

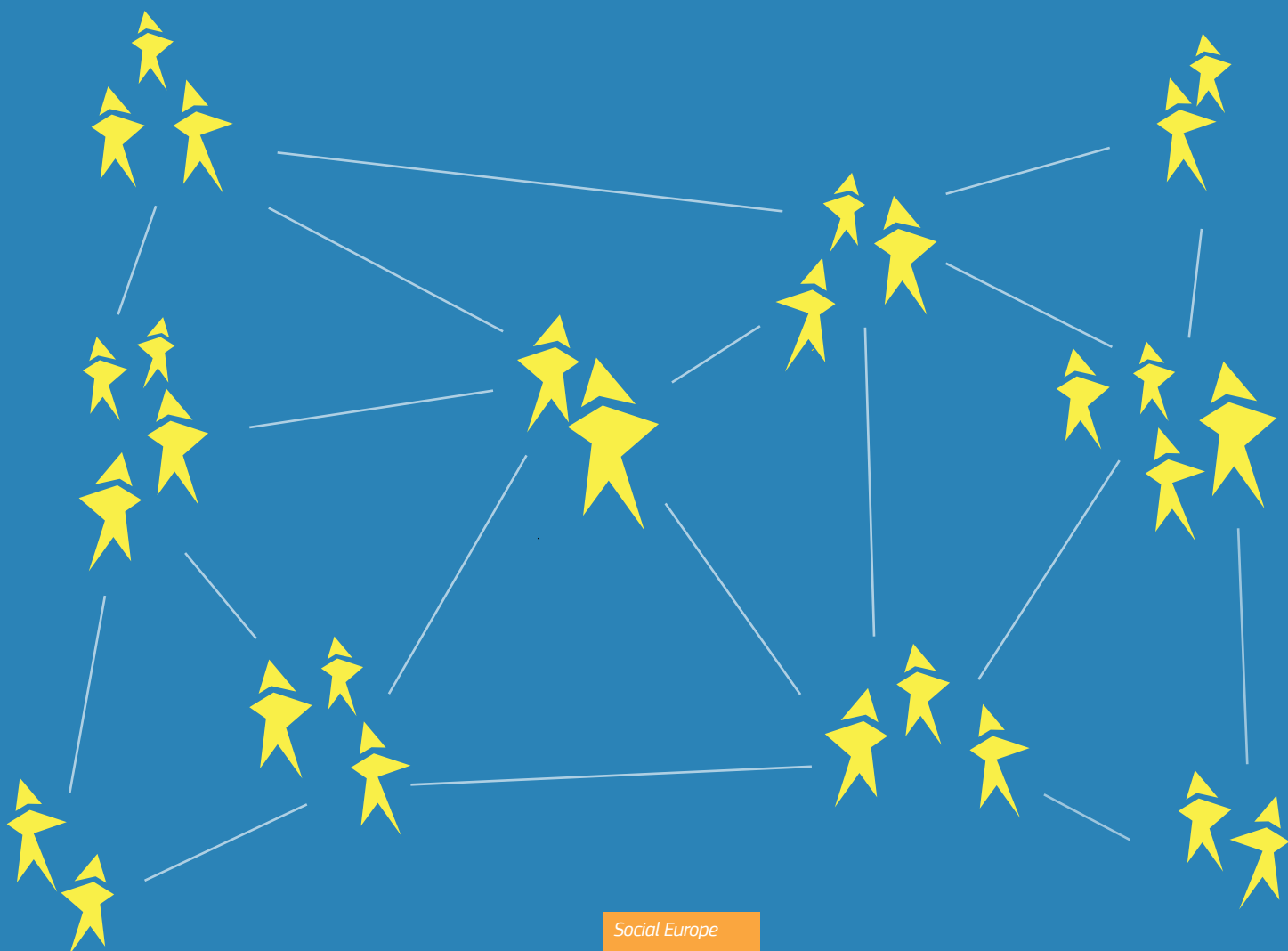


EUROPEAN SOCIAL POLICY NETWORK (ESPN)

National strategies to fight homelessness and housing exclusion

Denmark

Jon Kvist



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Contact: Giulia Pagliani

E-mail: Giulia.PAGLIANI@ec.europa.eu

European Commission

B-1049 Brussels

European Social Policy Network (ESPN)

**ESPN Thematic Report on
National strategies to fight
homelessness and housing
exclusion**

Denmark

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Jon Kvist

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Summary

The main Danish definition of homelessness follows the FEANTSA¹ ETHOS² Light framework with minor adjustments.

Legally and politically, homelessness is understood as being about housing and social and health problems.

In 2017, there were 6,635 homeless people, equivalent to 1.2 per 1,000 inhabitants. One-third lived in homeless hostels, one-third lived temporarily with family and friends because of lack of housing, and one-tenth lived rough. More than one-third were young homeless people aged 18-29.

Homelessness increased by 33% between 2009 and 2017, but more than doubled for young persons, and, from a much lower level, by over 40% for old homeless people.

The increases were due to adverse housing market developments, reductions in minimum-income benefits (especially for young people), more people who were mentally ill, and *de facto* cuts in psychiatric services and homelessness budgets.

The Danish homelessness strategy was launched in 2009. It was aimed at fighting homelessness by following a Housing First approach combined with home support methods, especially critical time intervention (CTI), intensive case management (ICM), and assertive community treatment (ACT) – anchored in municipalities and in housing offered to homeless people under the social services law (so-called §110 institutions).

The Housing First strategy and ACT, CTI, and ICM have been very effective in preventing homelessness among vulnerable young people, and even for getting homeless people with multiple social and health problems into a permanent home.

However, the Housing First strategy and the three home support methods are yet to be extended to all municipalities and groups of homeless people. Indeed, there are substantial differences in the extent to which the 98 municipalities responsible for housing policies, and much of their funding, deliver measures that follow either a Housing First approach or the older 'staircase' models.

Coverage gaps are still today a major weakness in the fight against homelessness.

The (growing) lack of appropriate and affordable housing is a barrier to implementing a Housing First strategy. This is particularly acute for young people.

Another weakness is the lack of coordinated measures, and of personal coordinators, for the majority of homeless people who happen not to be covered by the support services within a Housing First approach.

The priorities for reforms are manifold. First and foremost, there is an urgent need for more adequate and affordable housing – that is, small flats with a cheap rent and, for young people, preferably situated in cities with education and job opportunities.

The second priority is to introduce personal coordinators who can help homeless people to navigate the system and coordinate measures. Preferably, this could be part of the on-going work on revising the social law to make it more holistic.

The third priority is to allocate more money to municipalities for supporting socially vulnerable people, and to regions for psychiatric healthcare, as these budgets are underfunded.

¹ Fédération Européenne des Associations Nationales Travaillant avec les Sans-Abri (European Federation of National Organisations Working with the Homeless).

² European Typology of Homelessness and Housing Exclusion.

The fourth priority is to use intensive support methods such as ACT, CTI, and ICM for more groups who are homeless or at risk of homelessness, for example people in healthcare and penal institutions, or young people in foster care.

The fifth priority is to make housing available – from homeless hostels to temporary accommodation – that is safer, more inclusive, and more responsive to the needs of the growing number of homeless young people, women, and elderly people with care needs.

1 The nature and extent of homelessness and housing exclusion

What are the official **definitions of homelessness**? In fact, there is no official definition of homelessness in Denmark. However, the social services law places an obligation on municipalities to offer temporary housing to ‘persons with special social problems who do not have or cannot stay in their own home, and who need a housing offer and offers of activating support, care and subsequent help’ (Article 110). This is the closest we get to an official definition of a homeless person. The definition treats homelessness as a function of both housing and social problems.

This understanding of homelessness as being intertwined with social problems is widely shared politically. This is, for example, evident in the goal for reducing homelessness announced in May 2016 by the Lars Løkke Rasmussen III cabinet (a minority coalition government comprised of the Liberal Party, the Liberal Alliance, and the Conservatives) (Regeringen, 2016). To reduce the number of homeless people is one of the government’s 10 goals for social mobility. The goal’s description states that homelessness is about much more than the lack of a home, and that a large majority of homeless people have other social problems. The description also heralds the merits of a Housing First approach and the use of intensive home support methods. Finally, the description notes the worrying increase in homelessness among young people.

The current action plan to fight homelessness, from October 2017, also expresses an understanding of homelessness as being about more than the lack of a home (Regeringen, 2017). The action plan sees homelessness as being caused by both (on the one hand) a lack of affordable and adequate housing and (on the other) drug addiction, mental illness, a precarious connection to the labour market, and weak (if any) social networks.

In order to measure the extent of homelessness, a more operational definition is needed. Building on the ETHOS Light methodology created by FEANTSA and scholars in the European Observatory on Homelessness, two Danish social researchers, Ivan Christensen and Lars Benjaminsen, defined homelessness as ‘persons who do not have (owned or rented) accommodation or a room but are referred to temporary housing alternatives, or who live temporarily and without a contract with family and friends. People are also counted as homeless if they do not have a place to stay the coming night’. This definition was used in the first mapping of homelessness back in 2007 (Christensen and Benjaminsen, 2007; Benjaminsen, 2017, p. 20).

Today, this definition has become widely used by public authorities and non-government organisations (NGOs). For example, the Ministries of Social Affairs and Domestic Affairs use the definition whilst also including people who are serving a sentence under the penal system or are hospitalised, and who lack a home because they are to be released or signed out within a month (Social- og Indenrigsministeriet, 2016). The home page of the National Board of Social Services (Socialstyrelsen) defines homelessness and also refers to the definition of the two scholars in 2007 that builds on the FEANTSA ETHOS Light framework, with the adjustments set out in Table A1 in the Annex (Socialstyrelsen, 2018a).

The definition above and the biennial mapping of homelessness follow the ETHOS Light methodology, but do not include the category of ‘people in non-conventional dwellings due to lack of housing’. There are not many possibilities for arranging living in such ways. In the late 1970s and early 1980s Denmark had a large squatter movement, especially among young people, but this is practically non-existent today.

Also not included is one of the subgroups of people living in accommodation for the homeless – that is, people in women’s shelters or refuge accommodation. These women are in a refuge due to violence or the threat of it, and their main problem is not one of homelessness. In 2017, 1,687 women with 1,649 children stayed at a shelter or refuge, making use of one of the 463 places in such centres (Danmarks Statistik, 2018; Socialstyrelsen, 2018b).

What is the **extent of homelessness**? In 2017, there were 6,635 homeless people out of a population of 5,748,769 in Denmark, equivalent to 1.2 per 1,000 inhabitants (Benjaminsen, 2017; Danmarks Statistik, 2019b).

Out of every 3 homeless persons, 1 lived in a homeless shelter and 1 lived temporarily with family and friends (see Table A2 in the Annex). The third largest group was made up of people living rough, for example on the streets or in woods. They amounted to 1 in 10 of the homeless. 5% stayed in emergency accommodation. There also existed a large group of persons (7%) who did not inform the interviewers about how they were living, and another significant group (4%) reported that their living situation was of a kind not specified in ETHOS Light framework.

Table 1: The number of homeless people in Denmark, 2009-2017

Category	Living situation	2009	2017	Change 2009-2017	
				#	%
People living rough	Public/external space	506	648	142	28.1
People in emergency accommodation	Overnight shelters	355	305	-50	-14.1
People living in accommodation for the homeless	Homeless hostels	1,952	2,217	265	13.6
	Temporary accommodation (hotels)	88	165	77	87.5
	Transitional supported accommodation	164	169	5	3.5
People living in institutions	Healthcare institutions	172	149	-23	-13.4
	Penal institutions	86	68	-18	-20.9
Homeless people living temporarily in conventional housing with family and friends	Conventional housing, but not the person’s usual place of residence	1,086	2,177	1,091	100.5
Other		316	258	-58	-18.4
Not informed		273	479	206	75.5
Total		4,998	6,635	1,637	32.8

Source: Benjaminsen (2017).

Note: The extent of homelessness is measured biennially in week 6. The Danish definition of homelessness and the biennial count do not take into account people living in non-conventional dwellings due to lack of housing. The figures related to temporary accommodation concern persons in hotels, albeit such accommodation is not meant for the homeless. The distribution is made hierarchically, so that a person who has reported living rough but has also stayed in emergency accommodation over the week will only be counted once in the upper category – here: living rough.

The figures in Table 1 do not include migrants living rough who did not have a permanent place to stay, because there was far less information on this group. In 2017, this group amounted to an estimated 438 persons, primarily from central and eastern European countries, mainly living rough (198 persons) or in overnight shelters (154 persons). They were primarily in Copenhagen (88%). Most of them were men (89%); and most were in their prime age, with 32% being 30-39 and 25% 40-49. 68% were from EU countries and 17% from Africa (Benjaminsen, 2017).

What is the **profile** of the rest of the homeless population? There is a strong gender imbalance in the composition of homeless people. In 2017, 3 out of 4 were men (Benjaminsen, 2017). More than one-third were young homeless people aged 18-29.

Denmark is the Nordic country with the biggest share of new young homeless people (Kraka, 2018).

People with a non-ethnic Danish background were overrepresented among the homeless. 1 in 5 homeless people were immigrants or their descendants (Benjaminsen, 2017) compared with less than 14% in the total population. The ethnic composition varied across the country. The largest concentration of migrants was, not surprisingly, in Aarhus (37% of homeless people) and Copenhagen (30%) and the smallest in rural municipalities (7%). In addition, there was a non-trivial group of Greenlandic homeless persons.

Most homeless people were single. 4 out of 5 people were also found to be single in a more recent study, which in addition found that half of them had children (Ahlmarm et al., 2018).

There were 39 children living with their homeless parents in 2017. 1 in 6 of homeless women were mothers who cared for their children on a daily basis, compared with only 1 in 100 of homeless men (Benjaminsen, 2017). However, for women this may be a conservative estimate, as it looks as though children of many of the women in institutional care were not reported.

The health condition of homeless people was much worse than that of the general population (Ahlmarm et al., 2018). Only 51% reported that their health condition was good or better, compared with 85% of the general population. 3 times as many homeless as the population in general felt stress on a daily basis. 4 out of 10 had fewer than 20 teeth, compared with 1 in 10 of the general population. Homeless people also had a much less healthy life, being exposed to a number of risk factors. In 2017, 29% drank alcohol on a daily basis, and 54% had used drugs on a monthly basis.

There were more homeless people who reported mental illness than physical illness. In 2017, 53% said they had a mental illness and 22% a physical illness (Benjaminsen, 2017). Denmark has far more homeless people who are mentally ill than the other Nordic countries (Kraka, 2018).

The duration of homelessness varied considerably. 1 in 5 had been homeless for less than three months, indicating a significant continuous inflow (Benjaminsen, 2017). 1 in 3 had been homeless for 4-11 months. Fewer than half (46%) had been homeless for more than a year. 1 in 4 had been homeless for more than two years. The share of long-term homeless people was particularly high among people living rough (44%) and in homeless hostels (41%). Compared with the other Nordic countries Denmark had many long-term homeless people, only surpassed by Sweden (Kraka, 2018).

In 2017, 1,687 women with 1,649 children stayed at a refuge (Danmarks Statistik, 2018). The average age of the women was 35. 1 in 5 were aged 18-24 and 1 in 10 over 50. There was a strong ethnic imbalance. 41% were immigrants and 48% were of Danish origin.

How has homelessness **developed over the last 10 years**? Because the extent of homelessness has been measured in the same way since 2009 we can analyse its development over time. Homelessness increased from 0.9 homeless people per 1,000 inhabitants in 2009 to 1.2 in 2017. In fact, the number of homeless people increased, by 1,637 persons or 32.8%, between 2009 and 2017 (Table 1). Over the two years from 2015 to 2017, the number of homeless people went up by 8% (Benjaminsen, 2017).

The biggest increase registered between 2009 and 2017 was in persons living temporarily with family and friends, whose number doubled. There was also a marked increase in the number of homeless people staying in hotels, although rising from a much lower level, from 88 to 165 persons. The large group of people living in homelessness hostels increased by 265 persons, an increase of 13.6% over the period.

In recent years, homelessness has increased among young people in particular. Between 2015 and 2017 the number of homeless people aged 18-24 rose by 9%, from 1,172 to 1,273; and the number aged 25-29 rose by 27%, from 799 to 1,014. The growing number of young homeless people has probably been the homelessness issue that has attracted most political attention over the last 10 years.

The largest increase in homelessness and housing exclusion (HHE) in recent years can be found among migrants with no permanent place to stay. Their number increased from 125 in 2015 to 438 in 2017 (Benjaminsen, 2017). This was not least caused by an increase in the number of migrants who were not staying permanently in the country. The causes of their homelessness differed from the overall HHE population: the main self-reported factors were economic difficulties (64%) and lack of suitable housing (23%), whereas only 9% reported it to be mental illness or alcohol problems (Benjaminsen, 2017).

The numbers in some specific homelessness categories registered a fall. Between 2009 and 2017 there was a fall of 18, or 20.9%, in the number of people living in penal institutions; and of 23, or 13.4%, in the number of people living in healthcare institutions (Table 1).

Many factors – **structural, institutional, and individual** – can help explain the increase in homelessness. In fact, the increase in homelessness took place against the backdrop of a much improved economy after 2009, and in the same period as a series of important policy changes, most notably the adoption and dissemination of a strategy against homelessness. Without these favourable economic conditions and policies the situation might have looked dramatically worse. However, not all municipalities have embraced the Housing First approach and are offering intensive support services.

The housing market has seen a growing shortage of small, affordable accommodation. Ongoing housing renovation in the social housing sector results in flats being merged and rents increased. The implementation of the so-called Ghetto Plan has also reduced the amount of adequate, affordable housing, as noted by the chairman of the Council for the Socially Vulnerable (Rådet for Socialt Udsatte), Jann Sjursen (Sjursen, 2019a). Housing price increases led to less mobility in the cheap part of the market. These problems are compounded for young people, who have seen their minimum-income benefits cut considerably (Kvist, 2015). Psychiatric treatment has also been subject to cuts, leaving more vulnerable groups in unstable situations (Sjursen, 2019b).

2 Relevant strategies and policies tackling homelessness and housing exclusion

Politically, national parliamentarians adopt strategies tackling homelessness and decide legislation on housing, social affairs, health, and employment. But it is local-level politicians who decide on the measures to be used. This is because it is local-level authorities, the 98 municipalities, that are responsible for providing housing, support, and care to homeless people. The central-level authorities, in particular the National Board of Social Services, are responsible for monitoring and supervising the local authorities. Hence, national strategies and action plans may not be implemented at the local level. This Section sets out the situation regarding strategies, funding, implementation, and monitoring.

Is there a **national strategy** addressing homelessness? Yes. Denmark has a national homelessness strategy. Since the strategy was launched in 2009 there has been extensive work on developing, disseminating, and anchoring a knowledge-based approach that is based on Housing First combined with intensive support services and models for collaboration that vary according to target groups (see Hansen (2010) for an early assessment of the strategy).

The adoption of the Housing First approach constituted a break with the 'staircase' models in place at the time. The government gave €67 million to 17 municipalities to reduce homelessness. As there are 98 municipalities, the strategy did not cover all of them. Even today, not all municipalities have transformed their staircase models into a Housing First approach.

There is a range of intensive support services used; but three evidence-based home support methods in particular, based on empowerment and recovery perspectives, are promoted by, for example, the National Board of Social Services – that is, assertive

community treatment (ACT), critical time intervention (CTI), and intensive case management (ICM).

- The ACT method is based on cross-disciplinary teamwork including, for example, a social worker, a nurse, a drug addict expert, and a psychiatrist. The method is directed at people with very complex support needs demanding long-term, intensive intervention and who have difficulties in using services offered within the general system, therefore needing the support and treatment of the specialists in the team.
- The CTI method is a time-limited intervention that lasts nine months, covering three phases, and with support focused on a critical transition, for example from hostel to own home. The method is directed at people who need intensive support within a limited period, after which they can use the general social system, for example ordinary local housing support.
- The ICM method is a long-lasting intervention based on case management. The method is directed at people who need intensive support during a longer period but who can also take up offers of support and treatment in the general social system.

The complexity of homeless people's problems often calls for measures that are coordinated across not only offices, legislation, and administrations, but also across municipalities, regions, and other parties in contact with homeless people. Depending on the target group, several actors and organisational levels are involved in providing support and thus the models of collaboration vary between target groups. For young people, for example, the model for collaboration that is promoted is called 'The road to education and work' (*Vejen til uddannelse og beskæftigelse*).

In 2018, an action plan aimed at reducing homelessness during 2019-2021 was adopted. The primary target group are homeless people and those at risk of becoming homeless, including children and young people aged from 14 up. The secondary target group is municipalities that have direct contact with, and authority over, homelessness. Here the aim is again to get more homeless people and municipalities to use the Housing First strategy and its accompanying support services, especially CTI and ICM.

To ensure homeless people have access to accommodation, the principle of 'own contact' is important. The own contact principle means that the state, municipality, and others cannot decide whether or not a homeless person takes up an accommodation offer. Instead it is the homeless person who contacts an §110 institution (see Section 3) and it is the head of the institution who decides whether the homeless person can be offered a place, depending on the availability of places and the match between the homeless person and the institution.

The Danish healthcare system is universal, but in practice there are access problems for homeless people. In fact, many homeless people feel that the healthcare system discriminates against them (Pedersen, 2019). Copenhagen has set up a mobile healthcare team (*SundhedsTeam*) which visits homeless people for whom the system for contacting the healthcare system does not work. Copenhagen also has a 'health place' (*SundhedsRummet*) that offers primary care to drug addicts and homeless people.

How **adequate is the funding**? Measures addressing homelessness are primarily provided by municipalities, supplemented with certain healthcare measures provided by the regions. One way of assessing whether funding is adequate is therefore to compare the development of need, for example the increase in the number of homeless people, with the relevant local and regional budgets. Whereas the number of homeless people rose by 14% between 2013 and 2017, municipal expenditure on socially vulnerable people fell by 3%, to €940 million in 2017 (Rådet for Social Udsatte, 2018). Similarly, the number and share of mentally ill homeless people increased in tandem with cuts in the psychiatric sector at the regional level.

Has **EU funding** played an important role in enhancing HHE responses? In the period 2014-2020, funding for Denmark to foster social inclusion is scheduled to amount to €82,489,223 from the European Social Fund (ESF) and €80,600,981 from the European

Agricultural Fund for Rural Development (EAFRD), giving a total of €163,090,204. However, only a tiny fraction goes directly to combating homelessness. In January 2014, the Fund for European Aid to the Most Deprived (FEAD), which serves to combat poverty, was launched. In 2016, the FEAD supported two projects on homelessness with a total budget of 13.3 million DKK, namely: 1) outreach work ('café outside' and 'project locker') run by the NGO project UDENFOR; and 2) an aid project for homeless and vulnerable EU migrants run by the religious charity Kirkens Korshær (DanChurchSocial) (Socialstyrelsen, 2016).³ The 2016 annual implementation report of the FEAD for Denmark found that the two projects reached out to more people than expected (European Commission, 2016).

The second and last round of FEAD funding amounts to €2,612,225; this will be granted later in 2019 after a deadline for applications of 23 May 2019 (Socialstyrelsen, 2019a).⁴ EU grants for combating homelessness only amount to a small fraction of the EU funds allocated to promoting social inclusion, and to an even smaller fraction of national funds spent on homelessness. In sum, the EU funds spent on homelessness in Denmark cannot be seen as playing an important role in enhancing responses to HHE.

Have national **strategies been implemented and is there a monitoring** process in place? The national strategy against homelessness is monitored by a private consultancy firm, Rambøll, and VIVE (The Danish Centre for Social Science Research, formerly SFI). They have made evaluations of the strategy in its different phases.

The first evaluations of the implementation of the homelessness strategy in 16 municipalities (covering the period 2009-2013) showed that Housing First and the three housing support methods – ACT, CTI and ICM – were successful in helping homeless people to get and maintain a home of their own (Rambøll and SFI, 2013a, 2013b). A cost-benefit analysis of ICM and CTI showed that CTI already paid off after the first year following the intervention, whilst it took two years for ICM. The differences were not least caused by different target groups and designs. The CTI is on average offered for nine months and ICM for 1.4 years (Rambøll and SFI, 2013b). However, there were already positive economic benefits in the first year, albeit not covering the costs of ICM.

The subsequent 'implementation and institutionalisation' project (2014-2016) was aimed at supporting municipalities in continuing and institutionalising the Housing First approach and the use of floating support methods (ACT, CTI and ICM), and to extend their use to new municipalities. The evaluation of the project in 24 municipalities showed that formerly homeless people pointed to the three floating support methods as being critical for their ability to keep their accommodation (Benjaminsen et al., 2017). However, the evaluation also showed that the strategy was challenged by different structural factors. In particular, the economic crisis put municipalities under a lot of strain. Greater Copenhagen and the area of Århus also lacked cheap housing for the target group. The evaluation found that the municipalities using Housing First in combination with ACT, CTI, and ICM had smaller increases in homelessness than other municipalities (Benjaminsen et al., 2017).

Rambøll and VIVE have also collaborated on evaluating the various sub-projects within the homelessness strategy. This includes, for example, recent attempts to curb homelessness among young people. The 'youth project' ran from 2014 to 2017, combining the Housing First approach and CTI/ICM with the 'The road to education and work' model of collaboration in 10 municipalities. The evaluation found greater positive effects in diminishing homelessness when the collaboration model was used in combination with either CTI or ICM (Rambøll and VIVE, 2018). For young people with complex problems it was especially critical to offer CTI or ICM, which give intensive social and practical support on a daily basis, with the model of collaboration coordinating measures across administrative bodies and levels.

³ Based on the average yearly currency rate in 2016 of €100 = DKK 744.52.

⁴ Based on the average monthly currency rate in April 2019 of €100 = DKK 746.49. a

Perhaps the most important regular monitoring exercise is the biennial mapping of homelessness undertaken by VIVE. As described the mapping takes place every second year in week 6.

Which **EU indicators** on housing are used to monitor homelessness within the framework of the Danish national strategy? None. The Danish strategy on homelessness is mainly informed by the biennial mapping of homelessness that builds on ETHOS Light, as described earlier.

However, when the aim is to capture not only homelessness but also housing exclusion, EU indicators may be used – for example, housing cost overburden, overcrowding, severe housing deprivation, and arrears on mortgage or rent payments. However, this is not practice at the moment.

3 Analysis of the current patterns of service provision and challenges in implementing Denmark's responses to homelessness and housing exclusion

Housing and service provision for homeless people falls under §110 of the social services law, which stipulates that municipalities must offer temporary accommodation to people with special social problems who do not have their own home or who cannot live in their own home, and who need other help too (housing offered under this paragraph is thus called '§110 institutions'). The municipalities are also obliged to provide activating support, care, and follow-up services. Together with the national strategy on homelessness described earlier, the law thus gives municipalities a framework for the actual work on homelessness, which mostly goes on at the local level.

What are the **main types of support services** provided locally? The services offered to homeless people consist of different types of measures. One set of measures is directed towards situations where people are without a home, and consists of homelessness hostels and outreach programmes such as ACT. Another set of measures is aimed at helping people out of homelessness, such as referral to a social housing flat, support in own accommodation such as ICM and CTI, or a Housing First offer, typically with housing support. Finally, preventive measures consist of social housing support before the person loses their home.

There are shelters and refuge accommodation for both men and women. For men there are 7 crisis centres placed in the major cities. For women there are 52 crisis centres across the country. In addition, there are 4 refuges for women and men who have been exposed to violence, including 2 for young people on the run from honour-related conflicts. In 2017, there were 47 approved refuges with 463 '§109 places' (Socialstyrelsen, 2018b): these places refer to §109 of the social service law, which stipulates that municipalities must offer temporary housing to children who have been subject to violence, threats of violence or a similar crisis relating to family matters and relationships.

Who are the **main service providers** and what are their **main roles**? Municipalities are responsible (under §110 of the law on social services) for offering temporary housing to people with special social problems who do not have, or who cannot stay in, their own home, and who need housing and activating support, care, and other help.

§110 institutions consist of homeless hostels and transitional homes for homeless people and functionally homeless people. They can offer homeless people help to deal with economic matters, housing search, and housing training, as well as accompaniment to the doctor or municipality. §110 institutions can also support various social activities and organise employment-related activities such as workshops, maintenance, and cleaning. About half of the §110 institutions also offer people help and support in moving to their own home. §110 institutions offer different services depending on their target groups.

§110 institutions can be run by private actors, charities, and NGOs.

A recent evaluation identified two main models for how municipalities organise their Housing First approach (Benjaminsen et al., 2017). One model anchors housing support in an accommodation offer for homeless people (i.e. §110 institutions). The other model is to anchor the support in the municipality, typically in a unit or centre for socially vulnerable people. There are also hybrid forms of organisation in municipalities that use multiple support methods, typically with ICM anchored in the municipality and CTO in a §110 institution.

Against the background of high and still rising youth homelessness, an alliance has been formed between charities, NGOs, and public sector authorities, called the Home For All Alliance. Its aim is to establish 2,000 adequate and affordable youth housing places and to fight youth homelessness in other ways too.

What is the **main role of the different service providers**? Administratively, the Ministry of Children and Social Affairs has homelessness and homeless people as one of its areas of responsibility. They service the minister, and draft initiatives and legislation.

The National Board of Social Services monitors policy development, initiates knowledge dissemination and innovative projects, administers funds to projects, and coordinates evaluations of policies.

However, most of the work takes place in local authorities. Hence, it is municipalities that are responsible for delivering housing, support services, care, and other services to homeless people. Municipalities are also largely responsible for financing these services. The main exception is the cost of homeless hostels, part of which is paid for by the state.

Rambøll and VIVE are together *de facto* monitoring the overall development of the extent of homelessness and evaluating central initiatives, from the homelessness strategy to current attempts to extend it to more municipalities.

The National Board of Social Appeals (Ankestyrelsen) overviews appeals against decisions taken by the state administration, and has also undertaken a few studies commissioned by the Ministry of Children and Social Affairs.

§110 institutions provide both housing and social/practical help to people who are homeless or functionally homeless.

§109 institutions are refuges for women who have been subject to violence, threats of violence or something similar.

How **effective are existing services in preventing homeless**?

In 2018, ICM was offered by 19 municipalities (Socialstyrelsen, 2018c). If it is easily accessible and flexible, the evaluations have shown that ICM is very successful as an intensive recovery and empowerment-based method (Benjaminsen et al., 2017). The two evaluations of, respectively, the homelessness strategy (2009-2013) and the Housing First implementation and institutionalisation project (2013-2016) counted a total of 1,071 persons being offered ICM. The ICM was as such the most used method of the three support services. The ICM group resembled the general population of homeless people with regard to gender, age, ethnicity, and health. The effects were very positive. In the homelessness strategy project, 82% who had their own home and who received ICM were primarily sleeping in their own home at the end of the third year of the project (Rambøll and SFI, 2013a). Very few people had lost their home. 16% of ICM recipients did not manage to move into their own home. In the implementation and institutionalisation project, 89% remained in their own home (Benjaminsen et al., 2017). However, both evaluations show heterogeneous effects on other dimensions such as alcohol, drugs, mental and physical illness, economic situation, and social networks.

In 2017, 243 women, or 14.4% of those staying at a refuge (§109 institutions), had more than one stay (Danmarks Statistik, 2019). However, this is not necessarily an indication of the effectiveness of the services.

How effective are existing responses in **providing access to permanent accommodation** solutions?

The evaluations of ACT in the homelessness strategy project and in the Housing First implementation and institutionalisation project found that the two projects covered in total 63 persons, by far the smallest target group of the three support methods. 72% of the ACT group were men and none was aged 18-24. In fact, the ACT group was composed of people who had more social and health problems than those in the CTI and ICM groups. Nevertheless, the evaluations showed that 90% of people were still in their own home at the end of the project period, and the remainder were in transitional housing (Benjaminsen et al., 2017).

The CTI method was used in the homelessness strategy project by 13 municipalities, with 284 people; and in the implementation and institutionalisation project in 24 municipalities, with 56 people. The evaluations found that 88% were still in their home at the end of the homelessness strategy project, and 96% in the case of the implementation and institutionalisation project (see, respectively, Rambøll and SFI, 2013a; Benjaminsen et al., 2017).

The CTI method has also been used for young homeless people, and young people at risk of homelessness, in the youth project (2014-2017). The project covered 10 municipalities and 154 young people (Socialstyrelsen, 2018c). The evaluation found that young people who received CTI in combination with the collaboration model got an own home to a large extent (67%), kept their housing (17%) and only rarely did they lose their housing (5%) (Rambøll and VIVE, 2018).

How effective **are services in meeting people's support needs**? The support needs of homeless people are often massive, complex, and dynamic. This has been found in multiple studies. For example, a recent study by the National Board of Social Appeals found that homeless people often have problems with several issues at the same time, such as addiction, mental illness, and a reduction of their functional capacities (Ankestyrelsen, 2018).

Both municipalities and §110 institutions report that it can be challenging to offer adequate and holistic measures because homeless people are very heterogeneous. 2 out of 3 §110 institutions report that there is a shortage of housing to which they can refer people, especially for very vulnerable groups, people in the process of being diagnosed for mental illness, and people who have serious drug abuse problems (Ankestyrelsen, 2018). The same may apply to people awaiting housing because their functional capacity is severely reduced, temporarily or permanently (so-called §107 and §108 offers). Housing providers find themselves facing a dilemma: on the one hand, they are reluctant to take in people to whom they cannot offer sufficient help; but on the other hand, they are forced to reject people knowing that it may be difficult for them to find an alternative.

Many §110 institutions call for more help to be given to homeless people (Ankestyrelsen, 2018).

A recent evaluation compared the advantages of Housing First and support services anchored in §110 institutions and municipalities (Benjaminsen et al., 2017). The study found that it was an advantage of the latter that the homeless person would already know the coordinator of support services when making the transition from the institution to their own home: they do not have to establish a relationship with a new coordinator. The study also found that several staff in §110 institutions were challenged by the switch from being carers under a staircase model to working under the Housing First approach, and by the need to stop thinking that a person must be ready to live alone before being moved into their own home.

In 2017, central funding (€2,043,395) was given to local authorities to adapt and test the CTI method in the case of vulnerable Greenlandic people. A coordinator offers an intensive, time-limited intervention in combination with voluntary peer support, which makes it

possible to establish and maintain longer-lasting contact with the target group, and increase the effect of other social interventions.

What are the main **factors influencing effective and sustainable ways out of homelessness**? A lack of cheap housing is probably the largest systemic barrier to fighting homelessness. NGO reports, evaluations, and other studies point to the lack of affordable housing as a major obstacle to successful policies (Sjursen, 2019a; Benjaminsen, 2017). To illustrate, the recent evaluation of the youth project found that the lack of cheap housing made it difficult for the municipalities to offer young people housing (Rambøll and VIVE, 2018). The insufficient supply of housing is caused in part by structural factors such as the lack of cheap housing available for municipalities to dispose of, and in part by young people's modest ability to pay rent and their preferences in respect of location, size of accommodation, and the possibility of having an animal.

There are marked geographical differences in the availability of affordable housing. Particularly in Odense, but also in Aalborg, there is considerably less homelessness than elsewhere, which can in part be attributed to the greater availability of affordable housing than in Copenhagen and Aarhus (Benjaminsen, 2017).

One of the major barriers to municipalities switching to effective floating support methods may be economic in nature. In 2018, a fund of €680,000 was made available to municipalities applying for economic assistance in making the transition (Socialstyrelsen, 2019a). However, that money can only help finance the switch in 4-6 municipalities out of the total of 98.

Have there been important **innovations** in the provision of homelessness services within the last five years? Since January 2019, the most recent innovation – the 'social free card' – has been in place. The card gives socially vulnerable people the possibility of earning up to €2,680 annually tax-free and without leading to any reduction in the social assistance and other benefits that they may be claiming. The scheme did not get off to a strong start. The trial period will last just two years, and perhaps this short period is why municipalities have not put a lot of effort into granting cards to socially vulnerable people in their area. Therefore, the Council for the Socially Vulnerable commissioned a study that has come up with an inspirational catalogue of how municipalities can help foster small jobs for the socially vulnerable (Cabi, 2019). The Council believes there is a strong potential for small jobs to boost the quality of life of homeless people, and in some cases give them a foot in the door to the labour market in the long term (Sjursen, 2019b).

In January 2018, the socio-economic investment model, SØM,⁵ was launched by the National Board of Health and Welfare. The model consists of a calculator of intervention costs and budgetary consequences, and a knowledge database about the effects of social interventions, designed to calculate the economic consequences of interventions for different target groups. The model is based on studies of the effects of interventions undertaken in Denmark and elsewhere. The model may inform policy-making by calculating economic costs and benefits for the relevant authorities (i.e. municipalities, regions, and the state). It shows how investments made in one programme, typically by municipalities, have short- and long-term effects for the regions and the state. A social investment fund was established which has announced projects for various groups, including the homeless. In June 2018, €4,360,543 was set aside for projects that increase the incentives for municipalities to invest in transforming their homelessness policies towards more preventive and holistic measures – by minimising risks for municipalities and supporting their initial investments, including helping them to make the business case for adopting Housing First with intensive floating support and other evidence-based solutions (Socialstyrelsen, 2019b). At the same time, €2,656,600 was set aside for similar purposes, just targeting persons in long-term homelessness.

⁵ Socioøkonomisk Investeringsmodel.

It is too early yet to assess the extent to which SØM will help transform municipalities' approaches to homelessness. However, there is no doubt that the potential is large, although it may not be a 'game changer'.

What are some of the **main weaknesses** of existing policies, and what are the priorities for reforms? The policies for curbing homelessness and improving the quality of life of homeless people suffer from a range of weaknesses, including contextual factors. First, and most important, is the systemic lack of appropriate and affordable housing. The lack of proper housing both creates homelessness, especially for young people, and creates a barrier to fighting homelessness through a Housing First strategy. The second weakness is the lack of holistic, coordinated measures for homeless people who often have complex, multiple problems. The third is the underfunded and understaffed psychiatric system, which has resulted in, by Nordic standards, a record high proportion of homeless people with a mental illness. The fourth is the lack of adequate housing provision for certain groups of homeless people, in particular young people with special needs (healthcare and mentors), women who have been subjected to verbal and physical abuse, and elderly homeless people with care needs.

To address these weaknesses and to tap the potential of methods already proven to be effective, more should be done to extend the Housing First strategy, the intensive support methods (ACT, CTI and ICM), and the models of collaboration to more municipalities and groups of homeless people. Moves in this direction are supported by ongoing work on the knowledge base coordinated by the National Board of Social Services, such as the evaluations referred to in this report, and by the establishment of the SØM to help inform local policy-making. However, the lack of adequate and affordable housing is proving a bottleneck. Hence, the first priority should be to establish more adequate and affordable housing for the various target groups of homeless people, especially young people.

The second priority should be to make sure that the on-going work on a new law on social services, which is meant to provide the basis for more holistic measures, also includes the homeless and their complex problems. More than any other group they need coordinated measures from different levels and parts of the public sector. In concrete terms, the suggestion here is to introduce personal coordinators for all homeless people, as are used in the support services (coordinators and case managers) and also in work with homeless people in Sweden (so-called personal ombudsmen). Personal coordinators should help the homeless to navigate the multitude of services offered and help them know and claim their rights.

The third priority should be to increase the budgets of municipalities for helping socially vulnerable groups, and of regions for psychiatric services, which have not kept pace with the development in homelessness and mental illness. After years of underfunding there is a need for more social and health services that meet homeless people's needs.

The fourth priority should be to use support methods more often and for more groups to prevent homelessness. Positive results have been found by combining, for example, CTI with a Housing First approach for homeless people, for young people at risk of homelessness, and for women exiting prostitution. For example, CTI could be combined with better aftercare (*efterværn*) for persons who have been in foster care as children, and with Housing First for people exiting long-term stays in hospitals and penal institutions. This last priority would demand both more money and retraining of staff, but cost-benefit analyses have shown it pays off in economic terms, not to mention human terms.

The last of the five priorities is to make available housing that is safer, more inclusive, and more responsive to the needs of the growing number of homeless young people, women, and elderly people with care needs.

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Annex

Table A1: ETHOS Light categories defined as homeless in Denmark

Operational category		Living situation		Definition	Defined as homeless in Denmark
1	People living rough	1	Public space/ external space	Living on the streets or in public spaces without a shelter that can be defined as living quarters	Yes
2	People in emergency accommodation	2	Overnight shelters	People with no place of usual residence who move frequently between various types of accommodation	Yes
3	People living in accommodation for the homeless	3	Homelessness hostels	Where the period of stay is time-limited and no long-term housing is provided	Yes for 3.3, 3.4 and 3.5. No for 3.6
		4	Temporary accommodation		
		5	Transitional supported accommodation		
		6	Women's shelter or refuge accommodation		
4	People living in institutions	7	Healthcare institutions	Stay longer than needed due to lack of housing No housing available prior to release	Partly yes for 3.7, i.e. no housing available prior to release Yes for 3.8
		8	Penal institutions		
5	People living in non-conventional dwellings due to lack of housing	9	Mobile homes	Where the accommodation is used due to a lack of housing and is not the person's usual place of residence	No for 3.9, 3.10 and 3.11
		10	Non-conventional buildings		
		11	Temporary structures		
6	Homeless people living temporarily in conventional housing with family and friends (due to lack of housing)	12	Conventional housing, but not the person's usual place of residence	Where the accommodation is used due to a lack of housing and is not the person's usual place of residence	Yes

Source: Christensen and Benjaminsen (2007), Socialstyrelsen (2018a).

Table A2: Latest available data on the number of homeless people in Denmark

Operational category		Living situation		Most recent number	Period covered	Source
1	People living rough	1	Public space/ external space	648	Week 6, 2017	Benjaminsen (2017)
2	People in emergency accommodation	2	Overnight shelters	305	Week 6, 2017	As above
3	People living in accommodation for the homeless	3	Homeless hostels	2,217	Week 6, 2017	For 3.3, 3.4 and 3.5: As above For 3.6: Danmarks Statistik (2018)
		4	Temporary accommodation	165	Week 6, 2017	
		5	Transitional supported accommodation	169	Week 6, 2017	
		6	Women's shelter or refuge accommodation	1,687	2017	
4	People living in institutions	7	Healthcare institutions	149	Week 6, 2017	For 3.7 and 3.8: Benjaminsen (2017)
		8	Penal institutions	68	Week 6, 2017	
5	People living in non-conventional dwellings due to lack of housing	9	Mobile homes	No data	No data	No data
		10	Non-conventional buildings			
		11	Temporary structures			
6	Homeless people living temporarily in conventional housing with family and friends (due to lack of housing)	12	Conventional housing, but not the person's usual place of residence	2,177	Week 6, 2017	Benjaminsen (2017)

Source: Benjaminsen (2017), except category 3.6 (women's shelters and refuge accommodation).

Note: The extent of homelessness is measured biennially in week 6. The Danish definition of homelessness and the biennial count do not take into account people living in non-conventional dwellings due to lack of housing. The figures related to temporary accommodation concern persons in hotels, even though such accommodation is not meant for the homeless. The distribution is made hierarchically so that a person who has reported living rough but has also stayed in emergency accommodation over the week will only be counted once in the upper category – here: living rough. Benjaminsen (2017) also has 258 homeless persons categorised as 'Other' and 470 homeless persons as 'No information'.

