



Peer Review on “Access to social assistance and rights for homeless people”

Thematic Discussion Paper

Overview of the EU policy framework and implementation across EU countries

Belgium, 3-4 October 2019

DG Employment, Social Affairs and Inclusion

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1 Introduction

Access to social and health services plays a key role in guaranteeing quality of life in Europe and in addressing social exclusion and poverty¹. It is an essential element in achieving inclusive growth, and a main objective of the Europe 2020 strategy. EU Member States generally have universal healthcare systems and social services are frequently targetting specific groups of the population. Nevertheless, access may be difficult for vulnerable groups of the population, even when services are potentially available; this is the case of homeless people lacking a permanent address, in particular.

Several studies have been conducted over the years to measure and analyse the phenomenon of the non-take-up of social assistance. Most of these studies do not consider the specific situation of homeless people, so that little is known about their non-take-up behaviour².

The aim of this paper is to analyse what is known about the reasons for the non-take-up of social assistance by homeless people. It also analyses and confronts policy initiatives and approaches implemented across Europe to tackle it. The paper focuses on the main obstacles hindering homeless people in accessing social rights and benefits they are entitled to. Then it describes recent EU policy initiatives tackling the access to social assistance and rights for homeless people, as well as a few particularly relevant national policy initiatives.

The paper then compares policies and approaches implemented across Europe to facilitate access and take-up to minimum income schemes and social assistance for homeless people. Where data and analysis are available, it also reflects on the main challenges and success factors of the different policies analysed. Finally, the paper tackles the issue of monitoring and evaluating homeless people's take-up rates of social assistance and benefits, as well as the main challenges in measuring it and ways to improve monitoring.

2 Setting the scene

Estimating the dimension of the phenomenon of homelessness at the European level is difficult due to a lack of data available and to the difficulty. It is also difficult because the figures provided are based on different definitions of homelessness and of living situations³.

In February 2017, an OECD study⁴ estimated the number of homeless in European countries for the first time. The study includes 23 Member States and, considering data on the countries included in the statistics, homeless people are estimated to be more than 800 000. Among them, the countries with the highest number of homeless people are Germany, with 335 000, and France with 141 000. Available data demonstrate that homelessness has increased in the last decade in most parts of Europe - as a consequence of the 2008 economic crisis. It also shows that the profile of the homeless population has changed: as the recent study on poverty realised for the European Parliament⁵ highlights 'homelessness is no longer the fate of middle-aged men with long-standing social problems, but also affects families, young people,

¹ European Commission (2013), *The coverage rate of social benefits*, Research note 9/2013

² Chareyron S. Domingues p., *Take-Up of Social Assistance Benefits: The Case of the French Homeless* 07 November 2016 The Review of income and wealth,

³ Baptista, I. and Marlier, E. (2019), *Fighting homelessness and housing exclusion in Europe: A study of national policies*, European Social Policy Network (ESPN), Brussels: European Commission

⁴ OECD (2017), *Affordable Housing Database OECD - Social Policy Division - Directorate of Employment, Labour and Social Affairs*

⁵ European Parliament (2016) *Poverty in the European Union: The crisis and its aftermath*, 2016

and migrants. Lastly, children are amongst the hardest hit by the crisis in terms of poverty'.

According to HOME_EU⁶, an EU project funded under the Horizon 2020 Research and Innovation Programme, there are approximately 3 million homeless persons in Europe: in many cases they are off the radar of social welfare systems or, where they are supported, they are inadequately protected. 'It is estimated that 410 000 people are sleeping every night in the streets of European cities'.

2.1 Main obstacles for homeless people to take-up rights and to access (social) benefits they are entitled to

Among the few studies that have described the reasons for not accessing social rights and benefits the most relevant are the ones conducted by EMIN Network⁷ in 2014 and by Eurofound⁸ in 2015. Their findings have been integrated and further elaborated in the study on minimum income schemes for the European Parliament⁹ in 2017. In all these cases, the target groups encountering the most relevant difficulties in accessing rights and benefits are homeless people and migrants.

According to Eurofound study, non-take-up of social benefits by different target groups is a reality in more than half of the Member States. A study conducted by the EMIN Network in 2015¹⁰ indicates that non-take-up ranges from 20 % to as much as 75 % across EU countries.

Reasons accounting for non-take-up are quite different:

a) Lack of information: homeless people do not take up rights because they are unaware of them: they do not know about social benefits schemes and other rights, and when they know about them, they do not know how to claim them;

b) Costly or complex access: in several countries application procedures are complex and homeless people frequently lack resources to navigate the bureaucracy, in particular, because a strong association between homelessness and mental disorders has been evidenced by several health studies¹¹. They may have limited competences to access the system and this certainly reduces rights claims, in particular where the application has to be completed online. An example is provided by Feantsa for Amsterdam¹²:

'The application process for shelter is inadequate... The public office where shelter can be requested is only open four mornings a week. Online applications are being increasingly encouraged... Secondly, applicants are often ill-informed. They are provided with no explanation regarding the application process and its duration... Thirdly, the process of applying for shelter includes multiple steps in which a number of different officials play a role, and not enough information is provided to the applicant. Just to get on a waiting list, a homeless person will already have to deal with three, or often up to six officials'.

⁶ <http://www.home-eu.org/homelessness/>

⁷ EMIN Network (2014) *Non take-up of minimum income schemes by the homeless population*.

⁸ Eurofound (2015), *Access to social benefits: Reducing non-take-up*, Publications Office of the European Union, Luxembourg.

⁹ Crepaldi C., da Roit B., Castegnaro C., *Minimum Income Policies in EU Member States*, European Parliament, 2017.

¹⁰ EMIN Network (2015), *Toward adequate and accessible Minimum Income Schemes in Europe, Analysis of Minimum Income Schemes and roadmaps in 30 countries participating in the EMIN project*.

¹¹ Mental Heal Foundation, 2014: 'In 2014 80% of homeless people in England reported that they had mental health issues, with 45% having been diagnosed with a mental health condition' Brain and behaviour research Foundation, 2019

<https://www.bbrfoundation.org/blog/homelessness-and-mental-illness-challenge-our-society>

¹² Feantsa, *Access to homelessness services in Amsterdam* in 'Homeless in Europe'.

Even when they know about their rights, homeless people frequently do not apply. There may be very long waiting times that hinder access by those who are not residing in a fixed place, for example. According to the EMIN Network the reason, apart from the difficult access, is that 'what is on offer is not adapted to people's needs'¹³;

c) Social barriers: These include the fear of being stigmatised, the subjective lack of need, pride or lack of trust in institutions. An example in the UK:

'Rough sleeping makes it harder to access mental health services for several reasons. These include stigma, a lack of services that will work with people facing multiple problems including drug and alcohol use, difficulties getting an assessment or referral to secondary care without being registered with a general practitioner (GP) and trouble making and keeping appointments while sleeping on the street... Only 26 percent of homelessness professionals surveyed think that people sleeping rough are able to access the mental health services that they need. This is partly because specialist homelessness mental health teams have been subject to major funding cuts or have disappeared entirely'¹⁴.

d) Administrative barriers: There are many administrative reasons for not receiving the benefits and the other social rights, even when they are claimed. There can be difficulties in the bureaucratic application procedures by the service providers. The main and central administrative reason for not accessing these rights is the lack of a municipal residence, and more, in general, the lack of a stable address: homeless people do not hold an address and as such cannot be registered as legally resident in a municipality. In addition, in many EU Member States general healthcare provision is covered by the health insurance, however, to visit a specialised doctor, patients need to have a prescription from a general practitioner and this is a barrier for those who do not have one. Also, foreign homeless people may be prevented from accessing benefits because of their nationality and/or immigration status.

e) Conditionality in accessing benefits: People claiming benefits such as minimum income may be required to undertake an activity (to accept any job offered or a volunteering activity) as a condition for receiving the benefit. In case of non-compliance they can be fined with a sanction which may mean the reduction or denial of the benefit. Homeless persons may find it particularly difficult to accept job offers, especially, if they are rough sleepers. Social workers should take into account their particular difficulties, but this is not always the case.

'A survey by Homeless Link in England carried out between October 2014 and January 2015 found that the most common benefits problem experienced by people using homelessness accommodation providers was sanctions: 90% of providers reported that their clients had been affected by sanctions, up from 69% in the previous year'¹⁵.

f) **Limited availability of services in rural areas:** Services are concentrated in large cities. In rural areas, however, the support and specific services for homeless people are almost inexistent all over Europe.

The 2014 EMIN Network on non-take-up study shows that in countries where homeless people are not supported in accessing services and are left by themselves to manage the application process to social benefits, the non-take-up rate rises. This is, in particular, the case in countries where individuals are considered to be responsible and independent and have to act alone to find the information needed to apply for their rights. 'This approach seems to generate more non-take-up than systems where the administration is more proactive and makes sure the information is not only given

¹³ EMIN Network (2014) *Non take-up of minimum income schemes by the homeless population*.

¹⁴ Cromarty H. (2018) *Rough sleepers: access to services and support (England)*, 9 March 2018 House of Commons library.

¹⁵ *ibidem*.

to the future users, but received and understood'¹⁶201. According to EMIN there are studies that demonstrate that a proactive action implemented by social services seems to be the most effective solution to address the issue of non-take-up, even though reasons for this may vary.

2.2 EU policy initiatives tackling the access to social assistance and rights for homeless people

Several EU initiatives have been promoted in recent years to tackle inequality, poverty and social exclusion, both in general terms and for specific target groups. The European Parliament, the European Council and the European Commission repeatedly expressed their commitment to strengthening the social dimension of the EU and the most recent initiative is **the European Pillar of Social Rights** (EPSR, forthwith Social Pillar)¹⁷: it sets out 20 key principles and rights to support fair and well-functioning labour markets and welfare systems.

Among all the principles cited by the Social Pillar, some are specifically related to improving the conditions of people experiencing poverty and social exclusion: principles 11 on childcare, 14 on minimum income, 16 on healthcare, 19 on housing and assistance for the homeless and 20 on access to essential services. (See box 1 in Annex)

Principle 19 on housing and assistance for the homeless makes specific reference to the provision of services to the homeless in order to promote their social inclusion; the right of everyone to access essential services, which are considered as pillars of the European welfare model, is also an integral part of the Social Pillar.

Another highly relevant instrument is the (revised) **European Social Charter** (ESC, forthwith Charter)¹⁸, including the right to access to some specific social rights: in particular Art.13 to social and medical assistance, Art. 14 to benefit from social welfare services, Art. 30 to protection against poverty and social exclusion, Art. 31 to housing (see Box 2 in Annex). Some of these articles which could have an impact on access to services and social benefits are not yet ratified by some of the Member States analysed. While Art. 13 and 14 have been ratified by almost all countries, this is not the case for Art. 30. Only Estonia, Finland, Greece, Italy, The Netherlands, Portugal, Slovenia and Sweden¹⁹ ratified Art 31, which specifically addresses homelessness.

3 Different approaches to ensure access to social assistance and rights for homeless people

3.1 Examples of emblematic policies and approaches addressing the access to services and enhancing take-up by those lacking a fixed address

In many countries, the route to obtaining social assistance and social rights and to exerting fundamental rights is the registration in the population register. Having no postal address affects homeless people in a range of ways: it does not allow them to receive social welfare payments, access a general practitioner and medical care, nor apply for work. It does not even allow them to register, vote nor join a library.

¹⁶ Emin Network (2014) *Non take-up of minimum income schemes by the homeless population*.

¹⁷ European Commission website, *The European Pillar of Social Rights in 20 principles*,

¹⁸ Council of Europe (1996), *European Social Charter (Revised) European Treaty Series- No. 163*

¹⁹ Council of Europe (2016), *Acceptance of provisions of the Revised European Social Charter (1996)*

Access to social rights is hindered across Europe by different types of barriers, however, the lack of a fixed address seems to be one of the most relevant. In this respect, key questions are:

- a) How Member States ensure that homeless people take-up their rights?
- b) How do Member States address the lack of a permanent address?
- c) How to reach out to the homeless, and in particular, people in a situation of hidden homelessness?

The following section addresses these points, evidencing examples and good practices of policies and pilot experiences trying to tackle these aspects.

3.1.1 Granting of a reference address

Belgium is using the reference address as an entry point for homeless people to receive main administrative and social rights. In Belgium, the access to social rights is linked to the registration in the population register (valid identity card, the right to vote, registration of a vehicle, right to unemployment benefits, right to family allowances, affiliation with a mutual health insurance company). As a general rule, a person is registered in the population register at their main place of residence. There are exceptions to this basic rule, such as registration at a reference address, but it is strictly limited to certain categories of persons and under certain conditions. Since 1997, it has been possible for a homeless person to be registered at a reference address with the support of the Public Centre for Social Welfare (PCSW).

The support provided by the PCSW when registering a homeless person at a reference address is considered as a form of social assistance by the Belgian system. As a consequence, the PCSW does not limit itself to the assistance requested by the person, but also examines what other support can be provided with a view to their reintegration into society such as housing, financial, psychological, medical, social support, etc. Homeless people must fulfil the general conditions for receiving social assistance. As such, people without legal status cannot obtain a reference address. The homeless person who wishes to obtain one must submit a request for assistance to the PCSW. The homeless person registered at a reference address with the PCSW must report to the PCSW at least every three months: the PCSW checks regularly whether the person still meets the conditions for registration at the reference address.

A homeless person can also be registered at a reference address with a natural person who lends their address and ensures that all mail and administrative documents are delivered to the homeless person. The Belgian host country discussion paper²⁰ shows that this is not a common practice due to the lack of people willing to provide their address, as well as the complexity of the procedure.

In Italy, the registration in the municipal registry office is a subjective right, and as such, it is a right legally recognised by the Italian legal system and can be claimed by anyone²¹. Therefore, each Municipality, through its Registry Office, records the presence of homeless people who have established their domicile in the Municipality. This system provides for the possibility for the homeless person to establish their residence in the Municipality where the person actually lives. In case this is not possible, they can establish the residence in the Municipality of birth and / or in a fictitious residence address, non-existent but equivalent in legal value²². Most of the fictitious streets have generic names such as Municipal street and Church street, but in some places they are also called Welcome street, Homeless street, Unknown Home

²⁰ Host Country Discussion Paper "No one left out. For an administrative system that includes the most excluded" issued for the Peer Review "Access to social assistance and rights for homeless people" 3-4 October 2019.

²¹ Registry law, Law n. 1228 of 24.12.1954

²² Istat regulation No. 29/1992

street - names that can lead to a clear and immediate identification of the person as homeless, thus stigmatising them.

All municipal registry offices are obliged to register homeless persons in their registries; otherwise, they infringe the Constitution and other legislation. Nevertheless, a number of Municipalities still do not apply this regulation. This registration also fills in the Homeless People Register of the Department for Internal and Territorial Affairs at the Ministry of the Interior.

A different example of a reference address is the Proxy address²³ in England. This pilot project (now available only in London, to be generalised to the whole of England by 2020), assumes as a starting point the fact that homelessness brings instability and without a stable address, access to the support needed to escape homelessness is lost.

In UK, according to the recent *Homelessness Reduction Act*²⁴, local Councils must help all those who face homelessness, in a context where funding to support homeless policies has been cut by 40% since 2010, and shelters for homeless people are not available. This solution is intended to find an easy, cheap and quick way to offer support to those who lack an address. ProxyAddress, with explicit consent of the owner, duplicates the addresses of Councils, housing associations and real estate companies' homes. Then, it assigns these addresses to homeless people who ask support from local Councils²⁵. It is an address that follows the beneficiary. In UK, there are over 270 000 long-term empty homes and their addresses, as well as those donated by partner organisations, are those available to be assigned to homeless people. This address is to be used to identify people rather than places: like a cellular phone it is linked to a specific person, while a landline phone is linked to a place. Having an address allows homeless people to access the services needed to regain or retain an independent life. The person will be able to open a bank account, receive post, see a GP, use libraries, get benefits, and apply for jobs.

It is used not only by long term homeless people, but also by persons that are temporarily without a home and an address: those that have been evicted, kicked out of family homes, escaped abusive relationships, or have faced a moment of difficulty. As a ProxyAddress looks like a real address, the user is not suffering the stigma of showing a homeless shelter's address.

ProxyAddress can be requested by approaching Council offices which are obliged to help homeless people under the Homelessness Reduction Act (2018). Before issuing a ProxyAddress, the Council's housing department guides the person through their homelessness application which includes an eligibility check. Any changes can be done online. Each ProxyAddress lasts six months at first, and can be extended by the local Council before it expires.

To understand how ProxyAddress works, it is described as Father Christmas address. Each year 800 000 British children send him letters, using a Royal Mail's special address. Letters are sent to a fictitious address (Santa's Grotto Reindeerland XM4 5HQ) and are then redirected through a Royal Mail's redirection service to a special office in Belfast. The real office can be moved anywhere by only changing a line in the Royal Mail database. The same happens to ProxyAddress that remains the same even in case the homeless person moves to a new destination.

In Ireland, the postal service launched the 'Address Point'²⁶ to allow homeless people to receive mail relating to medical appointments and applications for schools or jobs.

²³ <https://www.proxyaddress.co.uk/>

²⁴ Ministry of Housing, Communities & Local Government UK (2018), *Homelessness Reduction Act*.

²⁵ <https://www.proxyaddress.co.uk/>

²⁶ <https://www.anpost.com/AddressPoint>

It will also help them stay in touch with friends and relatives. The Address Point is a post office-based service, and it will be available in every county in Ireland at the beginning of 2020. It has been developed with the support of several homeless charities. The Irish system generates a personal address based on a person's choice of a local post office – which then becomes their mail collection point. The service was launched in April 2019; around 200 post offices will provide it around the country. If the homeless person moves to a new area, a new address will be generated. Irish charities, such as Merchants Quay Ireland (MQI) welcomed the initiative as it will help 'every single one' of the thousands of homeless people MQI supports every year.

Homelessness can't be solved with addresses alone but it can help give individuals a bit of their identity back, and this is not merely a bureaucratic aspect. However, a recent study²⁷ showed that in some countries, obtaining a reference address may require a very long waiting period and complex procedures.

3.1.2 Implementing out-reach practices to promote access to social and health services

Outreach measures are crucial to providing support to homeless people who are not yet part of the system. Outreach teams are primarily designed to connect people living rough with existing services, beyond shelters. The problem is that they are largely confined to urban areas. In countries like Ireland, France and the UK, this outreach is a mainstream practice, but in others such as Romania, Poland and Hungary there is 'a stronger focus on immediate survival needs for rough sleepers'²⁸.

The Dutch strategy to reduce non-take-up is a good example of this approach. According to EMIN national thematic report (2014), in the Netherlands, the take-up rate is near to 100% and this is mainly explained by a large network of cooperating institutions, motivated workers and specially trained outreach teams. A special unit was created to help homeless individuals access social benefits and manage their money and debt. Homeless individuals are given shelter before being redirected to a specific service in accordance with their profile (type and nature of their needs). Street workers are trained in recognising and dealing with people with mental health issues, as well as dealing with difficult behaviours and potential aggression. All the staff in contact with these persons are trained for working with people with complex needs and will encourage all rough sleepers to engage with Homeless (Mental) Health Care and Services, Supported Housing Programmes and/or Housing First Programmes.

According to Feantsa, effective outreach services can provide 'an important first point of contact with services and facilitate moving on from rough sleeping'²⁹. Reception and orientation of people facing homelessness and the need for integrated area-based services are considered as key dimensions in the support to the access to services by homeless people. The importance of co-ordinating better the supply and demand of services and accommodation is also expressed for example in the *Stratégie nationale de prise en charge des personnes sans abri 2009-2012* (France's National Strategy to support homeless people 2009 – 2012) which includes the availability of mobile teams, an emergency accommodation phone line, day centres and other services.

Support can also be provided by social workers to help homeless people in doing all the required procedures in particular where the access is complex or where online application is required. In UK, for example, access to Universal Credit (UC) may pose

²⁷ Città metropolitana di Torino *HOMELESSNESS Un'indagine ricognitiva sul territorio della Città metropolitana di Torino* <http://www.cittametropolitana.torino.it/cms/politiche-sociali/homelessness>

²⁸ European Observatory on Homelessness, EOH Comparative Studies on Homelessness Brussels 2018

²⁹ Feantsa (2010), *Ending Homelessness: A Handbook for Policy Makers* https://www.feantsa.org/download/feantsa_Handbook_en_final-2-15169925525089897430.pdf

particular challenges to homeless people as it is dealt mainly through online request. Claimants are normally expected to make a claim for UC, and to manage their ongoing claim, online. All jobcentres now have free Wi-Fi and there are more than 8 000 computers available to support claimants who need help with making their claim digitally and applying for jobs online³⁰. But independent access online is not always possible and so a telephone free helpline and face to face support by social workers are also available for claimants to make and manage a Universal Credit claim.

As emerged in a recent mutual learning event on non-take-up of minimum income benefits, held in Athens in July 2019, many countries are introducing new tools and solutions to lower the non-take-up rate through outreach activities facilitating the access to social benefits.

- In France, non-take-up has proved to be mainly linked to social stigma as well as to the lack of information and transparency of eligibility criteria. The introduction of one-stop-shops will help to deliver services through a single registration and via automatic payments to beneficiaries. As online access to service provision alone does not seem a good entry point for homeless people, the French government established a new partnership with Le Restos du Coeur, a network of 2 000 locations providing basic support each year to more than 1 000 000 people in need. This network will be connected to the national social protection network and will facilitate first contact between people in need and the authorities.
- In Hungary, all year around there are phone lines that anyone can call and report about homeless people sleeping rough in crisis - during the winter, it operates on a 24/7 basis all over Hungary. It should be used to send an outreach team to investigate the situation and drive the person to shelter/hospital if needed, but in practice, there are many people sleeping rough and most do not get reported on a daily basis.
- In Portugal, recent initiatives have been implemented to reach out to particularly vulnerable beneficiaries: social services officials are obliged to trigger the process for granting the Social Integration Income whenever they identify a case of particular social vulnerability.

3.1.3 Lowering the access threshold

Lowering the access threshold is another strategy to reduce non-take-up rates of social benefits by homeless people. It can be reached by making the services more accessible through improved design or by removing administrative hurdles.

Entry points where homeless people can easily access the services they need can be extremely important for tackling rough sleeping. As described in the Feantsa Handbook³¹ 'Stockholm local authority has set up a homeless service centre that is open after working hours every day. The centre ensures that social services provide individual support to get people from a situation of rough sleeping into more permanent solutions. The Homeless Services Centre is a part of the city's social service programme and is located at one of the city's shelters.'

As Cromarty (2018) shows, in England people who are sleeping rough may face barriers in accessing health services. For registration they may be requested proof of address, but this doesn't seem the case any longer as in December 2017 NHS England published guidance on 'How to register with a GP for people who are homeless'. It states that 'If a patient cannot produce any supportive documentation but states that he resides within the practice boundary, then practice should accept the registration... A homeless patient cannot be refused registration on the basis of where he resides because he is not in settled accommodation. There is no regulatory requirement to

³⁰ Cromarty H. (2018)

³¹ Feantsa (2010), *Ending Homelessness: A Handbook for Policy Makers*

prove identity, address, immigration status or an NHS number in order to register as a patient and no contractual requirement for GPs to request this.³²

To support the access of homeless people to social services by lowering the access threshold another strategy concerns the involvement of experts by experience. This is for example implemented in Finland as described in their Action Plan for Preventing Homelessness in Finland 2016-2019. A study about the Plan describes: 'Experts by experience, i.e. people who were formerly homeless, feature quite heavily in the Action Plan. Their roles include consultation about how services should be designed and run, through to the direct provision of services as peer support workers. This incorporation of service user representation is widespread in the delivery of health and social services, in some economically developed countries'³³.

Also, Belgium relies on the support offered by experts by experience to ease the access to social benefits and to improve its outreach capacity. Persons who have lived in a situation of poverty or social exclusion now support the federal government in understanding the difficulties and obstacles faced by people living in poverty to access services.

However, studies show that the use of experts by experience in homelessness strategies is not very clearly defined. In some cases, the involvement of experts by experience can raise concerns, as their usefulness depends on 'who those people are, how representative they are, how many of them should be involved and on what basis... However, the practicalities of implementation, i.e. what this involvement means and what it can deliver, need to be carefully planned'³⁴.

3.1.4 Collaboration between services and tailor-made assistance through case management

A characteristic of homelessness is the presence of different, often complex, needs which require the involvement of a wide range of service providers to be tackled. As homeless people may find it difficult to navigate bureaucracy, coordination and collaboration among the different services can be crucial to facilitate access to services. Services which need coordination may include housing policies, social services and health services, drugs services: working together, in particular, with drug and mental health services is key for those with complex and multiple needs, according to Feantsa. The Feantsa Handbook evidences that 'in some areas of England, such as Bristol, promising approaches have been developed such as joint outreach between outreach workers and drugs workers, nurses and mental health workers, and the piloting of 'wet' drop-in sessions. These are staffed by several agencies who engage with clients who may be excluded from other drop-ins and services due to consistent alcohol use'.

The elaboration of a tailored case-management is the approach considered as the success factor in service provision, as it is built around the individual service user. In the Netherlands, the approach is individualised through tailored programmes and personal managers that offer a joined approach which covers accommodation, work and training, health, mental health and addiction needs³⁵. It is described as a holistic and service-user centred approach intended to help homeless people navigate the complexity of the services net.

In countries where competences are highly decentralised and scattered among different administrations (central government, regions, municipalities, communities), tackling homelessness requires governance on multiple levels, in particular when

³² Cromarty H. (2018)

³³ Pleace N. (2017) *The Action Plan for Preventing Homelessness in Finland 2016-2019: The Culmination of an Integrated Strategy to End Homelessness?*

³⁴ Ibidem.

³⁵ Feantsa (2010), *Ending Homelessness: A Handbook for Policy Makers*

dealing with administrative issues such as the registration in administrative registers. The Belgian example of the Cooperation Agreement on homelessness and housing exclusion between the Federal State and the federated entities on 12 May 2014 is a good practice: the agreement reached made it possible to elaborate a common definition of homelessness, clarify responsibilities, and support the implementation of innovative methodologies such as Housing First.

3.1.5 Policies addressing homelessness to avoid sleeping rough

Many Member States do not count on temporary solutions, but they aim to eliminate rough sleeping by providing and implementing different policy solutions. For homeless people, a home is the first step in their paths towards social integration. Many EU countries have been implementing national strategies on homelessness for years. Examples of existing national homelessness strategies in Europe can be found in Denmark, Finland, France, Ireland, Netherlands, Portugal, Sweden, the United Kingdom.

In Italy in 2015, specific guidelines have been introduced³⁶: they intend to develop a new approach to tackle homelessness not just during the emergency phase but through structural and durable interventions. These interventions consider the right to housing for homeless people as the primary and essential element for regaining autonomy. These interventions refer to the so-called housing-led and housing first approaches, which are present across 16 countries including Denmark, Germany, France, Ireland, the Netherlands and the UK³⁷.

Traditionally homelessness services are based on a 'staircase' approach to housing people experiencing homelessness: within this model 'people progress through a series of accommodation and treatment services until they are 'housing ready' and can access independent housing. Housing First is unconditional and provides an immediate housing solution with 'wrap around' support to an individual to help them maintain it.³⁸ The Housing First approach, rather than moving homeless people through stages towards stable housing, moves them directly from rough sleeping or shelter to a permanent and independent home with adequate support.

4 Existing evidence on the effectiveness of measures

4.1 Evaluation of the effectiveness of the main policy measures

Across Europe, systematic assessments and evaluations of the results achieved by new measures introduced are not frequent. The availability of evaluation findings on the effectiveness of the above-described policy measures would be key to support the development of those practices that are proving to deliver positive results. For instance, in 2014, the EMIN Network stressed the lack of information on the extent of non-take-up of minimum income schemes by the homeless population: 'Very few surveys address this issue, except in the UK. Evidence about the level of take-up of welfare benefits is very limited in most OECD countries. Not only are the figures scarce, but they also are not comparable.'³⁹

A few examples related to the effectiveness of homeless policies exist, in particular in Northern Europe, but not specifically related to the access to benefits and non-take-up. This is the case in Finland. Pleace (2017) described the main results obtained by the Finnish strategy to tackle homelessness based on a revised Housing First model.

³⁶ Ministero del Lavoro e delle Politiche Sociali (2015) *Linee di indirizzo per il contrasto alla grave emarginazione adulta in Italia*

³⁷ Feantsa (2017)

³⁸ Homeless Link Policy and Research Team (2015), *'Housing First' or 'Housing Led'? The current picture of Housing First in England*

³⁹ EMIN Network (2014) Non take-up of minimum income schemes by the homeless population

'Paavo I, the first stage of the integrated Finnish national homelessness strategy was launched in 2008, with the goal of halving the level of long-term homelessness by 2011... The strategy proved broadly effective, even though the goal for Paavo I was not completely achieved: long-term homelessness was not halved but levels fell by 28% between 2008-2011, in a context where across Europe, as a consequence of the economic crisis, the phenomenon raised considerably. The following phase of the strategy called Paavo II (2012-2015) proposed as a goal to eliminate long-term homelessness by 2015 also through more efficient use of social rented stock. To reach this goal Paavo II focused on homelessness prevention, with the implementation and reinforcement of housing advice services and other preventative services. An international review of the Finnish National Homelessness Strategy, which involved academics from Finland, Sweden, the UK and the USA, reported that as at the end of 2015, the strategy was a success. Finland contrasted very positively with the policies and strategies employed in Sweden, the UK and the USA, through successful use of Housing First within an array of services to tackle long-term homelessness and through emphasising homelessness prevention and hidden homelessness... Paavo I and II have brought levels of homelessness down, particularly in relation to long-term homelessness among adults with complex needs and increased the level of homelessness prevention'⁴⁰.

In Belgium too, in recent years, the 'Housing First' methodology is demonstrating to have a strong impact in the area of support for homeless people. As described in the Belgium country paper, through an evidence-based approach, it has been possible to demonstrate that Housing First is the most effective response to chronic homelessness (93% of people still in housing after three years)'. Housing First supports the person's recovery as it allows them taking back control of their life: 'For homeless people, having the feeling that they are citizens again, fully accessing their rights and seeking assistance and social protection, therefore, becomes a central objective.' (Host Country Paper, Belgium)

Monitoring data is considered insufficient to analyse the take-up of services by homeless people. There are homeless people who are not in touch with homelessness services and not engaging with welfare, health or other publicly funded systems. As such, homeless people registered through administrative data may not include the whole population (Pleace, 2017), and according to the author, this shows the value in the Danish practice of combining administrative and survey data on homelessness. No single data source can answer every question: administrative data are key to understand pathways through services and barriers to services. However, they do not cover those not reached by existing services, as for example long-term rough sleepers. Surveys can integrate information lacking in the administrative system but no data source is entirely reliable alone.

Qualitative monitoring activities can be introduced in support of quantitative surveys and administrative data. They can be implemented in small scale projects, to derive lessons on how and why results are (or are not) achieved. For large scale projects ex-post evaluations and participative evaluations could offer support in drawing conclusions on how to overcome the critical aspects arising from the implementation of the planned interventions. They should involve a broad range of key stakeholders, including service users. In this context further steps in the development of indicators, monitoring the different dimensions of homelessness, may also represent a useful path for the improvement of support activities.

⁴⁰ Pleace N. (2017) *The Action Plan for Preventing Homelessness in Finland 2016-2019: The Culmination of an Integrated Strategy to End Homelessness?*

4.2 Success factors and the shortcomings of the different approaches described

- An address as a chance to overcome homelessness: Having an address, even if fictitious, is proving to have an immediate impact on persons receiving it. This measure, as such, seems to empower homeless people to 'take matters into their own hands and be more independent within that... it is going to have a positive impact.'⁴¹ This practical service is expected to deliver benefits able to make a real difference in people's lives. 'Having a secure address may seem like a small thing, but it brings huge benefits to people who are homeless and to others living in temporary accommodation'.⁴² Not having a postal address, in fact, denies people the chance to overcome homelessness. An address helps rebuild the lives that homelessness has destroyed.⁴³
- A reference address is not purely an administrative concept: it can be a successful support if it is intended also as a form of social assistance and as the first door to actual support and assistance and as 'the start of an (assistance) journey to preserve a person's rights' (Host Country Paper, Belgium)
- Networking and involvement of NGOs: Outreach work by qualified social workers and the involvement of NGOs (as exemplified above in Ireland and France) are key factors that proved particularly successful. Concerning networking the case of the Dutch strategy to reduce non-take-up is particularly interesting: the large network of cooperating institutions promoted by social services to actively inform people about their rights has proved to support the access to services, particularly of vulnerable groups of the population, including homeless people⁴⁴. According to EMIN Network (2014), involving NGOs has proven to be useful to reduce the non-take-up rates.
- 'Low threshold' services are the first point of contact between people living in situations of serious marginalisation and public institutions. As the study conducted in Turin⁴⁵ showed, front-line organisations play an active and crucial role in determining 'who gets what, when and how': the key factor determining the success of the approach and reach out to homeless people relies on the competence of social workers and operators working in these low threshold services. The success (which means the involvement of homeless people in the network of services after initial access to a low threshold service) is linked to their capacity to understand what 'happens in the street' and to offer to everybody, irrespective of their individual condition, every opportunity available for other people, too.
- The personalised approach: According to Pleace (2017) strategies delivering poorer performance (such as staircase models) are linked to the presumption that 'each homeless person has broadly the same characteristics and that they have to be required to reorient themselves and/ or comply with treatment in set ways'. Successful services such as Housing First, by contrast, deliver services 'centred on understanding individual needs and following individual preferences. (...) This seems to be the reason why Housing First is markedly more effective at ending homelessness than staircase services.'
- In some countries, the use of the Fund for European Aid to the Most Deprived (FEAD), managed in coordination with minimum income benefits is considered key to enhance outreach. In Belgium and Greece, for example, people who

⁴¹ Irish good practice: Address Point <https://www.anpost.com/AddressPoint>

⁴² <https://www.anpost.com/Media-Centre/News/An-Post-launches-new-Address-Point-Service>

⁴³ <https://www.newstalk.com/news/an-post-fixed-address-homeless-845135>

⁴⁴ Crepaldi C., da Roit B., Castegnaro C., Minimum Income Policies in EU Member States, European Parliament, 2017 <http://www.europarl.europa.eu/study-on/minimum-income>

⁴⁵ Città metropolitana di Torino *HOMELESSNESS Un'indagine ricognitiva sul territorio della Città metropolitana di Torino* <http://www.cittametropolitana.torino.it/cms/politiche-sociali/homelessness>

receive FEAD assistance, and are not in social services databases, are directed towards the local service premises to receive information about the rights they are entitled to. In Italy the full integration of FEAD with ESF is proving successful. This is the only European practice of full integration of funds intended to combat poverty and social exclusion: ESF finances the strengthening of local care services for homeless people while FEAD finances the purchase of goods and of materials to be used, for example, in the provision of low-threshold services.

5 Conclusions

The thematic report has evidenced the existence of several different interesting practices with strengths and weaknesses, all of them specifically related to their national and local health and social services infrastructures. What emerges clearly is that the lack of a fixed address, hampering the access of homeless people to the social and health net of services, can be overcome; the many different solutions are presented in detail in this report.

A few questions may be left for further discussion:

1. A few of the examples analysed look at practical solutions to let homeless people access services while living on the streets. Is this pragmatic approach an acceptable answer for the unintentional rough sleeping? Finland, for example, has undertaken a different approach, moving towards the eradication of the phenomenon and focusing on policies to end rough sleeping for all unintentionally homeless people. It is equally true that in countries where the phenomenon is widespread and increasing, there is a need to set realistic and achievable objectives.
2. The next round of European Structural Funds for the period 2021 and 2027, which is currently under discussion, will probably fund new initiatives to tackle homelessness. Are Member States already elaborating possible strategies to tap into the resources of the future European Social Fund Plus, the European Regional Development Fund, and the new InvestEU Fund?
3. What is needed for Member States to facilitate the access of homeless people to the existing safety nets? How to reinforce the social infrastructures at local level to guarantee their access on an equal footing with all other citizens?
4. Should homeless people be granted priority access to social assistance services, in consideration of their particularly vulnerable status and the multidimensionality of their problems?
5. Would priority access allow to reduce health and social consequences of no action? Would it enable a reduction of costs for the overall community associated with the worsening of their conditions?
6. Obtaining a reference address may be difficult and require a long and taxing procedure involving several public administrations. Is this the case in all countries? Are there good practices tackling this problem and new initiatives on the way?
7. Is it acceptable that social rights depend on a person's registration in the population register? Or should social and civil rights be less dependent on an address?

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7 Annexes

Box 1 - European Pillar of Social Rights specifically related to the condition of people in poverty and social exclusion

PRINCIPLE 11. Childcare and support to children: ... Children have the right to protection from poverty. Children from disadvantaged backgrounds have the right to specific measures to enhance equal opportunities.

PRINCIPLE 14. Minimum income: Everyone lacking sufficient resources has the right to adequate minimum income benefits ensuring a life in dignity at all stages of life, and effective access to enabling goods and services. For those who can work, minimum income benefits should be combined with incentives to (re)integrate into the labour market.

PRINCIPLE 16. Health care: Everyone has the right to timely access to affordable, preventive and curative health care of good quality.

PRINCIPLE 19. Housing and assistance for the homeless: a. Access to social housing or housing assistance of good quality shall be provided for those in need. b. Vulnerable people have the right to appropriate assistance and protection against forced eviction. c. Adequate shelter and services shall be provided to the homeless in order to promote their social inclusion.

PRINCIPLE 20. Access to essential services: Everyone has the right to access essential services of good quality, including water, sanitation, energy, transport, financial services and digital communications. Support for access to such services shall be available for those in need.

Box 2 – Most relevant Articles of the European Social Charter related to access to services and minimum income schemes

The right to social and medical assistance (Article 13)

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:

1. to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition;
2. to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights;
3. to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want; ...

The right to benefit from social welfare services (Article 14)

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:

1. to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;
2. to encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services.

The right to protection against poverty and social exclusion (Article 30)

With a view to ensuring the effective exercise of the right to protection against poverty and social exclusion, the Parties undertake:

- a. to take measures within the framework of an overall and co-ordinated approach to promote the effective access of persons who live or risk living in a situation of social exclusion or poverty, as well as their families, to, in particular, employment, housing, training, education, culture and social and medical assistance;
- b. to review these measures with a view to their adaptation if necessary

The right to housing (Article 31)

With a view to ensuring the effective exercise of the right to housing, the Parties undertake to take measures designed:

1. to promote access to housing of an adequate standard;
2. to prevent and reduce homelessness with a view to its gradual elimination;
3. to make the price of housing accessible to those without adequate resources

