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Results from the Housing First based Danish Homelessness Strategy and the challenges of youth homelessness[1]

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1. Introduction

Homelessness continues to be a critical issue in all of the EU Member States. Despite substantial governmental and organisation efforts, the scope of people living without a home remains at an unacceptable level, both for the homeless and for society as a whole. The causes of homelessness across Europe are related to a number of both individual and structural factors such as health, addiction, job loss, structural poverty, and lack of affordable housing. Additionally, the crisis has increased the risk of marginalisation and thereby the risk of people becoming homeless. Therefore, the EU Member States need to identify adequate, sustainable and targeted measures for homeless people.

It is in the light of these developments that Denmark has chosen to host a Peer Review on the results of the Danish Homelessness Strategy with a particular focus on the challenges of youth homelessness. First, because the common European challenges mean that there is a need to share experiences on which methods work in preventing homelessness. Second, because Denmark has valuable experiences in implementing the Housing First strategy in the National Homelessness Strategy which was implemented in 2009 and whose results has been evaluated and presented in June 2013 prior to the Peer Review. The evaluation of the Danish strategy points at very good and valuable results in helping homeless people out of homelessness.

The Danish Homelessness Strategy is one of few European examples of a large-scale Housing First programme with more than a thousand citizens. The evaluation shows that homeless people in Denmark is a very social marginalised group which is characterised by having other compelling social problems besides being homeless such as substance misuse, mental illness, physical illness, poor economy, poor social and family network etc. Despite such complex support needs the Housing First approach has proven to be very successful, as it enables homeless people to become housed and supports them to sustain their tenancy – with the right support, 9 out of 10 homeless people has been able to maintain their new home. Furthermore the evaluation points out, that most of the homeless are able to move into ordinary housing/apartments, and are not in need of congregate housing.

In short, the National Danish Homelessness Strategy is characterised by a close partnership between the municipalities and the national level. 17 municipalities (out of 98) representing about two thirds of the homeless population have been involved in the strategy. The strategy combines the provision of extra resources for targeted

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initiatives with the testing of methods (an evidence-based approach). This means that a number of specific housing support methods are tested in the Homelessness Strategy, and that the use of the different methods continuously is monitored. It involves both monitoring on individual level in terms of documentation of the effectiveness of methods and monitoring on national and municipal level. The systematic use of evidence-based methods, the continuous monitoring and the close partnership between local and national level improves the effort and thereby improves access to quality services for homeless people.

The Danish experiences with a Housing First approach are highly relevant to other EU Member States due to a number of reasons. First, as the EU Member States are facing many of the same challenges regarding homelessness. Second, as there is a growing consensus that the Housing First approach is preferred to the traditional staircase approach. Third, as the Housing First approach has proven to have a dual purpose: to provide the best possible solutions for the individual homeless person and to ensure sustainable budgets.

Despite the positive outcomes and experiences with Housing First, there has been an increase in homelessness in Denmark since 2009, though this increase has been much lower in the municipalities that were part of the strategy than in the remaining municipalities. Especially, there has been an increase in youth homelessness in Denmark, where a complex interaction between individual and structural exclusion mechanisms results in an increasing number of young people with complex support needs being in a homelessness situation in the early years of adulthood.

In the evaluation of the Danish Homelessness Strategy the municipalities points out a challenge of providing enough affordable housing for socially vulnerable people, especially to the group of young homeless, in larger cities is a main reason behind the rising trend in homelessness. This challenge is generally seen in most large European cities.

Also the increasing trend of social exclusion of young people can be seen in a European perspective. There is a general tendency towards high levels of youth unemployment in Europe these days due to the crisis which puts the European youth at a particularly high risk of marginalisation and homelessness which is evident in the rising numbers of young homeless people, apparent in many European countries. It is in this context that Denmark wishes to put a special focus on the particular challenges of the young homeless Europeans and identify solutions to these common challenges.

Based on the above, the overall purpose of this paper is threefold. First, it presents the homelessness situation in Denmark and the results of the Danish Housing First National Homelessness Strategy.[2] Second, it gives a special thematic focus to youth homelessness. Third, it poses questions about prevention amongst youth at-risk-of homelessness and about interventions and providing affordable housing to young homeless people.

The paper draws upon an evaluation of the Danish Homelessness Strategy (Rambøll and SFI 2013).[3] Section two describes the startup of the strategy programme. Section three examines the overall development of homelessness in Denmark and in the municipalities involved in the strategy. Section four describes outcomes on four key targets in the strategy. Section five describes key interventions in the programme and section six presents the outcomes of these interventions. Section

[2] A policy review with a similar content will be published in the European Journal of Homelessness, Vol. 7.2.
[3] The author of this paper was one of the authors of the evaluation.

seven presents the development in youth homelessness and the profile of young homeless individuals. Section eight presents results and experiences from the strategy programme on interventions for young homeless people. Section nine discusses the outcomes of the programme while section ten raises themes and questions for discussion on the issue of youth homelessness.

2. The programme

In 2008 the first national Homelessness Strategy was adopted by the Danish parliament. The strategy followed earlier programmes aimed at strengthening social services for socially marginalised groups. The programme followed upon the first national mapping (count) of homelessness which was carried out in February 2007. The mapping showed that in the count week there were 5,290 citizens who were in a homelessness situation. About 500 had been sleeping rough during the count week. About 2,000 were in homeless shelters and more than 1,000 persons were staying temporarily with family or friends (Benjaminsen & Christensen, 2007). Minor groups were in short-term transitional housing or awaiting institutional release from prison, hospital or other treatment facilities, without a housing solution. The count also showed that the majority of the homeless people were registered in larger cities and towns.

Funding of 500 million DKK (65 million €) was allocated to the strategy programme over a period of four years from 2009 to 2012. Eight municipalities representing 54% of total homelessness in Denmark were invited to participate in the programme, including the largest cities in Denmark – Copenhagen, Aarhus and Odense. The main part of the funding was allocated to these municipalities. In a later round, other municipalities could apply for the remaining part of the funding. Nine more municipalities – mainly medium-sized towns were selected to participate in the programme and 30 million DKK of the total funding were allocated to these 9 municipalities. Four overall goals were set in the programme:

1. To reduce rough sleeping;
2. To provide other solutions than shelters to homeless youth;
3. To reduce time spent in a shelter;
4. To reduce homelessness due to institutional release from prison and hospitals without a housing solution.

A key aim in the programme was to develop and test internationally evidence-based interventions in a Danish setting. A decision was taken to make Housing First the overall principle of the strategy. It was also decided that floating support interventions should follow one of three methods: Assertive Community Treatment (ACT), Individual Case Management (ICM) or Critical Time Intervention (CTI). The implementation of the Housing First principle implicated a turn away from the Treatment First/Housing Ready approach and it was a priority and criteria for the projects to receive funding from the programme that they were based on the Housing First principle and thereby support a general turn away from a Treatment First/Housing Ready model.

Other parts of the programme were to strengthen street outreach work and implementing a method for needs assessment in homeless shelters. Resources were also given to a range of other local services and initiatives. Furthermore part of the funding was allocated to provide more housing for homeless citizens including the establishment of new housing units. The municipalities applied for specific projects and after a process of negotiating between central and local government it was decided upon which specific local projects should be carried out. It was possible for the municipalities to focus on all or just some of the four overall

goals depending on the local situation. The process of starting up, developing interventions, and implementing them on the local level took a longer time than initially expected and most interventions started up in the beginning of 2010. As a consequence the programme period later was prolonged until September 2013.

3. The development of overall homelessness over the strategy period

As most of the interventions of the strategy started up in the winter 2009/2010 the national homelessness count in 2009 has been used as a baseline in the measurement of the development of overall homelessness during the strategy period.

Table 1 shows the homelessness development from 2009 to 2013 for both the strategy municipalities and non-strategy municipalities. There was a total increase in homelessness of 16% or a rise from 4,998 in 2009 to 5,820 persons in 2013. However, the development was very different in the municipalities which were part of the strategy and the municipalities which were not part of the strategy. In the 8 municipalities with a full strategy programme, homelessness in total increased with 4% on average. In the 9 municipalities with a floating support programme homelessness increased with 11% on average, whereas in the remaining 81 municipalities, which had not participated in the programme, homelessness increased with a staggering 43% on average.

There were also considerable differences within the group of strategy municipalities. In the capital Copenhagen, which already had the highest number of homeless, there was a modest increase of 6% from 1,494 to 1,581 homeless people.

In the suburban municipalities of Copenhagen which were part of the strategy, homelessness has generally increased (with the exception of Frederiksberg which is an inner-city borough with its own municipality). Especially in the suburban municipality of Hvidovre there has been a large increase in homelessness. It should furthermore be noticed that a substantial part of the large increase in homelessness in municipalities not part of the strategy has taken place in other suburban municipalities in the Copenhagen area (Benjaminsen & Lauritzen, 2013).

A large increase in homelessness also happened in Aarhus, Denmark's second largest city, with an increase of 32% from 2009 to 2013 or from 466 to 617 homeless people, though the increase levelled off from 2011 to 2013.

In contrast to the development in Copenhagen and Aarhus, homelessness in Denmark's third largest city Odense has almost been halved over the strategy period from 208 in 2009 to 110 in 2013. The evaluation explains the development by a combination of a strong political commitment to the Housing First principle, a relatively sufficient supply of affordable housing, and an intensive floating support programme.

Table 1: Overall development in homelessness 2009-2013, strategy and non-strategy municipalities

Municipality	**Homeless Week 6, 2009**	**Homeless Week 6, 2011**	**Homeless Week 6, 2013**	**Change 2009-13, Per cent**
Albertslund*	46	46	52	13
Esbjerg	128	130	144	13
Frederiksberg*	233	203	178	-24
Høje-Taastrup*	45	63	63	40
København (Copenhagen)*	1,494	1,507	1,581	6
Odense	208	178	110	-47
Randers	100	64	92	-8
Aarhus	466	588	617	32
8 municipalities total	**2,720**	**2,779**	**2,837**	**4**
Guldborgssund	120	100	99	-18
Herning	149	167	149	0
Horsens	87	57	77	-11
Hvidovre*	67	130	145	116
Næstved	59	66	86	46
Svendborg	63	45	32	-49
Varde	27	28	28	4
Viborg	62	60	68	10
Aalborg	218	231	259	19
9 Municipalities	**852**	**884**	**943**	**11**
81 non-strategy municipalities	**1,426**	**1,627**	**2,040**	**43**
Denmark, total	**4,998**	**5,290**	**5,820**	**16**

*Metropolitan Copenhagen

Source: SFI – The Danish National Centre for Social Research

In Denmark's fourth largest city (and third largest municipality) Aalborg which only had a floating support programme, homelessness has increased from 218 to 259 people. In the medium-sized towns that were part of the programme, with a few exceptions, there have been mostly only smaller changes in the number of homeless people.

In particular, there has been a strong increase in youth homelessness over the same period. Table 2 shows the development in homelessness amongst individuals between 18 and 24 years divided between the strategy municipalities and non-strategy municipalities in total.

In total there has been an increase in youth homelessness of 80% or from 633 persons in 2009 to 1,138 persons in 2013. Though the increase has been highest in the non-strategy municipalities with a doubling there has also been a substantial increase in the strategy municipalities with an increase of 67%.

Table 2: The development in youth homelessness (18-24 year olds). Number of persons.

	2009	**2011**	**2013**	**Per cent increase 2009-2013**
Strategy municipalities	395	622	667	67
Non-strategy municipalities	238	380	471	98
Total	633	1,002	1,138	80

Source: SFI – The Danish National Centre for Social Research

In this way, there is a rising trend in the extent of homelessness in Denmark, but except for the increase in youth homelessness this increase is mainly concentrated in Denmark's largest urban areas and in particular in the suburban area of Copenhagen. According to the evaluation the municipalities' reports of an increasingly pressed housing marked with an increasing lack of affordable housing for socially vulnerable people. Such a lack of affordable housing in particular affect the housing chances of young vulnerable people as their social benefits are generally lower which further reduces the range of affordable housing.

The results from the national count also show how homelessness in Denmark is widely concentrated amongst individuals with complex support needs. Table 3 shows the percentage amongst the homeless people with mental illness, substance abuse problems (alcohol and drugs combined), dual diagnosis (both mental illness and substance abuse problems) and neither of these problems.

Table 3: Mental illness and substance abuse problems amongst the homeless in Denmark

Psychosocial problems	**2013**
All age groups (18+)	
Mental illness	47
Substance abuse	65
Either mental illness or substance abuse	78
Dual diagnosis	31
Neither mental illness or substance abuse	22
Young homeless people (18-24)	
Mental illness	51
Substance abuse	58
Either mental illness or substance abuse	74
Dual diagnosis	32
Neither mental illness or substance abuse	26

Source: SFI – The Danish National Centre for Social Research

About 4 out of 5 homeless people in Denmark has either mental illness, substance abuse or both. About half have a mental illness, about two thirds have a substance abuse problem and one out of three are mentally ill substance abusers. Only about 1 out of 5 have neither of these problems. The figures are roughly similar for the young homeless people between 18 and 24 years, with only a marginally higher percentage without these problems (1 out of 4). This pattern follow a general thesis in homelessness research that homelessness in countries with a relatively low level of poverty and a relatively intensive welfare system is widely concentrated amongst individuals with complex support needs whereas homelessness in countries with a higher level of poverty and a less intensive welfare system will affect a broader and large group of poor people (Stephens & Fitzpatrick, 2007).

4. Effective interventions but difficulties in achieving the four main goals

Though the overall development shows that the increase of homelessness has been considerably lower in the municipalities that have been part of the strategy, the targets that were set for the four overall goals of the strategy (reducing rough sleeping, reducing the need for young people to stay in a shelter, reducing the general length of shelter stays and reducing homelessness due to institutional release) were generally not met. However, at the same time the Housing First based interventions and methods implemented through the strategy proved to be

very effective in terms of housing retention rates. A general conclusion of the evaluation is that these methods are equally effective when applied in a Danish welfare state context as they are in the international studies mainly from the US, and thereby in a very different welfare state context (Rambøll & SFI, 2013). In the following, we shall have a closer look at this paradox. First we will address the development on the four main targets.

Table 4 shows the development in rough sleeping for the municipalities working with this target. Only in Odense a substantial reduction in rough sleeping has been achieved and the present target was even surpassed. In Frederiksberg (an inner city borough in Copenhagen) rough sleeping has been reduced but not enough to meet the target. In Aarhus rough sleeping remains almost unchanged. In Copenhagen a substantial increase in rough sleeping has occurred and the target has not been met. However, the exact number of rough sleepers in Copenhagen is rather uncertain. Homeless immigrants with no legal stay in Denmark are estimated separately in the count, as procedures for controlling for double counts are more difficult in this group, and individuals identified as immigrants with no legal stay are not included in the figures in table 4. However, only for 134 of the 259 rough sleepers in Copenhagen there is sufficient information that they are both unique persons (no double counts) and that they are not immigrants without a legal stay. In other words, the figure of rough sleepers in Copenhagen, and the increase, may be inflated by rough sleeping immigrants with no legal stay and without sufficient identification in the count.

Table 4: Rough sleeping in municipalities with specific targets of reducing rough sleeping

Municipality	**Count 2009**	**Target 2012**	**Count 2013**
Albertslund	5	**2**	4
Frederiksberg	28	**10**	18
København	174	**70**	259
Odense	34	**17**	9
Aarhus	66	**10**	61
Total	307	**109**	351

Source: Rambøll & SFI (2013).

Table 5 shows the number of young homeless people (between 18 and 24) who stayed in a homeless shelter. For this target the baseline year was set to 2007. As it can be seen the target originally set was not met in any of the municipalities. In some municipalities, reductions were achieved whereas in other municipalities the number of young people in shelters increased. However, there is a tendency for an overall reduction in the number of young people in homeless shelters setting in from 2010 when the strategy started operating with the number falling from 440 in 2010 to 349 in 2012. The last right column for 2012 excludes shielded shelter places for young homeless people, as many of these places were established as part of the strategy to avoid that young homeless people stay in a regular shelter. As it can be seen, more than a third of the shelter stays for young people in 2012 has been in such shielded youth shelters. We shall look more into the challenge of youth homelessness in section 8.

Table 5: Young people (18-24 years old) in homeless shelters. Stays and persons.

	Number of stays (18-24 year olds)						Number of persons (18-24 year olds)				
Year Municipality	2007	2010	2011	2012	2012 *)	**Target 2012**	2007	2010	2011	2012	2012 *)
Esbjerg	36	51	129	73	73	**0**	20	36	59	50	50
Frederiksberg	29	43	43	35	18	**4**	21	29	35	29	17
København	210	240	196	177	82	**82**	193	220	166	136	66
Odense	115	90	76	68	68	**25**	41	56	39	39	40
Randers	31	43	67	85	10	**3**	10	27	49	46	7
Aarhus	237	233	144	93	89	**10**	60	65	53	43	43
Total	**658**	**708**	**671**	**539**	**348**	**124**	**345**	**440**	**415**	**349**	**229**

*) excluding stays in shielded youth shelters

Source: Rambøll & SFI (2013).

Table 6 shows the development in the number of long shelter stays – more than 120 days – compared to the target set for 2012. Also for this target, the baseline year was set to 2007. The target was not met as the number of long shelter stays remains more or less unchanged over the period and all municipalities are far from achieving their set targets.

Table 6: Long shelter stays (more than 120 days)

Municipality	**2007**	**2010**	**2011**	**2012**	**Target 2012**
Albertslund	9	14	11	8	**0**
Esbjerg	84	67	76	71	**20**
Frederiksberg	51	75	85	76	**21**
Høje-Taastrup	22	24	24	21	**5**
København	526	525	532	569	**400**
Odense	68	74	48	70	**20**
Randers	25	40	40	36	**21**
Aarhus	118	130	109	137	**20**
Total	**903**	**949**	**925**	**988**	**507**

Source: Rambøll & SFI (2013).

Table 7 shows the development in institutional release from prisons and hospitals without a housing solution. For this target, a considerable reduction was achieved though the target set for 2012 was only met in two municipalities.

Table 7: Individuals awaiting release from prisons or discharge from hospitals within one month and without a housing solution

Municipality	**2009**	**Target 2012**	**2013**
Albertslund	9	**3**	2
Esbjerg	4	**1**	5
København	51	**27**	33
Odense	10	**4**	1
Randers	10	**0**	4
Aarhus	22	**4**	20
Total	106	**39**	65

Source: Rambøll & SFI (2013).

5. The Interventions of the Strategy Programme

A key aim of the Danish Strategy has been to implement the Housing First principle. A main part of the strategy was to strengthen floating support services following evidence based methods for homeless individuals being rehoused. The three methods ACT (Assertive Community Treatment), ICM (Intensive case management) and CTI (Critical Time Intervention) were implemented in different combinations in the strategy municipalities.

Box 1: Floating support methods in the Danish homelessness strategy

ACT is a multidisciplinary form of floating support where a team of social support workers, a psychiatrist, an addiction councilor, a nurse, a social office worker and a job center worker, deliver support services directly in the citizens own home. This method is for individuals with complex support needs such as severe addiction problems and often a dual diagnosis. The citizens need the multidisciplinary support as they have great difficulties in utilising existing services. An ACT-team has only been established in Copenhagen. At the end of the evaluation period 92 citizens had been assigned to the ACT-team. An ACT-like intervention in Aarhus can rather be described as an extended version of ICM.

ICM is a case manager who both gives social and practical support and coordinates the citizen's use of other support and treatment services. ICM is given for a longer time period, in principle as long as the citizen has the need for this support. In contrast to the ACT-method, the target group for the ICM-method is individuals who to a considerable extent are capable of using other support services, but who needs support in this process. The ICM programme has been the largest of the floating support programmes in the strategy with a total of 1,010 citizens assigned to ICM-support in the 17 municipalities in total.

CTI is a case manager who offers support for a limited time period of 9 months in the critical transition period from shelter to own housing. The target group for this method only has a need for a more intensive support in the transition phase in which contact is established to other support services who take over after the 9 months if there are still support needs. 406 citizens have been assigned to the CTI-programme.

Table 8 gives an overview of the number of persons who have been assigned to the three types of floating support and to other parts of the programme. The figures represent the number of courses for each method and the total number does not represent unique persons. A citizen may for instance have started out having a contact with a street outreach team, then had a needs assessment, followed by an ICM-intervention. The table only includes interventions that have been financed from the strategy programme. Local services and interventions not funded by the strategy are not included in the figures.

Besides the floating support interventions, 757 have had a course with a street outreach team, and 1,481 citizens have had a risk and needs assessment carried out. 145 have been assigned to a program aimed at securing a housing solution upon release from prison ('Schedule for a good release'). Compared to the extent of overall homelessness in the municipalities (table 1), it can be noticed that the extent of the floating support programme in the city of Copenhagen has been quite modest compared to the overall number of homeless people in the city, and has

been based on only two of the three support methods, namely ACT and CTI but not ICM.

Table 8: Number of courses for each intervention

Municipality	ACT	CTI	ICM	Street out-reach	Needs assess-ment	Good release	Total
Albertslund			30		23	0	53
Esbjerg		51	241		215	28	535
Frederiksberg		3	81	125	24		233
Høje-Taastrup			28				28
København (Copenhagen)	88	82		441	585	8	1,204
Odense		91	11		326	46	474
Randers			81		188	2	271
Aarhus	17	17	326	191	106	61	718
Total 8 municipalities	**105**	**244**	**798**	**757**	**1,467**	**145**	**3,516**
9 municipalities		162	212		14		388
Total 17 municipalities	**105**	**406**	**1,010**	**757**	**1,481**	**145**	**3,904**

Source: Rambøll & SFI (2013).

A part of the programme has been to provide new housing units and additional places in institutional accommodation. In June 2013 a total of 453 new units or places had been established. 125 of the housing units are in independent scattered public housing. 26 are independent flats in congregate housing. 4 are in independent private housing. 55 are in alternative housing (skæve huse). 3 are in dormitory accommodation. 199 places are in institutional accommodation of which 16 are in § 107 (medium-term) accommodation, 91 are in § 108 (long term) accommodation and 92 are in § 110 accommodation (homeless shelters). Most of the latter places are shielded places for young people or women. 14 transitional flats have been established in public housing and 6 in private housing. An additional 21 units have been established in other unspecified forms of housing.

A large part of the new housing units and places take the form of institutional accommodation and only about one third are in independent scattered housing. However, in addition to these units and places independent scattered housing also has been provided through the municipal priority access system to public housing.[4] The numbers above mainly include additional independent housing that has been provided through the programme by special agreements between municipalities and public housing organisations.

[4] The public housing sector comprises 20% of the total housing stock and is open for all regardless of income level. Municipalities have a right to refer individuals with social needs to one fifth of flats becoming vacant. The rent must be paid out of social benefits and an additional supplementary benefit for housing. This means that flats which have a rent too high to be paid out of transfer benefits cannot be used by municipalities for referral to cash benefit receivers in need for housing. Many other groups than the homeless 'compete' for housing through this mechanism – e.g. single mothers with children, the disabled people and vulnerable elderly people. Particularly in larger cities, demand outnumbers supply of vacant flats for municipal referral and in most municipalities there is waiting time to get assigned to a flat through this priority access mechanism.

6. The Effectiveness of Interventions

The individuals who have received support from the strategy has been followed in a monitoring system measuring both the extent of support received and outcomes on a range of items such as housing situation, mental health, addiction and daily functions. The information was based on staff assessment.

Table 9 shows housing outcomes for individuals attached to one of the three floating support interventions, CTI, ICM and ACT. In the table only individuals with a minimum of two recordings are included, and also cases with lack of information on the housing situation in either first or last measurement have been excluded. In total the table includes 1,095 people out of the 1,521 that have been attached to the three floating support interventions. This is a relative large number of people for whom it is not possible to know housing outcomes.

Table 9: Housing outcomes for CTI, ICM and ACT-interventions

Housing outcome	CTI	ICM	ACT
Have been housed and maintained housing	95	76	94
Lost housing	3	8	7
- Lost housing but rehoused in other housing	(1)	(4)	(-)[5]
- Lost housing and not rehoused	(3)	(4)	(7)
Not been housed throughout period	2	16	0
Total	100 (n=316)	100 (n=717)	100 (n=62)

Source: Rambøll & SFI (2013). Due to rounding the percentages do not always sum to 100%.

Of those who have become housed the majority remain housed throughout the monitoring period. Only very few – less than 10% for each method – loose their housing and are not rehoused. However, amongst the citizens receiving ICM-support quite a large group of 16% never becomes housed in the first place. The qualitative interviews point to a combination of several factors as to why some citizens do not get housed despite they are attached to an ICM-programme. One of the main reasons reported in the evaluation is the lack of affordable housing. In some municipalities there are also reports of difficulties in turning around a well-established practice of housing referral based on the 'housing ready' model in the municipal priority access system to public housing instead of basing housing allocation on the Housing First-principle. Finally, there are also in some cases a mismatch between support needs and the ICM-support. Some of the ICM-citizens have more complex support needs and difficulties in utilising the existing support system, and are likely rather to be the target group of ACT-support. However, ACT-support is not available in any of the municipalities providing ICM-support.

The results in table 9 do not contain any information on type of housing. However, a qualitative result from the programme has been that independent, scattered housing works better for most individuals, and that with intensive floating support even individuals with complex support needs are capable of living on their own in independent, scattered housing. At the same time, there are experiences that

[5] It has not been possible to record movements from one place of housing to another for the ACT-programme in the general monitoring system. A separate reporting from the ACT-team shows that 26% of the ACT-citizens has moved from one place of housing to another during the period. These movements have mainly taken place for individuals who were initially placed in congregate housing whereas only few movements have happened for those who were initially placed in scattered housing (Benjaminsen, 2013).

congregate housing have unintended negative consequences such as conflicts amongst the residents and that the residents often get stuck in an environment characterised by substance abuse.

Table 10 illustrates a range of other outcomes all reported by staff. The table includes the combined outcomes for all three floating support interventions and for all age groups combined.

Table 10: Outcomes – changes from first to last reporting

Item	More positive	Unchanged	More negative
Alcohol	17	65	18
Hard drugs	14	72	14
Hashish	16	65	19
Physical problems	19	58	23
Mental problems	25	52	24
Daily functions	26	50	24
Financial situation	33	44	23
Social network	29	45	26

The table is based on outcomes for 1,111 citizens (ACT=56, CTI=290, ICM=769).
Source: Rambøll & SFI (2013).

On the majority of items the situation of the citizen remains unchanged over the period and for most items the number of citizens with a more positive assessment more or less equals the number of citizens with a more negative assessment. There are slightly more citizens with a more positive assessment than a more negative assessment on the items daily functions, financial situation and social network, whereas there are more citizens with a more negative than positive assessment on physical problems. In the qualitative interviews, it is mentioned that when the citizen becomes housed physical problems which were suppressed in periods of rough sleeping reemerge, and unmet health support needs come to the surface. The question is whether the rather large number of citizens with unchanged or more negative outcomes on these items should be seen as a failure of the Housing First model? The qualitative interviews with citizens shed light on these results. Most of the interviewees express great relief of finally becoming housed but they also explain how they face severe challenges in life such as many years of homelessness experience, continued addiction problems and weak social relations. Many also explicitly state that if they did not receive the floating support they would lose their housing again. This shows, that despite still having these problems, the overwhelming majority are actually able to stay housed, with the help of the floating social support that they receive. However, many challenges still remain and the citizen often needs other interventions such as access to meaningful social activities that can facilitate contact to other people and help counteract loneliness.

In this way, the experience from the large-scale Housing First programme in the Danish Homelessness Strategy shows that Housing First based on evidence-based floating support interventions is a very effective approach to enable individuals with complex support needs to exit homelessness, as housing retention rates are more than 90%. An important point is also that it is not possible to predict who end up losing their home again. Therefore, the experiences point to Housing First as the 'default intervention' meaning that own housing with intensive floating support should be tried as the first-line intervention for the rehousing of homeless people and that other housing forms (congregate housing) should only be used for those individuals who (repeatedly) do not succeed living on their own even with intensive floating support. For these individuals it is important to have other options such as high-intensive supported accommodation, congregate housing or alternative

housing such as the 'skæve huse'[6]. It is also important to underline that while Housing First offers a combination of housing and support that gives a high chance of becoming rehoused and sustaining the tenancy, many challenges still remain and that further interventions and support are most often needed.[7]

7. The Rise in Youth Homelessness

Youth homelessness has increased strongly over the last few years. In the national count in 2009, 633 young people between the age of 18 and 24 years were recorded as homeless in the count week. This figure increased to 1,002 in 2011 and 1,138 in 2013, an increase of 80% in four years. This increase has happened both in strategy and non-strategy municipalities and is therefore a general trend rather than the result of an increased focus on young homeless people in the strategy municipalities.

In contrast to the sharp rise in homelessness amongst the 18 to 24 year olds, homelessness amongst the 13-17 year olds remains low. Only 26 young teenagers in the age 13-17 years were recorded homeless in the count. 21 of these are reported to stay together with at least one parent, most in short-term transitional housing, at women's crisis centres or with family or friends, while 5 were recorded not to be with any parent, but were instead staying with other relatives or friends. The low number of young teenagers in homelessness is widely a result of very intensive welfare services for children with support needs. In the following we shall only look at the 18-24 year olds.

The count in 2013 showed that 74% of homeless 18-24 year olds are males, while a mere 26% are females. 6% of the homeless 18-24 year olds are first generation immigrants and a further 16% are children of immigrants. The percentage with immigrant background is higher in the large cities with 37% of homeless youth in Copenhagen and 40% in Aarhus being either immigrants or children of immigrants.

The largest part, 50% amongst the homeless youth, were staying temporarily with family or friends in the count week. 6% had been sleeping on the streets in the count week, while 23% had stayed in homeless shelters, including emergency night shelters. Minor groups were awaiting institutional release from prisons or hospitals without a housing solution, while others were reported with an unspecified homelessness situation.

51% of the homeless youth have some form of mental illness. This number has increased from 35% in 2009 and 43% in 2011. 58% had a substance abuse. The most common substance abuse amongst the young homeless is hashish which is reported for 50%. 19% use hard drugs and 13% report an alcohol abuse. 32% of the young homeless are reported to be mentally ill substance users. 26% of the homeless youth are reported to have neither a mental illness nor a substance abuse.

For 33% of the homeless youth, mental illness is reported as an important cause for their homelessness and for 32% drug addiction (including hashish) is reported as an important cause. For 18% eviction is reported as an important cause, showing that despite their young age, these young people have already experienced an eviction. For 38% financial difficulties are reported, and for 25% a lack of appropriate housing is mentioned. 31% reported not to be able to stay any longer with friends or family.

[6] An alternative form of housing for the homeless.
[7] These conclusions are in line with the results from the Housing First Europe social experimentation project (see Busch-Geertsema, 2013).

Only 34% of the 18-24 year old homeless people are reported to have a social support person and equally only 34% are reported to be on some waiting list for housing – 30% for individual housing and 4% for supported housing.

In this way, there is a rising challenge of youth homelessness in Denmark, with an increasing number of young people between 18 and 24 years being homeless, and especially there are an increasing number of young people with mental illness becoming homeless. The evaluation of the strategy points to the combination of a group of young people with severe social problems, a shortage of affordable housing and relatively low income as a main reason why it has been a challenge in the municipalities to fully implement the Housing First approach for young homeless people, though the results from the Homelessness Strategy show that Housing First is also the most appropriate approach for young homeless people. At the same time the complex support needs amongst also the young homeless people show a need for developing holistic interventions with emphasis on both the housing and the support dimensions.

8. Experiences from the strategy programme on interventions for young homeless people

A substantial part of the individuals who have received housing and support from the strategy are young people between 18-24 years. This age group comprises about one quarter of all persons who have received support from the CTI, ICM or ACT programmes. In table 11 are compared housing outcomes for individuals 18-24 years and 25 years and above, for CTI, ICM and ACT altogether. We see that there is a difference in the results for the young and the older citizens. 28% of the young homeless citizens never got housed despite being attached to a support programme. The corresponding figure is only 8% amongst citizens 25 years or older. Of those who become housed most stay housed, but 9% of the total group of 18-24 year olds lose their housing. 5% are not rehoused, compared to 3% amongst those 25 years and older.

Table 11: Housing outcomes for 18-24 year olds

Housing outcome	18-24 year old	25 years or older
Have been housed and maintained housing	63	88
Lost housing	9	5
- Lost housing but rehoused in other housing	(4)	(2)
- Lost housing and not rehoused	(5)	(3)
Not been housed throughout period	28	8
Total	100 (n=335)	100 (n=803)

Source: Rambøll & SFI, 2013.

The housing outcomes are not broken down on housing type, but, the qualitative experiences from the programme show that also for the young homeless, scattered housing works whereas conflicts and a negative environment marked by substance abuse easily arise in congregate facilities. The somewhat higher (but still small) number that lose their housing may be a consequence of unmet support needs, but also difficulties to pay rent out of a relatively low income are highlighted in the qualitative interviews with municipal civil servants and support workers.

It is a general experience in the municipalities that many of the young homeless people are already known by the social system and many have received social interventions already from childhood. This indicates a general challenge in service provision in the transition into adulthood for children who have been receiving

support from the social system. Though initiatives have been taken to strengthen after-care in the transition from childhood into adulthood, for most there will be a change from the often highly intensive interventions for vulnerable children and into often less intensive services for young adults. Often these children have weak family and social networks and at the same time many are 'system-tired' meaning that they have a long history of social interventions and show resistance to receiving further support and may have withdrawn from the support system. At the same time the young homeless people do not appear as 'ordinary' homeless people and can be difficult to spot for outreach support workers. Therefore it can be a challenge to establish a contact, build a relation, and maintain contact, and motivate for further interventions and it is important to develop new ways for approaching this group. When a contact is established, an experience from the strategy is that being able to assign a case manager with a relatively low caseload to each person, is of key importance to ensure that the young individual gets access to other necessary interventions such as cash benefits, social activation measures, and treatment if necessary.

Given that contact is established and a support relation is formed, the municipalities experience how structural barriers such as the lack of affordable housing remain a challenge in many cases. Through the strategy programme, more shielded places for youth in emergency/temporary accommodation have been established to accommodate young people in an acute homelessness situation. However, the evaluation shows, that there often is a considerable waiting time until a permanent housing solution can be established and therefore the homeless young person often have to stay in such temporary places for quite long time.

In the qualitative interviews, there are mixed experiences with the stays in temporary accommodations. Amongst the young individuals staying in temporary accommodation with other homeless youth, some find the longer stays manageable especially as the alternatives are emergency shelters or random couch surfing with friends who often also have social problems. Other interview persons complain about conflicts, drug use, and drug dealing etc. in such places. According to the staff interviews, some individuals may benefit from a longer stay but main reason for long stays is the long waiting time for ordinary housing and staff interviews mainly point to the favourable option being rapid access to ordinary housing with sufficient floating support.

On the other hand, there are good experiences with designating apartments in scattered housing for individual young homeless people and through intensive case management supporting them in learning how to live on their own and thereby also sustaining a tenancy.

There is a general experience from the programme that the intensive floating support methods of Critical Time Intervention (CTI) and Intensive Case Management (ICM) are equally well-suited for giving support to young homeless individuals as for homeless people in general. Thus, CTI is a method of providing support for young people in need of intensive support in a relative shorter period around becoming housed and linking up with existing community services and ICM as the main support intervention for young people with relatively more complex and longer-lasting support needs.[8] However, the methods must generally be adjusted to the particular needs of building a relation, maintaining contact, and supporting continuous motivation that characterises the situation of the young homeless people and thus there may be a need for further methodological development and refinement.

[8] The ACT-method has almost solely been used for individuals above 25 years with very severe support needs.

In this way, an important experience from the programme is that nothing suggests that the Housing First principle should be of less relevance to young homeless people than to homeless individuals in general. Also for the large majority of young homeless individuals housing in independent scattered housing with floating social support remains the most favourable option, whereas congregate housing for young people seem to involve the same risk for social conflicts, stress and an environment marked by addiction problems and other social problems, as this form of housing does for homeless individuals in general.

Finally, the tendency of a rising number of homeless young people with complex problems point to a general need for more focus on early prevention and early intervention including a need to strengthen support in the transition period from adolescence to early adulthood for a group of young people with severe psychosocial challenges and who have often been known in the social system since their childhood.

9. Discussion

As the Housing First paradigm spread from the US to Europe, Housing First has been incorporated as a leading principle in homelessness strategies in several countries such as Norway, Ireland, Finland and France. However most examples of Housing First programmes in Europe based on the key components of independent, scattered housing and intensive floating support, have been of small-scale, often being local projects in only few cities and with a lower number of participants. The Danish Homelessness Strategy is one of few examples of a large-scale programme (with more than a thousand citizens) and also an example of how this has been possible due to a strong political commitment to the programme both on central and local government level.

The results from testing the support methods CTI, ICM and ACT in a Danish context are overwhelmingly positive with housing retention rates of above 90%, and show that these interventions has the same high success rates in bringing homeless individuals into housing, as in other countries where these methods have been used and tested. The results show that with intensive floating support with evidence-based support methods most homeless people can become housed and even so in ordinary housing. This is an important result which generally underlines the need for continuing the turn away from Treatment First/Staircase models and towards Housing First that is taking place in many countries.

Despite the impressive results on the interventions that have been developed, implemented and tested through the strategy, the overall results on the development in homelessness in Denmark show the paradox of effective interventions for those who have received these interventions and at the same time that the overall goals of reducing homelessness has not been achieved. Homelessness has actually increased in the strategy period, though much less in the strategy municipalities than in other municipalities. A range of barriers on both micro and macro level explain this development.

A large part of the homeless in Denmark have complex support needs. 47% have a mental illness and 65% have a substance misuse. Only 22% neither have a mental illness nor substance abuse and 31% have both. Especially the mentally ill substance abusers often fail to follow and benefit from treatment in either the psychiatric system or the addiction treatment system and the need for better coordination between the systems reinforces this problem.

Another important reason which has been emphasised by the municipalities is an increasing lack of affordable housing available for allocation for people with a

relatively low income. This is especially the case in Denmark's two largest cities Copenhagen and Aarhus which both experience a general population growth exceeding 1% annually. In Denmark's third largest city, Odense, which has almost zero general population growth, and where the municipality reports about a reasonable supply of affordable housing, and well developed methods for allocating dwellings to marginalised groups, it has been possible to halve the level of homelessness over the strategy period.

Besides the individual and structural barriers described above, also organisational and cultural challenges of implementing Housing First are pointed to in the evaluation. Here it shall be borne in mind that the programme has been a pilot programme introducing the Housing First approach and aiming at developing and testing Housing First based interventions in Denmark. The process of developing and implementing the methods has resulted in a large increase in knowledge on these interventions in the municipalities and also shown that the mind shift away from Treatment First/Housing Ready is a long intensive process, where a continued focus on organisation and implementation is necessary. Challenges also appear in other parts of support system. The Treatment First approach is still widespread in the addiction treatment system, and in the housing allocation system. In some municipalities it has been possible to widely implement a mind shift, whereas in others it remains a challenge. This also depends on local organisational aspects, for instance whether the housing allocation office organisationally is located close to social/homeless services or not. Also in the shelter system, it has been a challenge to implement the Housing First approach and to facilitate the mind shift away from long shelter stays to earlier placement in own housing with support. Here it should be borne in mind that from the viewpoint of the shelters the reality often facing their users is long waiting times for housing and often also a scarcity of floating support available.

As mentioned, the overall scale of the Danish programme is relatively large with more than 1,000 citizens served by the floating support services established through the programme. Still, these services do not cover the whole target population of homeless citizens in need of support. Figures from the last national count in week 6, 2013, show that only 28% of the homeless citizens have a social support worker attached and only 32% are on a waiting list for housing (27% for own housing and 5% for institutional accommodation). Here it should be borne in mind that individuals who have been housed through the Homelessness Strategy and maintained their housing no longer count in the homelessness statistics.

Setting ambitious goals was an important part of securing a strong political commitment to the strategy – and this commitment has been very important throughout the strategy period for implementing the strategy and its interventions. At the same time it should be borne in mind that the programme has mainly been a large-scale social experimentation project aimed at developing evidence-based and effective methods for providing support to homeless people with complex support needs when becoming rehoused. In this sense the programme has been very successful and the results are very valuable.

The results show that with right combination of housing and targeted support most homeless people can actually exit homelessness and that with intensive floating support the large majority are even able to sustain a tenancy in ordinary housing, with only a minority in need for more specialised housing and support services such as integrated housing in congregate facilities. The results point to, that these conclusions are also valid for young homeless people. With intensive support young homeless people can be housed in regular housing and a process of reintegration into society can begin.

Amongst the three intervention methods tested in the Danish Strategy, especially the ACT-method is aimed at the mentally ill substance abusers who fail to use or benefit from the existing treatment system. The experiences from the ACT-programme has shown that this method is a very strong way of providing support for homeless individuals with complex support needs, and that the method enables the provision of holistic support for this group. The team in Copenhagen serves about 80 citizens at any given time. Considering that the latest national count from February, 2013, showed that there is more than 1,500 homeless mentally ill substance abusers, there is a considerable potential to upscale the ACT-programme, both in the capital, where the pilot scheme has been tested, and in other larger municipalities. Also Considering, that most homeless individuals in Denmark either have mental illness or substance abuse, there is also a potential to upscale the provision of the two other floating support methods, which have been tested in the strategy, ICM and CTI. The extent to which such a scaling up of the programmes is needed, and the dimensioning of them in different municipalities and in different subgroups amongst the homeless could be further examined.

10. Themes and questions for discussion

The strong results from the social support methods in the Danish Strategy can be seen as examples of good practice. Experiences have been done with national strategies, the Housing First approach and evidence-based support methods in many other European countries in recent years and a general exchange on whether similar or different experiences have been made in other countries will be of high value. This could include both experiences on forms of specific support methods and housing experiences on implementation and organisation of such interventions.

At the same time, the barriers and challenges pointed out are not particular for Denmark, as widely similar barriers and challenges have been pointed to in various countries and research on European level. A general exchange on experiences on overcoming or modifying the impacts of such barriers would be very valuable.

In our emphasis on specific themes and questions for debate, we will especially highlight the issue of youth homelessness. A large challenge in Denmark concerns the sharp rise in youth homelessness. We expect the youth homelessness problem and challenges of providing affordable housing and adequate support to be widely recognised in most or all countries. Therefore, it will be highly valuable to have a discussion of experiences amongst the peer countries with different aspects of tackling the youth homelessness problem. Besides a general comparison of the extent and nature of the youth homelessness problem, we point to three different aspects:

1) Prevention;

2) Social interventions;

3) Access to affordable housing.

1) Which experiences does your Member State have with prevention of youth homelessness?

- How can young vulnerable people be spotted and contacted by social services early and at best before they find themselves in a homelessness situation?
- How can young people who have been in contact with the social system already from childhood be supported in the transition to adulthood to avoid homelessness?
- How can young people be motivated to get in contact with and keep a contact to social services?

- What are experiences with adapting social services to the needs and life situation of young individuals at-risk-of homeless?

2) Which experiences does your Member State have with social interventions for young homeless individuals?

- What are experiences with the effectiveness of floating support methods for young homeless individuals?
- Do homeless youth need the same or other support methods than homeless people in general?
- What are the experiences with adapting social support methods to the particular needs of young people?
- How can young homeless individuals be motivated to receive support and keep the contact with social services?

3) Does your Member State have positive experiences in promoting affordable housing for young homeless individuals?

- What are experiences with allocation mechanisms to provide access to affordable public housing for young homeless individuals?
- What are experiences with providing access to the private rental sector for young homeless individuals?
- What are experiences with providing either individual scattered housing or congregate housing for young homeless individuals?
- Are there experiences with innovative housing solutions?

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Appendix 1: General background

The Nordic welfare model – more than just public-sector service provision

The Nordic welfare states are based on a shared political goal of encouraging strong social cohesion. The Nordic social model is renowned for the universal nature of its welfare provision, which is based on the core values of equal opportunities, social solidarity and security for all. The model promotes social rights and the principle that everyone is entitled to equal access to social and health services, education and culture.

The model also aims to protect socially excluded and vulnerable groups. A central objective is to create opportunities for all to take part in in civic life and in society's decision-making processes. The Nordic model is also characterised by strong ties between welfare and labour-market policy. The welfare system is mainly funded by taxes, which are relatively high in the Region.[9]

Overall principles of the social welfare system in Denmark[10]

The Danish welfare system is based on the principle that all citizens shall be guaranteed certain fundamental rights in case they encounter social problems such as unemployment, sickness or dependency. Some of the overall characteristics of the social welfare system are:

- Universalism: All citizens in need are entitled to receive social security benefits and social services, regardless of factors such as their attachment to the labour market.
- Tax financing: Social security benefits and social services are chiefly financed form general taxation.
- Active social measures: Social protection measures must be active and provide self-help support, rather than merely passive support and maintenance.
- Possibilities of labour market attachment: Improved services for children, dependent elderly and people with disabilities contribute to interconnecting family life with working life.
- Free choice: This purpose is to give citizens more alternatives and thus more possibilities of influencing their own lives. .
- Decentralisation: The social sector is organised with a high degree of decentralisation of social responsibilities to municipalities and regions. And the local authorities have a high degree of autonomy when implementing the social protections scheme.

Local Government reform

The local government reform, which entered into force on 1 January 2007, established 98 new large local authorities and five regions.

The Structural Reform consists of three main elements: A new map of Denmark, a new distribution of tasks and a new financing and equalisation system.

The distribution of tasks between municipalities, regions and state has been laid out as follows.

[9] http://www.norden.org/da/om-samarbejdet/samarbejdsomraader/den-nordiske-velfaerdsmodel
[10] http://english.sm.dk/INTERNATIONAL/INTRODUCTION/Sider/Start.aspx

The state generally undertakes those tasks where delegation to municipalities and regions would be inappropriate, e.g. the police, the defence, the legal system, further education and research.

The five new regions will primarily be responsible for health care, preparation of regional development plans and solutions to certain operational tasks for the municipalities.

The municipalities have increased their portfolio and they are now responsible for most of the welfare related tasks. They have become the citizens' main access point to the public sector. Responsibilities of the municipalities include preventative health care, social services, collective transport & roads, and employment.

Finance

The majority of the public sector revenue comes from taxes. With the Structural Reform the number of taxation levels was reduced from three to two. The regions have lost their right to impose taxes and therefore they will be financed partly by the municipalities and partly by the state.

A financing and equalisation reform will adjust the equalisation system to the new distribution of tasks and the new local map to ensure an adequate balance between rich and poor municipalities.

The Danish public sector is relatively decentralised, especially on the expenditure side. There are sizeable grants to local authorities, both general grants and various forms of earmarked grants. Grants have become more important for regions including recently also earmarked grants. Also for municipalities grants have become more important but earmarked grants have been reduced somewhat by abolishing reimbursement for most public consumption areas, and by redesigning reimbursement schemes for income transfers.[11]

Social services in Danish municipalities

An extremely broad and comprehensive range of social service offers available to children, disabled people, older people, etc. is an essential element of the Danish welfare model.

The area of social matters is widely governed through legislation, but it is up to the local authorities to assess the need for social services and, in that manner, ensure that public welfare services are organised as efficiently as possible with respect for the citizen's specific circumstances and needs and in the interests of local conditions, via public and private suppliers alike.

In addition, various pools have been established, aimed at supporting local activities and assisting in method development as well as attracting local authorities' attention to special target groups and useful methods. The national homeless strategy is an example on this. Hence, in Denmark the local authorities have the primary responsibility for social services and the main responsibility for promoting citizens' health and disease prevention.

Support must be given to all disadvantaged persons who – because of limited personal resources, structural barriers in the environment or both – have difficulties gaining a foothold in society and in the labour market. They include drug and alcohol abusers, mentally ill people and the homeless.

[11] Niels Jørgen Mau Pedersen, Danish Ministry of the Interior and Social Affairs1, mau@ism.dk: Paper for a seminar on grant design, Copenhagen, September 17 & 18, 2009.

The aim with social services to socially disadvantaged groups is to create better opportunities for self-support in the form of employment and to support disadvantaged people and thus enable them to become part of a greater whole, one that gives structure to the day and extends the individual's social network, thus boosting the individual's dignity and self-respect.[12]

In Denmark there is generally a very high proportion of homeless who have drug problems or mental illness, and a significant proportion of homelessness is concentrated in groups with special complex social and psychological problems that may have difficulty in getting necessary help and support of existing social systems.[13]

Social Housing

The social housing sector is responsible for solving a range of social welfare problems concerning housing. The majority of the 585,000 social housing units (equivalent to 21 % of the total housing stock) are relatively new. Only 5 % were built before 1940.

The local council grants subsidies to social housing. The grants shall be made on the basis of an overall assessment of the situation in the local housing market and the need for new subsidised housing in the local authority area. The distribution shall be made considering the letting situation in the area where the housing is intended to be constructed. Social housing habitations are owned by (non-profit) housing associations. The actual construction of the houses is conducted by private enterprises through a tendering offer.

Since the housing associations receive government subsidy, they are subject to inspection by the local authorities. The rent is set in a manner where expenditures and revenues in the individual units balance out.

Financing Public Housing

The acquisition costs of social housing are financed as follows:

Resident's deposit 2%, Local authority capital grants 14%, Mortgage loan 84%.

There are three different categories of public housing: Family housing, housing for the elderly and youth housing. The majority of social housing provided is family housing. Family housing is not, however, reserved for specific groups in the population. About 485,000 of the social housing units are family housing.

Housing for Elderly People

Most elderly people in Denmark live in ordinary housing units. Municipal programmes provide them with access to care if the need should arise. However, approximately 67,000 of social housing units provide housing for elderly people.

Housing for Young People

During the last 60 years, the government has subsidised the construction of special housing for young people, because they often need interim housing after leaving home and before establishing a more long-term adult home. The target group for youth housing is young people in education and young people with special needs, e.g. arising from social problems.

[12] National Report on Strategies for Social Protection and Social Inclusion 2008 – 2010.
[13] Hjemløshed I Danmark 2009, Lars Benjaminsen.

The total stock of youth housing consists of 65,000 habitations, of which 38,000 are in halls of residence. Generally, social housing for young people is financed and managed in the same way as family housing.

Tenants

All citizens can apply for a position on the waiting lists used by the housing associations when assigning tenants to apartments. Besides the waiting lists, the local authorities have a municipal allotment right for a certain percentage of the vacant apartments in the social housing.

Tenants to a special group of homeless (Skæve Huse)

Homelessness is a particularly striking expression of a person's difficulties in finding a place in society and attaining suitable housing. A special challenge in combating homelessness is targeting initiatives at homeless men's and women's different circumstances and needs.

Having a home is an important precondition for enabling disadvantaged groups to give structure to the day and achieve a qualified everyday life.

In this connection, creating a homogenous housing sector that is neither segregated nor divides towns into attractive and less attractive housing areas is crucial for social cohesion and inclusion of the disadvantaged groups.

The objective of providing subsidies for establishing "Skæve Huse" is to create suitable financial frameworks for setting up a wide range of facilities for the homeless and especially disadvantaged population groups, who find it hard to fit in or cannot cope with living in conventional rental housing. Emphasis is placed on the houses' being able to accommodate residents with deviant behaviour and often a misuse. These are permanent homes rented under the general provisions of the Danish Rent Act.

Local authorities are able to conclude agreements with social housing associations on making vacant social housing available for the local council, with these dwellings to be rented as transition housing. The target group of the scheme consists of people in transition periods needing special conditions and assistance as they transfer from temporary residential facilities – such as a reception centre – to conventional rental housing.[14]

The roles of different ministries

The Ministry of Social affairs, Children and Integration´s main responsibilities are policy on children at risk, elderly and disabled people and pensions, marginalised groups such as homeless people, people with mental disorders and drug addicts.

The Ministry for Housing, Urban and Rural Affairs is responsible for a number of policy areas regarding housing and urban affairs.

The Ministry of Employment has the overall responsibility for measures in relation to all groups of unemployed persons, i.e. both unemployed persons on social assistance as well as unemployed persons receiving unemployment benefits.

The Ministry of Health is also responsible for the treatment of drugs and alcoholic addiction.

The Ministry of Justice is also responsible for Housing problems should be solved prior to release from prison.

[14] National Report on Strategies for Social Protection and Social Inclusion 2006 – 2008.