

ADDRESSING HOMELESSNESS IN EUROPE

2005

The changing profiles
of homeless people:
Still depending on emergency-services
in Europe: Who and Why?

*Henk Meert,
Lars Benjaminsen, Pedro Cabrera, Iskra Dandolova,
Elena Fernández, Maša Filipović, Ilja Hradecký,
Inger Koch-Nielsen, Roland Maas, María José Rubio
and Dalila Zidi*

November 2005



FEANTSA

European Federation of National Organisations Working with the Homeless

The series 'Addressing Homelessness in Europe' is the result of the work of the three thematic research groups of FEANTSA's European Observatory on Homelessness that have been set up to cover the following themes:

- The changing role of the state
- The changing profiles of homeless people
- The changing role of service provision

The changing profiles of homeless people: Still depending on emergency- services in Europe: Who and Why? is based on seven articles produced by the National Correspondents of the European Observatory on Homelessness. The full articles can be downloaded from FEANTSA's website www.feantsa.org.

FEANTSA is supported financially by the European Commission. The views expressed herein are those of the authors and the Commission is not responsible for any use that may be made of the information contained herein.

ISBN: 9075529511

ADDRESSING HOMELESSNESS IN EUROPE

**The changing profiles
of homeless people:
Still depending on emergency-services
in Europe: Who and Why?**

By

**Henk Meert,
Lars Benjaminsen, Pedro Cabrera, Iskra Dandolova,
Elena Fernández, Maša Filipović, Ilja Hradecký,
Inger Koch-Nielsen, Roland Maas, María José Rubio
and Dalila Zidi**

November 2005



FEANTSA

European Federation of National Organisations Working with the Homeless



Contents

1. Introduction	3
1.1 Two central research questions	3
1.2 Defining users of emergency services.....	4
2. Research methodology	5
2.1 The kaleidoscope of emergency services.....	5
2.2 The need to collect primary data.....	9
2.3 Processing the data	10
3. Profiling the users of emergency services	11
3.1 Available data.....	11
3.2 Age structure	11
3.3 Gender.....	12
3.4 Nationality.....	12
3.5 Profiling the users of emergency services: Conclusion.....	14
4. Why people still live rough in Europe	15
4.1 A multi-level approach and mutual overlap	15
4.2 The structural perspective.....	15
4.3 The institutional perspective.....	18
4.4 The individual perspective.....	22
5. Conclusions and policy lessons	26
References	28
Appendix Correspondents of the European Observatory on Homelessness	29



1. Introduction

1.1 Two central research questions

This report is based on fieldwork in six European member states and one candidate member state, and discusses the plight of roofless people thrown back on public spaces during a large part of the day. The member states involved are the Czech Republic, Denmark, France, Luxemburg, Slovenia and Spain, and the candidate state is Bulgaria.

Despite the variety of welfare state regimes in Europe and the policy of the European Union to fight social exclusion, most larger cities in the member states still have considerable numbers of people who depend on various emergency services in order to have at least a minimal contact with mainstream society.

In this report, we deal with two crucial questions regarding the use of emergency services by a significant proportion of the homeless: who are they and why are they dependent on these services. The first question addresses the characteristics of the individuals concerned. Is there for instance a clear gender profile for the users of emergency services? Are immigrants over represented? What about youngsters and older people? Are one or both of these latter groups, who are in general outside the formal labour market, more dependent on emergency services than other age groups?

Answering the second question should provide insights into how structural processes, such as increased unemployment and the restructuring of housing markets, contribute to the dependence of a contingent of homeless people on services such as night shelters and specific care services. Factors explaining the present - and long-term - existence of this specific category of homeless people are not only structural. We need also to examine recent changes in the organization of services for the homeless. How much, for instance, does specialization of services contribute to dependence on emergency services? A third level of explanation regarding the continued existence of emergency shelters and their users concerns the individual, with his or her personal motivations, aspirations and personal social networks. To what extent, for instance, do ruptures in these networks explain the long-term presence of people in public spaces during night time?

Before dealing with these questions, a clear definition of the homeless people concerned is needed. The European Typology of Homelessness and Housing Exclusion (ETHOS), as developed by the European Observatory on Homelessness and Feantsa (see Edgar & Meert 2005) is used to do this.

1.2 Defining users of emergency services

This report is concerned with those who have no home of their own, may use night shelters or sleep rough, and may also use outreach services. They suffer three types of exclusion: physical, legal and social. First, they are physically excluded through having no access to a dwelling. Second, they have no legal title to occupancy of a home. Third, they have no access to a private space where they can enjoy social relations. These people are among the least fortunate of the homeless as they are excluded from all three domains

which constitute a home (see Figure 1). ETHOS has grouped this type of homeless people under the conceptual category of roofless (Edgar et al. 2004, Meert et al. 2004). Two sub-categories are distinguished (see Table 1). First are those who live permanently in public space, sleeping rough and often contacted only through streetwork services. Second are those who sleep from time to time in night shelters but who are still forced to spend several hours a day in a public space (for instance a public library during winter for warmth).

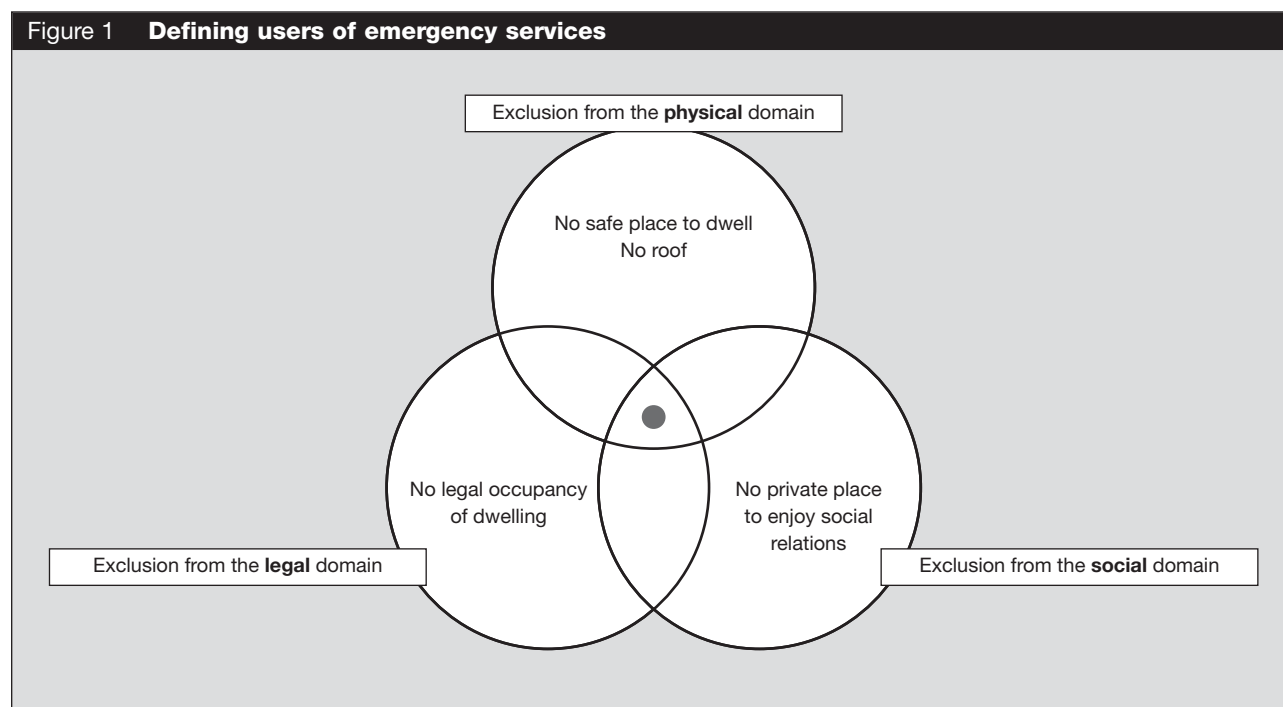


Table 1 Operational categories of rooflessness

CONCEPTUAL CATEGORY	OPERATIONAL CATEGORY	sub cat.	DEFINITION
ROOFLESS	1 Living in a public space (no abode)	1.1	Sleeping Rough
		1.2	Contacted by outreach services
	2 Stay in a night shelter and/or forced to spend several hours a day in public space	2.1	Low-threshold / direct access shelter
		2.2	Arranged (e.g. low budget hotel)
		2.3	Short-stay hostel

This report is structured as follows. Section II outlines the research methodology used. The lack of statistical data available about people living rough has required a considerable effort in applying qualitative methodologies. This section also describes the 22 emergency services which were considered in order to contextualize the findings of the research. Section III discusses some basic characteristics of the roofless. Find-

ings regarding age, gender and nationality are presented in some detail. Data on other basic variables, such as employment and educational level, were hardly found during the fieldwork. Section IV discusses the reasons why people become roofless, structured according to structural, institutional and individual dimensions. The last section covers policy-related questions and suggestions for solutions.

2. Research methodology

2.1 The kaleidoscope of emergency services

Taking into account the changing role of the welfare state, the increasing role performed by non-governmental organizations in providing services for the homeless and increasing specialisation, services were selected for examination within the context of two dimensions: public initiative versus private initiative, and offering accommodation (night shelters) versus not offering accommodation (such as outreach services).

In total, 22 services were assessed. As Figure 2 shows, all possible combinations of the two dimensions are reflected in this research report. In Bulgaria (Sofia), we encountered two public initiatives offering accommodation. In Luxemburg, by contrast, we could only do research related to two private emergency services, both offering accommodation. In France, beside the “115” free telephone number (a public initiative, see below), all fieldwork was performed in relation to Parisian emergency services established by private initiative (with a clear distinction between services offering accommodation -night shelters- and services not offering accommodation).

In the case of Spain, where we focused on Madrid, attention was paid to emergency services which do not offer night accommodation, both in the public and the private sphere. The biggest differentiation among services was found in the Czech Republic, Denmark (Copenhagen) and Slovenia (Ljubljana). In the Czech Republic we opted to do fieldwork in Prague and in the smaller town of Havirov, which is a suburb of Ostrava, a city at the eastern border of the Czech Republic with Poland. Here, restructuring of coal mining activities and the steel industry has led to very high unemployment rates (14.3%).

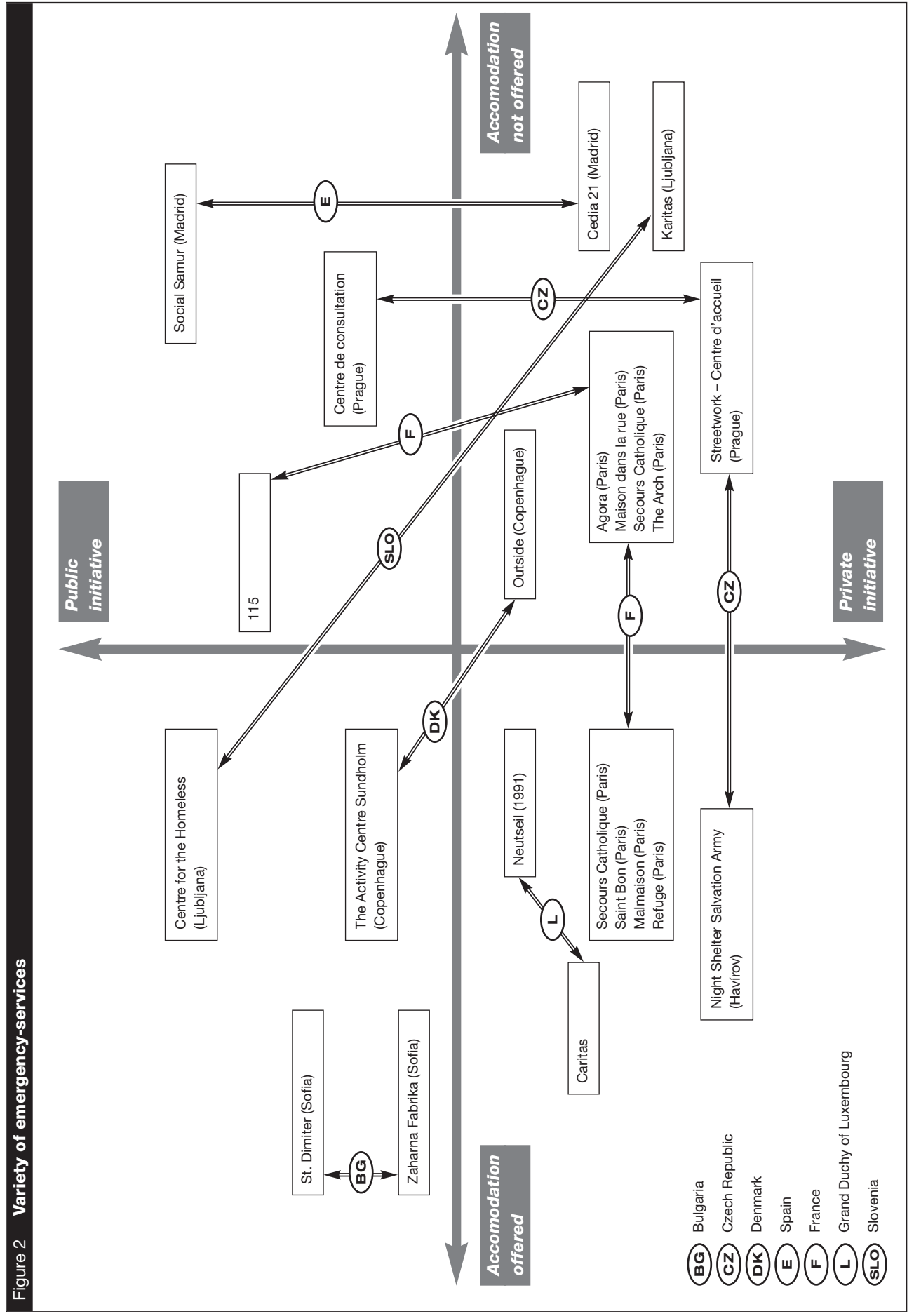
In Denmark and Slovenia, we addressed one public service offering accommodation and one private service not offering accommodation.

In order to understand the variety of emergency services in the European Union, the following sections examine in more detail the services which were approached. We structure this overview using the four quadrants of Figure 2.

2.1.1 PUBLIC EMERGENCY SERVICES OFFERING ACCOMMODATION

In the **Bulgarian** capital city Sofia, there are only public services for temporary housing of homeless people. These services also accommodate roofless people as short term shelter. We focus especially on these users.

These public services are owned and run by the state or the municipality, so that the municipality plays a considerable role in providing care for homeless people. The buildings themselves are the property of the municipality, and the social service offices in the separate districts of the municipality are responsible for housing the homeless in these specialized homes and for all the related documentation. For our fieldwork in Bulgaria, we selected two shelters in Sofia. The first shelter for the homeless is in the residential area of “Lyulin”. This is a service for temporary housing “St. Dimiter” and its purpose is mainly to shelter youngsters, boys and girls, who are leaving the care of the social services or teaching and production institutions. Other categories of dwellers are also accommodated in this service. The second service we addressed is located in the neighbourhood ‘Zaharna Fabrika’ and provides shelter mostly for vagrant children. There are no private institutions in Sofia for sheltering the homeless, although there are private services providing paid care for elderly and sick people. In Sofia there are also no separate day care centres for assisting homeless people. If the homeless are not registered and have no personal file for housing, they cannot receive support.



Sundholm was until 1999 the biggest institution for homeless people in Copenhagen (**Denmark**) - an example of an old-fashioned comprehensive institution, where all activities for the homeless were supposed to take place within the walls. In 1999 Sundholm was split up into different institutions. One is the Activity Centre, chosen for this research as it consists of a night emergency shelter with 30 places (the night café), a day emergency shelter located in the same room as the night shelter (the day café) and several workshops open to users or previous users of the shelters and users from other hostels. The Activity Centre is the only public day shelter in Copenhagen. The rest are run by private organisations, one in co-operation with the local authority. It is also the only public night emergency shelter.

The fourth public shelter we addressed is located in the city of Ljubljana (**Slovenia**). This "Centre for the Homeless" provides social aid, hygiene, food and accommodation. A charge is payable of 80% of the social aid payment. This emergency service is very important as it is the first such centre in Slovenia.

2.1.2 PUBLIC EMERGENCY SERVICES

OFFERING NO ACCOMMODATION

In **Prague**, we selected the Advice Centre for the homeless - Poradna MCSSP -, an accessible service founded by the city of Prague. This small centre (staff 2 persons), located downtown near the National Theatre, is open on working days.

In **Spain**, the Social Samur of Madrid was of particular interest. The Town Council of Madrid created this service in 2004, and its start has entailed a new culture of emergency, as well as an avant-garde planning of social intervention in such situations of social emergency. It is a Municipal Social Service, under the Spanish Government Area of Employment and Services to the Citizenship (Social Services General Direction). This service organises social intervention with the homeless who live on the streets of Madrid, and offers assistance in social emergencies for individuals and families (such as abandonment of old people, families, and children at risk of mistreatment,...). It also provides intervention co-ordinated with other emergency services of the city of Madrid (fire, police, civil defence) when big emergencies occur (fires, terrorist actions, floods, etc.). The Social Samur consists of four mobile units and eight street teams, which have social intervention professionals with training in social response to emergencies and in assistance to the homeless.

115 is a free phone number set up in each **French** Department (an administrative district) under the responsibility of the DDASS (Directions Départementales des Affaires Sanitaires et Sociales: "Regional Department of Health and Social Security"). Anyone can call this number, whether for themselves or on behalf of any other person in an emergency situation or in distress. There is a manned answering service operating 24 hours a day that can deal with any kind of query and which directs the caller to the relevant service such as a night shelter, day centre, health services, social services, a distribution point for food, etc. However, it is clear that this number is above all contacted to find a place to sleep.

2.1.3 PRIVATE EMERGENCY SERVICES

OFFERING ACCOMMODATION

Figure 2 clearly shows that the majority of the services which were contacted for fieldwork are set up by private initiatives.

In the case of the **Grand Duchy of Luxemburg**, the two emergency services available, both located in Luxemburg city, were set up by private initiative and offer night accommodation: "Caritas Accueil et Solidarité" and "Nuetseil". The Caritas centre, Caritas Accueil et Solidarité (CAS, founded in 1991) is funded by the Ministry for Family Affairs and Integration. CAS regroups all the structures set up by Caritas before 1991 to help people in extreme poverty (including homeless people). The CAS offers services ranging from emergency assistance to long-term accommodation. The emergency service, in the form of shelter accommodation, is provided by the CAS through services like "Streetwork", the "Ulysse" shelter and the "Téistuff". The Streetwork, or outreach work, is based on establishing contact with people who live on the streets to try to recreate a link with society. The night shelter Ulysse has a capacity of 64 beds, including two emergency beds. During the day, people have access to the Téistuff (tea room), a day centre integrated into the CAS structures. This service is provided in the form of a café where people are offered non-alcoholic beverages (coffee, tea) for free.

The second emergency night shelter selected is a centre for people with drug-related problems, the Nuetseil, managed by the "ABRIGADO Szene-Kontakt" service of the Comité National de Défense Sociale (National Committee of Social Protection). This service opened in the city of Luxemburg on 22 December 2003. The emergency accommodation centre has 42 beds for women and men, and is open between 21h00 and 8h30. It offers help to all people at risk of deviance or marginalization.



Focussing on **France**, we selected four private services offering accommodation in the city of Paris (besides four other services, also in Paris, not offering accommodation - see II.4): the Jacomet Centre (Secours Catholique), the Saint Bon Centre (Secours Catholique), the Malmaison Centre (Emmaus), and the Refuge (the Mie de Pain). According to an INSEE study in 2001, the Paris conurbation, when compared to other urban areas in France of more than 20,000 inhabitants, is characterised by an overrepresentation of emergency housing availability. Thus 37% of the total emergency places available are in the Parisian conurbation, which accommodates 39% of those housed in the total of all urban areas greater than 20,000 inhabitants. In addition, the Parisian facilities are bigger than those of other urban areas. In the Paris region, those that are accommodated in an emergency situation are mainly housed in the large capacity shelters. Sixty two per cent this group are in facilities that can house more than 50 people. In the other French regions there are only 23% in this situation. Further, a quarter of the emergency housing shelters in the Paris conurbation are situated in the city of Paris itself and a large number of these centres are concentrated in the 13th and 19th arrondissements, which together provide almost half of the total number of housing places offered.

A third country represented in this quadrant of Figure 2 is the **Czech Republic**. In the town of Havířov, we focused on the Salvation Army which provides direct access emergency accommodation and streetwork.

**2.1.4 PRIVATE EMERGENCY SERVICES
OFFERING NO ACCOMMODATION**

Eight out of the 22 selected emergency services combine their private status with the absence of accommodation during the night.

In **Spain**, we addressed staff of Cedia 24 hours, a private resource which belongs to Caritas Madrid. It has been developing its activity since 1977. Even though it is not specifically designed and directed to assist the social emergencies related with homelessness, it has been carrying out this task since it has a social emergencies service and a team of social workers who assist any social emergency 24 hours a day. Even if the emergency room (beds) no longer exists, the social workers can evaluate the case and take the decision of arranging hostel accommodation that same day.

In **Denmark**, “Project Outside” (Copenhagen) has been selected for this research because the manager has extensive experience working with rough sleepers and is one of the leading experts on rough sleeping in Denmark. Project Outside is a private self-governing entity established in 1997. Currently, it receives funding from the Social Ministry but also benefits from private gifts and donations. Project Outside is based on the service going to the users. The project consists of a number of subprojects: the mobile café; the bag people project, and the street people project. In this research, we mainly focus on the activities of the mobile café and its contacts with a broad section of the rough sleepers in the areas where the café has its stops. The mobile café is a mini van that circulates in the inner city of Copenhagen during the evenings. The mobile café serves hot meals at different stops. The bag people project aims at establishing human contact with mentally ill rough sleepers, and also if possible to refer people to other services for instance treatment for their illness. The street people project offers a gathering point in a public park in the inner city every day where a social worker is present for one hour.

In **France**, we also addressed four private initiatives not offering accommodation. Although they are called different names, such as the Solidarity Boutiques, the House in the Street, the Solidarity Insertion Space or the Halt for Friends of the Street, these reception centres function generally under the same principles of anonymity, liberty to come and go, discretion and non segregation. There are, according to the Direction Générale de l’Action Sociale, 250 day reception centres in France of which 16 are in Paris. These centres are attached to large charitable associations, such as the Foundation Abbe Pierre in the case of the Solidarity Boutiques, or to other large organizations such as Emmaus, the Secours Catholique, Secours Populaire, the Salvation Army, etc. These associations conceived these centres as a daytime relay to the emergency night shelters. In fact, the night shelters require those staying the night to leave the shelter at the latest by 9.00 am, or more commonly, 8.00 am. Finding themselves once more on the street, the roofless can then go to one of these day shelters, conceived as friendly places where the guests can benefit from the various services offered such as washrooms, showers, information services, medical consultation, legal advice, and psychological counselling.



2.2 The need to collect primary data

In the **Czech Republic**, we contacted the day centre Nadeje, an NGO which can be contacted by the roofless during the day-time for several services and which also has had outreach teams at work for many years. The day centre, located near the main train station, offers meals, hygiene, clothing, medical care, job counselling and so on. Streetwork is provided in the central part of the city.

In **Slovenia**, the Caritas initiative was contacted. It offers food and clothes to the homeless, sometimes also financial help in the form of payment of bills (for electricity or housing costs), thereby potentially preventing the occurrence of homelessness. It does not provide accommodation. It is open only once a week, 4 hours a day.

There is a lack of hard data with respect to the services and their users in the countries reviewed, apart from basic information such as annual reports. There was hence the need to collect primary data. To do so, mainly qualitative research techniques were used: interviews were performed with staff of emergency services, with users of emergency services, with people who live on the street and with key persons such as vendors of homeless magazines. Table 2 gives an overview of the different techniques which were applied according to the different countries.

Table 2 Overview of applied methodologies

COUNTRY	Used Methodology					
	Desk research	Interviews with staff of services	Interviews with other key persons	Users		Interviews with non-users
				Questionnaires (quantitative)	Interviews (qualitative)	
BULGARIA	performed	3	3		13	
CZECH REPUBLIC	performed	8		173		
DENMARK	performed	3	1		2	
FRANCE	performed	9	4		13	4
LUXEMBOURG	performed	3			8	
SLOVENIA	performed	2			14	
SPAIN	performed	3				
TOTAL		31	8	173	50	4

Contrasting to the other countries and due to local working circumstances, our approach was more quantitative in the Czech Republic. Two short questionnaires were composed, one directed to the staff of the three assessed services and one questionnaire to be completed by the users, assisted by the staff. Issues discussed with the staff focused on who are the roofless and why are they still relying on these services. Questions addressed to the users also covered the why question, responsibilities for being roofless and expectations for the future. In total, eight staff members were questioned, and 173 users completed a questionnaire. Additionally, statistics were collected for each of the three services, covering in general the period since 2000.

All the researchers have integrated available literature and some basic statistics in the research in addition to the primary data collection. Staff members were interviewed in all countries. In the case of Lubljana, we also had available useful information from nine interviews with service users already completed specifically for the project (Trbanc et al. 2003). The homeless people were all users of public social services (centres for social work), and the interviews were very geographically dispersed, as they were done in four different cities in Slovenia (Maribor, Koper, Murska Sobota, Celje).

In all countries with the exception of Spain, interviews were performed with users of the services. In France, interviews were also completed with some high-ranking civil servants. In Denmark, an editor of a roofless magazine was interviewed. In Bulgaria, additional interviews were completed with residential neighbours of a hostel for the homeless. In Paris, four extra interviews were held with people who live and sleep rough and who refuse to use service centres. In total 31 staff members were interviewed, 50 users, 4 non-users and 8 other key persons. 173 users of emergency services completed surveys.

2.3 Processing the data

Apart from the Czech Republic, original and reliable quantitative data on the characteristics of users of emergency services were not available. Some basic insights were obtained regarding the changing profile of the users of emergency services in Denmark, Luxemburg, France and Bulgaria, based on existing research and related reports. These insights are used in Section III in which our aim is to discuss the profile of the users, without being able to present representative statistics for all European countries. At this stage of the research, it is intended to document some features of rooflessness and emphasize the necessity of a further research programme targeting the profiles of users of emergency services.

Furthermore, constraints on the time budget prevented us from interviewing a substantial numbers of users; it has not been possible therefore to generalize regarding their profile. The results which are discussed in this paper should first of all be interpreted within the context - and the limits - of qualitative research. This means that specific attention is paid to the context of the research settings (see Section 2.1), so that our findings should be transferable with care to other research situations (see Baxter and Eyles, 1997).

3. Profiling the users of emergency services

3.1 Available data

In this section we focus on three characteristics of the users of emergency services: age; gender and nationality. Other characteristics (such as education and (former) participation in the labour market) although of interest are not considered because of lack of data.. Nevertheless, the material we are able to present makes clear that a broad variety of people are (potential) users of a strongly differentiated range of emergency services. It is hence no surprise that user profiles vary from service to service, taking into account the specialized nature of many of these initiatives.

3.2 Age structure

Data on age structure are available for six of the countries. Two thirds of the **Luxemburg** Nuetseil service users of 2004 were aged between 25 and 45. Minors were only 0.1% of users, while 20% were adults younger than 25. People older than 45 made up only 12%. Although the age classes are not exactly the same, at first glance similar findings apply to the **Czech Republic**: the bulk of users of the assessed emergency services are aged between 25 and 60 (up to 90% in the case of the Advice Centre in Prague based on a population of 2340 visitors, and 79% in the TB detection centre of Havirov, population 280). The homeless census in Prague indicated 15% people less than 25. The **Danish** Project Outside shows that the age structure is strongly dependent on the kind of service rendered. In the case of the Bag People project, which targets psychotic people among the roofless, information is available for 31 users; 21 out of the 31 users are older than 50. According to the chef of *The Mobile Café*, which attracts 200-300 different users annually, the main age-group is 30-55. Regarding the Activity Centre of Sundholm, offering night accommodation, three quarters of the users are in the age-group 31-50. This has been rather stable, though a very slight increase in the youngest group of 18-30 can be observed, which is attributed to the increase in the Somali group.

At the time of our visit, 281 people were registered at the St.-Dimiter temporary housing in **Sofia** (with an official capacity of 270 persons) and 127 people were staying in the temporary housing service of the Zaharna Fabrika neighbourhood. In general, the age of the clients is varied and one cannot say any particular age stratum is more represented than the others.

For **France**, information is available from two sources. In 1995, a survey of INED and CREDES of people using emergency shelters or food distribution centres in Paris showed that this group, made up primarily of men, had an average age of 39 years. Four years later, in 1999, the monitoring team of Samu Social found a similar situation with the average age of the people making a request to the free line "115" being 39.7. A year later, in 2000, the average age of those using these services had decreased by 7 years to 32.8. According to the Samu Social, the number of young people calling the free line 115 in 2000 had increased by 28.8%, from 3,734 in 1999 to 4,800 in 2000. In addition, the number of requests made by these young people had increased by 96%. This lower average age amongst the users of emergency shelters has been corroborated by a survey made by the DASS (Department of Health and Social Security) of Ile de France Region on the night of the 8th and 9th of March 2000. This showed that young people between 18 and 24 made up 18% of those accommodated in the shelters compared to 14.8% in 1999. Two reasons have been advanced to explain the decreasing age of the users of emergency shelters. First is the increase in the number of children under 18 that are housed as a result of the rising number of women with children, or couples with children, who are in emergency programmes. Second is the increase of the number of young people between 18 and 24 that have solicited aid from emergency programmes. According to an analysis made by the observatory of the Samu Social of Paris, of the young people who ask the emergency services for help, 55.5% are single and 36.5% of them have children.



Also in **France**, surveys performed by the research department OPSIS and by the observatory of Samu Social, found that tramps, or the “permanent” homeless, combine a variety of problems and go irregularly to the emergency shelters. They surveys revealed from a limited sample that this group is mainly made up of males with an average age of 48, higher than the homeless in general, and the length of time that they have been on the street is three years or more.

3.3 Gender

The **Czech** emergency services all have a large majority of male users: 93% of the clients of the TB detection centre of Havirov, the industrial setting near the Polish border, are male, while in Prague percentages are 83% and 86%. The Nuetseil service of **Luxemburg** is similar (87% of the 2004 clients were male), while 24 out of 31 bag people in **Copenhagen** are male and about 85% of the people who use the Mobile café. The proportion of women using the Activity Centre is low and a decrease can even be observed from 2001 (15%) to 2004 (9%). Generally there are not many women at Sundholm, and as far as the night café is concerned, women do not want to sleep in a room with men and they go somewhere else.

The director of the public centre for the homeless in **Ljubljana** listed no specific groups that would be more vulnerable to rooflessness. Men and women are vulnerable alike. There is nevertheless a predominance of men in the shelter, approximately 90%. But he estimates that this is due to cultural patterns. Women more often hide their problems, and even in extreme cases of vulnerability, their strategy is often to find some partner so as not to be on the street; they often put up with violence. These are the cases of hidden homelessness (see also § 4.4.2.).

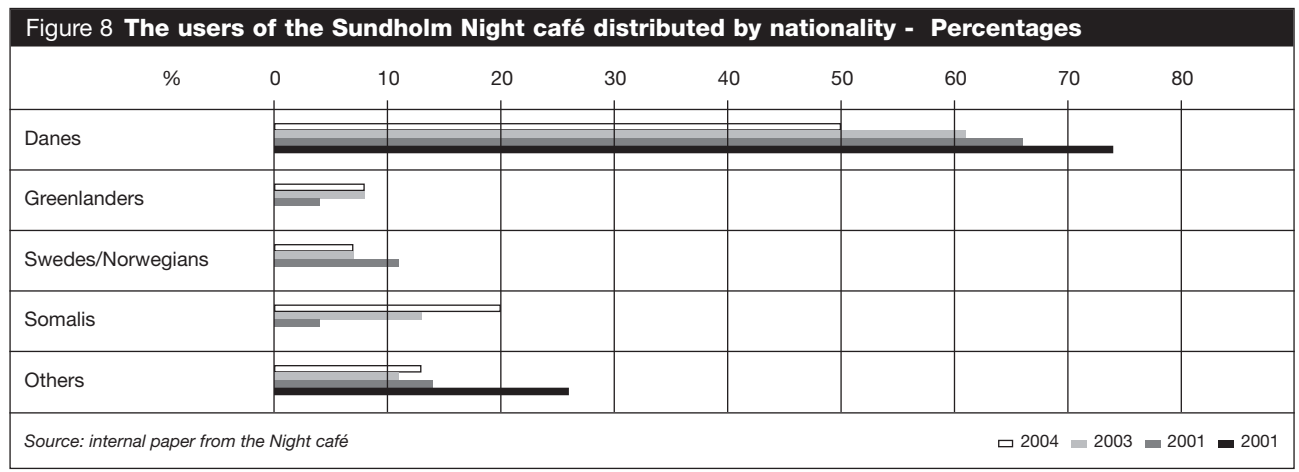
In **France**, a significant increase in the percentage of young women under 25 years of age has been observed among those who solicit the emergency services. The Parisian Observatory of Samu Social recorded that in 2000, 37% of young people’s requests came from young women under 25 with children. There were only 26% in this situation in 1999.

However, in general, users of emergency services remain principally male even though an increase in the number of women has been noted in the last few years in different studies of homelessness. The survey entitled “A Specific Night” (the night from the 8th to the 9th March 2000), made by the DASS Ile de France involving 196 emergency shelters, showed that among 3,710 persons sheltered that night, 73% were men. The figures showing the increase in the number of women accommodated in emergency shelters are confirmed by the studies of Samu Social which noted a rise in the number of calls by women. It seems, however, that women benefit more from support from friends and family when there are severe blows to their life than men do, and this support can prevent them from becoming homeless. In addition, when women have children they have more opportunity to profit from specific programmes that help keep them off the street. They can for instance, if they have access to social benefits, access a place in the CHRS, where a more long-term stay and social services support are available.

3.4 Nationality

Although the **Danish** emergency services are used at present by only few foreigners, the numbers of such users is increasing. The percentage varies considerably according to services rendered. There are very few foreigners among the psychotics contacted by the bag people project. The Mobile Café also attracts few foreigners - some Swedes, Norwegians and Finns occasionally and also some southern Europeans, but non-Europeans are seldom seen. The chef of the café attributes this to the kind of service they provide. Non Europeans probably don’t like the food (traditional Danish), and they may not like to be the only non European among Danes. It is not possible therefore to conclude that the lack of non-European customers means that they are not living on the street.

By contrast, foreigners and especially Somalis, are more frequently found among the users of the Night Café of Sundholm. This is illustrated by Figure 8.



Sundholm is the location where homeless Somalis meet. They now constitute a sizable group, almost all young men but without addiction issues. This creates problems in relation to their homelessness because they are not considered as having social problems that justify a stay in a hostel (§94-boform). The social authorities regarded them as houseless but not homeless, often due to eviction from the marital home by the wife. This further means that they do not get help to find alternative accommodation. They are supposed to find this themselves in the housing market, and as they are not well functioning enough to manage this, they end up on the street. However, it is the opinion of the manager of the Night Café that the Somalis should be regarded as homeless and as belonging to the target group of the §94 hostels, because they have few social network supports, problems with the Danish language, and because they are not so well integrated that they know the Danish system. In addition to these social problems, they have psychic problems due to traumas and damage from wars without having received proper treatment. They may not show an open psychosis, but there may be problems beneath the surface.

According to the manager, Swedes and Norwegians come to Denmark and Sundholm because drugs are more easily available, and the psychiatric policies less strict. The manager will not reject them, but proper treatment cannot be given in Denmark. The Activity Centre tries to motivate them to return to treatment in their own country.

According to a survey by the DASS of Paris for the nights of the 21st and 22nd of November 2001, 49% of the people hosted by emergency shelters (those in hotels were not surveyed) were foreigners, mainly made up of asylum seekers and illegal immigrants. Asylum seekers and illegal immigrants accounted for 29% of the total clients (60% of all foreign clients) hosted by the emergency shelters. This group, par-

ticularly the asylum seekers, solicit the emergency services as a last resort; most of them are qualified and do not require social support, but they do need housing and a job to be totally integrated in the host country. The most recent migration waves are also characterized by a change in the numbers and types of female migrants. Contrary to the first waves of immigration, when women migrated to meet up with spouses already settled in France, nowadays more and more women migrate alone for economic, political or other reasons and find themselves without any attachment in the host country. This may also explain why, as described above, a clear feminisation of the users of emergency services is occurring in France. Fatima¹ is only one example:

Interviewed in the Malmaison centre, a 54 year old Algerian. She used to be an office administration teacher in Algeria. Illegal immigrant. She has been in France since 2003. Health problems led her to being stranded here; she was hospitalised and then housed by friends. Then she called "115" and stayed a year in the same centre: the Salvation Army shelter (3 monthly repeatable periods) in a private room. The problem in the Malmaison shelter is that clients have to leave early, at 8 am. She goes to the Agora centre, during the day, for a coffee and is busy trying to solve an administrative problem (extracts from our notes, made during interview).

Use of the 115 free call also highlights an increase of foreigners depending on emergency services in France. Indeed, the Samu Social of Paris reported a large majority of foreigners among the young people who contacted the 115 in 2000. They are mainly asylum seekers aged between 18 and 24 who arrived in France either on their own or accompanied by their family.

¹ All personal names referred to in this report within the context of concrete quotes or descriptions of living situations are fictitious, in order to respect the privacy of our respondents.



3.5 Profiling the users of emergency services: Conclusion

In **Luxembourg**, the winter measures of the Ministry for Family Affairs enable CAS to distribute hotel vouchers for extra beds on top of the 64 beds of the Ulysse night shelter. As regards nationality, the report illustrates an increase for specific groups of foreigners in 2004. These include Portuguese immigrants looking for work in Luxembourg, asylum seekers who were unable to submit their asylum applications due to an overload of work in the responsible department in the Justice Affairs Ministry, and under-aged African migrants who were redirected to relevant social structures. However, the overall number of foreigners (people without social rights in Luxembourg) in emergency homeless services has actually decreased. According to the CAS activity report, this trend could be explained by the stricter criteria applied to foreigners regarding the use of these services. This has also been observed by the residence services.

Concerning both emergency services which we addressed in **Sofia**, no data were kept as to the ethnic origins of the homeless. However it is evident that a considerable part of them are of Roma origin or are refugees from other countries.

Finally, it is worth mentioning that the day centre and the streetwork in Prague work with 43 people living in the streets, 8 of whom are of legal Slovak nationality, but do not have an identity card.

A general observation concerns the considerable variation of profiles of the homeless among the specific services rendered by the 22 initiatives which we have assessed. While some services support older groups, such as the Bag People project in Copenhagen, other services are more frequently used by younger people. Nevertheless, if there is one general trend to be mentioned in terms of age, it seems to be dominantly an increase of younger age groups.

We make a similar observation regarding gender: if there is a trend, a process of feminisation is occurring. This is inter alia linked to new migration motives. Women no longer only migrate within a context of family reunion. More and more women may also come to Europe from an individualistic perspective, hoping to find decent living circumstances.

We found especially in Eastern and Central Europe few foreigners among users of emergency services. Roma may be an important group.

4. Why people still live rough in Europe

4.1 A multi-level approach and mutual overlap

It is now widely accepted that explanations regarding homelessness cannot be restricted to personal characteristics of the individuals concerned. Indeed, several authors (see e.g. Neale 1997, Clapham 2002, Edgar et al. 2002) have pointed to the complementarity of different spheres which contribute to social phenomena such as social exclusion and more specifically rooflessness. Hence, in this report, we will use a threefold analytical and multiscale approach to answer the question why people still (have to) live rough in Europe. We first deal with a set of *structural macro-social factors*, such as restricted access to the labour market. We will then focus on the so-called meso-level, that is the range of distinct *institutions* and related factors and mechanisms explaining why people still live rough. A third analytical level concerns the *individual and his/her network of social relations*.

Figure 9 lists for each sphere the different causes, which were discussed in the seven national papers. As Figure 9 suggests, these three spheres are overlapping. A depressive situation of a person can for instance explain why someone lives rough in the streets of Havírov in the eastern part of the Czech Republic, but this illness can be caused by the restructuring of the industry which goes hand in hand with increased unemployment and hence redundancies of former workers. More generally, people who lack an appropriate educational background, or who do not have the skills to enter the labour market, cannot be automatically blamed for this situation. Structural factors (e.g. the national teaching programmes may have a considerable delay in integrating and implementing newly introduced technologies in enterprises) and also institutional factors (e.g. specific eligibility rules issued autonomously by certain teaching institutes) may also play a part.

4.2 The structural perspective

4.2.1. LIMITED ACCESS TO DECENT HOUSING

While homelessness, and more specifically rooflessness, is not a pure housing problem, it is obvious that exclusion from housing allocation systems is one of the crucial factors explaining why people depend on emergency services. We illustrate this with cases from Slovenia, Bulgaria, Denmark and Luxemburg.

In **Slovenia**, housing policies have changed significantly in the period of transition. As Mandič (2004) states, there were significant reductions in most previous subsidies, with a very slow introduction of new measures. The privatisation of housing and advantageous purchase of dwellings represent a significant context for observing housing vulnerability and exclusion. These changes lead to the restructuring of the housing market, from predominantly rented housing (supplied by the state or employers) to predominantly owned housing. The share of owners among households today is 82%. However, the dominant ownership structure of the housing market implies several problems. One is the emerging problem of poor owners that do not have the means to pay for monthly housing costs, or for the larger maintenance costs. The state only partly addresses this issue with availability of housing loans (through a national housing savings scheme), but this has not proven to be very effective (low number of loans, etc.). The main problem is the underdeveloped rented sector, with the emphasis on the shortage of public rented housing (supply does not anywhere near match demand) In the period of transition, the building of this sector almost stopped, increasing the housing exclusion of vulnerable groups.

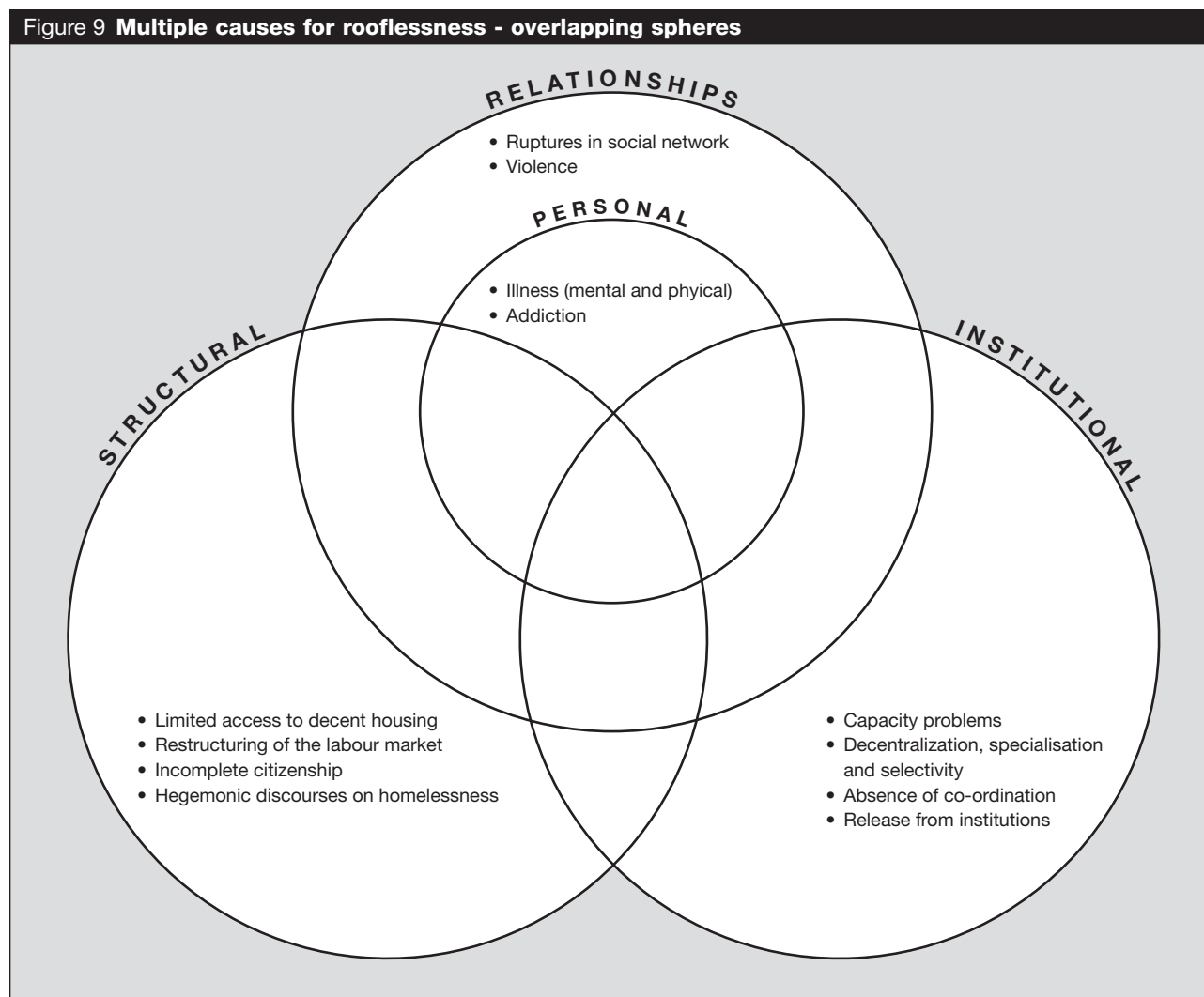
The private rented sector is also too small, and not regulated enough; illegal renting is common, and high rents are not regulated (see Filipović 2005). Hence, the trend of disinvestments in housing has increased the inaccessibility of housing for vulnerable groups.

In the **Bulgarian** St. Dimitar service for temporary housing, where at the time of our visit 281 people were accommodated, we found at least seven families with children who had lost the right to inhabit municipal dwellings, being unable to pay the rent there. Some of them have 4-5 children of different ages ranging from 1 to 16.

In the **Czech** town of Havirov, where our short questionnaire was completed by 30 individuals who permanently live on the streets and who were contacted by streetworkers related to the night shelter, not one of them mentioned eviction or other

problems related to accessing decent housing as one of the causes for their roofless state. In Prague however, where streetworkers spoke to about 75 people, one out of seven people (14%) mentioned the loss of a dwelling as crucial for their current harsh living conditions. These different responses between Havirov and Prague may be explained by methodological constraints (different people who performed the interviews with possibly different accents on the topics they questioned), although it should not be excluded that geographical differences regarding local and regional housing allocation systems may also play a role in this.

Figure 9 Multiple causes for rooflessness - overlapping spheres



lit was striking that the managers of the **Danish** emergency services which we interviewed did generally *not* regard the causes for rough sleeping as related to the *housing shortage* in the Copenhagen Area, despite the fact that during the last decade, prices and rents in the private housing market have increased rapidly and that the public housing sector has very long waiting lists. However, many of the rough sleepers are extremely difficult to accommodate in the regular housing sector and a shortage of alternative housing facilities may explain why some people still sleep rough. The Copenhagen municipality refers people with social problems to a certain percentage of public sector flats. To be placed on a prioritised list a person has to have one or more social and/or mental problem indicators. The same condition applies to be eligible for a stay at a public or publicly financed (privately run) shelter (§94-shelters). This means that people without housing, but who have no complicating social or mental condition are *not* eligible for services provided for the homeless. Instead they fall under the §66 of being houseless. The manager of a public emergency service points to the recent increase in the number of people of Somali descent using the night café (see also §III.4). Most of this group are excluded from the housing market, many of the men have been divorced and the ex-wife has kept the flat, and most do not have severe social and mental problems (or these have not been diagnosed) and therefore they do not qualify for either a shelter or a flat through the prioritised list, and are de facto not even regarded as homeless. Due to the fact that these people do not have a place to stay, they must either turn to rough sleeping, or stay in insecure housing situations with family or friends.

High and also steeply increasing housing prices are a common feature too of the **Luxemburg** housing market. Our interviews with people living rough and depending on the services we visited stressed that being marginalised by housing allocation systems goes hand in hand with exclusion from the labour market. This is illustrated by the following quote:

A dwelling is important, however, a job is more important, I think so. If I had a job, the first month, while waiting for the first money, I could still sleep here (in the Nuetseil) - I've already seen 3 dwellings, I've explained my situation and I've told them that I need an address in order to get the guaranteed minimum income (RMG). And then they tell me: first try to have your guaranteed minimum income (RMG)"(extracts from our notes, made during interview).

This quote brings us to another important structural factor explaining why people nowadays still depend on emergency services for the homeless: their exclusion from the labour market.

4.2.2 RESTRUCTURING OF THE LABOUR MARKET AND POOR WORKERS RELYING ON EMERGENCY SERVICES

From the previous quote it follows that some people consider exclusion from the labour market to be even worse than being excluded from the housing market. However, some people we met during our fieldwork were not excluded from the labour market, but they still had to rely on emergency services in order to find a roof above their head. Indeed, one of the most striking findings of the fieldwork performed in **France** concerned people who had a regular job, but who nevertheless had to rely on emergency services in order to survive. While it is generally understood that exclusion from the labour market also prevents an access to the decent segments of the housing market, here we find a new group - which doesn't correspond to the typical profile - turning upside down preconceived ideas about the population that frequents emergency shelters. This new group are young people who are in employment, the so-called called "poor workers". They are young single people or single parents who, because they work part-time, have a problem finding normal housing, especially in Paris where the rents continue to rise. Coming from provincial France or from the outer suburbs of Paris, but with a job in Paris, and often with anti-social hours inconsistent with public transport, these young workers have to resort to emergency shelters. They do not actually need any social follow-up, but since the admission is unconditional and free in the shelters, these poor young workers can often find accommodation near their work place. As far as we could investigate this phenomenon, it seems to concern both unqualified workers in the public sector as well as workers in the private sector. In the latter case, the situation of the workers is worsening due to the increasing flexibility in working hours. All the shelters, in this study (Emmaus, the Jacomet Centre (previous Ney), the Mie du Pain, and so on) raised this recent.

Based on the already mentioned questionnaire research in **Havrov and Prague**, the loss of a job was more frequently mentioned than the loss of a dwelling. Here we found that 16% of the people mention unemployment as a factor explaining their rooflessness, while - asked what they expect from further life - one out of three points out the hope to find a job (34%). In Prague, 20% of people interviewed by the streetworkers mentioned the loss of a job and related financial problems as direct causes for the problems they encounter today.

In **Slovenia**, the social worker of Caritas also mentioned the bankruptcy of several large companies and a related sharp increase of unemployment as a key factor explaining rooflessness over the last ten years.

A more general point is finally raised by one of the managers of a **Copenhagen** emergency service, referring to the *lack of a preventive* effort in avoiding the escalation of social and mental problems in the short run, and in the long run reducing the general processes of social exclusion in society, including employment and education. The situation of the roofless cannot be seen in isolation from general stratification and marginalisation processes. It is also possible to depend on services without being homeless. Thus the services are generally aimed at people in a socially marginalized situation. It turns out that both of the users we interviewed at the activity centre are not currently homeless. One of them has no recent experience with homelessness but is using the service on a daily basis as an important part of structuring this person's social life. The other user has recently obtained a flat after experiencing a long period of homelessness and has actually obtained a job at the Activity centre's carpentry section.

4.2.3 INCOMPLETE CITIZENSHIP AND TIGHTENING OF ADMISSION RULES FOR FOREIGNERS

In the context of the **Luxemburg** emergency services, staff members and also users refer to the tightening rules for clandestine immigrants which restrict accessibility to temporary housing and other more appropriate services for houseless people. Their incomplete citizenship frequently goes hand in hand with broken social networks, social isolation and related health problems (see below). In the city of Luxemburg, this is particularly the case for immigrants from ex-Yugoslavia (see also the already discussed case of the Somalis in Denmark).

4.2.4 A HEGEMONIC DISCOURSE ON HOMELESSNESS AND BEING THROWN ON THE STREETS

The previous report, published in this series on profiling homelessness, gave particular attention to discourses on homelessness as found in eight European newspapers (see Meert et al. 2004). One of our conclusions, based on the fieldwork in Copenhagen, fits in with the general conclusion of the previous report: dominant discourses on homelessness have the power to exclude people from society. In the context of our fieldwork in Copenhagen, a manager of one of the emergency services also points to problems related to the hegemonic *discourse on homelessness*, excluding people without severe social or mental problems from the definition. This holds a strong, and perhaps convenient, power among the responsible authorities. Transferring this discourse into narrow definitions of who is regarded as homeless may (intentionally or unintentionally) serve as means of excluding people who actually also need the services for the homeless. The result is that these people are thrown back on the street, other public spaces and night shelters.

4.3 The institutional perspective

4.3.1 INTRODUCTION

Throughout the fieldwork in the seven countries studied, four institutional factors were highlighted as possible contributors to the multi-dimensional explanation of why people still live rough in Europe:

- > capacity problems (to be seen more broadly than linked to the emergency services themselves)
- > decentralization, specialization and selectivity of services, linked to the contractualization of users
- > absence of co-ordination between services and
- > specific problems regarding release from prison.

4.3.2 CAPACITY PROBLEMS

A first rather trivial link between living rough and the operation of emergency services concerns the limited capacity of these services. This is documented and further stressed by several people we interviewed, both users and staff of the services. In Madrid for instance, until not long ago only two night centres with low requirements existed which were open all year (Open Door and Heat and Coffee of CEDIA 24 hours), which had around 116 places. If we bear in mind that on a normal day the people who live and sleep on the streets of Madrid, being out of the network of hostels and accommodation services, is estimated at around 500 people (Cabrera & Rubio, 2003), we can quickly reach the conclusion that the current capacity is far below the actual demand of the potential users.

In Prague the total number of the homeless recorded in the homeless census 2004 amounted to 3,096 persons, but the total number of beds in social services in the whole city was only 719.

However, capacity problems should not only be understood in terms of abstract numbers of beds or length of opening hours (the quantitative dimension). In the case of **Denmark** for instance, the interviewed managers of the emergency shelters do not point to capacity problems in shelter provision as a major cause for people to sleep rough. Nevertheless, we may also regard the problem of eligibility as a capacity problem (the qualitative dimension) as the shelter system would not be able to accommodate the group of people who do not have a place to stay, but who do not have severe social and mental problems to be eligible for shelter provision and prioritised social housing. Capacity problems are clearly linked to definitions of homelessness and related discourses (see 4.2.4.). Eligibility related problems may assume dramatic forms. This was for instance expressed by the director of one of the services interviewed in Slovenia. With the increasing number of older people, problems linked to health care become more pressing. In the centre concerned, there is no infrastructure that would enable them to help these people. The director mentioned one case, when a homeless woman was sent home from the hospital in the last phase of cancer, as the doctors could not help her anymore. For the centre it was a very big problem taking her in, as they could not help her (although there was a nurse that came everyday): "having someone dying in the common room is very stressful for all living in the centre" (according to the director).

From a more general perspective, we can observe that eligibility becomes a central characteristic of many services for the roofless. This observation goes hand in hand with the observed specialisation and selectivity of services, a factor which we further elaborate in the next section.

However, before discussing this topic, we also want to stress that capacity problems are not purely limited to the case of emergency shelters. Indeed, people can also be obliged to live rough in a context of plenty of emergency shelters. As long as there is no possibility for upward residential mobility, they will have to spend most of their time in public space, despite the existence of emergency services which will possibly only accommodate them at night.

4.3.3 DECENTRALIZATION, SPECIALIZATION AND SELECTIVITY OF SERVICES, LINKED TO THE CONTRACTUALIZATION OF USERS

In Luxembourg, the concentration of homeless people in the capital city and their increasing visibility have led to the restructuring of homeless services in the city. The State has started negotiations with the local authorities, namely in the southern part of the country, to open emergency structures for people in need. As a consequence, a night shelter was opened during winter 2003-2004 in Esch-sur-Alzette, the second city of Luxembourg. This action was repeated in winter 2004-2005 with the aim of becoming a permanent emergency shelter.

This decentralization trend, as illustrated by the situation in Luxembourg, could reinforce the trend towards a specialization of services. The debate around service specialization may potentially lead to the replacement of general social protection services by specialized homeless services. Julien Damon (2002) in *La question SDF: "By redirecting homeless people towards specialized services, general services of social protection (in the universal sense) may no longer consider the treatment of a specific problem, and may eventually believe that the specific problem is no longer under their responsibility"*. This trend of service specialization is leading to a situation where the variety of interventions from the State and from the private sector are complemented by specifically local practices. So according to Damon, these changes imply that "*public action is not taken based on general and abstract legislation, but rather action adapts and evolves according to local specificities*". Social action is therefore transferred to a more local level where "*public action is no longer the vertical and sectorial administration inspired by an ideology of general interest inherited from the classic administrative methods developed at the end of the 19th century. Decision-making and implementation of measures are complemented by practices of partnership which can lead to adaptation, modernisation and greater effectiveness of public intervention*".

On the basis of our work in other services in Luxembourg, other conclusions can be made in relation to the stricter access criteria for night shelters. A member of staff from the Ulysse night shelter explained the following



“Previously, homeless people benefited from more care services, whereas now the services are more linked to personalised plans and objectives for each individual service use, encouraging them to make plans for the future and take part in activities. Although not every service user is motivated to do so. Since the new night shelter was set up, the Ministry has insisted we encourage people to participate in such initiatives. But she adds If we should be no longer here, I don’t know where these people might go then. Although the ministry insists on participation of the homeless in projects, and this is my personal view, I think first of all, we are here for these people who are in the streets, whatever their problem may be.” (extracts from our notes, made during interview)

Specialization of services and eligibility problems are also a key feature of the services which we assessed in Sofia. Indeed, here there are many homeless persons too who do not find assistance for being sheltered, because they do not meet the criteria used when selecting people for housing.

Fieldwork in Paris showed that emergency programmes normally do not cater for families or couples. The latter find it difficult to obtain places in emergency facilities, which are mainly for singles. This is illustrated by the following description:

A couple met in a street in the 6th district. Both of them are French. Both of them have a major alcohol problem. They have been homeless for 14 years now. They don’t want to go to the emergency shelters because they don’t want to be separated and there isn’t a shelter for a couple. They go from time to time when they get too tired or because of extreme cold. The mobile team “la maraude” comes by from time to time to chat and to spend time with them. Both of them have lost a lot of close members of their families (extracts from our notes, made during interview).

Similar observations were made in the city of Prague where there are few facilities for couples. If there is a homeless couple living in the streets, married or not, they prefer living on the streets together rather than living separately in emergency accommodation.

A very specific issue regarding selectivity which has a deep impact on rough sleepers, concerns the non-admission of dogs in night shelters. Our fieldwork in Paris highlighted the case of the so-called “party-goers” or “ravers” who move from town to town, who are often accompanied with dogs, and who often follow cultural events. They ask for shelter for a short period in the city of passage with the possibility to have a shower and possibly access to medical consultation in a day centre. However, as for roofless people who keep a dog, only a very small number of shelters will accept pets. Therefore these people would rather stay on the street than renounce their indispensable companion, a companion who plays a versatile role both at the emotional level and as protection against aggression or robbery.

Our interviews in Prague reveal a similar situation: for those who own pets, especially dogs for their own security and for emotional reasons; there are no shelters which can host users with their animals.

4.3.4 ABSENCE OF CO-ORDINATION BETWEEN SERVICES

In Madrid, the city has recently undertaken actions to promote the co-ordination of services for the roofless. As the continuum of intervention ranges from emergency services to social inclusion, there is a clear need to co-ordinate the network of resources for the homeless to create synergies. To this end, Madrid Town Council has begun the design of a System of Co-ordination of the Assistance to the Homeless, involving public and private organizations. Within this co-ordination the social emergency services will have a decisive role.

The topic of co-ordination was also raised by the managers of the emergency services assessed in Copenhagen. They stressed the need for co-ordination between different service providers in order to reduce the number of rough sleepers. The managers emphasise that rough sleeping is to a large extent a temporary situation for most individuals. The success, or lack of success, of bringing people out of this situation depends very much on whether the efforts of different actors aimed at the particular individual are properly co-ordinated or not. This emphasises the importance for the emergency services of contacts with other services concerning the individual user.

The manager of the private emergency service who we contacted in Copenhagen points to the fact that the knowledge which social workers and other professionals have of a homeless person is not adequately passed on when the person is referred to another service provider, for instance a night shelter, a somatic hospital, or the psychiatric system. He also draws attention to lack of support to users during their interaction with the system. He gives an example of a user who had been entitled to a flat and to home cleaning assistance from the municipality. At some point the apartment became very messy, and the staff from Project Outside was informed by the home help office that the person had rejected the home cleaning assistance; as a consequence the home cleaning office stopped the cleaning service. A more appropriate approach would have been to contact others involved in assisting the person who might be able to motivate the user to continue receiving the cleaning service. Another example is rapid discharge from somatic and psychiatric hospitals if co-ordination is not established and the homeless are not supported by contact persons outside the hospital system. To strengthen co-ordination around the individual user, the manager of the private emergency service identifies a need for regular case discussion meetings involving all the relevant service providers. The manager describes how some co-ordination does take place among street workers and other service providers, but stresses the need to anchor these bottom-up efforts in the public service structure.

Similarly, the manager of the public emergency service in Copenhagen describes the importance of co-ordination between service providers. An important function of the public emergency service is to refer users to the appropriate services and facilities. This is far from an easy task as many users have previously broken off contact with the social system. This indicates the important role of the social workers in re-establishing confidence and contact with other services and the social system. However, the manager of the public emergency service emphasises attempts to strengthen the co-ordination effort. Recently, a number of public street workers have been attached to the local social centres throughout the city and an important part of their work is to establish and organise this coordinating function.

A certain discrepancy between the two managers in the assessment of the lack of co-ordination efforts raises questions as to whether the co-ordination is adequate and all-inclusive. Furthermore, it raises the question of whether there are mechanisms that exclude some service providers from actually reaching the most marginal groups of the homeless population, especially the whole range of rough sleepers. An example is the out reach psychosis teams within the psychiatric system. They provide services only for those already referred to the system. Thus they are not oriented to the mentally ill rough sleepers. In this way, the public system may create certain barriers that unintentionally exclude some of the rough sleepers from actually getting the service although they may need it the most.

4.3.5 FOCUS ON RELEASE FROM INSTITUTIONS

The time immediately following release from hospital, orphanages and most of all prisons is a difficult period for the people concerned as they are at increased risk of exclusion from decent housing.

The questionnaires in **Prague and Havirov** show the clear link between release from institutions and living on the streets. Seven out of the 30 interviewed people who live rough on the streets of Havirov (23%) explained their harsh living situation to the lack of assistance after release from prison. In Prague, the percentages varied between 14% and 6% regarding release from prison. Here, one out of twenty roofless people also referred to the lack of housing shortly after release from children homes and hospitals.

Example: A man (65 years old) had never had a place to live. During WWII, he spent his childhood in an orphanage and then in a children's home. Afterwards he did his military service and then, till 1990, lived in company hostels. Following the closure of his last hostel, he lost his job and became homeless. He takes care of himself, is well groomed and always settles down somewhere for a few months before going back to a hostel (extracts from our notes, made during interview).



In Copenhagen, the Activity Centre has been involved in projects aiming to establish better contact for users to all the sectors involved: hospitals, prisons, § 94- hostels. This can be seen as a positive attempt in preventing harsh living conditions for people released from institutions. These projects try to ameliorate their living situations by providing more outreach work on the streets and establishing a network in the local areas of Copenhagen between social workers, support and contact persons and health personnel working directly with the homeless. Thus, the main aim of the project is through co-ordination to bring the clients back to the mainstream services in the social and medical field; and to bring them in contact with the social authorities responsible for getting them into a hostel (as the first step).

Our fieldwork in **Luxemburg** also clearly illustrates the link between release from prison and dependency on emergency services. Here too, for want of other solutions or due to lack of preparation, certain ex-prisoners find themselves in emergency shelters after leaving prison. A social worker from the shelter then explained during an interview: *The problem is often that the “Service Central d’Assistance Sociale” (SCAS- the central social assistance service) is not informed when a person is discharged from prison. This means that the discharge is difficult to organise. Our contact person from SCAS explained that certain people had to stay in prison a while longer, but when arriving at work on Monday morning, they told me that the people had been discharged in the end due to lack of available spaces* (extracts from our notes, made during interview). Moreover, the person discharged does not always apply for minimum income benefits in time, and therefore leaves prison with no income.

Our interviews in Luxemburg illustrate this more particularly:

Gérard lost his home and job when he started his prison sentence. When discharged, he had nothing. He slept in the Pétrusse valley (a small stream which crosses the city of Luxembourg), in squats and in basements. In response to my question, he explained that he didn’t even have a sleeping bag (extracts from our notes, made during interview).

Jean-Willy experienced the same situation: When I left prison, I had 60 Euros on me, I use them bit by bit. I have meals at the Stëmm², where I can eat for 50 cents, otherwise I eat nothing. Here at the Abridado, I am given water and can also take a shower (extracts from our notes, made during interview).

For him, this situation is complicated by another problem: he refuses to apply for minimum income benefits since these have to be reimbursed. *I’m not interested, I prefer working since I would have to reimburse the benefits anyway, so it would not get me anywhere.*

Prison can also be a traumatising experience for some, as illustrated in the interview with Marceline: *“I was given a prison sentence, I spent one year in prison. In prison I was raped, then my sentence was extended by 10 months, so I ended up staying 22 months in prison, 10 of which I did not deserve.”* (extracts from our notes, made during interview).

These experiences can reinforce the process of exclusion³, especially when people find themselves on the streets after their discharge. The experiences of individuals in institutions have considerable influence on the process of resettlement at discharge.

This latter observation brings us to a third set of factors explaining why people have to depend on emergency-services across Europe: so-called individual/personal characteristics, entailing also aspects of interpersonal relationships.

4.4 The individual perspective

As explained in the methodology section, we also interviewed a sample of roofless people who refuse to use emergency-services. We will firstly discuss this group, as their experiences closely linked to the previous set of institutional explanations, before further elaborating the impact of ruptures in social networks, health problems and consequences of addictions.

4.4.1 PEOPLE REFUSING TO DEPEND ON EMERGENCY SERVICES

Long waiting lists, disciplinary treatment of users and growing selectivity and related eligibility constraints also explain why some homeless people finally decide to reject emergency-services and to spend most of their time in public spaces. In Paris for instance, some of the interviewed non-users referred to the waiting time for the free number “115” (regarded as too long by most of the users, by the social services and even by the manager himself according to its surveys) as the explanation for their refusal to ask for accommodation in an emergency shelter.

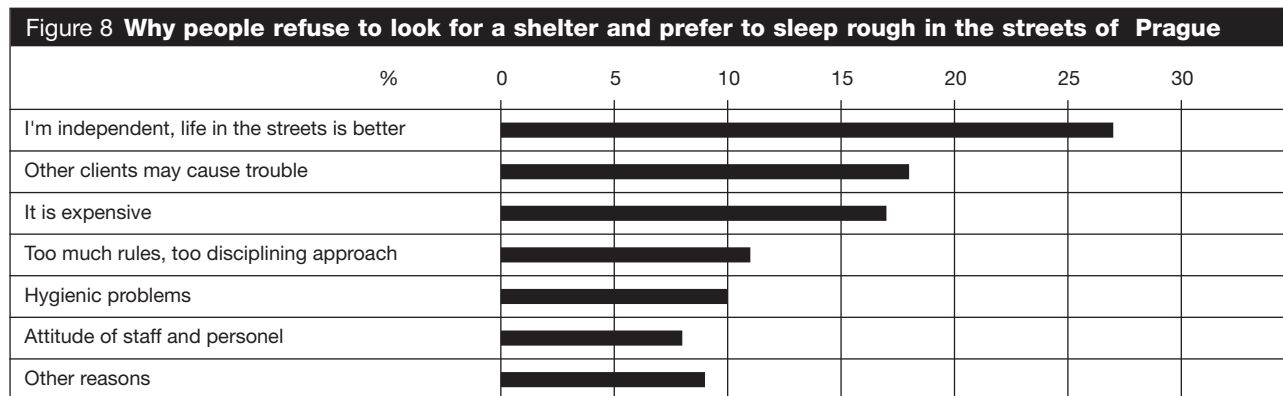
2 The “Stëmm vun der Strooss” is a street paper which also runs services in a day centre.

3 Vincent de Gaulejac, Isabel Tabadoa Léonetti, “La lutte des places”, Desclée de Brouwer, Paris, 1994

In the Czech town of Havirov, among the reasons which the 30 rough sleepers mentioned for sleeping rough, we noted problems of staying in places which have to be shared with other people and the fact that services are not completely free. In the Advice Centre of Prague, where 100 individuals were interviewed, three main problems related to institutions

were mentioned explaining why people do not use shelters: bad experience with staff and personal services (86%) and bad experiences with other clients (12%).

Among the 51 responding clients of the streetworkers in Prague, the following motivations for refusing shelters were mentioned (see figure 10):



4.4.2 PROBLEMATIC SOCIAL NETWORKS AND VIOLENCE WITHIN THE HOUSEHOLD CONTEXT

Many people living rough refer to ruptures in their social network, diverting them almost directly to stay temporarily in public spaces and to a dependency on emergency services. Violence among household members is the most dramatic form of rupture in social networks. We first consider the more general types of rupture (such as divorce) and then pay specific attention to the issue of violence.

The surveys we performed in the Czech Republic clearly show the importance of ruptures in social networks as key factors explaining rooflessness. Among the rough sleepers of the industrial town of Havirov, 33% of the people interviewed refer to problems with the family, with the partner or parents. In Prague, clients of the Advice centre - Poradna MCSSP - also stipulate the importance of stable relationships; in 47% of the cases (100 respondents), problems with the family and divorces were mentioned. Within the context of the Prague Streetwork - Naděje, similar problems were mentioned in 43% of the cases.

Interviews in both emergency services in Luxemburg lead us to the same conclusion. Ruptures in social networks are key factors explaining why people are, sometimes suddenly, exposed to a life on the streets and other public spaces of Luxemburg.

While the short questionnaires used in the Czech Republic mainly listed the factors (and permitted us to estimate the quantitative dimension), the more in-depth interviews in Luxemburg reveal the mutual linkages between different dramatic developments in people's privatelives. Hence:

- > The divorce triggered a chain of problems: loss of work, loss of home, suicide attempt, alcohol abuse, and finally prison;
- > Some young people who were rejected by their families ended up in the streets, one of them with psychological and drug-related problems, and the other unemployed, which means they had no income nor access to minimum income benefits which are available only from 25 years and over;
- > Experience in shelters: Christine has been in shelters since her mother passed away when she was 5 - she has now turned 18 and has ended up in prison. Her father and sisters want nothing to do with her. When reflecting on the past 15 years, she thinks:

“Why? Firstly, it is often due to the family situation especially if the family is not very united, due to being left alone from a very young age, due to being beaten from a young age... due to the fact that nobody has ever understood her...the death and mourning of here mother, some people would not stand the emotional stress of such a situation, they would go their own way which often leads to life on the streets. (extracts from our notes, made during interview)”

In **Slovenia** the importance of family networks is significant. This is confirmed in research on social support networks, where family is proven to be the strongest source of support in practically all types of need, such as financial support, material help, socializing, and emotional support (Dremelj 2003, Hlebec 2003). Along with the lack of family support, the majority of nine previously interviewed users of emergency services lacked other kinds of support networks (like friendship). Thus, six of the interviewed persons did not have any long term relationship, and were mainly always single (only three of them were divorced). All had either conflict situations in their primary families and had left them for that reason, or had conflict with their partners (one case when the wife had the partner forcefully removed from the apartment due to violence).

Although violence within households is often hidden, our fieldwork among roofless people confirmed that this is another crucial factor explaining why people abruptly have to live in public spaces. All cases which were mentioned and discussed referred to women being beaten by other household members (mostly their partner).

According to the interviewed staff of **Parisian** emergency services and other key persons, the feminisation of the users of these services (see also section III.3) can be explained increasingly by maltreated women fleeing their house. Thus, if women demanding asylum seems a new factor that is on the increase in the emergency shelters, violence against women remains the major cause that brings women to these centres. Indeed, according to the “commission d’action contre les violences faites aux femmes” (commission of action against violence towards women) the number of complaints of violence has increased. It has gone from 35,000 to 40,600 in one year (55% are the result of domestic conflicts). This is also shown by the number of women that have been housed by the police; this has increased from 140 in 1999 to 209 in 2000⁴. Thus, the “halte aide aux femmes battues” (sanctuary for battered women) recorded for 2000 that out of 478 different women housed, 70% had suffered from violence and 30% were there for reasons of a precarious social situation. The women who suffered from violence are mostly French, married (65%), or living as a couple (51%) and have children, and are in the age bracket of 30-40. Those who are in the greatest difficulty or in urgent need are mainly single (66%) and foreign. They are also defined by an over-representation of very young and elderly women and they are in the most precarious situation in term of legal status, income, and social benefits.

4 Schéma d’accueil, d’hébergement et d’insertion de Paris. Travaux de synthèse. 2004-2005

4.4.3 PROBLEMATIC HEALTH SITUATIONS AND BECOMING ROOFLESS

Ruptures in social networks may suddenly arise, or by contrast they may be the result of a series of long lasting tensions that culminate in a split. A similar observation can be made regarding health problems. Health problems also frequently explain why people find themselves abruptly excluded from decent housing.

In general, it is difficult to say whether the degradation of health among homeless persons is mainly due to their harsh living situations, or if he/she already suffered from specific illnesses before he/she became roofless.

However, when people are asked about why they became roofless, they may refer themselves to health problems which they encountered while they had still access to decent housing. The three surveys among users of emergency services in the **Czech Republic** show that 5 to 10% of the people interviewed see their health problems as a cause of living on the streets of Prague (5 to 6%) or Havirov (11%, probably higher in Havirov due to the industrial environment).

Among our interviewees in the **Parisian** emergency centres we found two striking illustrations of the impact of health problems on access to housing:

Bruno, 35 years old: Interviewed in the Jacomet shelter. Nationality: French, from Marseille. He moved to Paris to work and is an adopted child. Health problems, (lung disease). He had been evicted from his flat because of unpaid rent. He used to work, but after his health problems, he stopped working and he is waiting for AHH (financial help for disability). He has had many appointments in hospital. He is moonlighting. The doctor prolonged his stay in the emergency shelter for health reasons. He has been there for a month (extracts from our notes, made during interview).

Jean-Pierre: Interviewed in the “La Mie du Pain”, emergency shelter. He has a serious health problem and has been coming to this centre since 2003. After the centre closes, on the 18th April, he would find another solution, a hotel. He is disabled and has stomach cancer. The hospital doesn’t want to keep him as an in-patient. He has a wife and 4 children in Algeria. He used to work in the clothing industry. His health problem was obvious to the eye, he looks ill and his mouth was dark (extracts from our notes, made during interview).

Health problems are not responsible only for causing rooflessness; they also explain why people continue to spend a considerable time in public spaces and to depend on emergency services. This is emphasized by managers of the assessed Copenhagen emergency services who highlight the social and mental state of the users as an important factor in explaining the continued prevalence of rough sleeping. Many of the rough sleepers have severe mental problems. Some rough sleepers are afraid to live in a flat and generally cannot manage to live on their own. Many of the rough sleepers are therefore difficult to accommodate in regular housing. Many have held a flat previously but they have been evicted due to complaints from neighbours etc.

The following quote, based on fieldwork in the Czech Republic, illustrates the severe impact of mental illness on living conditions:

About M. Rudolf, born in 1921: during all winters, he slept in the snow, enveloped in rags. He was always convinced to fight for the national Slovakian rebellion (1944). He had Slovakian nationality, but with no legal documents. He had to go to Slovakia to look for his new documents, however, this became difficult without having any legal document (moreover, he didn't want to look for them). He looked for food, clothing, hygiene and medical care in the Day Centre. He finally passed away during a winter day. (extracts from our notes, made during interview).

4.4.4 DRUGS, ALCOHOL AND DEPENDENCY ON EMERGENCY-SERVICES

A final topic within the context of this research concerns the impact of different forms of addiction on rooflessness. Again, we can observe that a significant proportion of the roofless are addicted to drugs, alcohol and other stimulants, but it depends from person to person whether this is a cause or a consequence of rooflessness.

According to the three surveys conducted in the Czech Republic, addiction problems are spontaneously mentioned in the context of the rough sleepers of Havírov, where 13% of the self-perceived causes for current living conditions are described as problems with alcohol. In the Prague Day Centre Nadeje for the homeless another 4% of causes were described as problems with alcohol.

As in the case of serious health problems, addictions to drugs, alcohol and other stimulants are not only responsible for causing rooflessness, they also keep people in these severe living conditions. Moreover, addiction problems also have an impact on other crucial aspects of daily life, such as relationships with relatives and friends. This is illustrated by the following notes which we listed during our fieldwork in the streets of Paris:

A couple met in a street in the 6th district. Both of them are French. Both of them have a major alcohol problem. They have been homeless for 14 years now. They don't want to go to the emergency shelters because they don't want to be separated and there isn't a shelter for a couple. They go from time to time when they get too tired or because of extreme cold. The mobile team "la maraude" comes by from time to time to chat and to spend time with them. Both of them have lost a lot of close members of their families (extracts from our notes, made during interview).

Similar problems were registered for two Slovenian rough sleepers. The following description of their circumstances on the streets of Ljubljana makes clear that there is always a complex overlap of different factors contributing to their current living conditions and that abuse of alcohol is frequently one of the many problems provoking dependency on emergency-services.

Anton: Family has rejected him, thrown him out (mother and brothers). Due to alcohol problems he couldn't keep a job. As the main reason for his present situation he noted the rejection of the family. "What hurts me the most is the rejection of my family... they don't want even to recognise me on the street. They do not realise, that tomorrow they can be in my place."

Janez: He started drinking after the divorce, also lost his job. Father allows him to sleep at home, but he has no good relations with the family (due to drinking problems) (extracts from our notes, made during interview).

5. Conclusions and policy lessons

This third report of the European Observatory on Homelessness on profiling homelessness has focused on emergency-services and their users. Two central questions were addressed: who are the people who depend on these services and why do they do so?

The report is based on fieldwork in seven European countries (Czech Republic, Denmark, France, Luxemburg, Slovenia, Spain and Bulgaria). In total, we performed empirical work in 22 emergency services, including both private and public initiatives, and both services offering accommodation and services offering no accommodation (such as streetwork). Besides a rather limited set of quantitative data which were available thanks to registration work of the services themselves, we mainly relied on interviews. Here, we distinguished between different categories of respondents: staff and personnel of the services, users of the services, non-users of the services and some key-persons (such as vendors of homelessness magazines).

Although our research confirms that profiles of the roofless using the different emergency services vary considerably according to the different kind of services which are rendered, some general trends could be observed.

First, where feminisation among users is happening, this trend is often related to two processes: the rising numbers of immigrant women (within the context of asylum seeking) and escape from domestic violence. Second, the changing age structure of users is strongly dependent on the type of services rendered. Third, in the central and eastern European countries, foreigners are rare among the homeless.

However, Roma may form the largest group of people who are not considered autochthonous to the country. Further, in the western countries which we assessed, we find rather ambiguous trends regarding the presence of foreigners among the users of emergency-services. On the one hand, trends are observed pointing to a decrease (going hand in hand with more severe rules applied to mainly asylum seekers), while on the other hand some very specific nationalities show an increase. To understand this latter process, further research may be needed, although we may possibly link these trends to rapidly changing migration waves of specific groups which are not completely neutralised by stricter migration rules at national level.

Our fieldwork further revealed a broad set of sometimes rather general, sometimes very specific reasons why people end up in urban public spaces. Here, we stress three aspects and discuss these within a policy context.

> In order to explain why people have to spend a considerable time in public spaces, interviewed people often implicitly refer to capacity problems of the existing emergency services and especially the shelters. An increase of this capacity is consequently seen as a possible solution. However, we stress that this is a **false solution** as capacity problems are not purely limited to the case of emergency shelters. Indeed, people can also be obliged to live rough in a context of plenty of emergency shelters. As long as there is no **possibility for upward residential mobility**, they will have to spend most of their time in public space, despite the existence of a wide range of emergency services. To put it bluntly: the challenge is to create a situation where there is **no longer a need for emergency services**, rather than a central policy line that aims at improving the quality of the services provided and their capacity.



- > Another thought-stimulating finding concerns the use of emergency services by people who at first glance are not expected to use them. We have stressed in this report the case of low income workers who - in a context of ever increasing rents in the Paris housing market - are directed towards night shelters in order to find affordable accommodation. This finding stresses the **need to develop a preventive policy** so that the escalation of social and economic problems can be reversed and the general processes of social exclusion in society, (including unemployment and lack of education) can be counteracted. Again, this requires a multi-dimensional approach, including an important stimulating and even compelling first move at the European level, further translated and implemented at lower policy levels (subsidiarity principle).
- > Our findings also clearly show that among the roofless, although they are all socially excluded, some people have more rights than others. For some people different rules apply compared to others. This means that for some people, it becomes almost impossible to obtain whatever form of support is rendered by emergency services. With the described trends of decentralisation and specialisation of the services, providers receive more and more the autonomy to define criteria of accessibility and thus to introduce new forms of eligibility. We also refer here to the case of the Somalis, an important migrant group in Denmark who are excluded from services for the homeless because they should not have a clear homelessness problem. What we observe here are **clashing criteria of eligibility in different domains**: socio-cultural policy regarding migrants, and homelessness policy. Hence, finding any form of relief for the people concerned means that they have to rely on different kinds of informal assistance, until being caught up in power relations where they systematically get the worst treatment.

This inherent process of **further marginalising the “at all times non-eligibles”** starts with their exclusion from public assistance, subsequently their transfer to third sector NGOs where they are also refused and then finally their referral to informal and frequently exploitive forms of solidarity. This last stage of the process goes hand in hand with an extended use of public space. Hence social polarisation and marginalisation, restructuring of all kinds of solidarity services and the use of public space and related disorder are mutually linked. Unless there is a **structural intervention** in the two first mentioned processes, an important proportion of people will be permanently obliged to depend on public spaces and emergency services.

References

- BAXTER, J., EYLES, J. (1997), Evaluating Qualitative Research in Social Geography: Establishing 'Rigour' in Interview Analysis, *Transactions of the Institute of British Geographers*, 22(4), p. 505-525
- CABRERA, P. and RUBIO, M. J. (2003): *Roofless in Madrid. Diagnosis and intervention Proposals. (Personas sin techo en Madrid. Diagnóstico y Propuestas de actuación.)* University Pontificia of Comillas. Community of Madrid
- CLAPHAM, D. (2002), Housing Pathways: A post-modern analytical framework. In: *Housing, Theory and Society*, 19(2), pp. 57-68.
- DAMON, J. (2002), *La question SDF*. Paris: Editions PUF
- DREMELJ, P. (2003): Sorodstvene vezi kot vir socialne opore posameznikov. *Dru_boslovne razprave*. Vol. 19, no 43, 149-170
- EDGAR B., MEERT H., AND DOHERTY J. (2004), *Third Review of Statistics on Homelessness in Europe. Developing an Operational Definition of Homelessness*. Brussels: Feantsa
- EDGAR, B. & MEERT, H. (2005), *Fourth Review of Statistics on Homelessness in Europe. The ETHOS Definition of Homelessness*. Brussels: Feantsa.
- EDGAR, B., DOHERTY, J. & MEERT, H. (2002), *Access to Housing. Homelessness and Vulnerability in Europe*. Bristol: The Policy Press.
- FILIPOVIĆ, M., (2005): *National report on homelessness in Slovenia. Report prepared for FEANTSA*. Ljubljana, Brussels: Feantsa.
- HLEBEC, V. (2003): Socialna omre_ja starostnikov v Sloveniji. *Dru_boslovne razprave*. Vol. 19, no 43, 171-182
- MANDI_, S. (2004): *Homelessness: the social problem approach*. Paper presented at the ENHR-Conference in Cambridge: *Housing, Growth and Regeneration*, 2-6 July 2004.
- MEERT, H., CABRERA P., CHRISTENSEN I., KOCH-NIELSEN I., MAAS R. & MAUREL E. (2004), *The Changing Profiles of Homeless People: Homelessness in the Written Press: a Discourse Analysis*. Brussels: Feantsa
- MEERT, H., EDGAR B. & DOHERTY, J. (2004), Towards an operational definition of homelessness and housing exclusion. Paper presented at the ENHR-Conference in Cambridge: *Housing, Growth and Regeneration*, 2-6 July 2004
- NEALE, J. (1997), Theorising homelessness: contemporary sociological and feminist perspectives. In: R. Burows, N. Pleace & D. Quilgars (eds.) *Homelessness and Social Policy*. London and New York: Routledge
- TRBANC, M., BO_KI_, R., KOBAL, B. & L. RIHTER (2003). *Social and Economic Inclusion of Deprived Groups - Possible Measures to Increase the Employability of the Most Vulnerable Categories of Long-term Unemployed and Inactive People*. Research Report. Ljubljana: Fakulteta za dru_bene vede.



APPENDIX

Correspondents of the European Observatory on Homelessness

Austria

Heinz Schoibl – Helix Research and Consulting
Heinz.schoibl@helixaustria.com

Belgium

Pascal de Decker – Antwerp University
Pascal.dedecker@ua.ac.be

Czech Republic

Ilja Hradecký Ď Naděje
hradecky@nadeje.cz

Denmark

Inger Koch-Neilsen and Lars Benjaminsen
Social Forsknings Institutet
ikn@sfi.dk; lab@sfi.dk

Estonia

Jüri Kõre – University of Tartu
Juri.Kore@ut.ee

Finland

Sirkka-Liisa Kärkkäinen – Stakes
Sirkka-liisa.karkkainen@stakes.fi

France

Dalila Zidi – Housing Research Consultant
Dalila.zidi@fireflyuk.net

Germany

Volker Busch-Geertsema – GISS.e.v
Giss-bremen@t-online.de

Greece

Aristides Sapounakis
Aristidis Sapounakis, KIVOTOS
arsapkiv@mail.hol.gr

Hungary

Péter Györi – HAJZOLT
gyori_peter@yahoo.com

Ireland

Eoin O’Sullivan
Department of Social Studies Trinity College Dublin
tosullvn@tcd.ie

Italy

Antonio Tosi – DIAP Politecnico di Milano
antonio.tosi@polimi.it

Latvia

Ilze Trapenciere – Institute of Philosophy and Sociology
ilze.trapenciere@sociology.lv

Lithuania

Vita Karpuskiene – Vilnius University
Vita.Karpuskiene@ef.vu.lt

Luxembourg

Roland Maas
Centre d’Etudes de Populations, de Pauvreté
et de Politiques Socio-Economiques
Roland.Maas@ceps.lu

Netherlands

Judith Wolf – Trimbos-institute Utrecht
and Radboud University Nijmegen
Judith.Wolf@wxs.nl

Poland

Julia Wygnanska
julkiw@interia.pl

Portugal

Isabel Baptista – CESIS, Lisbon
isabel.baptista@cesis.org

Slovenia

Maša Filipovič
University of Ljubljana, Faculty of Social Sciences
masa.filipovic@fdv.uni-lj.si

Spain

Pedro Cabrera – Universidad Pontifica Comillas 3
pcabrera@chs.upco.es

Sweden

Ingrid Sahlin – Department of Sociology Gothenburg University
Ingrid.sahlin@sociology.gu.se

United Kingdom

Isobel Anderson and Stephen Thomson
Housing Policy and Practice Unit University of Stirling
Isobel.Anderson@stir.ac.uk; st11@stir.ac.uk.

