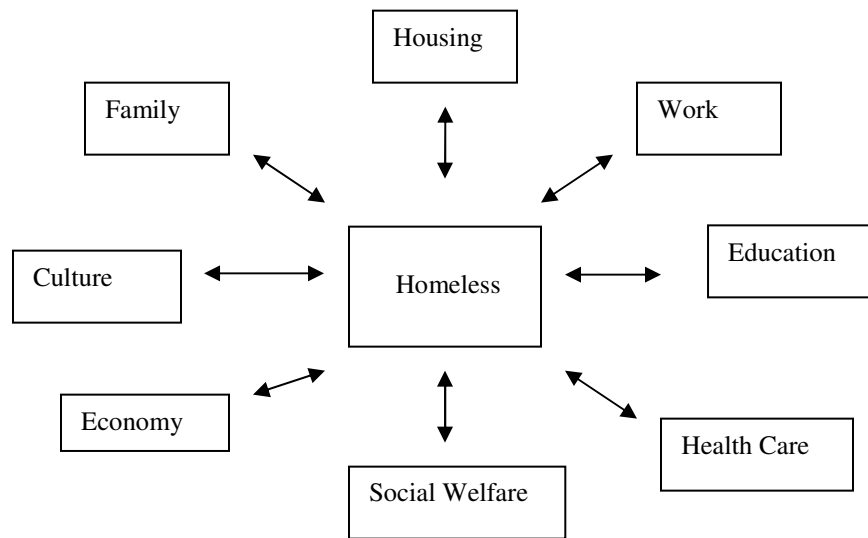


HOMELESS

Practice and planning in Europe



Forum for Holistic Integration

A Transactional Exchange Project granted by the European Commissions' Community Action Programme to Combat Social Exclusion 2002 – 2006

Copenhagen, March 2006

Introduction.

This article is based on practical experiences gathered from institutions for homeless people in larger cities throughout most of Europe: Edinburgh, Marseille, Milan, Vienna, Bucharest, Riga, Cologne, Malmö and Copenhagen. All have worked together on the project, "Forum for Holistic Integration (FOHOIN)," aimed to exchange good practical experiences and to get the experiences into the plans for future politics.

The project, carried out 2003-2005, is part of an extensive EU program for prevention of social exclusion through national action planning, and is a shared European contribution for social integration. FOHOIN is granted by the Community Action Programme to Combat Social Exclusion 2002 – 2006, Transactional Exchange Programme 2003 – 2005.

You may read more about the project on www.fohoin.info or contact the project manager, Per K. Larsen, Unikon, tel: +45 32 66 15 60, mail pk1@unikon.dk . You are welcome also to contact the project participants; contacts are listed in the end of the report.

Homelessness; a holistic view

The homeless throughout Europe are alike when it comes to the suffering and social difficulties they have to endure. When searching for help, they are looking for the comfort of a home. Besides searching for a place to live, they are also tormented by other problems such as:

- Addiction by alcohol, medicine, hash and narcotics.
- Mental and physical diseases; bad teeth.
- Economic poverty and debt.
- Loneliness, guilt and shame; Separation from families.
- Long-term unemployment; insufficient education.
- Restricted access to society's basic institutions and services.
- Minimal influence over their own future outcomes.

Taken individually, more details and important differences may be added to each point. We have the resources and the will for life, but the essential common traits of the homeless are that they endure numerous simultaneous sufferings within a complex coherence. Even for experienced social workers, it is difficult to gather an overview of the reasons and means of the homeless' issues, or to know where to begin with setting up proper plans. Some problems ought to be resolved before others. However, even before starting down the list, one must be aware of the lengthy process it takes and what is entailed in tackling the entire list.

Homeless institutions are aware of the entire list of tasks, but they are not equipped to deal with all such tasks. Most institutions are able solve the immediate tasks at hand: A bed to sleep in, food, clothes and care. Besides, each institution may have its own specialty. Where one is especially good at finding solutions to solving housing problems, another may have a good grasp over counselling or nursing the individual outcast from society. Where one institution has a good working knowledge over solving abuse problems, another is very resourceful in helping with work placements. No one institution is good at completely resolving the multiplicity and complexity of the difficulties that are so characteristic of the homeless.

Most institutions realize that the amount of help they could provide is insufficient. They are well aware of the results that are not as good as they should be. The institutions make every effort to do the job as well as they can when they attempt to solve more and more tasks. How? The methods vary, nationally and locally. The institutions are interlinked within a chain of welfare systems, and each welfare system that exists, in each individual country, acts as though it is the

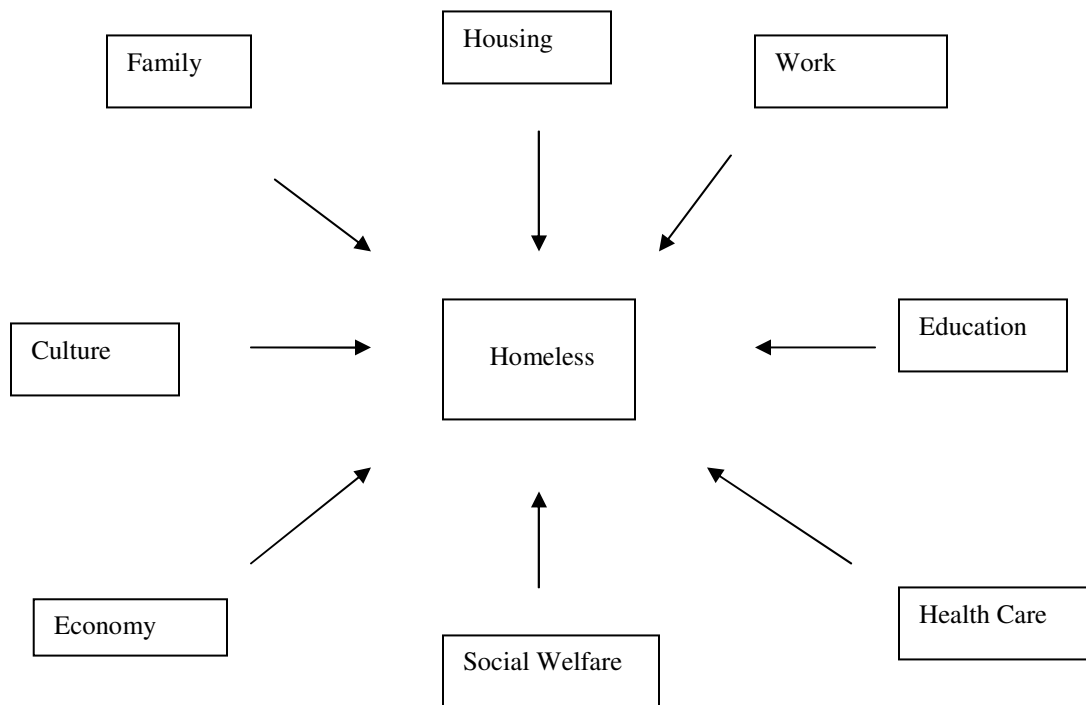
last link in the chain, a support, a lifeline if you will, for all the people who are falling through the holes that exist within all the other social, health and economical safety nets.

Homeless institutions are the bottom-most layer in a hierarchy of help options. No one wishes to come to a homeless institution. These institutions may function well, but the process itself, when searching for help in a place like this, seems like the ultimate social defeat and the last resort.

The institutions are, in a way, like the homeless. They are last in line. They wish to do more, but cannot do enough alone. Their ability to give a proper, qualified contribution depends on the institution's skill at creating networks and solving problems with fewer resources.

Social Exclusion - A Holistic View

What happens when you turn things upside down and place the homeless and the homeless institutions in the center instead of at the periphery? This thought can be illustrated in the model below:



In the figure, the boxes indicate the normal systems and benefits, accessible for the population in general, but not for the homeless. The homeless individual is excluded from society, its systems and benefits, and has no or only a very restricted access to housing, work, family, education, cultural and free-time activities, healthcare, hospitals, social counseling and economic institutions. It may be difficult to understand why the homeless are being excluded or do not have access to such systems and benefits, especially when you consider that all the normal systems tries to be spacious and take individual variations into consideration. Normal systems do provide certain access, do have special, individual solutions, but only to some extent. The reality is that people come to homeless institutions because they have not received the help they need from other places. The normal systems are for people with normal, simple difficulties.

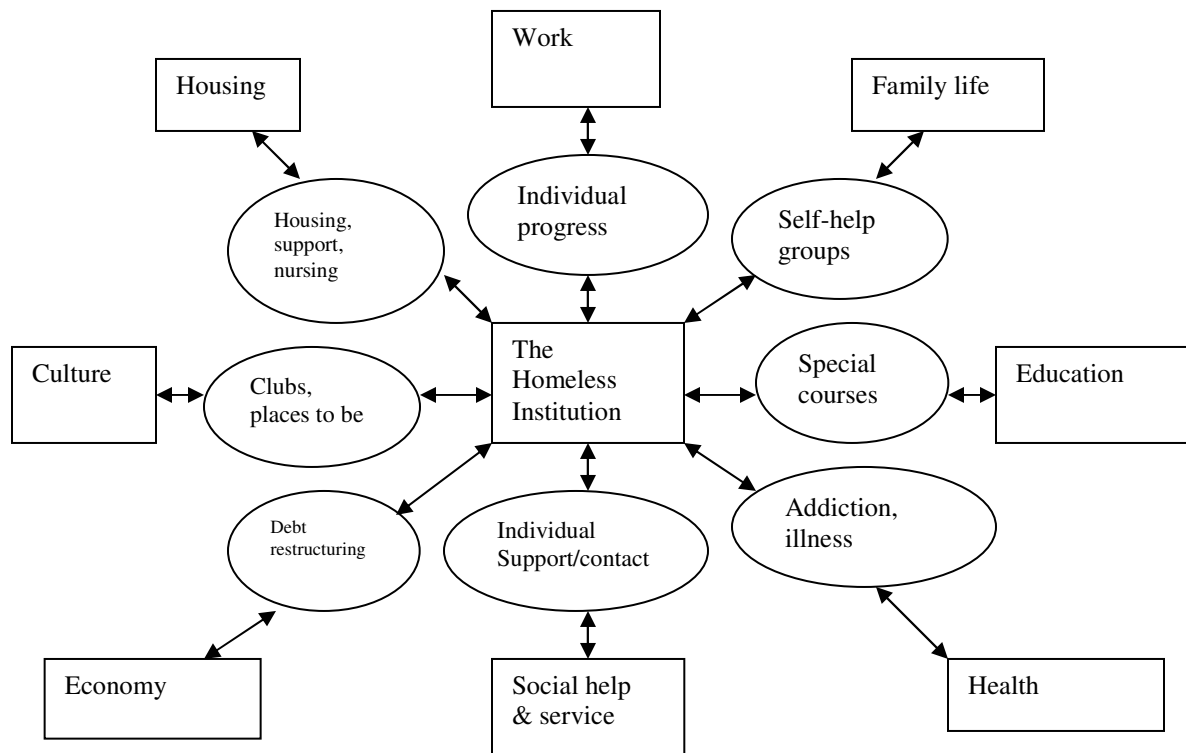
The homeless have complicated difficulties. The labour market is spacious for individuals who can deal better with its demands. The housing market provides for those who are in need of a home, who can afford its upkeep and do not have any other pressing needs as the homeless. Hospitals are good for people who are sick, but not for those who suffers of a mix of long-term diseases, addiction and social difficulties.

Let us take the home as an example. The accommodation may be vacant and inexpensive. However, before a homeless is able to receive and upkeep a residence, there are some responsibilities and obligations that need to be met and solved together along side with them. For instance, the homeless individual would need payment for a deposit, help with furniture, support with counselling, drug rehabilitation, support when the rent is not paid, help with education, guidance to finding work, and assistance in locating a suitable dentist, doctor or psychiatrist.

Holistic inclusion in practice: Pieces in a Puzzle

To ease the transition for the homeless from institutions to the normal systems of society, it is common practice for the homeless and the institutions to seek halfway solutions as shown below with the oval figures:

The Holistic Model: The Parts



Instead of moving the homeless straight out into new defenses and systems, as indicated in the normal boxes, the homeless can search out specialized, goal-oriented solutions with the aid of an institution to find a home or shared flat. The institution may provide assistance with social support, rehabilitation and protected jobs, self-help groups, special day and free-time courses,

illness and abuse treatments, various types of support and contacts, restructuring of their debts, and places-to-be and clubs.

The aim for the homeless is to function and to be included into a normal life. Usually, stay in a homeless institute would be limited to a short period of time. For instance, three to six months. In that amount of time, the homeless individual would have to regain control over all those areas within his or her life that are not functioning smoothly. There have not been too many success stories. Few outcasts manage to return back to the normal systems from which they were expelled. Therefore, the society and the institutions have had to come up with halfway solutions.

Halfway solutions also have a preventive function. They give support to the functional homeless who have a home, but have difficulties in getting by. The extra support provided can help stop the evil circle that many homeless face and live with. This circle consists of moving around between unqualified residences, hospitals, jails, the street and social institutions.

Halfway solutions are a step forward seen from the homeless' point of view. Yet, these kinds of solutions work only to a certain extent and have their limits. If you look at the figure, you may get the impression that the connection arises systematically straight between the homeless institution and the normal parts of society listed in the boxes. This notion is by no means correct.

The figure provides examples of halfway solutions which are connected and may exist, but the realities are much more complicated. The solutions are more like pieces in a complicated puzzle. National legislations can give the impression that the pieces are present, available, and can be coordinated by authorities and professionals into individual solutions for the homeless. Maybe it is so in theory. In practice the puzzle is so complicated that it only is solved occasionally.

Homeless institutions deliver some of these pieces themselves. The institutions, participating in the project, "Forum for Holistic Integration," offer different examples on good practice.

-Erik-Wichberg-Haus, The Salvation Army, Köln in Germany, offers programs on living and labour market training.

-Kyrkliga Stadsmission, Malmö in Sweden, provides special treatment of medical suffering and diseases.

-Servizio Accoglienza, Milan in Italy, is an open street-level center which offers various counselling, psychiatric treatment and coordination services to Milan's homeless.

-Habitat Alternatif Social, Marseille in France, is specialized in giving support and counsel to the homeless so they are able to live in homes which start off as temporary lease contracts and may continue into ordinary contracts.

-Cyprenians, Edinburgh in Scotland, provides special offers for training and work for young homeless individuals.

-Overfoerstergaarden, Gentofte in Denmark, offers better treatment programs for the homeless who are addicted by a mixture of too much alcohol, hash, medicine, and social follow-ups.

-Bundesarbeitsgemeinschaft, Wohnunglosenhilfe, Vienna in Austria, is a national organization which supports the establishment of initiatives for homeless women.

-Asociatia Casa Ioana, Bucharest in Romania, gives support to homeless men, women and children in a society where there are no other alternative solutions.

-The Welfare department of Riga city council, Latvia, organizes and develops all offers regarding social and health services, and work and housing for the socially vulnerable in Riga.

Written many times over, but underlined again: The homeless have numerous complex sufferings. The proper assistance consists of various parts. There are many practical experiences and good examples on solutions to the single parts. It is possible to put forward a holistic model, but it still remains to be implemented into practice.

Homelessness as symptom of crises in our welfare societies.

It is easy to understand that homeless people are in crises, excluded as they are from goods and services, available for people in general. On the other hand it is important also to understand their situation as strong signs of crises in the welfare systems and institutional mechanisms, aimed to help excluded persons.

Homeless are living examples on how powerless a modern welfare society might be in relation to exclusion. Trying to help homeless being integrated, reveals many hindrances against integration, which might be general for many other vulnerable groups, but seems extremely clear, when it comes to the homeless persons

By looking into the welfare system from the point of views of homeless and institutions for homeless, we might be able to give some very exact and strong insights in the nature of exclusion as well as in the chosen solutions, lying both in the homeless themselves, in the hostels trying to help, as well as in the surrounding attitudes, policies and legislations, public authorities, voluntary groups, in labour and housing markets and so on.

Historically, all the countries have had or still to some degree have total institutions, based on assuring easy access to all the contributions gathered in and around the homeless institution. The total institution gathers all the parts and resources necessary to solve the homeless' many complex sufferings in one place, under one management.

Open and easy communication between the homeless institution and the surrounding world would allow the homeless easier access to the institution, and for the institution to retain easier access in providing them with housing, work places and other necessities in the surrounding world.

The essential disadvantage of the total institution model is its tendency to close itself off the surrounding world and develop itself as a total institution. This model is typically used in countries where the normal infrastructure still is weak, for example, in Romania and Latvia, but even here there is a clear tendency away from total institutions in to more inclusive models, underlining the importance of access for homeless to normal housing, job, health care etc.

However, the proper assistance as a whole is not available for the individual homeless. The institutions only have a limited amount of access to the separate elements and the coordination and flexibility between the elements is nonfunctional, compared to the weak conditions within which the homeless exist. Access to some elements might be functioning well, while access to other elements might be blocked by one reason or the other. And overall there seems to be problems of coordination.

To secure accessibility for the single individual as a whole person, one can, in principle, utilize one of two models: Coordination or Integration.

Co-ordination.

The Coordination Model is based on a very simple principle: If the different parts in a system do not work well together, the answer is to develop better models for cooperation between the elements.

The model seems very logic, and is often the favorite solutions among bureaucrats; maybe because it does not question the elements, but only the relations between them. An essential reason for why this model is insufficient is that social workers have neither the necessary competence nor quick and flexible access to the many parts outside their own resort area. Many

speak well of the Coordination Model in countries with large, extensive welfare systems as for example Denmark and Sweden. But in practice the results are rather poor.

Integration.

In the integration model we assume that the homeless institution is competent and capable enough to search for and open access to the essential parts required meeting the demands of the tasks that need to be resolved. It is assumed, that there is straightforward access and an ability to coordinate with the authorities who possess the competence to work with the other parts, which is also necessary for integration with the homeless. The model assumes that:

- There is an agreement amongst the homeless, experts and politicians about what parts need to be solved first. The institutions work in a chain-like fashion and assign what needs to be solved by others.
- All the parts are accessible and ensured to work together as a whole so that it is possible to arrange individual action plans and, thereafter, realize them.
- There are rules and financing available for the institutions, certain standards set for the staff, quality demands for work, and rights for the homeless who are assured that all the parts are present and access to the help is available.

Holistic integration in practice.

From the experience of visiting projects in the different participators countries and discussing the meaning of a holistic approach with service operators from the FOHOIN consortium, the experience is that if the holistic model is to be transferable across countries, it needs to be viewed as a benchmark and not a detailed template. In other words it needs to contain the key ingredients of addressing homelessness, but cannot be expected to be a failsafe and descriptive recipe for success in the field. The model should primarily be used as a generic model, displaying the key features that need to be considered when providing support to a person who is homeless.

Many NGO's and institutions for homeless do not have the resources or expertise to attend to each heading, though each of the headings in the model is certainly relevant to the problem of homelessness. Added to this, the political, cultural, linguistic and economic differences from country to country bring further complexity to our shared understanding of homelessness, and how to help individuals to make a sustainable recovery from it.

This means that the integration approach is the most favourable in delivering the most rounded type of support to individuals who are homeless, i.e. rather than the 'co-ordination' approach. It allows for greater flexibility of service provision, and encourages placing the individual needing to the services at the centre of the main activities, and adapting to their needs rather than the individual adapting to the provision.

The homeless have complex needs, and each case is unique. The institutions are about tackling homelessness first and foremost, and therefore often need to recognise the specialist organisations that are better equipped to deal with specific needs, such as drug user rehabilitation, medical assistance or home help, and refer relevant cases to them.

The integration approach to the model, where co-ordination and service provision go hand in hand, is, to our mind, the best approach for any NGO or statutory body to adopt. To our mind the model developed through FOHOIN is useful insofar as it contains the broad features that form the

picture of the homeless situation, but it must be remembered that there is no formulaic panacea for solving homelessness – each person is different, and each organisation must be as holistic in its structure as possible within its means, bearing in mind that most organisations will not be able to provide every aspect of support that makes up the model.

In that respect any organisation working in homelessness should work to develop its knowledge in relation to local and national organisations that might offer complementary services for their clients, so that it can efficiently co-ordinate service user progress where appropriate, opening access to support be it within or without one's own organisation.

Holistic Integration and the National Action Plans

The EU countries' strategy for integration of the homeless are expressed in their national action plans. One of the objectives of the "Forum for Holistic Integration" is to contribute to the development of these national action plans. Therefore, it is relevant to see how the experiences from the project fit in with the national action plans.

If we look at the NAP reports from the member states, you find that for most of the countries employment is considered to be the most important key to social inclusion. The focus on employment as the essential means to social inclusion does not hold true for the homeless. In most cases, the homeless wants to live like other people, but they have been through difficult periods and need both time and flexibility in order to get out of addiction problems, develop their confidence as well as the necessary skills and thus increase their employability to enter into the labour market. They need a holistic help and are not as easy to integrate into the labour market as people who are only temporarily unemployed. Some are in a state, where the proper solution is a social pension and not a job.

Out of question employment is one of the factors towards integration, but that for the homeless employment measures must be flexible and long-term in nature.

Looking at the policy measures in the NAP reports shows that all countries mention the housing policy and special housing initiatives and services for the homeless. In that respect the problem of homelessness are very much seen as a housing problem. Measures to diminish homelessness are developed from this approach. In other countries the problem of homelessness are very much linked to social policy and social services for the homeless or to the addiction problems among homeless.

Some countries there has shifted to a more support oriented approach, due to the fact that the profile of the homeless has changed considerably linked with social and abuse problems. Even though that approach broaden the perspectives and challenge a gross-section policy involving the social policy, however there is an absence of a more holistic approach to the problem of homelessness and a holistic view about the measures for the homeless.

Different faces of the homeless.

In all NAP reports the homeless people are mentioned as one of the most vulnerable groups. In the description of the homeless you find very different kind of faces, and behind those different definitions of the homeless. First of all the homeless are people "without a home" or "has never had a home". In that way all have the same attitude to homelessness. But the concept used are often very narrow concentrated around the housing problem, while it in other countries are broader including people in a very bad social situation without knowing anything about their home situation. Besides the housing dimension, the social dimension is characteristic. The alcohol and drug addiction is also an important dimension in the NAP's.

The visible sign of the homeless are the people living in the streets, parks and stations also mentioned as “rough sleepers”.

In some NAP reports you find the distinction between homeless living in the streets – the “rough sleepers – and homeless without a home, but staying in shelters or receptions centres for the homeless.

In some of the countries the fight against homelessness priority has been given to reduce or end the number of “rough sleepers”. In Scotland the Scottish Executive along with the local governments, has pledged that any need to sleep rough will end by 2003 and in England by the end of 2001, rough sleeping had been reduced by more than two-thirds, compared with 1998.

In Austria, homelessness is primary a problem of the city of Vienna. In connection with the NAP incl. 2001, Vienna formulated the objective of providing every homeless person in the city with accommodation by the year 2006. From the second NAP- report it is said:

“The measures to achieve this aim being implemented according to schedule. The number of homeless people sleeping rough fell between 1996/97 and 2001/02 from 800-1.000 people to 300-500 people and from 5.000 homeless people accommodated in homes to 3.700 people.” (Austria)

The homeless include in every member states the people living at receptions centres, shelters, etc and are in many countries the main group of the homeless.

“Homeless people living at reception centres, shelters etc. lack an important foundation in their lives needed to be able to take care of themselves. Add to this that life as a homeless person carries significant health-related and social implications.” (Denmark)

In some reports you find that the homeless also include people who have an apartment, but due to many different reasons cannot stay there. People have a place to stay / a kind of home, but very lonesome and psychiatric persons are isolated and are homeless in the sense that they cannot stay in their home (apartment) because of their situation and because of the inappropriate house situation.

In many reports there are a good understanding of the homeless and their social problems and many reports points out the need for more information and research about the homeless and the problem of homelessness. One country report mentions the difficulties about the information about the homeless.

“There is often only very limited information about the lives of people in extreme poverty because they are mostly not included in the statistics due to the situation of their lives. It is characteristic of their situation that the assistance offered by the welfare state to cope with crises reaches them only to every limited extent or not at all and they hardly ever actively seek out social provision, but can only be addressed by pro-active, low-threshold action. The main people in extreme poverty include the homeless and addicts.” (Germany, side 12)

Some of the characteristics of the homeless in the EU

Although there are many faces, there are some common findings. First, a large majority of homeless people live as single person. Second the average age is about 40 years. Looking at the different countries there are varying trends – some shows that the homeless become younger other that they become older – which seems to be clearly linked with national particularities regarding the changing nature of services for the homeless. Somewhat surprisingly, the most

common trend is the growing share of people aged between 40 and 50. Thirdly especially in the case of women, foreigners and ethnic minorities, the included services to count and to profile the homeless deeply influence their share in the total homeless population.

“Homelessness is a serious social problem with implications for both housing policy and social policy. It is extremely difficult to obtain reliable information about the extent of homelessness. Just fewer than 10.000 homeless were reported in 1993. In a survey carried out in 1999 the National Board of health and Welfare estimated that there were about 8.400 homeless persons. In both these studies about one-fifth of the homeless were women.” (Sweden)

Looking at the trends we find for the women that there exist acceptable reasons to state that during the last twenty years the European homeless population has undergone a process with a growing share of women. However taking into account a shorter period (since the late nineties) accurate data are lacking to measure whether this trend still persists or not.

Homelessness affects different groups disproportionately. For example women and lone parents and people from different ethnic minority communities are more likely to be homeless. In the report from United Kingdom they talk about relationships.

“Relationship breakdown is a leading reason for homelessness, with seven in ten such cases involving domestic violence. Over the last seven years, more than 130,000 English households have been accepted as unintentionally homeless and in priority need because of domestic violence – around one in six acceptances.” (United Kingdom)

If we look at the different information from the countries, they show that homeless people are poorly educated, and they are rarely employed within the formal labour market. In particular those who also lack social benefits develop different survival strategies to make ends meet. Homelessness is for the most people not a unique and short-term problem arising unexpectedly, they have serious and more frequent health problems compared to the total population (physical as well as psychiatric) and different forms of addiction occur frequently. Their social networks are rather poor and limited to people with whom they not really exchange any valuable goods or services. In many aspects the daily life of the roofless people are harder compare to the somewhat better situated houseless people. Indeed a life in the street is not an adventure, for these people it is a daily struggle to survive.

Looking across the member countries you find that homelessness cannot exclusively be seen as the result of individual characteristics, but also have structural elements linked with the macro social processes, which deeply influence the housing market, the labour market and the wider welfare state.

The current restructuring of the European welfare states and the globalisation clearly shows that contemporary homelessness is not only a housing problem, but a specific and dramatic expression of social exclusion mainly linked to the labour market and to different levels of citizenship in the European Union. In that way profiling homelessness are socially embedded aspects of poverty and social exclusion.

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