

The Danish National Homelessness Strategy – Experiences on Anchoring Interventions on Municipal Level

Lars Benjaminsen

The Danish National Centre for Social Research

Rune Kamstrup

Ministry of Social Affairs

Introduction

The first national homelessness strategy in Denmark has been adopted for 2009 to 2012. The strategy follows a longer trend of developing more targeted interventions for marginalised groups, mainly through central government programmes, implemented on municipal level. In the first three sections of this paper we outline the background, objectives, content and monitoring of the Danish Homelessness Strategy with a specific focus on the anchoring of the strategy at the municipal level and the involvement of local stakeholders in the process of formation and implementation of the strategy. In the last section we raise some key issues and perspectives in relation to the transferability of knowledge and exchange of experience across countries.

Background and objectives of the strategy

The Danish national strategy was formulated following the first national count of homelessness in 2007. This count showed about 5,000 homeless people in week 6 in 2007. This figure includes rough sleepers, people in homeless shelters, and the 'hidden homeless' i.e. people without a housing solution staying temporarily with friends and family or awaiting release from hospitals, treatment centres or prisons without a housing solution. Another national count in 2009 pointed to an unchanged level of homelessness.

The national homelessness strategy set four key objectives (formulated by central government):

- 1) Reducing the number of homeless people sleeping in the streets;
- 2) Offering better options than placement in a homeless hostel for young homeless people (below 25 years);
- 3) Reducing the average time spent in a homeless hostel to 3-4 months for people who are ready to move to a dwelling (with or without social support);
- 4) Arranging housing solutions for people prior to their release from prison or treatment centres.

The Danish government set aside DKK 500 m. (approx. € 65 m.) over a 4-year-period for funding the strategy. The main part of the funding is distributed amongst eight selected municipalities holding more than half of the total number of homeless people.

Housing solutions and social support

One point of departure for the Danish strategy has been research evidence on effective interventions for bringing people out of homelessness. Comprehensive evidence from international literature show the importance of combining early housing interventions and targeted social support for the individual – interventions which can be jointly described under the ‘housing first’ paradigm. As the literature is mainly US based, an important question is whether such methods prove equally effective in a European context.

The ‘housing first’ principle constitutes the key principle of the Danish Homelessness Strategy. Interventions must aim at establishing an early stabilisation of the housing situation in terms of secure, permanent housing rather than temporary housing. The ‘staircase approach’ by which the homeless gradually have to qualify for a housing solution is seen as not desirable as it tends to keep the individual in unstable housing and an unstable life situation. The Danish strategy also emphasises that housing solutions have to be accompanied by social support when needed.

Key priority goes to providing more targeted housing and more individualised social support. Under the strategy new units of specialised housing will be established, widening the range of housing solutions available locally. As to the methods of social support, the strategy prioritises methods that have already proven effective in international research – methods such as critical time intervention, case management and assertive community treatment. For instance, assertive community treatment teams will be established in the two largest Danish cities, Copenhagen and Aarhus. However, the strategy also supports other projects and initiatives such as strengthening outreach street work and procedures for establishing a housing solution for those being released from prison.

Anchoring on municipal level

These interventions for the homeless have been negotiated bilaterally between the Ministry of Social Affairs and the municipalities, reflecting that municipalities carry the main responsibility for provision of services and interventions for the homeless.

Interventions for socially vulnerable individuals are generally anchored in the Social Assistance Act, which specifies detailed types of interventions such as homeless hostels, supported accommodation, social contact persons, support in housing, specially designated social drop-in cafés, etc. Such services and interventions are provided mainly by the municipalities. However, the municipalities define the level of services they provide.

NGOs also play an important role in service provision, for instance running many social drop-in cafés and a considerable number of homeless hostels, usually on a contract with the local municipality.

A key ambition of the strategy is to facilitate the development of intervention methods. Seminars focusing on intervention methods have been held with municipalities, service providers, SAND (user organisation), researchers, and consultants from the Board of Social Services et al. with the aim of anchoring knowledge on methods at the local level and ensuring adaptation to local contexts and challenges.

The continuous implementation of the strategy is supported through regular network meetings among the stakeholders. The diffusion and exchange of knowledge and practical experience largely depends on facilitation and anchoring in these meetings.

The often very complex support needs among the homeless make coordination among many local services crucial. Even though many services are municipal, providing integrated services often involves cooperation between many and different professional cultures, and practical experience show that there are many local barriers to be overcome.

Moreover, structural context factors may also pose barriers, particularly, the local housing market. While municipalities can refer people with acute housing needs to social housing, considerable differences in the housing situation exist in different areas. Whereas there is relatively sufficient availability of public housing in most medium-sized and smaller towns, the housing market in large cities, especially in Copenhagen, is relatively tight. The challenge is to allocate enough public housing to those individuals among the homeless who are able to live in self-contained housing.

Monitoring and evaluation

The priority given to a thorough process of anchoring initiatives locally suggests a relatively long implementation process. The first of the new interventions were in place by mid-2010 and the strategy in effect will run through 2011 and 2012, after which its effectiveness will be evaluated.

The monitoring of the strategy takes place on two levels. On aggregate level outcomes in terms of the overall development of homelessness on national and municipal level is measured through repeated national homeless counts and through data from the national client registration system on homeless hostels gathered by the Social Appeals Board.

On the methodological level outcomes of interventions are measured on the individual level with the aim of providing evidence on the effectiveness of the specific intervention methods. Individual data will be obtained on the housing situation and social situation of individuals receiving different kinds of support following specific intervention methods. The data will allow the assessment of outcomes of specific interventions.

In addition, qualitative knowledge on the process is gathered from network meetings and interviews with stakeholders.

Table 1: Targets and monitoring on aggregate level.

Strategy Aims/Objectives	Indicators/monitoring
Overall reducing the level of homelessness.	National homelessness counts and client registration system at homeless hostels.
1) Reducing the number of homeless people sleeping in the streets.	Number of rough sleepers (National count).
2) Offering better options than placement in a homeless hostel for young homeless people (below 25 years).	Number of young people staying in homeless hostels (Annual statistics of Social appeals board and national count).
3) Reducing the average time spent in a homeless hostel to 3-4 months for people who are ready to move to a dwelling (with or without social support).	Length of stays in homeless hostels (Annual statistics of Social appeals board).
4) Arranging housing solutions for people prior to their release from prison or treatment centres	Homelessness due to institutional release (National count).

Transferability of knowledge and experience across countries

Comparing the Danish and Portuguese strategy there seems to be a stronger anchoring on municipal level relative to the NGO sector in the Danish strategy than in the Portuguese strategy. This may reflect differences in the underlying welfare regime, where the role and responsibility of municipalities in welfare provision for marginal groups is traditionally relative strong in Scandinavia. However, a question is whether the adoption of the Portuguese strategy signals a stronger involvement of the state and local government in welfare provision for marginal groups?

A key priority in the Danish strategy is to strengthen the supply of interventions for which there is evidence that they increase the chances of bringing individuals out of homelessness. The research literature points to the need for establishing early permanent housing solutions with adequate individual social support. Implementing such interventions often involves changing the widespread tradition of providing more temporary solutions to homelessness. The Danish experience is that both dialogue and exchange of knowledge involving all local stakeholders in face-to-face networks is crucial for such a 'change' in focus and approach to take root. In this way we see many similarities to the Portuguese experience of the importance of involving all local stakeholders in an active process and dialogue.

The need to provide integrated responses, involving many stakeholders also arise from the often complex nature of the support needs of the homeless. A key challenge is the coordination of often complex interventions involving housing, practical support, psychiatric services, substance abuse treatment, etc. Thus, developing adequate local procedures for coordination of services and interventions is crucial. The Danish strategy takes place in an institutional context with a relatively high degree of responsibility placed at the municipal level. Thus, relatively many services and agencies involved in giving support to homeless individuals are municipally based. However, even within a primarily municipally organised service structure many challenges exist for providing integrated support tailored to individual needs. A focal point here is to what extent the challenges of coordination and provision of integrated housing solutions and services show similari-

ties or differences, depending on the institutional context, e.g. the role of local government or the role of NGOs?

A further issue is the structural condition of local housing markets and the provision of housing for the homeless. Reviews of national strategies in many countries point to a lack of affordable rental housing as a substantial barrier to reducing homelessness. In particular, the availability of housing can reduce the inflow to homelessness of people with relatively low support needs, i.e. people who can avoid or self-exit from homelessness if affordable rental housing is available. In most European countries a considerable difference is observable in the housing situation between larger cities and less urbanized areas with a lack of affordable housing in most large European cities. This highlights the issue of whether targeted allocation mechanisms of rental housing are in place to ensure a supply of ordinary housing for those among the homeless who are able to live on their own (eventually with social support) and whether the supply under such schemes is sufficient?