
Downward up the Stairs. How Effective is Estonian Homelessness Policy?

Jüri Kõre, Ivo Kääsk and Eleanoora Tint

University of Tartu

Seventh-day Adventist Church

Tartu City Government

- **Abstract** *In recent decades, the European Union has increasingly focused its attention on the subsistence (including poverty and homelessness) of its citizens. In 2011, the European Parliament adopted a resolution calling for Member States to initiate housing-led strategies to fight homelessness. This article gives a brief overview of competing models for assisting people experiencing homelessness (traditional 'staircase' and innovative housing-led/Housing First models of rehabilitation). It describes the progress of various interventions for people experiencing homelessness in Estonia during the last decade and analyses the efficiency of existing service models. The paper concludes that the prevailing traditional ways of fighting homelessness are not effective and innovative methods must be implemented.*
- **Keywords** *Housing reform, current housing policy, poverty, homelessness, traditional service model, Housing First model*

Introduction

The housing reform that was carried out in Estonia in the transitional period (1987-2004) radically altered the organisation of housing. Bourne (1981, p.236) describes the housing regime in force until the beginning of the 1990s as “socialist with pure state control” and a shortage of dwellings was characteristic for socialist societies. At the time of the 1989 census, the number of households in Estonia exceeded the number of dwellings. Five per cent of households were living in workers hostels, communal apartments and non-conventional dwellings. Housing reform from 1994 to 2004 comprised three elements: 1) privatisation of state-owned dwellings and the process of returning nationalised dwellings to their former owners (heirs); 2) creating a new system of housing management (housing associations and housing management companies); and 3) formation of a housing market (rental and real estate markets) (Kährik *et al.*, 2003, pp.195-201; Kährik and Kõre, 2013, p.165). Research conducted during and after the housing reform demonstrates that living conditions, on average, improved and investments in existing dwellings and houses increased (albeit more slowly than expected). By the time of the 2011 census, the number of dwellings exceeded the number of households by 16%. Therefore, the numerical shortage of dwellings has long since ended and, statistically, it is possible for everyone in Estonia to find a place to live. But the small number of apartments in public ownership (four per cent of all dwellings), an ill-functioning rental market, rapidly increasing rental costs and the rise in real estate prices make it difficult for people with lower incomes to rent or own a dwelling (Aleksandridis, 2008). Are the underlying shortcomings to be found in the state’s housing policy, or rather its welfare policy?

In this article, housing-led models in the US, Canada and the EU are briefly analysed; the efficiency of the activity of an Estonian service provider utilising the traditional model is assessed; and options for testing and applying innovative solutions in Estonia are examined with the help of interviews with experts working in the field.

The Term “Homelessness” and the Number of People Experiencing Homelessness in Estonia

There is no official (legal) definition of homelessness in Estonia. In analytical studies (Kõre, 2003; Kõre *et al.*, 2006), the definition by Hans Swärd, devised in a Swedish context, has been approved for Estonian circumstances: ‘a homeless person is a person who lacks personal or rented housing, permanent dwelling conditions and who is referred to temporary alternative housing or stays outside’ (Swärd, 1999). Swärd’s formulation grasps, in broad terms, the first two groups

of the ETHOS classification (roofless and houseless). It must be noted that this definition is not an appropriate basis for evaluating housing need, for the planning of social services, etc. Despite the absence of a legal definition of homelessness, an administrative definition is provided by Statistics Estonia which states:

‘Homeless – a person who did not have a place of residence (dwelling) at the time of the census, i.e. the person slept in random cellars, staircases, boiler rooms, abandoned buildings, etc. This also includes persons who stay overnight in shelters for people experiencing homelessness that do not provide 24-hour accommodation. Homeless is not a person who has lived for a longer period in a room which was not designed for habitation or in a shelter that permits 24-hour stays’ (Population and Housing Census 2011. Definitions and methodology).

Table 1. Number of Homeless People in Estonia

| | Population and Housing Census 2000 | Local government social workers' estimation 2002 | Tallinn Social Work Centre homeless census 2011 | Population and Housing Census 2011 | Statistics on night shelter and temporary accommodation service users 2010-2016 |
|---------|------------------------------------|--|---|------------------------------------|---|
| Estonia | 369 | 3,000-3,500 | - | 864 | Between 2,150 and 2,469 |
| Tallinn | 141 | 2,000 | 1,225 | 558 | - |

Source: Kodutud Tallinnas [Homeless in Tallinn], 2012; Kõre, 2003; Population and Housing Census 2000 and 2011; Kodutute öömaja teenus [Homeless Night Service] 2016; Varjupaiga teenused [Asylum Services] 2016

Regarding Tallinn, we can make use of data collected from two censuses that were conducted at virtually the same time: the census of people experiencing homelessness at the end of 2010/beginning of 2011 by the Tallinn Social Work Centre and the national population and housing census of 2011. We calculate the number of homeless people in Estonia based on the number established in the Tallinn census and the Tallinn/Estonia proportion fixed in the local government social workers' assessment of 2002 and the census of 2011 (in these censuses, Tallinn represents 57-65% and 65%, respectively, of those experiencing homelessness in Estonia).

We estimate that between 1,900 and 2,100 people are homeless in Estonia, representing 1.5% of the general population (see Table 1). In the absence of immediate census data, or if the accuracy of the census data is doubtful, we can refer to data on service users in night shelters and homeless hostels. Between 2004 and 2014, no decrease is apparent in the size of the respective service users' group (2,301 people in 2004, 2,551 in 2014; average of the period 2,344). This would suggest that the number of homeless people in Estonia is greater than had been estimated from the census data.

Considering all sources of data on homelessness (census data, service user statistics, peer review), we suggest that in Estonia, the number of people experiencing homelessness has decreased during the last decade. Estonia, as a country that is not particularly attractive to immigrants, does not attract migrants with a high risk of experiencing homelessness. The economic crises following the transition period (1999-2001, 2008-2010) had more serious consequences than in the old European countries, but the crises have not led to an increase in the number of homeless people.

Based on accounts from people experiencing homelessness, reasons for becoming homeless were captured in the Tallinn census. It is recognised in the census report that no major changes had taken place in this regard compared to the past (see Kõre, 2003).

Table 2. Reasons for Homelessness

| | N | % |
|--|-------|-------|
| Eviction, forced sale of housing, lease termination (on owner's or tenant's initiative), sale of the apartment | 282 | 22.4 |
| Divorce, end of marriage or cohabitation, death of partner, quarrel with partner, family violence, owner of apartment (parent) institutionalised in nursing home | 226 | 18.0 |
| Rent arrears, insufficient funds for rental payments, eviction from rented dwelling due to rent arrears, tenant-initiated termination of lease | 222 | 17.6 |
| Unemployment, lack of income | 97 | 7.7 |
| Imprisonment | 88 | 7.0 |
| Rejection by the family, loss of housing due to conflicts with family members and relatives, sale of the apartment by relatives, personal reasons | 72 | 5.7 |
| Real estate fraud by a broker, family member or a third person | 60 | 4.8 |
| Demolition, overhaul construction, fire, uninhabitable dwelling | 39 | 3.1 |
| Rejection by relatives, overcrowded living space, quarrels with co-inhabitants | 39 | 3.1 |
| Alcohol abuse | 37 | 2.9 |
| Loan or lease-purchase debts, dwelling was a guarantee of a loan | 27 | 2.1 |
| Illness, disability, injury by accident | 20 | 1.6 |
| Migration from rural to urban area or from abroad to homeland | 18 | 1.4 |
| Leaving orphanage | 15 | 1.2 |
| Mental disability or disorder | 12 | 1.0 |
| Drug addiction | 4 | 0.3 |
| Total | 1,258 | 100.0 |

Source: Kodutud Tallinnas [Homeless in Tallinn] 2012

Models for Assisting Homeless People

The OECD (2015) differentiates between four complex (integrated) models of service provision aimed at homeless people: emergency accommodation services, outreach and food provision for people living rough (including via daycentre services); permanent supported housing (combined with supported or sheltered employment); accommodation-based transitional services; and “Housing First” and case-management models (OECD 2015, p.12). The OECD analysis regards them as equals, but it is essentially a hierarchy of models. Within the first model, the aim of the services is to make the life of the “street dweller” easier; within the fourth, it is to impede a person inhabiting a conventional dwelling from falling back into homelessness.

Oftentimes the analysis (comparison) is limited to two models: the traditional (staircase) model of rehabilitation and the innovative (complex housing-led) model of rehabilitation. Not only does the technique of rehabilitation differ between the two models, both also assume different positions on the reasons behind homelessness. The staircase model emphasises the role of individual factors and is based on the step-by-step movement of the individual from one stage of rehabilitation (form of housing) to the next. The person’s motivation and will to change their life and get by on their own play an important role (Houard, 2011). Two main forms for the gradual organisation of services are differentiated: the single-site transitional service and the staircase model (OECD 2015, p.131). The “traditional” approach and form of solution to homelessness dominated without opposition until the mid-1960s. The five- or six-step staircase to an independent life was the favoured strategy for combatting homelessness in the Nordic countries (Sahlin, 2005; Benjaminsen and Dyb, 2008, p.57; Tainio and Fredriksson, 2009, p.185). In Estonia, single-site traditional services remain prevalent today. The staircase model developed in Tallinn, based on the example of Scandinavian countries, is composed of four stages: preventive services; night shelter (emergency aid); homeless hostel (rehabilitation); and a social housing unit (a service preventing people from falling back into homelessness; essentially a soft form of supported housing). Wagner *et al.* (2014) rate Tallinn’s model highly in comparison to practices used in the rest of Estonia.

The problems associated with resocialisation after a long stay in regulated-regimented-supported environments are well known, from the experiences of those in foster homes, detention centres and other such institutions. Institutions for homeless people, with their relatively strict rules and, from an individual’s standpoint, scant privacy, are similarly regimented environments. Allen (2012) draws attention to the fact that the traditional approach aimed at managing homelessness

is similar to the service model aimed at the elderly. An alternative housing-led approach is more akin to policies aimed at the unemployed, attempting to lead a person out of their existing state or situation.

The housing-led approach has been used in parallel with the traditional model for a long time (including in Estonia), predominantly in social work involving families experiencing issues with subsistence, in solving cases of domestic violence, etc. The principle of Housing First has been tested in various social and economic environments (Raitakari and Juhila, 2015, p.146). In the US, the success rate of a traditional model resocialising service was 47%; for users of the PHF model it was 88% (Tsemberis and Eisenberg, 2010). In Canada, results of roughly the same proportion were achieved (i.e. twice as much success for Housing First compared to traditional model) in the treatment of people with mental health issues (Nelson *et al.*, 2015). In European projects, similar levels of efficiency are evident: the margin of rehabilitability is 70-90% (Bush-Geertsema, 2011, p.6; Bush-Geertsema, 2012, p.244; Tsemberis, 2012, p.170). Nevertheless, implementation of housing-led approaches is still relatively scarce, and alongside its numerous supporters, it also has its critics (Pleace, 2011; Stanhope and Dunn, 2011, p.275; Johnsen, 2012). The questions most frequently asked are: 1) is the success achieved in the USA possible to replicate in Europe? , 2) is this model applicable for assisting all long-term homeless people? , and 3) is extensive attention to one approach not damaging the use and development of other methods?

Prerequisites for Using the Housing-led Model in Estonia

This paper will now examine the potential for Estonia to put housing-led approaches into use.

Research method

The following section describes the research that was carried out, which used the triangulation model (mixing qualitative and quantitative research methods, Denzin, 1978; Mertens and Hesse-Biber, 2012). Denzin (1978, p.154) identified four basic types of triangulation. Our approach is methodological triangulation, which involves using more than one method to gather data, such as interviews, observations, questionnaires and documents.

Half of those experiencing homelessness in Estonia live in Tallinn, and the count/census of people experiencing homelessness in Tallinn, conducted by Tallinna Sotsiaaltöö Keskus (Tallinn Social Work Centre), was used in this research to analyse the causes of homelessness, describe the characteristics of the target group and analyse social interventions for this group. The census was used in two

ways – firstly, by interviewing people experiencing homelessness on the streets, in the abandoned buildings, or shelters and secondly, by researching administrative files (mostly applications for municipal dwellings). The count found that 1,225 people were homeless, and 75% of them were interviewed as part of this research (926 persons) (Kodutud Tallinnas [Homeless in Tallinn], 2012).

Between 2012 and 2014, expert interviews were conducted to gather perspectives on the housing-led approach in Estonia (Käsk, 2014). Three practitioners working with homeless people in three Estonian cities, Pärnu, Tartu and Tallinn, were interviewed. Two of the cities, Pärnu and Tartu, implement single-site traditional services and Tallinn implements a staircase model in the rehabilitation of homeless people. All of the experts had social work qualifications and had at least eight years' practical experience. Qualitative content analysis was conducted to explore the expert interviews.

The third component of the study, carried out in 2015, provides information for assessing the efficiency of the staircase model of rehabilitation and sets out the arguments for and against the continuation of the approaches used at present (Tint, 2015). The data is derived from three sources: 1) the direct service provider (socio-demographic data, the network (family members, relatives, friends) and its functioning (frequency and character of contact, etc.)); 2) the local government's system of document management (application for housing, granting of applications, termination of the contract, etc.); and 3) the national data registry of social services and benefits (existence of pensions for invalidity and/or incapacity to work, income and services availed of). Only documents were used for the analysis, the clients were not interviewed. The information gathered was saved and processed anonymously using SPSS Statistics programme.

Changes in Homelessness According to the Homeless Census and Expert Assessment

The Tallinn homeless persons count and interviews with experts demonstrate the changes that took place in the characteristics of people experiencing homelessness and in the social work interventions utilised over the period of a decade. Firstly, the institutions designated for temporary housing (shelters and social housing units) have in fact turned into long-term housing: an estimated 85% of those arriving there remain clients for more than one year and 50% for more than two years (Kodutud Tallinnas, 2012, p.21). The long-term use of transitional housing does not support resocialisation, but rather increases the risk of falling back into homelessness. Secondly, according to the assessments of the experts interviewed, the percentage of people with complex issues (addictions plus mental health or

other medical issues simultaneously) among the target group is growing. Thirdly, the experts drew attention to the fact that among people experiencing homelessness, the percentage of people who have been owners of a dwelling or whose families have been owners is growing. Often, the behaviour or decisions of the person (or family) – not the actions of a third party (landlord, etc.) – are central to the loss of housing. According to the Tallinn data, 24% of those surveyed had been owners of a dwelling before losing it; 9% had been living with their spouse, 30% had been living with a relative or acquaintance and 30% had previously been tenants (Kodutud Tallinnas, 2012, p.14). Fourthly, owing to a lack of resources, specialists direct their attention to people who have been homeless for a shorter period, as they may be more likely to be rehabilitated. Fifthly, a person experiencing homelessness may have special needs or issues that may be inalterable (for example, a mental disorder, alongside excessive consumption of alcohol or a drug addiction). In such situations, the optimum result may be that a person can, for example, control the issues stemming from their addiction, independently or with support (Käsk, 2014, pp.32–34).

The Service Organisation Using Single-Site Transitional Service Model: Which Way Forward?

The following analysis of client data and activity of a service provider (shelter) from 2014 provides information for discussion about the possible development of services (Tint, 2015). The service provider in question delivers a shelter service with the use of a bed or without one (in an unfurnished room for intoxicated persons to spend the night), a day centre service and transitional housing in the name of a social housing service. Such service organisation has traits of both the staircase model and the housing-led approach. One can turn to a social housing service without having been at a previous service level and can move either downwards (to a shelter) or upwards (to social, municipal, rented housing).

Based on service users' data from shelters, the majority of those having housing issues are single men. One resource that affects the various interventions of people experiencing homelessness is the presence or absence of social networks. According to data from the present study, most service users have a support network, but for varying reasons, it does not function. Thus, enabling the reconstruction of network ties or strong support from the public sector is needed in the first stages of assisting homeless people. For people experiencing homelessness in Estonia, the main factor impeding subsistence is alcohol dependency. This was emphasised by the experts interviewed throughout the qualitative study (Käsk, 2014, p.32); the same fact also emerged in the Tallinn census of people experiencing homelessness (Kodutud Tallinnas, 2012, p.21). According to expert assess-

ments, the percentage of people experiencing homelessness with mental health issues is growing; such issues arise from, among other things, alcohol dependency (Tint, 2015, p.30).

Of the 3,000 people who used the shelter over a 15-year period, 58 applied for social housing during the same period, of whom 42 had it allocated to them. Twenty-five of those 42 rental contracts were terminated during the same period. Of those 25, only five were terminated because of upward movement (in one case conventional housing was allocated and in four cases a person moved to more suitable social housing). This state of affairs forces one to use the staircase as a figure of speech for downward rather than upward movement.

The shelter clients that were analysed from 2014 were divided according to their status into five groups at the end of the year (see Table 3): 1) a housing-led solution was found (living in a rented or social dwelling, has restored network ties and moved to the family) – 11%; 2) staying at another institution (benefitting from social housing, nursing home, rehabilitation or medical services or on the waiting list for services) – 14%; 3) status has not changed throughout the year (staying at the shelter, including awaiting social housing services or supported living services) – 27%; 4) deceased – 7%; and 5) housing status unknown – 41%. Persons whose status was unknown at the end of the year (one-third of the clientele) were excluded from the preceding calculation. We see that clients mostly progress along the institutional path, with the share of housing-led solutions being just 18%.

Table 3. Mobility of Night Shelter Clients in 2014 (data at end of the year)

| | Number of service users annually | Percentage of all service users | Number of persons whose housing status was known by the end of 2014 | Percentage of persons whose housing status was known by the end of 2014 |
|---|----------------------------------|---------------------------------|---|---|
| Advanced from shelter to... | | | | |
| ... rented housing | 6 | 2.9 | 6 | 4.9 |
| ... public housing | 10 | 4.8 | 10 | 8.2 |
| ... public housing/supported living service waiting list (persons still in shelter) | 2 | 1.0 | 2 | 1.6 |
| ... relatives/friends dwelling | 4 | 1.9 | 4 | 3.3 |
| ... social housing unit (homeless hostel) | 20 | 9.6 | 20 | 16.4 |
| ... residential care/nursing home | 7 | 3.4 | 7 | 5.7 |
| ... psychiatric hospital or rehabilitation service with accommodation | 2 | 1.0 | 2 | 1.6 |
| In shelter | 56 | 26.9 | 56 | 46.0 |
| Deceased | 15 | 7.2 | 15 | 12.3 |
| Place and housing situation unknown | 86 | 41.3 | - | - |
| Total | 208 | 100.0 | 122 | 100.0 |

Source: Tint 2015

The Tallinn Social Work Centre is the only agency that has assessed the degree to which people experiencing homelessness in Estonia were assisted (using PPS-1 and PPS-2 scales). The following results were obtained: according to the assessment of 2010, 76% of people experiencing homelessness were deemed suitable for housing; 72% in 2012; and 82% in 2014 (TSK klientide rehabiliteeritavuse hindamine [Assessment of Rehabilitation of TSK Clients], 2010; Tallinna Sotsiaaltöö Keskuse klientide rehabiliteeritavus [Rehabilitation of Tallinn Social Work Center Clients], 2012 and 2014). Based on the number of persons actually resocialized (in 2013, 25 persons were resocialized, while the total number of places for resocialisation was 427, Wagner *et al.*, 2014, p.239) this model cannot be regarded as overly effective.

Practitioners' Knowledge of Different Homeless Resocialisation Models

We now examine the experts' assessment of the staircase model of resocialisation; we look at the criteria they propose for the assessment of the service user's ability to live independently; we examine how familiar they are with the housing-led approach; and finally, we identify what possibilities they envisage for the adoption of this approach in Estonia.

The Estonian experts' assessments of both the traditional staircase model of resocialisation and the innovative housing-led model were contradictory. Expert E2 described the current situation as follows: "... *the staircase model of rehabilitation is like roulette... it is a chain of successes and failures in which the main factor is motivation.*" Motivation is greater at the start of the period of homelessness and diminishes as time passes. The same specialist considers that the likelihood of success is higher if an apartment is found for the person from the housing market, i.e. it is important that one's housing is in an ordinary environment and not in social housing accommodating persons with different social issues. In the latter case, the likelihood of falling back into homelessness exceeds that of succeeding. All three experts held the view that the main motivators for living in independent housing are freedom and independence: the freedom to decide what to do and when and where to do it; minimal outside interference; and privacy. In practice, it is possible for a service user to move from a shelter to a social dwelling, skipping the step of transitional housing (a social housing unit). This kind of housing-led solution to the problem is nevertheless exceptional.

The aforementioned PPS-1 scale assesses the rehabilitability of a homeless person based on 11 attributes. According to information from the experts, the practice is much simpler. Three factors are mainly taken into account in offers of independent housing: "... ability to control one's budget (expenses); ability to take into consideration other people (neighbours); and employment, if one is of working age" (E1). To the question of alcohol addiction, all three responded that demands of abstinence are unrealistic. The criterion they use is that alcohol does not cause major problems for the person and, through their behaviour, their fellow citizens.

Two interviewees (E2 and E3) acknowledged that in the present system, a social housing unit does not constitute transitional housing, but a place of long-term accommodation. An estimated 85% of persons having arrived there remain clients for longer than one year, and 50% for longer than two years. However, such a result is dependent on both the individual and the local government. In a situation where there is a lack of social housing, members of other groups (families with children and elderly people in need) are given preference over homeless people. In other parts of the world, it is possible to use the property of so-called social rental

agencies (the church and social funds) besides public housing to solve the housing issues of people experiencing subsistence difficulties. Should this additional resource also prove not to be enough, the method of socialisation of the housing market will be used (De Decker, 2012).¹ Thereby it is possible to make choices that are suitable from both the service users and the landlord's point of view.

The specialists have abstract knowledge of the housing-led approach in work with homeless people, but of the three interviewees, only one (E3) had been able to acquaint themselves with it in practice, in Finland. Conceding that the method is efficient, he nevertheless doubted the possibility of its adoption in Estonia: "... is it possible to persuade the people with decision-making powers to create a system in which scarce resources (social housing stock) are used for the benefit of people about whom it is known that they are liable to "waste" it within a short period?" His colleague (E2) agreed that the environment influences the behaviour of people and that a positive change in the environment supports positive behaviour. Bearing in mind the predominant issues of the target group (mental health problems and substance misuse), however, she remained sceptical of the method's applicability. Conversely, the most optimistic expert (E3) admitted that she had always dreamed of such a possibility. At the same time, she claimed that three links need to be present in the organisation of services for homeless people: a reception unit (shelter); a unit for independent living; and a unit for supported living (institution) for those deemed incapable of living independently. An opinion voiced independently by all three experts was that in conditions of limited resources they would not want to experiment with a method that appeared risky at first sight, despite its efficiency having been proven elsewhere (Käsk, 2014, p.38). Some studies show that the evidence-based methodology alone is not enough to change the policy pathway. Of similar importance is timing, being able to communicate results as policy windows opened, framed in terms that resonated within the policy-making context (e.g. cost-effectiveness, "ending vs. managing" homelessness, etc.) (Macnaughton *et al.*, 2017, p.125).

¹ The municipality of Tallinn started from 01.02.2018 with a project "Supporting individuals who have completed the re-socialization plan for renting a dwelling from a free market".

Conclusion

In the past 10 years, several EU Member States have drawn up strategies for fighting homelessness. New housing-led systems for people experiencing homelessness have been applied. They rely on two principles: firstly, the prompt locating of a separate housing for a person experiencing difficulties; and secondly, an effective system of services and benefits for solving the person's social, health, employment and other issues.

In Estonia, too, definite objectives should be set for resolving the issue of homelessness and current practice should be scrutinised. As a confusingly large number of national development documents (53 strategies, development plans *et al.* in total) are already in force, the compilation of a separate strategy for homelessness is unlikely. Definitely, a chapter on homelessness is needed in the Welfare Development Plan (a national strategy document which sets the tasks and describes the ways of decreasing poverty in Estonia, 2016). To overcome the out of date paradigms prevailing in the work with homeless people, the referred chapter has to be created in cooperation with external experts (like the way the Finnish Homelessness Strategy was created, see Pleace *et al.*, 2015; Pleace, 2017). Allen (2012) describes the change in social work with people experiencing homelessness people as a shift "from the model of social work for the elderly (maintaining the client's condition) to the model of social work for the unemployed (changing the client's condition)". That change, under the name of working ability reform (see Work Ability Reform/Sotsiaalministeerium), has been effectuated in Estonia with persons partially able to work, thus it is possible to use on re-socializing homeless persons. Based on the results of the count of people experiencing homelessness in 2011 in Tallinn, it can be said that compared to most of the EU countries, the number of people experiencing homelessness has decreased.

Compared to the USA, Western Europe and the geographically close Northern Europe, people experiencing homelessness in Estonia form a more homogenous and hence more easily rehabilitable target group (less people with mental health and drug-related issues, mostly people with alcohol addiction). From the interviews conducted with the experts in this study, it appears that in practice, a shelter designated for short-term housing is a place of long-term accommodation. Families with children are an exception (mostly single parents). Their problems are solved more successfully using a rapid re-housing method. Long-term stays in a system of services dealing with one and the same client group (the example of the work of Tallinn implementing the staircase model in social work with homeless people) or in such an institution (the examples of Tartu, Pärnu and other Estonian cities using single-site traditional service model) do not stimulate people's movement up the stairs towards subsistence. Based on the analysis of client data from a specific

service provider (a shelter), it can be argued that progress mainly occurs on the institutional path; of those clients who had used the shelter service whose life paths were known, most were still staying at the shelter at the end of the one-year observation period or had moved on to another institution (e.g. a social housing unit or a nursing home). Only a small proportion of them went on to live in a rental or social housing unit or had reunited with their family. A housing-led approach to the rehabilitation of people experiencing homelessness could be a credible alternative. However, the experts lacked faith that in a situation where there are scarce resources (housing, social workers and funding) it would be possible to apply novel approaches with initiative only coming from below. For change to happen, a push from above – from the political level of the country – is needed.

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