-being May have specific effects on children, if present Effects may be worse if accommodation is not adequate Possible reduction of skills needed to live independently	Effects can be limited in well-designed and higher standard accommodation Some evidence suggests that the skills needed for independent living are not reduced by sustained residence in temporary accommodation
Inability to exit homelessness fully	Frustration and stress resulting from life being 'on hold' Fear and uncertainty about the future	Experience of houselessness may not be sustained

CONCLUSION

A wide range of potential risks to well-being are associated with homelessness. Homelessness has the potential to create, deepen and sustain economic exclusion and to create and intensify support needs and health problems. However, there is also some evidence that both social exclusion and support needs may pre-date homelessness and remain following homelessness. The extent of high support needs among homeless people may have been overestimated. There are also data showing that homelessness is not always a sustained experience. The unique effects that homelessness can potentially have centre on the absence of a home and on the stigmatisation of homeless people, but these may be influenced by the quality of services available and by the duration of homelessness.

Experiencing homelessness may be a lot less damaging for some people than it is for other people. Individuals and households with low support needs are often able to exit homelessness by themselves, or require only access to housing subsidies of various sorts to enable them to leave homelessness (see Chapters 4, 5 and 7). However, it is important to draw attention to smaller groups of highly vulnerable homeless people whose support needs may be intensified by sustained exposure to homelessness.

7. Exits from Homelessness

INTRODUCTION

This chapter explores exits from homelessness. We begin with an overview of the housing and support needs that must to be met before an exit from homelessness can occur and how these needs vary markedly between different groups of homeless people. We then consider how affordable housing supply, welfare support in meeting housing costs, addressing health and support needs and approaches aimed at tackling social exclusion can facilitate and sustain exits from homelessness.

DIFFERENT NEEDS AND DIFFERENT EXITS

The definition of 'homelessness' and, by extension, what is meant by 'exiting' homelessness varies across the EU (Edgar, 2009). This chapter follows the ETHOS definition (see Chapter 2), which categorises homelessness as either 'rooflessness' or 'houselessness', and discusses sustainable exits from those situations (FEANTSA, 2005).

US research suggests that homeless people can be generally described as being members of one of three subgroups, each of which contains homeless people with *broadly* similar characteristics and needs. The three subgroups, initially identified by US researchers (Burt, 2003; Culhane and Metraux, 2008; O'Sullivan, 2008a), can be defined as transitional (people who use emergency accommodation for brief periods of time and do not return); episodic (people who move repeatedly in and out of emergency accommodation); and chronic (people who are long-term users of emergency accommodation). The extent to which these patterns may exist in the EU is not clear, but there is evidence of a small group of people with very high support needs (broadly corresponding to a chronic/episodic homeless population) and a larger group of people who are not homeless for very long, are characterised by low support needs and who appear to often be socially excluded prior to and following homelessness (broadly corresponding to a transitional homeless population) (see Chapters 1 and 5). Table 7.1 summarises the differing needs of these groups in respect of exiting homelessness.

Table 7.1: Summary of the requirements of broad groups of homeless people for exiting homelessness

Group	Types of need
Transitional homeless people	Fairly low support needs, i.e. *not* characterised by high levels of physical health problems, severe mental illness or problematic substance misuse. More likely than other homeless people to have access to social supports from family or friends
	Closely resemble poor populations in housing exclusion
	Primary need tends to be for adequate, settled and affordable housing
	More likely to be able to access paid work and to sustain an exit from homelessness using their own resources
	Some evidence suggests this group often self-exits from homelessness using their own resources, however, very low incomes may mean they exit rooflessness and houselessness but often enter a state of housing exclusion
	This group *may* represent a majority of homeless families and also lone homeless people

Chronically/ episodically homeless people	Very high support needs centred on combinations of severe mental illness and problematic substance misuse, likely to lack any social support
	Often characterised by very poor physical health
	Sustained experience of life in emergency accommodation and likely to be frequent users of daytime services that provide food, support and other services, but much less likely to exit homelessness than other people using those services
	In some cases characterised by sustained experience of rooflessness
	Very likely to be lone individuals
	Very unlikely to be able to self-exit from homelessness and/or secure paid work

All homeless people share a need for suitable, adequate and affordable housing. The main differences between them centre on their support needs. Those who experience 'transitional-like' forms of homelessness in the EU tend to have lower support needs, have access to social supports from friends and family and may be able to secure paid work if it is available (Join-Lambert, 2009; Pleace et al., 2008). This group tends to face barriers to exiting homelessness that centre on 'structural' factors such as inadequate affordable housing supply or other problems in meeting housing costs. There is some evidence to suggest that they may often be able to 'self-exit' from homelessness (Brousse, 2009).

People experiencing episodic/chronic homelessness are characterised by generally higher support needs and poorer social supports than people experiencing transitional homelessness. Addressing those needs is often crucial to creating a sustainable exit from homelessness. Tackling homelessness in these groups may be as much a matter of dealing with social isolation, problematic drug use and mental health problems as it is of securing suitable and affordable housing and sufficient income to pay for that housing (Gill et al., 1996; Meert, 2005; Pleace, 2008).

Two caveats must be noted in relation to Table 7.1. The first is that evidence on the nature and extent of homelessness in the EU is less robust than the evidence base in the US. There are some data that do suggest similarity, but it should not be assumed that the US understanding of homelessness can also be applied to EU homelessness (see Chapter 1). Second, it is important to bear in mind that the needs, characteristics and experiences of each homeless person or household will to some extent be distinct and there will be homeless people who do not easily fit into the broad groups shown in Table 7.1 (see Chapters 1 and 5).

Ensuring a sustainable exit from homelessness can therefore involve responding to a multiplicity of needs, ranging from the simple provision of suitable, settled and affordable housing, or help with meeting the costs of such housing, through to a complex package of services to address needs in respect of isolation, social care, mental health and problematic drug and alcohol use. The areas in which assistance *may* be required can be broadly described as:

➔ Enabling access to adequate settled housing.
➔ Ensuring capacity to meet basic housing and living costs.
➔ Meeting any social and health care needs that present potential risks to sustaining rehousing.
➔ Tackling wider social exclusion that preceded homelessness, arose due to homelessness or was intensified by homelessness.

ACCESS TO ADEQUATE SETTLED HOUSING

■ MAXIMISING ACCESS

The UK and France follow rights-based approaches that attempt to legally guarantee access to housing, coupled with attempts to increase access to affordable housing supply (Anderson, 2007; Loison, 2007). France, for example, both directly subsidises social housing and employs the Solibail rental management system, which is intended to facilitate access to private rented housing by handling housing management for landlords (République Française, 2010). Sweden (Regeringskansliet, 2007) and Ireland (DEHLG, 2008) are also seeking to increase access to affordable housing, with Ireland, like France, exploring options in using private rented housing as well as social housing.

Modifications to the eligibility criteria for social housing have also been employed to improve access for homeless people. Within the UK, England and to a greater degree Scotland have widened the range of homeless households that can be assisted with housing under the statutory homelessness system (Anderson, 2007).

Alongside strategic responses, low-intensity services can also be provided to facilitate access to housing. Such services include housing advice and various schemes to enable access to private rented housing (Busch-Geertsema and Fitzpatrick, 2008) (see Chapter 4). In the UK, such services are intended to fulfil a preventative role and also to help provide pathways out of homelessness once it has occurred. Direct evidence on the effectiveness of preventative services is limited, although in England reductions in the number of households entering the statutory homelessness system has been taken by central government as showing that prevention is a success (Pawson et al., 2007).

■ AFFORDABLE HOUSING SUPPLY

Shortfalls in affordable housing supply can be counteracted by better management of available resources to a limited extent only, since the efficiency at which existing affordable stock can be used reaches a peak after a certain point. Following this, both housing exclusion and homelessness may rise unless new affordable stock is developed (Barker, 2004; Malpass, 2005).

Families entering the statutory homelessness system in London in 2005 were often waiting for very long periods in temporary accommodation because affordable housing was so scarce.[30] In northern England, by contrast, families entering the same statutory system rarely stayed in temporary accommodation for long and were quite often immediately rehoused (Pleace et al., 2008). Differences in the supply of affordable housing therefore resulted in the same welfare policy response to homelessness having markedly different outcomes.

Shortfalls in affordable housing supply have been identified as an issue in tackling homelessness in Ireland (DEHLG, 2008), Slovenia (Mandic and Filipovič Hrast, 2008) and Sweden (Regeringskansliet, 2007). In contrast, a relatively good supply of affordable housing in Germany has been seen as helping to reduce homelessness levels and as facilitating homelessness prevention, although pressure on housing supply is still increasing in some regions with high economic growth (Busch-Geertsema and Fitzpatrick, 2008).

Homelessness services working in some of the transition economies in the EU can face situations in which the supply of adequate and affordable housing is very limited (FEANTSA, 2004; Norris and Domask, 2009). Using 2007 data, Eurostat has estimated that in Poland, Lithuania, Latvia

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30 *In 2004/5 in some London boroughs (the thirty-three municipalities governing London) waits for homeless families in temporary accommodation in the statutory homeless system could exceed five years.*

and Romania, over 50 per cent of all households live in overcrowded conditions (Eurostat, 2010).[31] When much of the general population is in housing need, fundamental questions are raised about the extent to which limited resources can be devoted to any one group in the population, such as homeless people.

European and US research suggests that affordable housing supply facilitates the capacity of transitionally homeless people to 'self-exit' from homelessness. Some evidence suggests that this effect is tenure neutral in respect of rented housing, i.e. increasing affordable private rented sector housing can reduce levels of homelessness as well as increases in social housing provision (Burrows, 1997; Shinn, 2007; Brousse, 2009). However, even highly subsidised home ownership is unlikely to be accessible to formerly homeless people as many have low incomes (Brousse, 2009).

■ ADEQUACY AND CHOICE

While 'transitionally' homeless people can often exit from homelessness using their own resources, there are some concerns about the quality of their lives following homelessness. The resources they have are often restricted, which means they may enter a sustained state of housing exclusion following homelessness. Research in Belgium has shown that very poor people often sustain themselves in housing that is affordable to them, but that this housing can be insecure and of a low standard (Meert and Bourgeois, 2005). Some of the potential effects of homelessness, linked to living in poor housing conditions, will be sustained if formerly homeless people who have low incomes move to affordable, but inadequate, housing (see Chapter 2).

In some cities, affordable housing can be concentrated in neighbourhoods that are characterised by sustained worklessness, criminal and antisocial behaviour and poor services. If homeless people are placed by services in these areas, or move into them because housing is cheap, they might sometimes find those neighbourhoods very difficult to live within and may sometimes abandon housing and return to homelessness (Pleace, 1997; Pawson and Munro, 2010).

There is evidence of an underlying tension between policies to counteract homelessness and policies to counter negative 'area effects' in some cities. Area effects are believed to arise because too many poor people are concentrated in specific neighbourhoods. Homeless people, because they tend to be poor and are more likely to be workless, can be seen as 'threatening' the greater social mix that urban planners seek to promote. The view that if homeless people move into a deprived neighbourhood in sufficient numbers then the 'area effects' will worsen can lead to a barrier being put between homeless people and some social or affordable private rented housing (Busch-Geertsema, 2007; Pleace et al., 2007).

As noted above, adequate and affordable housing supply is very limited in some parts of the EU. There may be difficult questions to deal with before specific resources are devoted to homeless people in a context in which large sections of the population are in acute housing need (FEANTSA, 2004, 2008; Norris and Domask, 2009; Edgar, 2009).

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31 *A person is considered as living in an overcrowded household if the household does not have at its disposal a minimum of rooms equal to: one room for the household; one room for each couple in the household; one room for each single person aged 18 or over; one room for each pair of single people of the same gender between 12 and 17 years of age; one room for each single person between 12 and 17 years of age and not included in the previous category; one room for each pair of children under 12 years of age (Eurostat, 2010: 86). For example, a single mother with two children (a boy aged 13 and a girl aged 12) should have a three-room apartment.*

ENSURING CAPACITY TO MEET BASIC HOUSING AND LIVING COSTS

Access to adequate and affordable housing is conditional on the capacity of homeless people to pay the rent, utilities bills and any applicable taxes. People also have to be able to meet the other basic costs of living independently. Where housing costs are relatively low and reasonably paid work or adequate minimum benefits can be secured, people with low support needs can self-exit from homelessness, providing there are not other significant obstacles (Shinn, 2007; O'Sullivan, 2008a).

Variations in welfare support systems and labour markets are both potentially important in finding and sustaining exits from homelessness. Welfare support systems may be more important in providing exits for episodically/chronically homeless people, whereas labour markets may be more important in helping provide exits for transitionally homeless people. The ways in which welfare regimes either support paid work (e.g. by guaranteeing a minimum household income) or 'tax' paid work (e.g. reducing benefits on a near pro-rata basis as soon as someone begins to earn) may also have important effects on exits from homelessness. For example, the UK has uniform welfare support systems for all low-income households unable to meet their housing costs (Wilcox et al., 2008), whereas Italy does not (Tosi, 2005). Some Italian homeless people cannot get consistent welfare support to help pay housing costs and so have fewer pathways open to them than homeless people in the UK.

Affordable housing supply and the level and nature of income supports available to poorer households to help them meet housing costs can both influence levels of homelessness. For example, where there is a housing subsidy to make housing affordable for poorer people (by providing welfare payment systems that help pay rents and/or by building subsidised affordable social housing), rates of transitional homelessness are likely to be lower. Equally, where housing subsidies are very low, or largely inaccessible, but where paid work is relatively plentiful and private rented or owner occupied housing is affordable to most of those in work, transitional homelessness may also occur at a lower rate (Shinn, 2007).

MEETING SOCIAL AND HEALTH CARE NEEDS

■ THE ROLE OF WELFARE SYSTEMS

Welfare regimes vary between EU member states and there is some evidence that the nature of homelessness is influenced by those differences (Daly, 1996; Fitzpatrick and Stephens, 2007) (see Chapter 3). Where welfare states are extensive, episodic/chronic homelessness *may* be smaller social problems because there is a bigger general welfare 'safety net' for groups such as people with a severe mental illness (Meert, 2005).

EU member states with extensive welfare services also employ joint working to meet the complex needs of groups such as chronically homeless people, drawing in a package of housing, health and related services from various agencies. In welfare regimes that are less extensive, services for episodically and chronically homeless people may need to be *more* comprehensive (i.e. act as an extensive 'welfare state' in miniature) because it is not possible to draw on general welfare services to the same degree (see Chapters 3, 4 and 5).

However, despite considerable differences in welfare regimes, homelessness services and social housing provision, episodically and chronically homeless people often appear to have quite similar characteristics throughout Europe. High rates of severe mental illness, problematic substance misuse and low rates of social support are found among these groups in several European countries

(Dyb and Johannessen, 2009; Firdion, 2009; Gill et al., 1996; Meert et al., 2005; Edgar, 2009). One *possible* implication of this pattern is that groups such as chronically homeless people tend to fall through most forms of welfare 'safety net', and where this is the case some specialist services may still be required for homeless people with high support needs.

■ STAIRCASE SERVICES

Several countries make use of staircase services for homeless people. These accommodation-based services are designed to bring homeless people with support needs to a point where they can live independently in their own homes. This model, which has its origins in rehabilitation for people with severe mental illness, uses a series of steps to make homeless people 'housing ready' (see Chapter 4). A key feature of the model is that it is possible to 'fail' the requirements to move on from one stage to the next and also, in some instances, to fall back a stage or to be ejected from the 'staircase' altogether and returned to homelessness (Sahlin, 2005) (see Chapter 4). Homeless people using these services are often required to abstain total abstinence from drugs and alcohol.

The staircase model has been criticised in Europe as placing unrealistic expectations on people living rough and as inadvertently perpetuating homelessness by not allowing some people to progress through its various stages (Sahlin, 2005; Busch-Geertsema and Sahlin, 2007). US research has reported that this service model[32] has relatively high running costs but performs relatively poorly (Pleace, 2008).

■ HOUSING FIRST APPROACHES

A different type of service, called 'housing first', has been widely adopted in the US and is now influencing policy responses to homelessness in several EU member states. The housing first movement began in the US with a series of studies that reported it was more effective than staircase services, with the research on the 'Pathways Housing First' model in New York being particularly influential (Tsemberis et al., 2004).

Pathways Housing First places people with severe mental illness and problematic substance misuse who are chronically homeless, or at risk of chronic homelessness, in ordinary private rented housing[33] and provides floating support to help them sustain independent living. Considerable freedom of choice and control is extended to the people who use Pathways Housing First services. Their homes are their own and they are subject only to the same requirements as any other tenant. While Pathways Housing First adopts a harm minimisation approach, there is *no* requirement that the chronically homeless people with whom it works stop taking drugs or drinking alcohol.

A series of randomised control trials showed that Pathways Housing First had sustained success in keeping formerly chronically homeless people in settled housing in comparison with staircase services (Tsemberis, 2010). This systematic and robust evidence on service effectiveness led to the housing first model being adopted at federal level in the US as an evidence-based policy. A major redirection of federal resources away from staircase models and towards housing first approaches occurred following this decision.

Some US researchers argue that the 'success' that housing first approaches are able to demonstrate is too 'limited'. This is because the recorded successes are almost always in respect of housing sustainment. There is evidence that people using Pathways Housing First can be socially isolated and economically inactive: while having their own home does gives them some sense of security and safety, they are not really a part of the wider society in which they live. Further questions have been raised about the extent to which Pathways Housing First is able to reduce the use of alcohol

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32 *The staircase model is referred to as the 'continuum of care' approach in the US.*

33 *Social housing is not widely available in the US, which means there is little scope to employ it in meeting the accommodation needs of homeless people. The Pathways Housing First model uses the ordinary rented housing available, but it could potentially employ housing in any tenure as the floating support is linked to the individual and not to specific housing.*

and drugs and its capacity to cope with people with the most severe forms of addiction (Padgett, 2007; Kertsez et al., 2009).

Since the housing first approach was officially adopted at federal level in the US, a wide variety of service types with differing goals have relabelled themselves as 'housing first' services and the term has become very fashionable. As a variety of services, often quite distinct in approach from the Pathways model, are now referred to as 'housing first', the term has become rather ambiguous in the US (Pearson et al., 2007; Pleace, 2008; Johnsen and Teixera, 2010).

Several European countries, including Denmark, Finland and France, have adopted a housing first approach (Indenrigs–Ogsocialministeriet, 2009; Tainio and Fredriksson, 2009; République Française, 2010). In some instances, the adoption of this approach is so recent that services are still being brought into use at the time of writing.

There are some indications that the ambiguity surrounding the meaning of 'housing first' that occurred in the US is now also occurring in the EU. In particular, the term 'housing first' is being used to describe many approaches that use ordinary housing and floating support services for chronically and episodically homeless people. Floating support services are so called because they are 'attached' to the homeless person and move with the individual when and if he/she changes accommodation or housing (see Chapter 4). A better term for more recent developments in service provision in the EU (and US) might be 'housing-led' responses. Such responses that do not involve staffed, fixed-site supported housing like the staircase model are becoming more widely used.

Several EU member states have been using housing-led services that rely on floating support services for some time. Research in Germany reported increased independence and good rates of housing sustainment among formerly homeless people with high support needs who were receiving floating support services in ordinary housing. This group included people with sustained experience of rooflessness, severe mental illness and substance misuse (Busch-Geertsema, 2002). Research in Italy, Ireland and the UK has had similar findings (Tosi, 2005; Pleace, 1997; Dane, 1998; Jones et al., 2002).

This available evidence does suggest that housing-led/housing first services using floating support and ordinary housing can produce good outcomes for episodically and chronically homeless people. However, this same evidence also suggests that several conditions need to be met if these services are going to be successful:

➔ Housing-led services using ordinary housing and floating support services have to be *highly* flexible in terms of the type, duration and intensity of support they provide. They have to employ individual assessment and reflect and react to the needs of homeless people. This includes being able to respond to rises and falls in a household's or an individual's needs. Standardised models that provide set packages of support for set periods of time are unlikely to succeed in tackling episodic and chronic homelessness.

➔ Housing must be adequate and in a suitable location. Floating support cannot overcome housing that is fundamentally unsuitable for a homeless person's needs, or in which they feel unsafe.

➔ Formerly homeless people must be able to meet basic housing and living costs if they are to sustain an exit from homelessness.

➔ Some housing-led services are very dependent on being able to 'broker' or 'corral' a range of other services, i.e. making referrals and working jointly to provide a multi-agency 'package' of support for formerly homeless people with high support needs. These services are often *dependent* on working jointly with mainstream welfare providers offering mental health services or drug addiction services. Poor joint working, or a constriction of general welfare spending, may limit the effectiveness of such housing-led services.

➔ In contexts where access to general welfare services is restricted or limited, housing-led

services for episodically or chronically homeless people will need to provide a comprehensive range of support. This has cost implications and such services will be significantly more expensive than housing-led services that rely on service brokering/corralling. A service like Pathways Housing First, while less expensive to run than a staircase service, can nevertheless be quite expensive because it has to provide a welfare state in miniature.

➔ Issues such as social isolation, lack of activity during the day and boredom may present risks to sustaining housing. The extent to which floating support services can counteract social exclusion may be important in overall success (see below).

➔ Issues of risk management, both in terms of risks to homeless people themselves and to neighbouring households do sometimes need to be considered. In a few cases, it will not be practical or desirable for someone with high support needs to live independently.

The limitations of housing-led/housing first responses centre on their capacity to meet the health care and social support needs of episodically/chronically homeless people. This is dependent on the needs, characteristics and experiences of each homeless person with whom these services work, what the services themselves are able to provide and to varying degrees on joint working with health care and drug services.

The possible limitations of housing first/housing-led services may mean that there is a potential role for long-stay or permanent supported accommodation for those homeless people whose needs are sufficiently great to mean that independent or semi-independent living in ordinary housing is not a realistic goal. One type of service used in Denmark is the *skaeve huse* model, which uses a few units of self-contained accommodation, sometimes with shared facilities, and an on-site support worker to provide long-stay accommodation for formerly chronically homeless people. It also offers security of tenure to its residents. *Skaeve huse* is intended as a service for a very small 'residual' group of homeless Danish people with very high support needs, whose needs cannot be met by mainstream services and who cannot live independently (Meert, 2005).

■ THE AVAILABILITY OF SERVICES

The range of services that are available to homeless people in one European country may well not be available in another (FEANTSA, 2008). In addition, even within those countries with extensive services, problems can still exist in accessing homelessness and related services. For example, the UK lacks specialist homelessness services in rural areas (Cloke and Milbourne, 2006) and homelessness services in France are heavily concentrated within Paris (Marpsat, 2007). This is because homelessness services are often concentrated where homelessness is a 'visible' problem and this might not be the case in some more rural areas and some smaller towns and cities. As a result, homeless people with support needs may sometimes not be able to reach the services they need.

Eligibility criteria for services can be highly variable. For example, undocumented migrants in the UK cannot access the statutory homelessness system (Pleace et al., 2008) and resident, but undocumented, ethnic Russians can sometimes encounter difficulties in accessing welfare services in the Baltic countries (FEANTSA, 2004). In France, by contrast, undocumented migrants can access some homelessness services (Join-Lambert, 2009). In addition, some services may be reluctant to work with homeless people who exhibit challenging behaviour, severe mental illness and substance misuse. Some Swedish staircase services, for example, will not work with people who will not abstain from drugs and alcohol (Sahlin, 2005).

TACKLING WIDER ECONOMIC AND SOCIAL EXCLUSION

Being rehoused can represent a significant step towards normal social and economic life for homeless people. However, rehousing may not, in itself, necessarily result in all aspects of someone's economic and social exclusion coming to an end (Tosi, 2005; Busch-Geertsema, 2005b).

It should not be assumed that all homeless people are characterised by sustained worklessness (Pleace et al., 2008; Brousse, 2009). Nevertheless, low educational attainment and limited work experience are widespread among transitionally homeless people and *very* prevalent among episodically/chronically homeless people. Education, training and employment (ETE) services are being widely adopted in the UK to try to counteract sustained worklessness among homeless people (BAOH, 2009). These services attempt to tackle both homelessness and wider social exclusion by maximising access to paid work. The potential role of such services is twofold:

1. To increase the *extent* and *range* of employment options available to transitionally homeless people. In particular, training and education may be used to enable pursuit of a wider range of employment options and also to enhance potential earning power.
2. Through supporting work-related activities, alongside education and training, to begin the process by which episodically/chronically homeless people, who may be 'distant' from any experience of paid work, can rejoin the workforce. However, this may be a slow process for some chronically homeless people and not all will necessarily be able to secure paid work.

There may be arguments in favour of specifically targeted ETE services for particular subgroups of homeless people. There are various examples in the Netherlands and the UK of projects for young homeless people (e.g. self-build projects) that combine housing with education or training (FEANTSA, 2010). Specific services exist for chronically homeless people with high support needs that can help prepare them to access paid work and/or to become able to use mainstream ETE services (Jones and Pleace, 2005; Dorsett et al., 2007).

ETE services for homeless people can facilitate access to paid work, by making homeless people more 'work ready' where this is necessary and also by helping them to present themselves well to potential employers. Work can also be done with employers to help address those barriers to employment that are linked to negative images and the stigmatisation of homeless people (see Chapter 6). However, the effectiveness of ETE services will be influenced by local labour markets and the number of jobs that are available. It must also be noted that the evidence base on ETE services for homeless people in Europe is poor, and there is little robust research describing these services or how effective they are.

For some homeless people, especially those in the chronically/episodically homeless populations, social isolation and boredom *may* potentially mean someone is at risk of returning to homelessness (Dant and Deacon, 1989; Busch-Geertsema, 2002, 2005b). Attempts to impose peer support by putting socially isolated homeless people in proximity to one another tend to meet with mixed success at best (Busch-Geertsema and Sahlin, 2007; Meert, 2005). While support services can alternatively attempt to foster self-confidence through techniques such as 'befriending' homeless people, this can risk highly isolated people misinterpreting their relationship with a support worker, i.e. they are so desperate for an emotional link with another person that professional support is mistaken for friendship or love (Pleace, 1997). Services may also seek to foster 'positive' social relationships, for example someone involved in problematic substance misuse being steered away from other people taking drugs and drinking. However, this can mean disconnection from someone's only source of social support, risking an intensification of isolation (Dant and Deacon, 1989). There is evidence that poor social support is less of an issue for transitionally homeless people than it is for other groups (Pleace et al., 2008; Brousse, 2009).

GENDER, ETHNICITY AND CULTURE

There is strong evidence that the causation of women's homelessness and consequently the needs of homeless women and the support services they require can quite often differ from those of men. These differences primarily arise due to the role of male violence in the causation of

women's homelessness. There are unique risks for some homeless women, centring on a need not only for physical shelter but also for physical safety and quite often for secure shelter that can also accommodate their children. Service and policy responses must account for these gender differences, providing safe living environments for women that both protect them from male violence and facilitate access to care, counselling and support services to help them overcome the effects of that violence (Edgar and Doherty, 2001; Quilgars and Pleace, 2010; Baptista, 2010).

Sustainable exits from homelessness may also need to make appropriate allowance for cultural differences. This can be a matter of needs arising because someone is from a specific ethnic or religious background or because of factors such as sexual orientation. The concerns here are twofold. First, there may be a need for *specific* support and/or adaptation of services, for example a cultural minority might find it very difficult to use mixed gender services because of longstanding beliefs. Second, certain groups may encounter prejudiced responses from homelessness services or from other homeless people and may be barred from using some mainstream welfare and housing services. There is evidence that some migrant and ethnic groups experience transitional homelessness and housing exclusion that is linked to racist attitudes that bar their access to some affordable housing (Edgar et al., 2004b).

OVERVIEW

Table 7.2 summarises the factors associated with finding and sustaining exits from homelessness, as reviewed in this chapter.

Table 7.2: Summary of factors influencing exits from homelessness

Need	Approaches that can help	Issues
Access to affordable adequate housing	Maximising equity in housing markets Ensuring equity in access to social housing Low-level supports and schemes to help access private rented housing	Efficiency in use of existing affordable housing stock can 'peak' after a certain point Socially excluded people who 'self-exit' from homelessness using their own resources may not be able to afford adequate housing Chronic shortages of affordable, adequate housing exist in some member states
Meeting housing and living costs	Consistent and accessible welfare payment systems to help poorer households meet housing costs Measures that subsidise rents or help meet the cost of rent ETE services to support access to paid work	Dependent on extent of general welfare regimes, which varies between member states Dependent on local labour and housing markets

Meeting support and care needs	Extensive general welfare service provision that is accessible to homeless people may reduce episodic and chronic homelessness New models of service provision centred on housing-led/housing first approaches may offer better outcomes, more independence for homeless people and lower costs	High support needs may be confined to a minority of homeless people Housing first models in the US have demonstrated success in part because they have more modest goals than staircase models in relation to substance misuse 'Housing first' has become a somewhat ambiguous term in the US Some housing-led/housing first models are dependent on joint working within extensive general welfare regimes It may not be possible or desirable to rehouse all homeless people with high support needs in ordinary housing using floating support
Addressing economic and social exclusion	ETE services can help secure access to paid work and have other benefits Homelessness services can attempt to try to increase positive social support for homeless people	ETE services are dependent on labour markets Care is needed in attempting to bolster social supports and some attempts have met with mixed success
Ethnicity, gender and sexuality	Provision of specialist services Adaptation of existing services to allow for specific support needs	Difficulties exist in overcoming entrenched attitudes that are present throughout societies

CONCLUSION

It is important not to underestimate the role of affordable, adequate housing as the foundation of any lasting exit from homelessness. Almost equally important is the capacity of formerly homeless people to meet basic housing and living costs. Exits from homelessness for transitionally homeless people can be enabled where it is possible to pursue policies that enhance affordable housing supply, facilitate access to paid work and/or ensure that income from welfare benefits is sufficient. However, it is important to be realistic; all EU member states are facing fiscal constraint to some degree and several face problems of housing exclusion and sustained worklessness that affect large parts of their populations. This makes exploring the most effective management of resources and the use of innovative lower cost services to tackle homelessness all the more important.

The US has set an important example for the EU in conducting systematic and rigorous longitudinal evaluations of homelessness services and taking on board the results of those evaluations. The EU has yet to match this focus on employing good quality, social scientific evidence to determine whether services work, how they can be improved and whether they should be replaced. This is not to suggest that the US shift towards housing first approaches is an example of a 'perfect' response to homelessness, as recent criticisms emerging in the US may now indicate. However, the fact that these criticisms are emerging is in itself indicative of a healthy, robust culture of critical evaluation of services that must ultimately underpin any effective response to homelessness.

For episodically and chronically homeless people with higher support needs, the development of the housing first model and other housing-led floating support services using ordinary housing is significant. These models can potentially better reflect the preferences of homeless people, produce more sustainable exits from homelessness and, crucially, may be able to do so at a lower cost. However, they are also dependent to a considerable degree on the context in which they work; access to adequate, secure, affordable housing is essential and some of these services are

dependent on joint working with health care, social care and other services. This relates to a more general point, which is that while homelessness services can counteract many of the barriers to exiting homelessness and also counter many of the risks of it recurring, they are also often limited in what they can achieve. The context in which services operate does influence their effectiveness, which makes policy planning and interagency working of great importance in tackling homelessness (see Chapter 3).

8. CONCLUSION

There is considerable evidence on homelessness in Europe but our knowledge remains very uneven. There is a lack of data and understanding on some aspects of homelessness. More crucially, there is relatively little research in the South and in the Central and East European member states. At EU level, the variations in definition that ETHOS will soon hopefully help address, have hindered the development of a wider perspective and consideration of this social problem at the supra-national level. We do have enough knowledge to be certain that there are many similar problems and shared concerns, ranging from people living rough through to the housing exclusion of children and young people and the emergence of new forms of migrant homelessness. The more we can add to our shared understanding of these issues, the more member states can learn from one another and the greater the likelihood that this social problem, a form of deep poverty and exclusion that is a blight on some of the most economically and socially developed societies on Earth, can be effectively countered.

The ETHOS typology provides a robust conceptual definition of homelessness and housing exclusion, which allows specific operational definitions to be adopted in order to reflect national situations and policy needs. To monitor strategic policy objectives to end long-term homelessness it is necessary to adopt a consensual operational definition of chronic homelessness and repeat homelessness. ETHOS provides a way forward in this respect and can add to our understanding of homelessness in the EU.

Evidence from the reviews of national homeless strategies that have been undertaken shows that some countries are successfully using specific target indicators to monitor policy implementation and outcomes. For example, reducing the prevalence of evictions or the number of people spending more than a defined length of time in temporary accommodation have been successfully deployed as operational targets. The adoption of secondary indicators on overcrowding and housing deprivation by the Social Protection Committee provides the basis for more comparative analysis of some ETHOS categories using the EU-SILC and 2011 census. The 2011 census is an opportunity for all countries in Europe to provide a baseline of information on most of the ETHOS categories.

Across member states, homeless strategies and services aim to minimise the need for temporary accommodation, to maximise efforts to prevent homelessness and to re-house homeless people as quickly as possible. There is some evidence that homelessness may exist in a largely 'transitional' form in much of the EU and can be tackled largely by making housing more affordable and accessible. However, there is also evidence of a small, "high cost, high risk" group of homeless people, experiencing what we might now term 'chronic homelessness', who need more intensive support and whose needs cannot be met through housing alone. We have traditionally responded to this group with institutional services, like the staircase model, but these responses have not always been successful. There is a growing consensus that, in the great majority of 'chronic' homelessness cases, presenting difficulties can best be tackled by the provision of flexible support in regular housing, such as in Housing First models, rather than in special institutions for homeless persons. However, such a system is highly dependent on the availability of affordable housing, a well-functioning general social security net, adequate crisis intervention and flexible support services.

Existing services for homeless persons in Europe are to a large extent directed at covering the most urgent and basic needs of their clients. The most effective homeless strategies will always aim not only at improving homeless services (joint working to meet multidimensional needs, differentiated provision for groups with differing needs, reduction of exclusionary effects of existing services, emphasis on prevention) but also at filling the gaps in mainstream welfare provision. It is important that homelessness is not seen in 'isolation', as while individual needs, characteristics

and experiences are important in understanding homelessness, its form and nature do seem to be influenced by how welfare regimes and criminal justice systems operate.

Homeless entries are often a result of a complex interplay between structural, institutional, relationship and personal factors. In the different pathways to and through homelessness, 'hidden homelessness' (particularly staying with friends and relatives) is a frequent episode, not only for young people and women, but also for men who have lost their permanent home and are trying to secure temporary accommodation in an informal way before they resort to 'official' support.

The profiles of homeless people have been changing in most European countries in recent years. While the predominant users of services for homeless people are still middle-aged, single men, there seems to be a growing proportion of women, of younger people and of families with children. Although most homeless people are national citizens, in many EU countries – especially in Western Europe – there is a growing proportion of external immigrants and A10 migrants among rough sleepers and homeless service users.

Instruments to prevent entries into homelessness rely on early information about existing risks (rent arrears, domestic conflict, insecure housing, unmet support needs and so forth) and need to include measures to prevent eviction, to mediate domestic conflicts, to address domestic violence, to provide adequate social and financial support for those in need and to offer housing options for households who split up, for people leaving institutions and for immigrants. The growing problem of destitute migrants calls for targeted measures that have to strike a careful balance between humanitarian concerns and the need for member states to exercise effective migration and border controls.

A wide range of potential risks to wellbeing are associated with homelessness. Homelessness has the potential to initiate, deepen and sustain economic exclusion and to create and intensify support needs and health problems. However, there is also some evidence that social exclusion and support needs may pre-date homelessness and remain following homelessness. The proportion of homeless people with high support needs may have been overestimated. There are also data showing that homelessness is not always a sustained experience. The unique effects that homelessness can potentially have centre on the absence of a home and on the stigmatisation of homeless people, but these may be influenced by the quality of services available and by the duration of homelessness.

Experiencing homelessness may be a lot less damaging for some people than it is for others. Individuals and households with low support needs are often able to exit homelessness by themselves or require only access to housing subsidies of various sorts to enable them to leave homelessness. However, it remains necessary to draw attention to smaller groups of highly vulnerable homeless people whose support needs may be intensified by sustained exposure to homelessness.

It is important not to underestimate the role of affordable, adequate housing as the foundation of any lasting exit from homelessness. Almost equally important is the capacity of formerly homeless people to meet basic housing and living costs. Exits from homelessness for transitionally homeless people can be enabled where it is possible to pursue policies that enhance affordable housing supply, facilitate access to paid work and/or ensure that income from welfare benefits is sufficient. However, it is important to be realistic: all EU member states are facing fiscal constraint to some degree and several face problems of housing exclusion and sustained worklessness that affect large parts of their populations. This situation makes exploring the most effective management of resources and the use of innovative lower cost services to tackle homelessness all the more important.

The US has set an important example for the EU in conducting systematic and rigorous longitudinal evaluations of homelessness services and taking on board the results. The EU has yet to match this

focus on employing good quality, social scientific evidence to determine whether services work, how they can be improved and whether they should be replaced. Some recent criticisms in the US of the Housing First approach are indicative of the healthy, robust culture of critical evaluation of services that must ultimately underpin any effective response to homelessness.

Research into homeless entries and exits suggest that homelessness occurs episodically among a considerable minority of the population. The limited longitudinal research available shows that the majority of people exit homelessness relatively quickly and those most likely to exit on a permanent basis are those who access affordable housing and/or obtain financial assistance to maintain such housing. By the beginning of the twenty-first century, homelessness was increasingly viewed as something that could be experienced by a much greater number of households than envisaged some twenty years earlier if both individual deficits and structural adjustments interacted in a specific manner.

The majority of homeless households will exit this state reasonably quickly, but in some cases experience a series of further short-term homeless episodes. Others remain homeless for longer periods and this appears to be exacerbated by individual deficits, particularly poor mental health and a lack of employment history or through negative state interventions such as imprisonment, especially for males. The notion that individuals can move between being homeless, being poorly housed and being adequately or well housed is a key starting point for a complex and dynamic analysis of pathways into and through homelessness. Thus, homelessness is increasingly understood as a complex, differentiated and multi-causal phenomena that requires a mixture of policy responses and services to effectively counter. Much homelessness may be dealt with relatively simply, although providing affordable and accessible housing of reasonable quality is no small challenge for member states in the current context. Other forms of homelessness associated with high support needs require a more extensive and expensive response, but the costs of service models like Housing First need to be considered against the costs to societies of emergency medical treatment, homelessness shelters and criminal justice systems if the needs of these groups are not met.

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