

ADDRESSING HOMELESSNESS IN EUROPE

The changing profiles
of homeless people:
Macro social context and recent trends

By

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Introduction

Undoubtedly, the composition of the homeless population across Europe has deeply changed since the mid eighties. Daily observations in public space as well as recent claims from services who work with the homeless suggest that the widely accepted image of adult male and West-European individuals should be modified by the presence of a new generation which is also more and more visible in European urban spaces. Indeed, more youngsters, more women and more people originating from non EU-countries seem to complete the most recent picture of urban European homelessness.

At present, both publications which deal with this changing profile of the homeless across Europe and publications looking for differences and similarities of profiles among several Western countries are hardly available.

The existing literature on profiles of the homeless is mainly written from a pathological perspective (especially in a US context), stressing several individual characteristics, explaining prevalence, recurrent homelessness and so on (see e.g. Phelan and Link 1999). Without refuting these individual dimensions of homelessness, this paper stresses the broader social and economic indicators that go hand in hand with homelessness across the European Union. It relies on the assumption that homelessness can no longer exclusively be seen as the result of individual characteristics, but that it should also be structurally linked with macro social processes, which deeply influence the housing market and the wider welfare state. This is a deliberate choice, as the current restructuring of Western welfare states and the worldwide liberalisation clearly suggest 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 (see Edgar et al 2002a). Therefore, profiling homelessness also aims to assess socially embedded aspects of poverty and exclusion.

Taking into account these findings, this paper has four specific goals. First, this paper checks whether both the already briefly described street observations, dealing with current profiles of the homeless in the western world, can be scientifically confirmed. The paper therefore elaborates a more detailed analysis of existing data in a selected number of EU-countries.

Second, this paper wants to discuss some methodological problems when comparing (changing) profiles of different EU-countries. At present, there is no common definition on home-

lessness in the EU, nor is there a common methodology to count and to profile the homeless population. This causes serious methodological problems, which have to be discussed in detail before appropriate conclusions can be made regarding differences and similarities among the six selected EU Member States.

Third, within the limits linked to the methodological problems, the paper wants to discuss some of the most striking differences and similarities regarding the changing profile of the homeless across the EU.

Fourth, explanations for current and changing profiles and differences across the European Union will be referred as much as possible to existing macro social process. Of course these macro social processes will vary from country to country and this variation may also partly explain differing profiles of the homeless population across the European Union.

The paper is structured as follows. Subsequent to this introduction, the following paragraph draws the wider social-economic context which helps to understand current obstacles regarding access to housing across the European Union. Therefore, this paragraph discusses the ongoing commodification of the housing market and the restructuring of the labour market; the restructuring of the welfare state and its impact on housing; and the emergence of new household types, referring to the so-called second demographic transition. Of course, these trends have had an influence since the mid-eighties and their structural character still deeply influences the social production of homelessness and the current profiles of the homeless. The third section then deals with one of the key problems discussing profiles of the homeless across several European countries, that is the problem of defining homelessness and of collecting data in a coherent way. After this methodological section, the next paragraph describes seven major features of current homeless people in Europe: demography; education; employment, income and financial situation; living situation and homelessness history; health; social networking and finally also quality of life. The fifth section seeks to confirm or to reject the three main trends which are stated at the beginning of this introduction. They concern age, gender and nationality. In conclusion, the paper points to a set of relevant policy aspects. It stresses first of all the need and the importance of having a good and reliable data on homelessness for each member state of the European Union, data which have also to be mutually comparable.

The wider social and economic context

In order to understand the current socio-economic profile of the homeless across Europe, it is good to sketch in advance rather briefly the dominating macro social and economic processes that affect access to housing in Europe (see Edgar et al 2002a). Three important processes are involved: first of all, European labour markets have been fundamentally restructured since the 1980s. Within this process, four important structural changes are mutually linked: globalisation, increased flexibility, growth of the importance of the informal economy and polarisation. First, globalisation includes wide-ranging migration of people from the global periphery to the western core. An important share of these people flee from poverty in their country and thus try to access western labour and housing markets with hardly any means. Second, employment has become less stable; this, together with a downward pressure on wages, leads especially for the lowest income groups to increased job and income insecurity and, consequently, problems in securing access to adequate housing. Third, at the same time, the current international migration trends, the increase of so-called low paid and insecure McJobs and the need for flexibility, give rise to the creation of a local 'third world' and a largely informal economy in many European countries. Fourth, as a result of these ongoing processes, labour markets develop a new polarised hierarchical structure (Sassen, 1991), characterised by a narrow middle caught between a wide base of McJobs and a wide top of high salaried occupation. As a consequence of this structure, upward social mobility for those at the bottom of the labour market is structurally impeded, hindering at the same time possibilities for access to the better segments of the housing market, a problem that is strengthened by the EU-wide trend of commodification of the housing market¹.

This includes severe cutbacks in building programmes of social housing companies and the privatisation or conversion of public rental flats into owner-occupied ones. Moreover, this trend, entailing an increased demand on the private market by loss of public and price controlled dwellings, has also caused a steep increase of both private rents and purchase prices of dwellings, especially in the lower quality segments. In general, private housing prices increase faster than real wages, or the purchasing power of the European population. Strongly related to the previous observation is the changing role of the state. Its withdrawal from direct intervention to indirect facilitation, doing less and enabling more, has created a more complex picture of housing vulnerability than simply a division between the majority who are well housed and the circumstances of the most disadvantaged who are badly housed or homeless. The changing nature of the governance of social housing has in many cases also created financial pressures and performance standards, which emphasise practices of risk management leading to overt and covert screening methods in housing allocation and even to an increased number of evictions of households with rent arrears (Edgar et al, 2002a; for an illustration for a London borough, see Watt 2003). The growing commodification of housing and the changing role of the state may also explain why at present, despite the policies of universal minimum income benefits all over the European Union, homelessness still exists. However, structural changes in social relations and household composition may also contribute to our understanding of homelessness as a lasting and structural phenomena of European society.

Thirdly Western households have also faced an important change, summarised by the so-called Second Demographic Transition (Lesthaeghe 1995). Actually, this transformation includes five changing dimensions of the European demography (Edgar et al, 2002a, p. 82-83). First, Europe has seen a decline in fertility and mortality to near replacement levels. Especially Greece, Italy and Spain have recently been confronted with dramatic declines in fertility. Second, life expectancy has improved significantly across Europe. Third, both processes have led to the ageing of Europe's population. This has considerable implications in terms of labour force structures, dependency ratios and increased demands on health and welfare services. Fourth, all EU countries have experienced an increase in the number of female workers, a trend which is clearly associated with the previously mentioned increase in flexibility of the labour market. Fifth, strongly interrelated to the previous components of this demographic transition, some specific household types have increased significantly, while the more classical household, consisting of a male breadwinner and a female housekeeper, is in decline. Demands on the housing market now originate more and more from single parent households, younger single households, older households and so on. These households are likely more vulnerable to housing risk in that they are potentially associated with the absence of a secure income either in the form of earned pay or benefits payments.

Undoubtedly, these trends have an impact on the composition and the profile of the homeless across Europe. The restructuring of the labour market has links with education, income and financial aspects, the withdrawal of the state has also links with income strategies, but also with health care, while the changing demography may be reflected in age, household composition, marital status and also aspects of social networking. In order to assess these possible impacts, a longitudinal and European wide research would be most favourable. However, at the moment such research does not exist. Therefore, the most obvious method to gain some new insights into homelessness profiles consists in gathering existing research results and carefully comparing them over time, taking into account the geographical variety across Europe.

1 *However, taking into account the tempering effect of strong welfare states, one can assume that these developments are rather limited in the Scandinavian countries. Moreover, in Denmark the new government has the intention to privatise the public housing sector - but they have not succeeded yet. The same is true for Belgium, more specifically for the Flemish government.*

Collecting data and methodology

Regarding this spatial diversity across Europe, this paper discusses research results from six different countries: Belgium (Flanders), Denmark, France, Luxembourg, the Netherlands and Spain. The following presentation and discussion of the profiles and their components is based on the close cooperation of the authors within a special Working Group of FEANTSA, the European Federation of National Organisations Working with the Homeless¹.

A concrete problem related to data collection is the way homelessness is defined. Recent reviews on homelessness statistics in Europe have shown a variety of such definitions in the fifteen member states (Edgar et al, 2002b and 2003a). Consequently, the comparability of data is problematic, not only because of definitions, but also because of different methods which were used to gather the components to draw the profiles. In this paper, a rather pragmatic approach is used. Only results relying on research among roofless and houseless people are integrated, while data on people who live in insecure and inadequate houses are not dealt with. More concretely, and depending from country to country, the following categories are included: people with no abode (living in public spaces), people staying in night shelters, people staying in service centres or refuges (like hostels for the homeless and women's shelters), people living in temporary accommodation (but excluding specific reception centres for asylum seekers; and prisons, care centres and hospitals) and people living in designated supported accommodation (for the operational definition to which these categories refer, see Edgar et al 2003a).

Some of the results are based on random surveys, others are based on local studies, providing data for relatively small groups of homeless people, ensuring that the local population of homeless people are represented.

However, before discussing profiles, some particularities regarding the different countries should be discussed in more detail. In the case of **Belgium**, one of the federal states in the European Union, the Flemish NGO *Steunpunt Algemeen Welzijnswerk* (Foundation of Social Work) gathered data among homeless reception houses and supported accommodation in Spring 2002 (Van Menxel et al 2003, p. 41). About 40% of the available capacity belonged in 2000 to supported accommodation, the remaining 60% to reception centres for the homeless, ranging from night shelters to women's refuges. The random selection that *Steunpunt Algemeen Welzijnswerk* provided was limited to two thirds of the available capacity, because of ICT-related obstacles which made it difficult to access the complete range of services. This paper holds information about 273 persons, of which 65% stayed in a Flemish reception centre and 35% in supported accommodation. Except for some indicators, the authors of the report (Van Menxel et al 2003) do not further distinguish profiles according to these two broad categories. At present, no such data is available for the Walloon part of the country or for the Brussels Capital Region. Trends are discussed for a period of twenty years, referring to a very similar research that was also only conducted in Flanders in 1982 (Van Menxel et al 1984). In the case of **Denmark**, statistical data on homelessness are based on the yearly reports published by *Den Sociale Ankestyrelse* (The Social Appeal Board). These reports provide information about the users of the so-called §94-boformer services, defined in the law on social services as "persons with special social problems, who are without - or are unable to live in - an independent apartment, and who are in need of a place to stay and for offers of activating support, care and subsequent assistance" (law on social services, § 94). The available data consider all users on the base of one year (excluding double counts), being for instance 7.974 people in 2002. Detailed trends can be measured for three subsequent years (2000, 2001 and 2002). Long-term trends are only indicative and they can be drawn from previous data about the users of the so-called § 105 institutions. These institu-

1 FEANTSA is a French acronym, standing for *la Fédération européenne des Associations Travaillant avec les Sans-Abri*. The authors of this paper also thank Gerard Van Menxel, policy officer at the Foundation for Social Work Flanders (*Steunpunt Algemeen Welzijnswerk Vlaanderen*), for his comments on an earlier version of this paper.

tions were recently (1998) replaced by the § 94 services. There are three reasons why results of long-term comparison should be interpreted carefully: first, both institutions do not provide exactly the same services; second, § 105 institutions may include double counts, a problem which is avoided in the case of § 94 counts and third, during the §105 period, yearly data were only available for one week of January. Based on Stax' seminal work (1996) and taking into account these shortcomings, some indicative long-term trends are discussed in this paper.

The **French** data are extracted from two recently performed enquiries. INSEE, France's National Institute for Statistics and Economic Studies carried out the first national survey in January 2001. The base population was "French-speaking users of temporary accommodation or hot meal distribution services" in 80 towns of over 20 000 people. The focus was on people who had slept in a location not meant for human habitation or who used a temporary accommodation service on the night before the survey date. The survey excluded underage children, non French-speaking foreign nationals, asylum seekers and refugees in specialised centres, those living with family or friends, and people in overcrowded or substandard housing. General findings show that 86.000 adults had attended a temporary accommodation or hot meal distribution service at least once in the survey week, 63.000 of whom had no individual fixed night time residence. The research results, originating from an inquiry performed by the French Observatory on Social Change only incorporate users of boarding houses for the homeless, not the roofless. Due to a lack of similar data in the past, trends are not possible to reconstruct. In the **Grand Duchy of Luxembourg**, no quantitative data are available which could help to draw a profile of the homeless population. Based on intensive fieldwork, including meetings and interviews with nine service providers across the country (of which six are based in the capital), useful qualitative information on homelessness was collected. Because of a lack of quantitative data, information about trends in profiles is only based on these interviews and meetings. For the same reason, concrete present-day information about key characteristics on homelessness in Luxembourg is lacking. However, it was possible to derive some trends which were common amongst the observations of different service providers.

Regarding **the Netherlands**, data from several studies undertaken on homelessness are presented (performed between January 1998 and May 2002). All selected studies have in common that they provide information on similar groups of homeless (namely roofless people, who survive on the streets and use day and night shelters). All data that have been collected often concern a relatively small group of roofless people at all or a selection of locations (in The Hague and Utrecht all services were included) in the municipalities involved in the study, i.e. the bigger cities in the Netherlands. In contrast to the other countries, information is presented for specific parts of the country (mostly urban centres). Thus, the Dutch data more specifically reflect a cluster of different small-scale samples, which do not deliver representative data for the whole country. However, at the local level, for example, in The Hague and Utrecht random selection techniques were used. The first group of studies concerns the four big cities which recently performed research on their homeless population (Amsterdam, Rotterdam, Utrecht and The Hague). Secondly, a national study has recently been carried out covering 20 cities (also including three of four aforementioned cities of the Randstad (Amsterdam, Rotterdam and Utrecht)). Respondents for the city surveys were approached and interviewed at day and night shelter facilities, whereas the national study performed a street survey of homeless people (people were not randomly selected, they just interviewed people who they met on the street). Women's shelters were not part of the sample. In the major cities, the number of respondents varied between 103 and 212 (all together they registered data from 677 people). The national homeless survey, spread over 20 cities, was based on a sample of 500 respondents. As in the French case, the available information from the Netherlands does not allow us to draw long-term trends, because the methodologies and definitions used in the past varied too greatly.

In the case of **Spain**, this paper relies on available studies, which are based on different methodologies and strategies that only very slowly have been refined to try and reduce biases to the as much as possible and avoid being influenced by the priorities of the institutions. This paper presents mainly data from university studies of the 1990s, under the assumption (perhaps excessive) that the requirements for quality and rigour will be the highest found today in Spain. Nevertheless, as an element of contrast and control, some of the profiles emerging from the reports of the most important programmes and services in the country will also be presented. They will be especially useful to see an evolution, as longitudinal studies do not exist. In general, most of the studies were done in

Madrid, among other reasons because two university research groups who have most consistently maintained their efforts in investigation on homelessness, using modern methodologies are based in Madrid. In this paper, local studies are dealt with, which try to offer a profile of the homeless population, whether they are lodged in a shelter at the time of the survey or not.

Table 1 summarises the five most important aspects of data collection for each country: the provider of the data; categories of homeless people included; level of how representative the data is; geographical scale and the possibility to reconstruct trends.

Country	Provider of data	Included categories of homeless people	Statistical representativity of data	Geographical scale	Trends
Belgium	Steunpunt Algemeen Welzijnswerk (NGO)	Users of reception centres (65%) and people in supported housing (35%)	Random survey and register on yearly basis (273 people)	Flanders (including the Dutch speaking community in Brussels)	1982-2002 (reliable)
Denmark	The Social Appeal Board (public institution)	Users of §94-boformer services	No sample, concerns total population of 7.974 users. No double counts	Whole country	2000-2002 (reliable) 1977-2002 (indicative)
France	INSEE and French Observatory on Social Change	French speaking users of temporary accommodation or hot meal services	Limited to a selected group of roofless people, in total 86.000 adults	80 towns of over 20.000 inhabitants	Not available
Luxembourg	Service providers	Users of shelters, temporary accommodation	No quantitative methodology	Whole country	Based on qualitative information (indicative)
the Netherlands	Research institutes	People attending day and night shelters	Random selection of service users in some studies. No random selection in Amsterdam, Rotterdam and national sample	21 urban municipalities	Not available
Spain	Universities and some private services	Mostly roofless people, users of hot meals services and shelters	Not systematically, some studies rely on qualitative methods, other on the whole homeless population of an area	Mainly Madrid (but also Gijón, Seville and Barcelona)	1990 - 2003

The profile of the new homeless and specific vulnerabilities

This section of the paper deals with the current profile of the homeless people in the six selected countries. Although comparisons should be made carefully, the strength of this section and the following section lies in the mutual contrasting of the components of the profiles across the different countries. Because different services are included in the definitions on which the national data rely, it is impossible to discuss in a comparative way lengths of stay and underlying motivations. Although prudence is needed, the specific components of profiles are discussed for a country if accurate details are available. Findings for individual countries are mutually compared for the already aforementioned components of the profiles.

Demography

HOUSEHOLD COMPOSITION

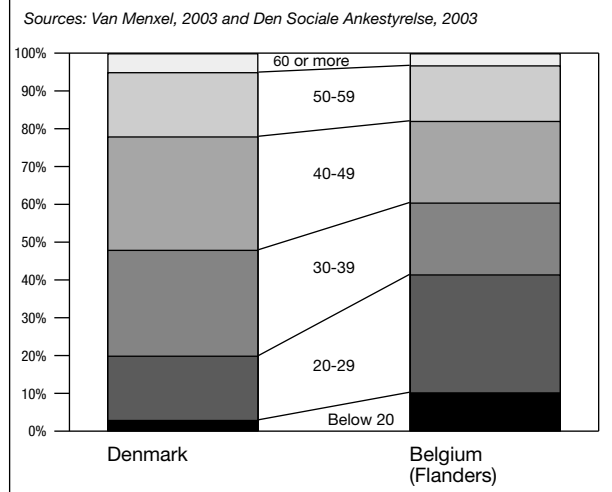
The available data confirm the general image of the single person as the prototype of the homeless. In **Denmark** the study from Copenhagen in 1989 gave a figure of 88% single and 72% without children. In **Flanders**, 81% of the homeless people live currently in single households without children (or 19% lives with a partner and/or children). Two thirds among the singles has never been married. The national survey in **the Netherlands**, conducted among 20 cities, reveals a similar image: 17% of the homeless people lives with a partner and 70% of the respondents were never married. In **France**, 14% of the respondents of the INSEE-survey lives with a partner, in the OSC-survey, excluding people who live in the streets, this is 24%.

The more detailed profile of Flemish users of reception centres and supported accommodation shows that 35% of the female homeless have no children, while this rises to 74% for the male population. For both groups, about 17% has children, without being accompanied by them. Gender-related differences can be explained by the fact that women more frequently mention relationship problems when seeking assistance from homelessness services (including women's refuges). Moreover, the Flemish data also reveal that 85% of women, who have children, stay in homelessness services together with their children and 75% of them are even accompanied by three or more children. However, this phenomenon is not limited to women. Of all males who have children, 53% are also accompanied by their children (Van Menxel et al 2003). Clearly, these findings highlight the particular situation of children as a very young age-category, most of them staying with their parents in supported accommodation (see also Edgar et al 1999). Unfortunately, data of other countries do not provide any insight into the situation of the homeless and their children and, moreover, in the situation of children who live themselves in homelessness with or without their parents. In **Spain**, the homeless, as is common in other countries, are usually single and separated/divorced people, either legally or in fact. The former comprise around 60% and the latter around 30%. In some cases the figure for separations given is much lower since non-legal separations are not counted.

AGE

Of all countries assessed in this paper, especially **Belgium** and **Denmark** are appropriate to be compared in detail. Data on homelessness are statistically representative and the concerned categories coincide. Figure 1 shows some interesting contrasts between both countries. Although children are not included in the Flemish data, the share of young people is much higher than in Denmark. More detailed, in Flanders 41.5% of the homeless population is younger than 30 years, while this is only 19.6% in Denmark. Consequently, 39.4% of the Flemish homeless population is composed of people of at least 40 years old, while in Denmark 52.2% of the population is at least 40 years old. One explanation for this remarkable contrast is the specificity of the homeless services in Flanders. Two specific institutions target people between 18 and 25 years old: on the one hand short-term and crisis related shelters and on the other hand supported housing for homeless young adults. The Danish §94-boformer services do not specifically target this category of the homeless. How do the other countries relate to these observations? Despite different categories of homelessness included in the two **French** surveys, the share of youngsters (aged between 18 and 30) hardly differs: between 36% (INSEE) and 40% (OSC). However, the share of people over 50 years, comprising also rough sleepers in the first survey is clearly higher (16%) compared to the OSC-survey (10.2%) which excludes people who live in the streets. As such, the French situation is rather similar to the Flemish, were people between 18 and 30 years old also represent 40% of the homeless population, and older people (over 50) 18%.

Figure 1 Age structure of the homeless population in Denmark and Flanders (2002)



For **Luxembourg**, no sound data are available, while for **the Netherlands**, existing surveys discuss several age related characteristics (see table 2). The national homeless survey revealed that men were on average 39 years old, and women 37. The four big cities provide data only for the whole population and they hardly differ from this national average: from 37 years in The Hague to 42 years in Rotterdam.

In **Spain**, the average age remains constant in the different studies at around 42. This average, however, hides a huge internal variation, with a large group of young people and another of the elderly. Among the young, biographies linked to drug abuse are more usually found, while among the elderly the cases of alcoholism and/or mental illness abound.

Table 2 Age Distribution of Respondents in Dutch Surveys

	<i>The Hague Roofless</i> N=103	<i>Utrecht Roofless</i> N=150	<i>Amsterdam Homeless</i> N=212	<i>Rotterdam Homeless</i> N=112	<i>National Homeless</i> N=500
Age					
Mean (SD)	37 (9,8)	38 (10,4)	40	42	39 (Men) 37 (Women)
Range	18 - 66	19=66	18-80	-	-
Age Groups					
18-29 years	23%	24% (18-29 yrs)	15%	12% (15-24)	9% (17- 24 yrs)
30-49 years	69%	69% (30-54 yrs)	64%	64% (25-54)	85% (25-54 yrs)
50+ years	8%	7% (55+)	21%	24% (55+)	6% (55+)

Sources: Reinking et al. 2001; Reinking et al. 1998; Korf et al. 1999; Jansen ea. 2002 and de Bruin et al 2003

GENDER

Edgar et al (2001) have already debated the gender dimension of current homelessness in the European Union. They generally found that homelessness among women is often a hidden problem and hence the true scale is difficult to estimate. Not surprisingly, the data of the six countries concerned each show a rather small minority of women among the homeless population, included in the data which are used for this profiling. Exactly 25% of the **Danish** § 94-boformer users were female in 2002, while in **the Netherlands** women only represent 13% of the homeless according to the national survey (with 20% in The Hague and 8% in Utrecht). These differences again may be explained by the different categories of homeless people included in the data and different selection procedures. In the case of the Netherlands, women who used refuges at the moment of registration were not included in the data, while in Denmark, some of these refuges do³ include women. The impact of definitions and included categories is clearly illustrated by the **Flemish** case. The analysis of the available data for this Belgian region shows a remarkably high percentage of women among the homeless population, i.e. 33%. Van Menxel et al (2003) explain this observation by pointing to a high social sensitivity for domestic abuse of women, reflected in specific shelters for mistreated women. Moreover, more than 55% are younger than 30 years and 45% of the age group between 20 and 29 years are female. However, one should note that 17% of the 2002 sample (N=273) lived in women's refuges. Both **French** surveys also show a relatively high share of female homeless: from 36% (INSEE) to 40% (OSC). This is especially remarkable for the INSEE-survey, because the data on which this survey relies, is predominantly composed by users of hot meals and shelters. The most recent **Spanish** studies (executed in 2003) report a share of female homeless people of about 15%. The lowest share (13%) was found in Seville, where non-Spanish citizens were excluded from the survey (Moreno et al 2003). The highest share (18%) was found by Cabrera and Rubio (2003), who based their research on the population literally sleeping rough in the centre of Madrid over the period of a week by systematic observation, using observations sheets by volunteers from an NGO who followed four nocturnal routes.

NATIONALITY

Ethnic minority or foreigner groups in the six concerned countries do not contain repatriates, as this is the case in Germany (estimated 80,000 *Aussiedler* repatriates in 2002), Finland (*Ingrian* Finns) and Greece (repatriates from the *Pontos* region). Although nationality is a good indicator to estimate different levels of citizenship on which the homeless can rely in order to access state redistribution (such as replacement incomes), not all countries report on the nationality of their homeless. In

the Netherlands for instance, the homeless are profiled on their place of birth, their origin. Therefore this paper discusses ethnic minorities in the Netherlands and foreigners in the other five countries (the latter being distinguished by nationality). The topic of ethnic minorities and homelessness - or foreigners and homelessness - is not new. Actually "lodgings" in the original meaning of the term were set up for travellers/foreigners. Nowadays, the ongoing globalisation, which makes the labour market more international of the labour market and worldwide migration waves, deeply affects the composition of the homeless population in the European Union. This paper does not assess whether specialised services should be foreseen for foreigners (see for this crucial topic Edgar et al 2004). First of all, some basic characteristics of ethnic minorities and foreigners among the homeless are presented and discussed. Among the enrolments at the **Danish** § 94-boformer services, 81% had a Danish nationality in 2002, only 1% had a Nordic (Iceland or Norway) or EU-nationality, while the remaining group was composed of 5% with another nationality and 13% of which the nationality was unknown. In the city of Copenhagen the picture is quite different. Here, 20% has another nationality (not Danish, Nordic or EU) and of 27% the nationality was unknown. Vincenti (2001) states that almost 90% of all registrations of ethnic minorities (in 1999) took place in Copenhagen, Frederiksberg and Aarhus, which shows that the problem of non-European persons - until now - is concentrated in the biggest cities. In the municipality of Copenhagen there is an over-representation of Somali citizens, but otherwise there is no particular ethnic minorities. The data of the other countries reflect the same aspect of globalisation, despite different categories that are used to define homelessness. In **Flanders**, 85.5% of the users had a Belgian nationality and in **France**, 71% (INSEE) and 82% (OSC) of the users had French nationality. The fact that the French INSEE-survey still showed a share of nearly 30% foreigners is rather surprising. Indeed, as mentioned before, this survey excluded non French-speaking foreign nationals. In the **Netherlands**, the national survey even showed that only 59% of the homeless respondents were of Dutch origin⁴ whereas this share was clearly lower in the bigger cities: Amsterdam (41%); Rotterdam (46%) and The Hague (48%). This way, the Netherlands are also characterised by an uneven geographical dispersal of the homeless among the ethnic minorities, with a clear urban preponderance. Clearly, the urban dimension of homelessness among ethnic minorities is also recognisable in Flanders and France.

3 This can be assumed, as 9 services have a majority of female users (*Den Sociale Ankestyrelse*, 2003).

4 In the Dutch studies, data on nationality was not available. Instead data was collected on the country of origin (birth) of the respondent and his/her parents.

Although detailed data about nationalities are generally scarce, they show that people, belonging to previous migration waves, also represent a considerable portion of the homeless in countries such as Belgium and the Netherlands. In other words, the share of ethnic minorities and foreigners among the European homeless not only consists of asylum seekers and other recent migrants. In the Dutch cities of Utrecht and Rotterdam, for example, about 10% of the homeless respondents had Moroccan origin, in Flanders they also form the largest group among the foreign homeless (Van Menxel et al 2003). This observation may be somewhat surprising, as the Koran is generally understood to prescribe Islamic households to host in any circumstances people who are in need (see Kesteloot and Meert, 2000). The street visibility of Moroccan homeless persons is clearly low in Belgium. However, one may assume that especially Moroccan women who are forced into arranged marriages, more and more find their way towards women's refuges when they experience marital problems. This hypothesis is supported by the observation that particularly women and people younger than 30 years are represented among the non-Belgian homeless in Flanders.

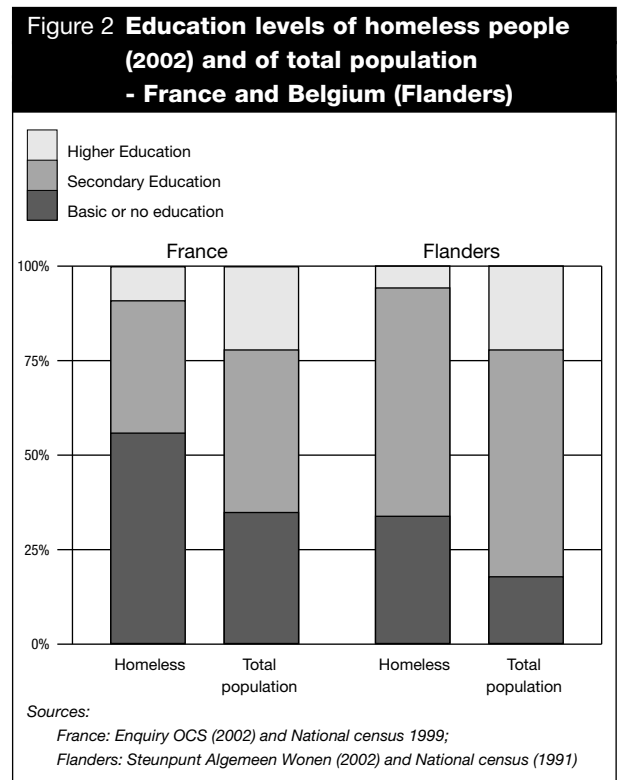
The most recently performed **Spanish** surveys which provide information on the ethnic dimension of homelessness, also reflect a relatively high share of foreigners. These studies were accomplished in Madrid and the share of non-Spanish citizens ranges from 23% (Muñoz et al 2003) to 30% (Cabrera and Rubio 2003).

SUMMARISED

Although these observations rely on different definitions and methodologies to deal with homelessness, they suggest some common findings. First, a large majority of homeless people live as a single person. Second, the average age is about 40 years. Third, especially in the case of women, the included services to count and to profile the homeless deeply influence their share in the total homeless population. In Flanders, where refuges for domestically abused women are included, their share is 33%. In the Dutch national sample, this is only 13%. The split of foreigners and ethnic minorities among the homeless population also varies in relation to the applied definition. In the Netherlands, where the origins of people were considered in the national survey (whether in the meantime they had taken Dutch nationality or not), the share of these ethnic minorities rises to about 40%. This is only 15% in Flanders, where nationality was used as the central indicator and also where people living in supported housing were included in the data. Again, these findings show that prudence must be used when making comparisons between countries.

Education

Three countries, i.e. Belgium (Flanders), France and the Netherlands offer detailed data regarding education of homeless people. As figure 2 shows for Belgium (Flanders) and France, educational levels of the homeless are low when compared to levels of the national population. However, there exist some nuances as this figure also shows.



Principally in France users of the boarding houses for the homeless are very low educated. While basic or no education “only” represents 29% in the Netherlands and 34% in Flanders, this rises to 56% in France.

The Flemish data also reveal that female homeless are slightly better educated than male, while the Dutch data show that educational levels are especially low in the four big cities. At first glance, there is no clear relation with the presence of ethnic minorities in these major urban centres. Utrecht for instance counted fewer people of ethnic minorities under its homeless population (40%) than was found in the national survey (41%). However, this city has the highest share of low educational levels, together with The Hague where nearly half of the population belongs to an ethnic minority among the homeless population that was sampled.

With regard to the level of education, the **Spanish** surveys show important differences which are the result of the way in which questions were asked about the level of education and the way in which the level was considered with reference to the different standards of compulsory education required in Spain over the years. While until the 1970s, elementary education meant schooling up to 10 years of age, in the following decades, compulsory education was first extended to 14 and then to 16. The different studies do not always make it clear what they mean by "elementary education." Nevertheless, if we stick to what is considered compulsory education, the homeless population is currently more qualified than it was twenty or thirty years ago, when the homeless had rarely attended school during their childhood because of the general situation of poverty and underdevelopment. Currently, however, the incidence of school failure and school leaving for reasons other than those directly related to economics but rather to family and personal conflicts, is higher. In other words, in the past, Spanish transients were not able to study, whereas now the homeless have been able to study, although in general they have failed or abandoned their studies at an early age. In **Luxembourg**, service providers state that also the younger homeless people have low levels of education. A lot of these people have left their parents after familial tensions and very often, they did not finish secondary school. It can be assumed that this problem also causes obstacles to enter stable and well paid jobs. Moreover, they face many problems to access the so-called guaranteed minimum income, because the minimum age that is required to receive this social benefit is twenty-five years. This brings us to the following key characteristic of the European homeless population: their socio-economic situation.

Employment, income and financial situation

Indeed, as generally assumed, low educational levels also correspond among the homeless with high inactivity and unemployment, and low-paid formal and informal jobs. Available data from Denmark, the Netherlands, France, Luxembourg and Belgium clearly confirm this. Unfortunately, homelessness data from Spain do not contain accurate information on the socio-economic dimension of the homeless population. Therefore, no Mediterranean data can be discussed.

In **Denmark** the dominant income source among the users enrolled in 2002 is different kinds of public transfer incomes with social assistance (39%) and social pensions (23%) as the most common. Only 3% had an income from employment. In **the Netherlands**, current employment or employment his-

tory are not directly reported in any of data that are used in this paper, except for the case of The Hague. Some additional targeted publications also offer some insight on this topic of the Dutch homeless population. In The Hague, 36% of the roofless sample was reported to have worked in the past year and 5% were working at time of interview⁵. Other data on employment were derived from information on income or daily activities. More than half of the roofless sample in Utrecht had been unemployed most of the time in the last three years and 80% had been unemployed the past month. The figures were similar amongst the Rotterdam homeless, where almost 70% were currently unemployed. A bare 5% of homeless visitors to a social services centre (n=309) had a paid job. The majority (85%) had no (structured) day activities (Van Erp & Wolf, 1997). None of the 90 homeless visitors to a surgery for the homeless in Groningen (one of the major cities in the north of the Netherlands) had work or structured daytime activities (Lohuis et al 1998). Another study showed that most of the interviewed homeless people were unemployed for three years. The cause of dismissal was often alcohol or drug abuse. They passed the time reading, watching television and walking around (to avoid growing cold). Half of them said they sometimes or even often felt bored (Polstra, 1998). Many of the interviewed homeless (n=19) living in institutions for the homeless in Amsterdam pass the time playing chess or cards, watching television, cleaning, listening to music etc. Other activities are going out to fish, for a walk, have a pint and go to the market (Greshof & Wevers, 1999). Not surprisingly, the **French** homeless people who participated in the survey of the OCS participated to a higher degree (36%) in the labour market than the users of hot meal services and night shelters (29%) (assessed by the INSEE-analysis). In **Flanders**, 31% of the people who enter a reception centre have no income at all, among the people who are admitted in supported housing, 18% of them has no income at all when they make a first contact (Van Menxel et al, 2003). Further, 21.5% of the 273 Flemish respondents said they were employed during their stay at the concerned service. This is only 15.7% in the case of women, while employment among men rises to 24.3%. Moreover, a detailed reading of the available data reveal that 10% of these employed people only work casually in the informal economy. Only 40% of those who are employed have signed contracts with their employers that are not part of state sponsored integration programmes. In general, the financial situation of the homeless is bad.

5 In the Dutch data, "work" also includes semi-legal work.

Of course this is not surprising, but at the same time the variety of income sources they have to look for is always impressive (but at the same time, they rely on a wide range of survival strategies to get an income, to avoid spending). In the **Netherlands**, many studies reported that, although many homeless people receive welfare benefits, many also encounter several problems obtaining them (Deben & Greshof, 1995; Broër & van Waveren, 1997; Broër, 1997). Many also have to hand over a part of their allowance because of outstanding fines or debts, for instance to the social insurance institute, housing corporations or the National Health Service. Living in the street is not cheap and an addiction to alcohol or drugs means that many homeless people face further financial difficulties. The situation is one of a chronic shortage of money or real poverty (Snel & Engbersen, 1996; Roorda-Honée, 1997). The obligatory customer fee charged for a stay in a residential shelter facility inhibits some homeless people from using the services. The costs of staying in such a facility would, in combination with paying off debts and fines, reduce their disposable income to only a few Euro per week. Besides that, quite a few facilities oblige clients to have their budget and expenses supervised (Greshof & Wevers, 1999).

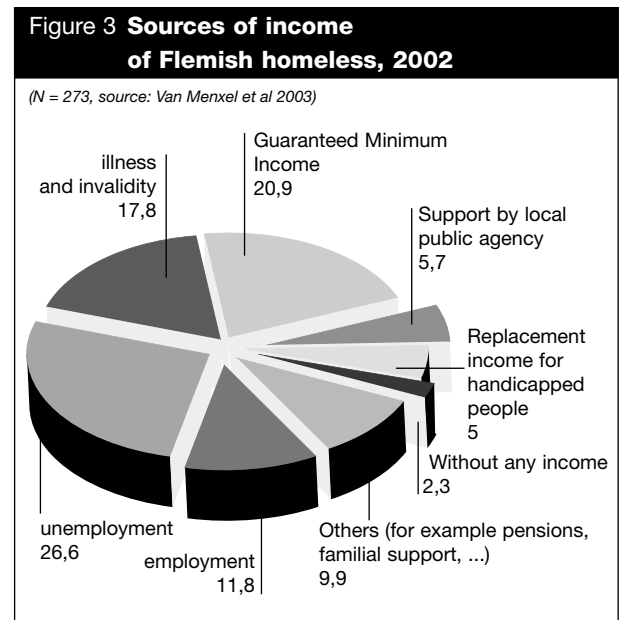
Because they have to live with a lack of money, homeless people use so-called survival strategies: they look as often as possible for free food, clothes and shelter, use public transport without purchasing passes or tickets, ask for charity and sell the local street journal. A considerable part of the population takes to theft, breaking into houses, fencing and drug dealing (Van Doorn, 1994; Reinking & Kroon, 1998). Most try to borrow money from each other, but not everybody has the social network that is necessary for this (Snel & Engbersen, 1996). Similar findings exist for the roofless people in Brussels (see Meert 2000). More concrete survival strategies include collecting iron and steel on construction sites and selling this to specialised firms (for reuse and recycling) in the industrial canal zone of the city, working informally on construction sites in and outside the capital (e.g. as a help for bricklayers), working informally in the repair and distribution of second hand cars; helping circus and fair men by installing their temporary infrastructure in the city and so on. Results from the Dutch studies reviewed also show that the majority of homeless respondent's main source of income was welfare benefits. The figures from the national homeless sample showed that three quarters of the group were on welfare benefits; and across the various cities this percentage ranged from 65% to 84%.

However, income from illegal activities showed wide variation across the studies. Approximately 1 in 5 of the national homeless sample had income from illegal activities compared to 1 in 3 in the Utrecht roofless sample and 1 in 2 in the Hague roofless sample. The variation in the reporting could well be a direct result of the varying time periods of reporting. The Hague study asked respondents to report income in the past year whereas the national sample covered only the current period.

Income was also generated through work and other sources. More than one tenth (14%) of the national homeless sample had a regular paid job and 13% sold a street journal. Of the Amsterdam homeless the majority earned money through legal activities like selling street journals or making music. As already mentioned, a third of the roofless respondents in The Hague worked to earn an income (36%). Another third had income from other sources.

Income data on the Rotterdam sample is not directly comparable with the other surveys, as questions relate to main income as opposed to sources of income. Therefore, the percent of respondents reporting other sources except income from welfare is relatively low: 9% black market/informal economy, 7% regular work and 12% other activities like supported jobs, prostitution, begging or drug dealing.

When users of **Flemish** reception centres and women's refuges were asked about their main source of income, work was listed at the third place (for 12% of the respondents), while the replacement incomes from illness or invalidity benefits (18%), the guaranteed minimum income (21%) and benefits from unemployment (27%) clearly ranked higher (see figure 3).



Spanish surveys mostly focus on unemployment among the homeless people. The most recent studies found shares varying between 86 and 98%, although it is not clear how unemployment was defined.

As in Belgium and the Netherlands, sources of income are also highly differentiated among the users of the **French** hot meals distributors and night shelters. On the one hand, the INSEE enquiry showed that 60% of the homeless people received a social benefit⁶ and for 18% this is the only source of income. On the other hand, this survey also made clear that 10% of the homeless population had no regular income at all. 5% of the homeless had to rely on charity initiatives, 2% on public redistribution of means of existence and another 2% could only survive with family support.

Two **Dutch** studies disclose information about debts among the homeless. In Utrecht, 58% of the homeless respondents declared to have debts and 24% had debts of more than 10,000 Euro. In Rotterdam, 44% of the respondents had debts and 21% had to pay back more than 10,000 Euro. Reinking and Kroon (1998) reported that *“almost three quarters of all homeless people in Utrecht lives under the poverty line, with a monthly income less than 1300 Dutch guilders (± 590 Euro). Half of the homeless receiving welfare benefits get less than 800 Dutch guilders (± 365 Euro), because of punitive reductions and terms of repayment. People remain vague about their debts. They don’t know or don’t want to know how high their debts are. Some state they do not have any, as they do not consider long overdue fines or claims related to unpaid rent or fraud regarding welfare benefits as debts. It is estimated that 58% has debts of a somewhat known proportion; for a quarter of these that is at least 10.000 Dutch guilders (4545 Euro)”*.

In **Flanders**, 59% of the 273 homeless respondents also declared to have debts (no more details available). These limited data roughly suggest that about 1 in 2 homeless people face debts, of which another 1 in 2 should have to pay back a large sum of money.

Living situation and homelessness history

Undoubtedly, concrete living situations, subsequent steps in housing careers and someone’s previous social relations (especially during the youth period) are seen as critical elements to complete the profile of the homeless population. Much of this kind of information is collected in Dutch surveys. Additional insights are borrowed from French and Flemish surveys.

Up till now, few of the homeless people in the **Netherlands** literally lived without ‘a roof over their head’ over a long period of time. The group of people sleeping outdoors is relatively small. A somewhat older assessment mentions between 1000 and 3000 people (De Feijter & Radstaak, 1994). A sizeable part of this group however make use of shelter facilities and vary their sleeping locations between an indoor and outdoor setting. (NRV, 1993; Van Doorn 1994; Polstra, 1998; Wolf et al, 2002). The studies reviewed reflect this pattern. There was a 60/40 split between sleeping outdoors and elsewhere in both the Utrecht and The Hague roofless sample; as approximately 40% had slept mainly outdoors in the previous month (UTR 42%; DH 41%). The remainder had made use of night shelters (UTR 35%; DH 23%), or stayed temporarily with friends (UTR 5%; DH 22%) or elsewhere (UTR 15%, DH, 10%). In Rotterdam, only 14% of the homeless sample had spent a significant part of the month on the streets. The rest had made use mainly of shelters, semi-permanent hostels or boarding houses for the homeless (37%) or other locations (26%). The picture was similar amongst the Amsterdam homeless: 26% had slept outdoors and 33% had used night shelters. The national data confirms the picture from research on local groups: 46% had slept outdoors during the past month, which they did on average seven nights. Further in Rotterdam, one-fifth of the sample had made use of semi-permanent residences for homeless people over 13 or more days in the past month. This percentage was much higher than what was reported in The Hague. Such contrasts in rough sleeping can be largely explained by referring to local differences regarding the offer of night shelters.

Changing and unstable housing is possibly more typical for homeless people than literally being without accommodation (Van Doorn, 1994; Deben et al, 1997; Greshof, 1997; Jansen et al, 2002). In Amsterdam, almost half of the homeless had a fixed place to sleep, either outdoors, or in a shelter or with people they know. The others change sleeping locations. In Utrecht, two thirds of the roofless changed their sleeping location regularly during the past month. Also in Rotterdam homeless people were found to have unstable and mobile lives. In the past month almost half of the people stayed less than one week at one sleeping place and during the past year 70% of the interviewed homeless group had stayed in three or more different sleeping locations.

6 In this regard, it is important to bear in mind that the INSEE-survey excluded non-French speaking foreigners who suffer from incomplete citizenship.

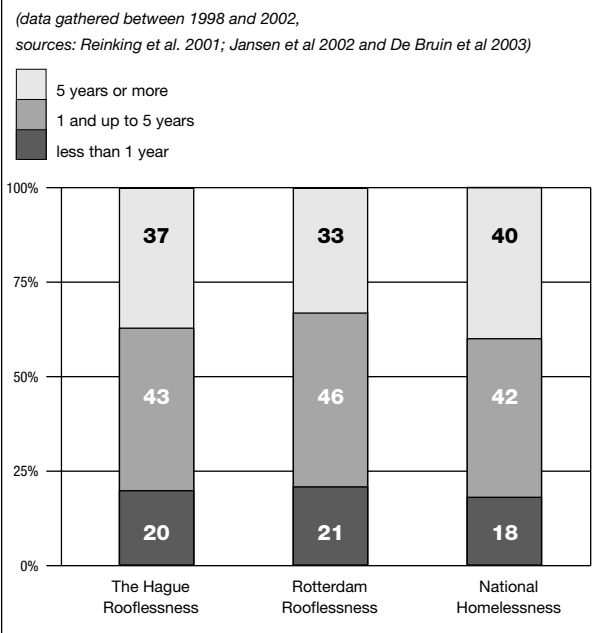
Duration of homelessness varied on average from three and a half to six years. The shortest duration was amongst the Rotterdam homeless sample, followed by The Hague roofless (4.9 years), the Utrecht roofless (5.6 years) and the national homeless sample (6.0 years). Not surprisingly then, that the vast majority of the homeless in these five studies were the long term homeless. The percentage of short-term homeless (duration of less than 1 year) is approximately one fifth to a third (see figure 4, comparing data of samples of roofless in The Hague, homeless in Rotterdam and homeless included in the national survey).

Reintegration in society appears to be more difficult the longer a person is homeless. Van Doorn (1994) found that out of the 60 homeless people in her research, 67% had been in the street for at least one year in total, and 15% for over ten years. Almost half of the respondents lived at a fixed place for a brief or longer period, but did get back in the homeless scene. Out of the Utrecht group of roofless people more than half had been homeless more than once in their lives.

In **Spain**, as for the time spent as a homeless person, we can say that around 60-70% of the people interviewed in the studies had been in the street for more than a year. Approximately 20% of the homeless people were using food, clothing or shelter services, habitually sleep in the street and would belong to the group known as rough sleepers. Curiously, in the case of the study in Seville, perhaps because of the meticulousness of the methodology used in order to locate people directly in the open, and also perhaps due to the better climate, we find that the percentage of those who sleep outdoors is approximately a third of the sample.

In **Flanders**, where the sample consists of people who use reception centres and who stay in supported housing initiatives, two thirds of the homeless population had stayed before in one or another care centre. This is clearly more the case for the male homeless (74%), compared to women (48%).

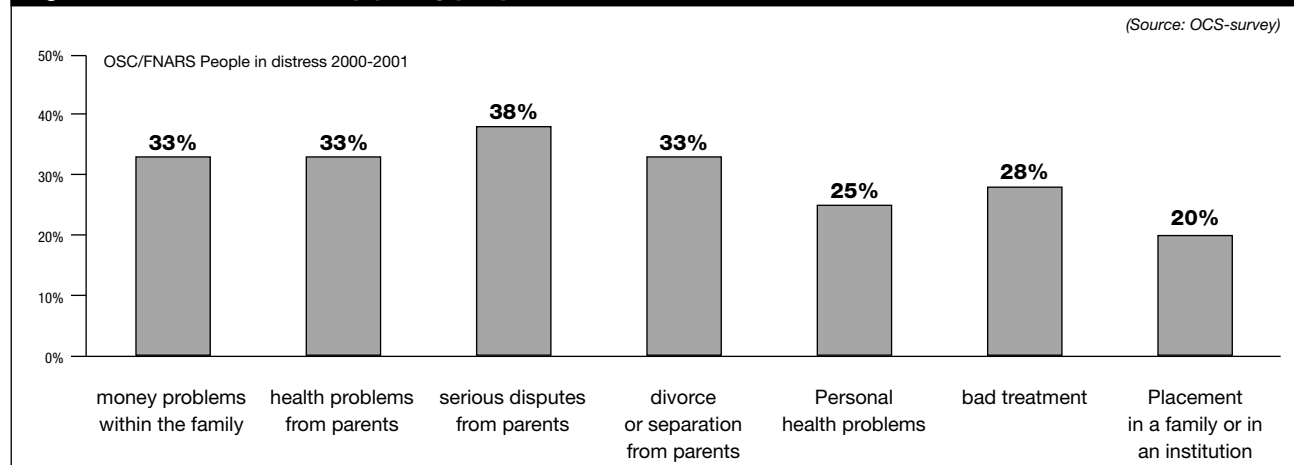
Figure 4 Duration of homelessness in the Netherlands



Most frequented institutions are psychiatric hospitals (34%), penitentiaries (33%) and institutions for youth welfare work (27%). The survey also showed that more than half of the people who stayed during the survey in supported housing or in a reception center, stayed previously in such a institution. Again, such re-admissions occur more frequently among men (60%) compared to women (46%).

Figure 5 summarises difficulties during youth, faced by homeless people who were registered by the French OCS-survey. More than one third had serious problems with their parents, about one quarter faced serious personal health problems, 28% reported having been abused (and 10% even to be sexually maltreated) and one fifth was placed in a foster home or in a specific institute for children's care.

Figure 5 Difficulties faced by young people - France 2002



Health (including addiction, psychiatry, mortality)

The Dutch, French and Flemish surveys largely deal with health related problems. They distinguish between physical problems, psychiatric problems and addiction. The Danish and Spanish surveys also deal with health problems, but not as explicitly (the Spanish only with addiction). Danish figures discuss mortality, which is one of the most absolute indicators of "health".

In Luxembourg, no specific quantitative information about the current profile is obtainable. However, meetings with service providers made it possible to deal with some trends, which will be discussed in this section.

PHYSICAL HEALTH

In the Netherlands, there exists a broad literature covering health problems of the homeless. Regarding their physical condition, it is generally found to be bad, and that of the roofless people is worse than that of the average population using shelter facilities (NRV, 1993; Gezondheidsraad, 1995). In general, homeless people have more often health problems like bronchial disorders, dermatological problems (scabies, infected wounds on the feet), complaints related to the mobility, gastrointestinal problems, neurological disorders and infectious diseases than the general population (Gezondheidsraad, 1995; Roorda-Honée & Heydendael, 1997; Dekker e.a. 1994; Reinking & Kroon, 1998). Use of medicine is very high (Roorda-Honée & Heydendael, 1997). Causes of the relatively bad state of health are: bad food, alcohol and drugs use, excessive smoking, bad hygiene and neglected health problems (Deben, 1993; Dekker e.a., 1994; Gezondheidsraad, 1995).

Dutch reports also stress that infectious diseases are common because of a lack of hygiene often in combination with close physical contact at for instance drop in or community centres and hospices. The prevalence of tuberculosis amongst homeless people in Amsterdam and in some other regions was higher than amongst the general population (Gezondheidsraad, 1995). No assessment has been made yet of the number of homeless people who have HIV or Aids. It is also not clear what risk of infection of the virus this group has (Roorda-Honée & Heydendael, 1997). Homeless people with a severe drug addiction and/or a double diagnosis are being mentioned as risk groups.

However, the Dutch studies reviewed were not consistent in the way they reported physical health problems. Some reported symptoms whilst others reported problems with specific body systems (e.g. heart, circulatory system). The Rotterdam homeless sample was asked to report on symptoms and more than half of the respondents mentioned being tired or having a lack of energy once in a while or more often. A lack of appetite and painful muscles are mentioned by almost half of them. On average, people answered as having three to four health complaints out of a list of ten. In the Utrecht and The Hague studies respondents reported physical problems relating to body systems. Most common complaints were relating to the muscular-skeletal system (UTR 18%, DH 26%), followed by the airways (UTR 13%, DH 16%). In The Hague, dental problems were also recorded and these were found to be the biggest complaints, as almost half the roofless sample experienced problems with their teeth.

The Dutch surveys also show that not all homeless have health insurance or access to medical care. Some of them do not receive welfare benefits and therefore cannot obtain health insurance. The ones that do receive welfare benefits often have outstanding debts and therefore are not registered by a health insurance company. Of the studies reviewed, around 25% to 30% of the homeless does not have insurance (Van Waveren e.a., 1990; Dekker e.a., 1994; Roorda-Honée & Heydendael, 1997; Reinking & Kroon, 1998; Korf e.a., 1999).

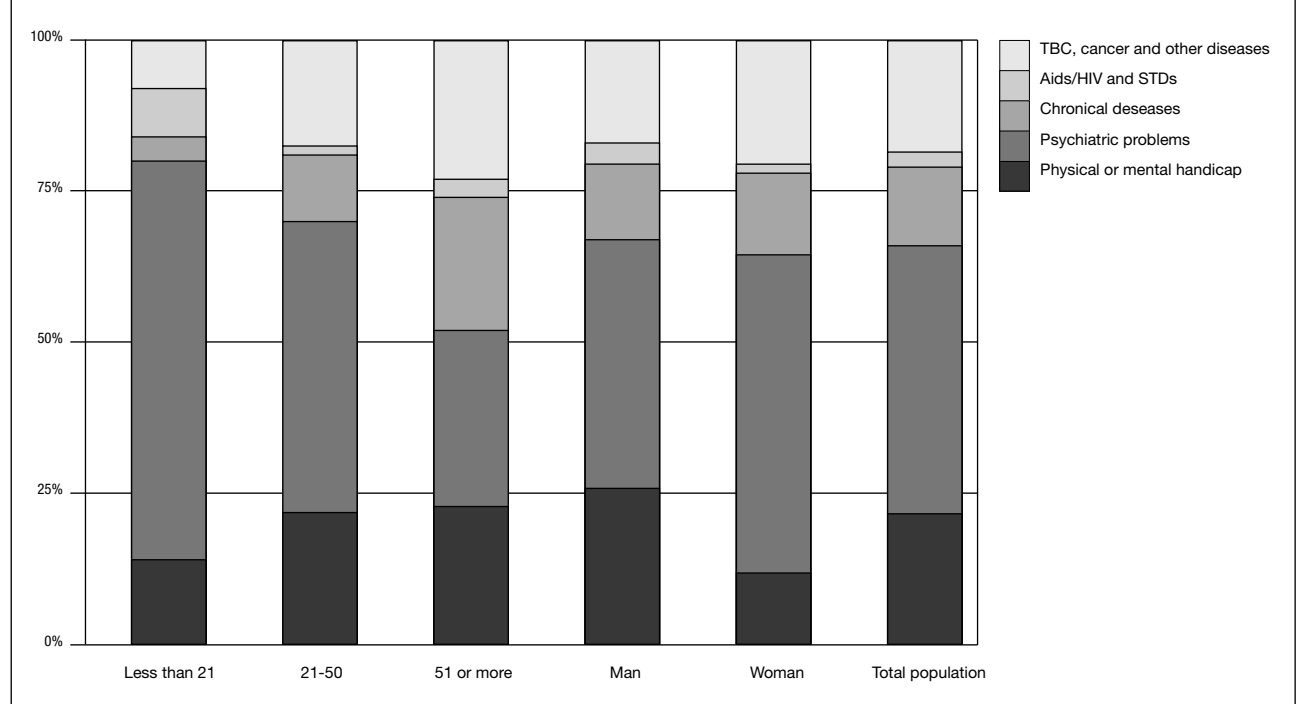
French data on health problems among the homeless was collected by the INSEE-survey in 2001 (among users of hot meal distribution and users of night shelters). In general, migraine, bronchial disorders and a series of serious accidents and illnesses cause several problems among the homeless population. Apart from this, women also suffer more than men from food related problems, while the male homeless face relatively more problems due to blood pressure deviances and bone and joint illnesses.

The **Flemish survey** found that the share of physical and psychiatric problems highly correlate with age: younger persons in particular suffer from psychiatric problems. Health related problems of homeless older people are only for 28% due to psychiatric problems, while this rises to 66% for the younger homeless people (see figure 6). Among the most cited physical problems, chronic diseases especially, while handicaps (both mental and physical) are also frequently mentioned. The findings of this survey also unravel some clear differences between men and women (see also figure 6). Male homeless are obviously more frequently physically handicapped, while the female homeless suffer more often from cancer (Van Menxel et al 2003).



Figure 6 Kind of health problems per age group, gender and total population (Flanders - 2002)

(Source: Van Menxel et al 2003)



PSYCHIATRIC PROBLEMS

The former overview of health problems among the Flemish homeless stressed already the importance of psychiatric complaints. Such problems have for many years been attributed an important role in the production of homelessness, especially in the eighties when the psychiatric sector was restructured and many hospitals and institutions were closed down. With the data available, it is impossible to give a reliable estimation of the prevalence of psychiatric disorders amongst the homeless population in **Denmark** and the **Netherlands**. Two of the Dutch research projects did however report two mental health disorders (depression and schizophrenic disorders) using standardised measurement instruments. The Utrecht and The Hague sample were screened for depression using an instrument devised by Schrijvers et al (1997) which is based on the Composite International Diagnostic Interview (CIDI). The specific instrument asks the respondent to state whether they experienced in the past 6 months, a narrow range of 4 depressive symptoms. The maximum score is 4 and in the studies respondents with a score of 3 or 4 were diagnosed as depressed. For schizophrenia, the data reports the prevalence of schizophrenia and other non-affective psychotic disorders in the past 6 months.

Thus in Utrecht, one third of the homeless sample was reported to be depressed and 15% had a schizophrenic disorder. In The Hague, amongst the homeless sample the 6-month prevalence of depression was 29% and a much lower prevalence of 5% of schizophrenia. Dual diagnosis (psychiatric disorders in combination with an alcohol- or drug addiction) was 24% in The Hague and 26% of the Utrecht sample. Percentages of homeless people with dual diagnose in other studies varied from 25% to 30% (Van Doorn, 1994; Reinking & Kroon, 1998; Korf e.a., 1999).

Luxembourg service providers mention personality disorders as one of the characteristics of some of their users. **French** quantitative data, based on the INSEE-inquiry, do not contain much detail regarding psychiatric diseases. One quarter of the respondents mentioned frequently being depressed. In general, the longer people live in the streets, the more they suffer from depression. Among those who live at least one year in the street, the share of depressed people rises to one third. The INSEE-survey also makes clear that one quarter of all hospitalisations of homeless people is due to psychological problems.

Finally, in **Spain** surveys show on average a rate of 16% homeless people who suffer from a serious mental illness.

ADDICTION

The **Danish** study (Stax 1999) of users of institutions in Copenhagen estimates that 41% of the men and 19% of the women had used different kinds of drugs, some of which was related to crime.

Spanish surveys show that, as far as the prevalence of severe or mild alcoholism is concerned, a more or less constant percentage over the last few years can be observed, at about 22%. This is similar to the prevalence of serious problems with drugs. Obviously, the mechanisms used in the different studies to detect these problems, and the cut-off point decided upon to consider them serious or moderate, make these percentages difficult to analyse.

Dutch surveys also pay a lot of attention to health problems related to several forms of addiction (see table 3). In Utrecht, Reinking & Kroon (1998) found the percentage of hard drugs

use to be 58% in the homeless population. They found a relationship between drug use and relatively young age, sleeping outdoors, little inner city mobility, judicial problems and an anti-social personality disorder. In the Groningen research, Lohuis et al. (1998) found that addiction problems were more often present than absent. A remarkable finding was that drinkers did not get along very well with hard drug users and vice versa. According to Korf et al. (1999), addiction was one of the largest problems for people sleeping in the street in Amsterdam. Amongst the visitors of facilities for homeless people, 57% appeared to be addicted to alcohol and/or drugs, and one third was addicted only to drugs. The criteria for alcohol addiction in this study were a daily use of at least eight glasses of alcoholic drinks. The criteria for drug addiction were a daily use of heroine, cocaine, methadone or a combination of these.

Table 3 Substance use among the homeless in the Netherlands

(sources: Reinking et al. 2001; Reinking et al. 1998; Korf et al. 1999; Jansen ea. 2002 and de Bruin et al 2003)

	<i>The Hague Roofless N=103</i>	<i>Utrecht Roofless N=150</i>	<i>Amsterdam Homeless N=212</i>	<i>Rotterdam Homeless N=112</i>	<i>National Homeless N=500</i>
Use Past 30 days	N=97	N=131		N=112	-
Alcohol (%)	35% ¹	52% ¹	-	53%	63%
Alcohol 5 or more glasses (%)	26% ¹	31% ¹	-	-	-
Cannabis (%)	35% ¹	50% ¹	-	29%	52%
Heroin	-	35% ¹	-	23%	40%
Cocaine	-	34% ¹	-	34%	47% ²
Methadone	-	27% ¹	-	32%	29%
Cocaine, Heroin or Methadone (%)	59% ¹	-	-	-	53% ³
Other (%)	31% ¹	-	-	-	-

Notes:

1 Regular Use: - consumption 1)at least 3 days a week regardless of dosage or 2) binges during which normal activities (such as work, school, family life, and other daily activities such as driving) are severely affected for at least two subsequent days after the binge in a week.

2 Base cocaine

3 Heroine and or base cocaine

In Rotterdam, a quarter of the homeless drank alcohol daily and one out of six respondents used hard drugs such as heroin and/or cocaine approximately every day. One out of five used methadone almost on a daily basis, without other hard drugs. If we take methadone as a hard drug, then more than one third of the homeless people used hard drugs (almost) daily. This percentage is the same as that of the percentage of Amsterdam homeless people addicted to hard drugs.

In The Hague amongst the homeless sample hard drug use was highly prevalent. 71% had used heroin, cocaine or methadone in the past on a regular basis and 59% had used them in the past 30 days. The average age when respondents first began using these drugs on a regular basis was 21 years for heroin, 24 years for cocaine and 27 years for methadone. Cannabis was also significantly more widely used in the homeless sample (ever use: 55%, current use: 32%). The average age of first use was 16 years. Ever-regular use of other drugs was 50%.

Heroin was identified by 20% of the homeless respondents as their main drug problem and a further 18% named cocaine. 15% had problems with several drugs and 31% said they had no problems at all. Almost half of the homeless population in The Hague had lifetime dependence (47%) and a fifth had current dependence (22%). There were significantly higher levels of drug dependence in the homeless sample both lifetime (68%) and current (53%).

Out of the national sample of homeless people, one tenth used neither hard drugs, nor did they consume excessive amounts of alcohol. More than one third used hard drugs but no excessive amounts of alcohol. Almost one fifth (18%) used alcohol after to hard drugs. And 17% used excessive amounts of alcohol exclusively.

The **French** INSEE-survey mentions for the male homeless that 13% of all causes of hospitalisation is alcoholism or addiction to one or more drugs. In **Luxembourg**, the number of people who suffer from addiction to drugs is estimated to be about 2500 in 2001. Exactly 1341 people were treated, either in specialised centres for addicted people, or in hospitals. There are no separate data available concerning the homeless population.

PERCEIVED HEALTH

Last but not least, the subjective interpretation of someone's own health situation is important to consider. Unfortunately, this health-related component is only taken into consideration in the **Netherlands** and in **France**.

In the **Dutch** national sample, respondents were asked to give their own mental health a rating from a scale from 0 to 10. One fifth evaluated their own mental health as "unsatisfactory" (a mark of five or lower). Out of all Amsterdam homeless, a quarter said they had 'quite some' or '(very) many' mental health problems. In Rotterdam, 42% of them reported depressive complaints during the past month, one third mentioned concentration and memory problems and a quarter of them had problems controlling their aggression. On average, they mentioned four mental health complaints in the past month.

About half of the Rotterdam homeless defined their general health as being good to very good, 40% indicated that their general health was "fairly good" and 13% said it was "bad". Compared to the Rotterdam general population, homeless do view their own health situation as significantly worse. Out of the general population 68% viewed their health as "good" or "very good". Only 3% stated to have a bad health.

In **France**, very similar results are found. The INSEE-survey revealed that 16% of the users of hot meal distribution and temporary housing (shelters) evaluate their health situation in a negative way, while this is only 3% among the people who occupy a dwelling on their own.

MORTALITY

Finally, **Danish** surveys also briefly highlight the aspect of mortality. Stax (1999) reports a mortality rate of 14% over a period of 8 years among younger male users of §105 institutions in Copenhagen and a premature analysis of users of § 105 institutions in 6 Danish counties in 1997 shows a mortality rate of almost 13% over only 6 years.

Social networking

Information about social networks of the roofless and homeless is very scarce. Again, useful data are provided by some in-depth studies among the homeless population in **the Netherlands**. In general, Dutch studies find that social networks are generally weak amongst homeless people (Gezondheidsraad, 1995; Reinking & Kroon, 1998; Reijerse & Reinking, 1998; Van Erp & Wolf, 1997). An unflattering portrayal of the homeless is that of a 'socially handicapped loner' (NRV, 1993). It is a fact though that relationships with family, relatives and friends seem in the long run to be replaced by contacts in the homeless scene. The longer the situation of homelessness exists, the more difficult it seems to have relationships with people outside the homeless group (Van der Gaag, 1999).

Data on contacts with relatives and friends are, however, contradictory. Van Doorn (1994) interpreted the lack of contact with relatives of homeless people as their desire/wish to maintain their independence, but also as an indication that they are sometimes ashamed of their situation. According to Deben et al (1992) only 8 of the homeless people in their sample (n=220) maintained contacts outside the homeless scene: they visited relatives or acquaintances once in a while or stayed with them overnight. Research on homeless people in Groningen confirmed the lack of contact (Polstra, 1998). However, the study in Amsterdam found that the majority did have contact with friends or relatives outside the homeless scene during the past month. Similarly in The Hague, roofless respondents reported that they on average in the past year had monthly or less than monthly contact with family and friends. The national survey also showed that 60% of the sample was still in touch with relatives: parents, brothers and sisters, although 40% had lost contact. In their research on the Rotterdam homeless, Jansen et al (2002) found the same percentage of people (60%) maintaining contacts with close relatives.

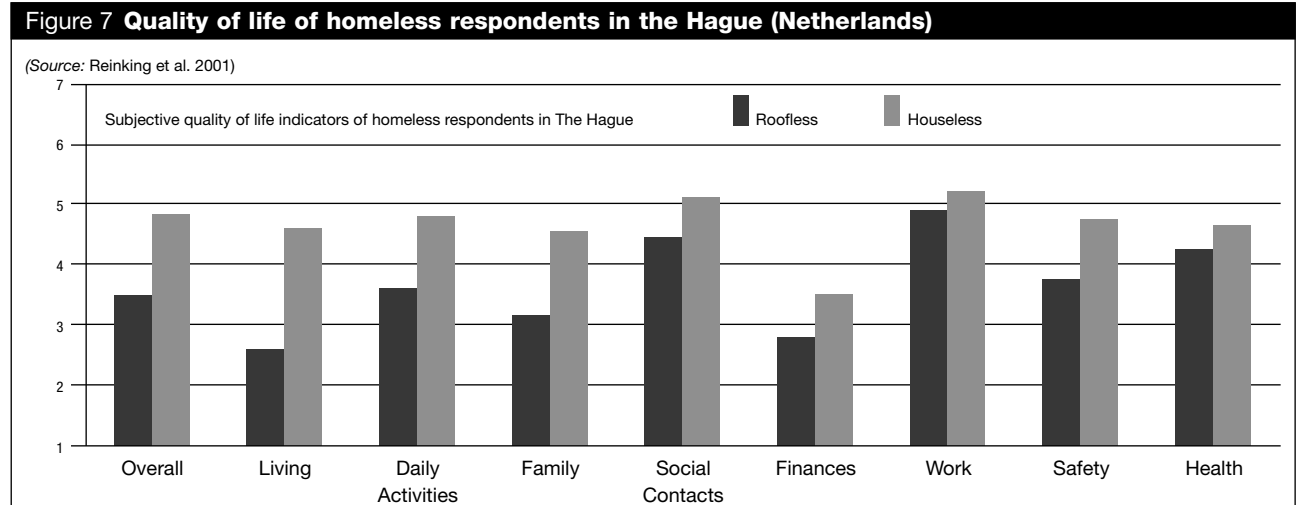
Having contacts obviously does not say much about the quality of these relationships. Out of 90 visitors to a drop in medical facility, one quarter had family problems, and one out of ten people had relationship problems (Lohuis et al, 1998). Also visitors of a Service Centre had serious relationship and family problems (Van Erp & Wolf, 1997). Often the relationship with relatives and old friends is a very sensitive issue (Van Doorn, 1994). Contacts with mates within the scene are vulnerable, superficial, not stable, and primarily directed at survival in daily life. Important functions of these contacts are moral support, safety, company and passing the time together. Standard of life and available survival strategies influence the position of people in these relationships. People with mental health problems are usually outsiders and are generally socially isolated (Van Doorn, 1994; Van der Ham et al, 1995).

However, it is important to notice that weak social relations ultimately and structurally are linked to the weak positions of the homeless on the labour and the housing market. The Health council of the Netherlands accurately expresses these links as follows: "*People are missing the things that are so important to maintain functional and social relationships: housing, work and money.*" (Gezondheidsraad Nederland, 1995: 67). Indeed, those who are fully integrated into the labour market in general lack strong social relations which they could use for reciprocal support and help. To share daily a common space is an important asset to build and to maintain social relations, a asset that is lacked by the jobless, the homeless and other socially excluded groups (see also Meert and Kesteloot 1999 and Meert 2000).

With regard to relationships, 17% of the national sample reported having currently having a partner. Likewise 14% of the roofless in Utrecht had had a partner and 8% of the Rotterdam sample reported having a partner in the last month. These partner relationships amongst homeless are believed to be rather unsustainable/stable. The insecurities of homelessness do not offer a stable base for long-term relationships according to Van Doorn (1994). Many feel the lack of intimacy and sexuality as an important deprivation. The feeling of solitude is remarkable (Polstra, 1998). Homeless people support each other as much as they can in order to survive, but they do not support each other in terms of trying to build a new life. Contacts in the scene can even have a negative effect on building a new life (Van Doorn, 1994; Greshof, 1994; Greshof & Wevers, 1999).

Quality of Life

Quality of life (QOL) information was only available for the Hague sample (**the Netherlands**). Here, a Dutch translation of the Lehmann Brief Quality of Life instrument was used. Overall scores on quality of life were significantly different across the two groups surveyed in the Hague sample, namely the roofless and people living in temporary accommodation (the houseless). On a seven point scale from terrible (1) to delighted (7), the life satisfaction of the roofless was 3,5 indicating that they were in general somewhere between mostly dissatisfied or neutral with their overall feelings of well-being (see figure 7). Whereas with the houseless, the overall score was 4.8, showing that the houseless were on average mostly satisfied with life in general.



Across all other subjective QOL domains, the scores of the roofless respondents were lower than those of the houseless sample. These differences were significant with the exception of the work domain, as only the 31 people currently in work answered this item. For the houseless, the average score was close to 5 on 7 of the 8 items, indicating satisfaction across most domains. For this group the exception was finance (mean score=3,5). The roofless on the other hand showed much greater variation. They were least satisfied with housing (mean=2,6) and finances (mean=2,8) and most satisfied with work (mean=4,9) and social relations (mean 4.4). Difference in ratings on each item varied from 0,3 (work) and 0,4 (health) to 2.0 (housing).

The objective QOL scores on domains relating to family, social relations, daily activities and behaviour were similar in both groups. Both groups in the past year had on average monthly or less than monthly contact with family and friends and reported that they on average participated in 3 or 4 daily activities (out of a list of 8). However on other items, the scores of the roofless sample were significantly lower in comparison to the houseless sample. The roofless had less money in the past month to spend on basic items such as food, clothing, living, travelling and social activities. (roofless 1.6 items, houseless 3,7 items). Fewer roofless worked the past month (5% versus 26%); more were arrested (48% versus 7%) and more were likely to be a victim of a crime (44% versus 18%).

Summary and main conclusions

In general, this section on the profile of the current European homeless population has confirmed that this specific social group is extremely illustrative for present-day key features of social exclusion. Indeed, as far as information is available and reliable for the six countries concerned, it shows that homeless people are poorly educated; they are rarely employed within the formal labour market; in particular those who also lack social benefits develop different survival strategies to makes ends meet; homelessness is for 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 and regarding their perceived quality of life, a Dutch survey makes clear that the roofless people especially are more dissatisfied, compared 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.

Trends

The previous section showed several complications when comparing current profiles of homelessness among a selection of six European countries. However, such an effort was “only” confronted with space-related contrasts (different Member States) regarding definitions and methodologies in profiling the homeless. When trends are considered, differences over time are an extra challenge. As will be illustrated in this paper, the current restructuring of some services make it in some cases almost impossible to draw some general trends for even one single country (this will be illustrated in the case of the gender dimension of the Danish homeless population). Thus, out of necessity, this section will be rather brief. Three dimensions are considered: age, gender and nationality.

A growing share of people aged between 40 and 50

On the short term, the **Danish data** show that the general accepted statement about homeless people getting younger and younger is not confirmed by the development in 2000-2002. However, this is only a very short perspective and therefore a longer period should be taken into consideration, by comparing 2002 with 1981 and 1995.⁷ The findings are based upon data from The Social Appeal Board and from Stax (1996) who uses information from Statistics Denmark about the age of the 24 hours users - as opposed to users who only visit the shelter during day-timer in the period 1981-1995. Table 4 summarises these Danish findings.

Table 4 The age of 24 hours users of § 105 institutions during one week in 1981 and 1995, and the age of users of §94-boformer in 2002

(Source: Stax, 1996 and Sociale Ankestyrelse, 2003)	1981		1995		2002	
	Number of 24h users	%	Number of 24h users	%	Users totally	%
Below 20	28	1.3	121	5.5	177	2.2
20-29	266	12.6	1,003 ⁷	45.2	1,391	17.4
30-39	412	19.5			2,241	28.1
40-49	451	21.4	908 ⁷	40.9	2,368	29.7
50-59	476	22.6			1,366	17.1
60 or more	473	22.4	186	8.4	431	5.4
Total	2,106	100.0	2,218	100.0	7,974	100.0

Note 1: The age groups differ over the years as Statistics Denmark changed the age categories in the period 1990 to 1995.
 Note 2: Registration in 2002 is different from the earlier years. In 2002 the users are registered the first time they enter the §94 institutions.

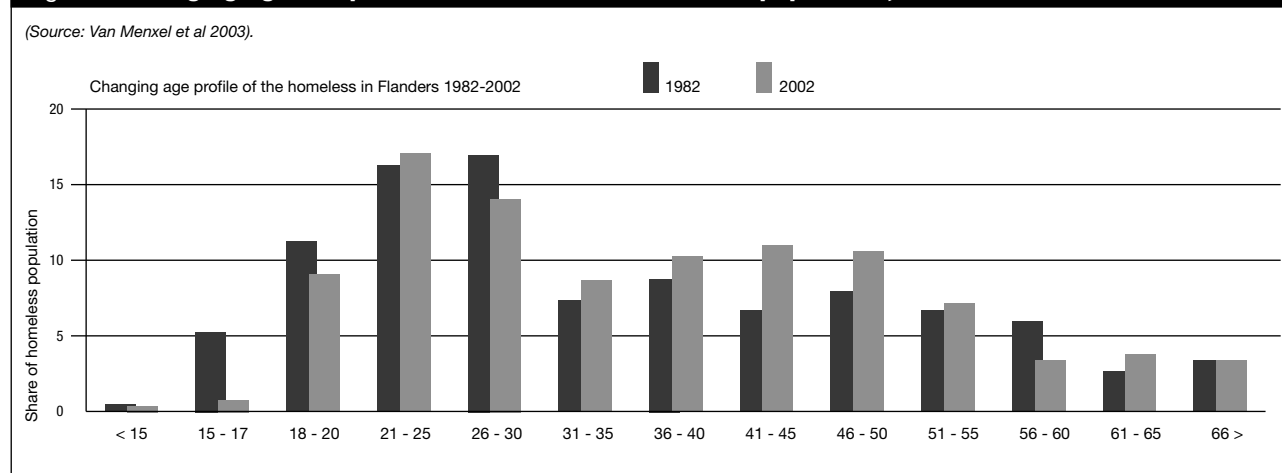
⁷ A discussion of trends in the development between 1981 and 1995 can be seen in Stax, 1996. In this report, the years 1981 and 1995 are chosen because this makes it possible to discuss the development more generally over a longer period.

In general, from this long-term perspective it becomes clear that there has been an increase in the amount of persons below the age of twenty since 1981, but this development has recently stopped. In 1995 more than 5% of the users were below 20 whereas in 2002 it is only 2.2%. Another trend is that there has been a considerable increase among persons between 20 and 39 since 1981 but also that the amount has been stable since 1995. This group is in 2002 the second largest group of users which is a new situation compared to 1995 when it was the largest. Among persons between the age of 40 and 59 the development has changed during the period. From 1981 to 1995 this group declined in number but since 1995 there has been an increase, which makes the group the biggest in 2002, like in 1981. When splitting this group in two we see the biggest growth among users between 40 and 49 and actually a considerable decline of users between 50 and 59 when comparing 1981 and 2002.

An overall conclusion for the Danish data is that fewer persons belong to the outer age categories - that is less and less elderly and fewer very young - a trend which is confirmed by the continuous decrease of persons above 60 from 1981 until 2002. These general trends are also confirmed by the service providers. Persons working in the field have reported a great need of special residential homes for older drug addicts - older here meaning above forty, because to re-house these people in their own dwelling is often a hard and even impos-

sible task. Several Danish institutions for homeless people mention that they are not capable of meeting the needs of this older age group as they need more and more assistance. Interviews and meetings with **Luxembourg** service providers point to the fact that there is nowadays an increasing share of youngsters among the homeless population (younger than 19 and between 20 and 24) in this country (in particular people who were no longer tolerated by their parents to live in the parental home or who left their parents voluntarily). As a result, service providers agree on a decrease of the average age of the users. However, the trend of an increasing share of youngsters is contradictory to general developments in the wider society. Indeed, the age at which people leave their parental home is now much higher than twenty-five years ago, which is partly due to longer periods of education, a later entrance on the labour market and delay of family formation (Berger, 1998). The **Spanish** surveys, limited to the nineties, show that during this decade the average age remains constant around 42. This average, however, hides a huge internal variation, with a large group of young people and another of the elderly. The detailed **Flemish** data show a somewhat striking profile regarding age composition: in contrast to observations for the other countries, the homeless population ages slightly, although youngster especially are still vulnerable to homelessness (Van Menxel et al 2003). This is illustrated by figure 8.

Figure 8 Changing age composition of the Flemish homeless population, 1982 - 2002



Van Menxel et al (2003) mention several social developments to explain this deviant Flemish trend. On the one hand, the reduction of youngsters (under 18) is a consequence of cut-backs in public financing of their stay (one should remember that the Flemish sample comprises users of supported housing initiatives and of reception centres, with a decreasing share of users of specific youth care initiatives). On the other hand, the development of a specific infrastructure for drug addicts may have taken care of a share of the group younger than thirty year. Possibly, the increase of older homeless (aged between 30 and 50) may be explained by referring to a growing share of non-Belgians among the homeless (see also § 5.3). In general, this population represents a rather large share of people between 26 and 40 years. Another explanation refers to the growing importance of supported housing infrastructure in which homeless people were received between 1982 and 2002.

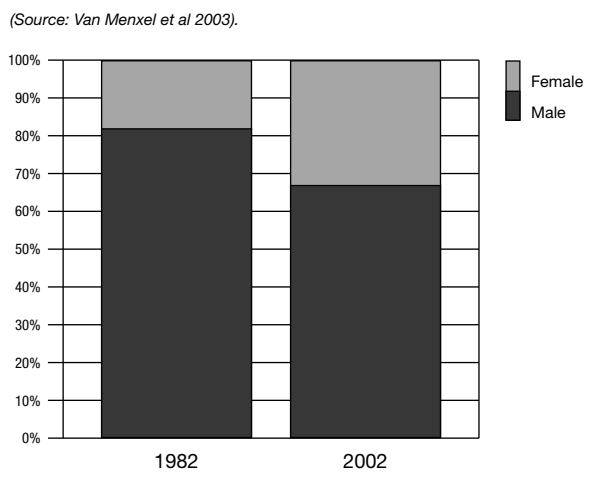
Thus, in general, these countries show rather varying trends, which seem to be clearly linked with national particularities regarding the changing nature of services for the homeless. Somewhat surprisingly, the most common trend is the growing share of people aged between 40 and 50.

The feminisation of the European homeless population

Luxembourg service providers point out a growing share of female homeless people. By this, they seem to confirm a widely accepted impression about the changing profiles of the European homeless population. One of the reasons to explain this trend is the observation that women today, more than before, flee from violent household situations and are therefore also more visible as homeless⁸. Flemish data, based on random selections in 1982 and 2002, also illustrate a clear trend of feminisation (see figure 9).

Van Menxel et al (2003) also explain this trend by referring to the growing social sensitivity to violence between partners and within families. This growing demand was accompanied by an increasing offer of such specific services. However, in general, trends of a changing gender dimension are difficult to unravel and to interpret. Far reaching changes in services obscure underlying trends. The case of Denmark makes this very clear. Here, the main problem lies in the way data deal with refuges for battered women. During some periods these centres are included in registrations and counts, during other periods they may be excluded. At present it is impossible to determine what exactly happened with the counting of women in refuges when the former § 105 services

Figure 9 Changing gender profile of the Flemish homeless population, 1982 - 2002



were replaced by the current §94 boformer services. Therefore, it is impossible at present to say whether there actually were more female users of the services targeted towards homeless - and not battered women without further social problems - in 2002 than the later part of the nineties. The different categories make it impossible to draw conclusions.

A similar problem occurs in Spain. At first sight, a certain increase in the percentage of women among the homeless has been detected; in the last nine years this percentage appears to have gone from around 10-12% to 16-18%. Logically, the slant imposed by the receiving institutions and the institutional definition of the problem as something that essentially affects men, causes the percentage of homeless women to be higher in the studies obtained from direct detection in the street than in those samples exclusively from institutional data, except when the sample is over-represented by cases from centres for both men and women. (Muñoz, Vázquez and Cruzado, 1995).

To sum up, one can conclude that there exist acceptable reasons to state that during the last twenty years the European homeless population has undergone a process of feminisation. However, taking into account a shorter period (since the late nineties), accurate data are lacking to measure whether this trend still persists or not.

8 In this regard it is good to mention a recent legislative initiative in Luxembourg: since 2003, the Luxembourg police has the right to remove the violent partner who will be followed and prevented to return to his/her partner within the first 14 days after his or her removal.

The global world is more and more represented among the European homeless population

In a Mediterranean country as **Spain**, the most important and significant change in the homeless population in the last ten years refers to the large increase in the immigrant population. It is true that in several of the studies mentioned, since long and complex questionnaires were used, foreigners were not included in the sample to avoid language problems in the interviews. Even so, using the limited data available, it is possible to affirm without fear of error, that in the last eight years, at least, foreigners have gone from 8% to 30% of the homeless in Spain. This spectacular increase would be even larger if we included the population attended by emergency shelters for temporary workers, elevating the figure of immigrant homeless above 40%.

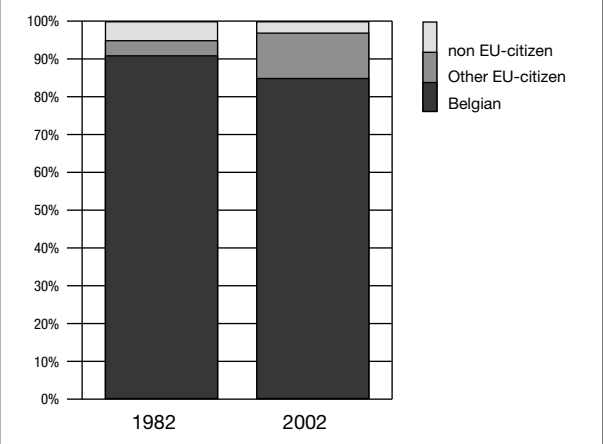
A similar dynamic is observed in **Flanders**, although to a lesser degree (see figure 10). It would be interesting if one could break down these data for users of reception centres and those who stay in supported housing.

The most detailed overview of homelessness and nationality is available in **Denmark**. Looking back to 1929, when people wishing to stay at an institution for the homeless in the Municipality of Copenhagen were required to register at a Central Office, we find that foreigners represented around 1/8 of all enrolments (Socialministeriet, 1931/ 32). Their nationality is not further specified. In 1972 a working group set up to examine the future of shelters and reception centres (Socialministeriet 1972) broke down its clientele by nationality. At that time almost every fifth person looking to enter a service was not Danish - almost all of them were from another Nordic country, with Norway and Finland the largest contributors and Sweden the smallest.

In 1989 the Association of County Councils surveyed users of what were then known as “§ 105 institutions”. This survey arrived at a figure of 9% of users - 7% of men and 16% of women were foreigners, without further information as to origins and reasons for being there. The topic was not of particular interest at the time - it is only later when “the many immigrants” in institutions for the homeless became an issue, as part of the description of the new homeless and the new pressure on the homeless sector.

Figure 10 Changing nationality of the Flemish homeless population, 1982 - 2002

(Source: Van Menxel et al 2003).



From the mid-1990s onwards women’s crisis centres have reported a sharp rise in the proportion of ethnic women. The reasons can be found in women fleeing from the traditional family patterns, and young women not wanting to find themselves in forced/arranged marriages. There is little reference to exclusively housing problems.

The last three years (2000-2002), on average 82% of the people had a Danish nationality (includes Denmark, Greenland and The Faroe Islands), only 1% was another EU-citizen or belonged to Iceland or Norway, 5% had a another nationality (countries outside EU, Scandinavia and stateless), while in 12% of the cases, nationality was unknown

To sum up, seen over a period of about twenty years, the European homeless population has become more international. This can be observed in both Scandinavian and in Mediterranean countries. However, it is important to note that - at least the Danish - data suggest that current high numbers of ethnic minorities and other nationalities are not so unique as it may seem at first sight. Similar observations were also made in the case of Belgium (see Depreeuw, 1986).

Conclusions

This paper aimed to deliver some key characteristics of the current homeless population in a selection of six European Union Member States (Belgium, Denmark, France, Luxembourg, the Netherlands and Spain). This general conclusion will not recapitulate the specific summaries that were outlined at the end of the different sections dealing with specific profile topics. Thus, instead of summarising the whole report, four research and policy relevant conclusions are formulated. *First*, as this overview has shown, there is a very acute need for a harmonised measuring of the homeless population across Europe. While the European Union will count 25 member states on the 1st of May 2004 this overview of profiles of the homeless, performed with only six countries, has proven that it is very difficult to streamline separate findings of the individual countries to one central set of European findings or hypotheses. Therefore, the recent attempt of Edgar et al (2003a) to draw an operational definition on homelessness, breaking down the homeless population in a typology of measurable subcategories, may be of use in the near. *Second*, this paper also shows that homelessness epitomises in a dramatic way current features of social exclusion. This not only suggests that homelessness is much more than lacking a roof, a house or a home, it also makes clear that a policy to fight homelessness should also take into account both interventions at the structural and the individual level (such as interventions leading to better access to the labour market and more individual support to empower people in their search for better health care).

Third, this paper also suggests that the changing profiles of the homeless population in Europe is clearly linked to macro-social changes, such as a growing attempt to commodify the housing market, restructurings of welfare states (with a trend towards equal opportunities rather than equal rights) and changing social networks. As such, homelessness can no longer be exclusively seen as the result of individual characteristics of the homeless, but it should also be structurally linked with the aforementioned macro social processes. In this respect, these findings should also be linked to the central findings of Doherty at all (2003), where the changing role of the European states (at the level of individual countries) is linked to a hampered access to the housing market and specific vulnerabilities regarding homelessness. *Fourth*, restructuring of services has not only an impact on the possibility to profile homelessness (as for instance the Danish case has shown regarding the gender dimension), it also has a deep impact on the profile of the users, i.e. the homeless people who are registered thus also profiled. As such, it is extremely interesting to link both the current profiles and the ongoing trends with the restructuring of services for the homeless. In this respect, the content and findings of this paper can also not be separated from the findings in Edgar et al (2003b) about “*Service provision for homeless people in Europe, regulation and funding implications for service development*”.

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