
Homelessness and Social Exclusion in Two Swedish Cities

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► **Abstract** *The aim of this study is to describe the living conditions of homeless people in the cities of Gothenburg and Karlskrona in Sweden and to analyse their level of social inclusion and social exclusion. The empirical basis of the study was interview responses from 1 148 individuals in connection with initial contact with municipal housing programmes. The study clarifies that people in these programmes are a heterogeneous group in terms of gender, background and current living situation. A majority of the homeless people are living in difficult conditions and are in extremely exposed positions. Three different groups emerged in the analysis of the study population: individuals who are socially included (15%), marginalised (65%) or socially excluded (19%). The article also discusses the various groups' discrete needs and their implications for preventive as well as more interventional actions on the political and practical levels.*

► **Keywords** *Homelessness, social exclusion, structured interview, municipal housing programme, gender differences, substance abuse problems*

Introduction

As repeatedly reported, homelessness has been increasing for a long time in Sweden (National Board of Health and Welfare, 2017a) and in Europe as a whole (FEANTSA, 2018). The increase in Sweden can be explained by a multitude of processes that have interacted with and exacerbated each other. As the population has grown due to a rising birth rate and increased immigration, far too little housing has been built over the last decade, especially rental housing at low or moderate

rents. Housing shortages were reported in 2017 in 88 percent of Swedish municipalities (National Board of Health and Welfare, 2018). Housing policy in recent decades has been shaped by a market-based system and deregulation with widespread sell-offs of non-profit municipal housing, reduced state subsidies and little new production of cheaper housing (Sahlin, 2016; National Board of Housing, Building and Planning, 2017). The housing shortage has contributed to the exclusion of large groups of people from the regular housing market, groups whose only option is instead the secondary market, often with social services as the “landlord” (Knutagård and Kristiansen, 2013; National Board of Health and Welfare, 2015). This article reports a study of living conditions and social exclusion of people who do not have homes of their own.

The National Board of Housing, Building and Planning (2016) has determined that rent has become an increasing cost for some 770 000 low-income households in Sweden, making it difficult for many of them to afford the basic costs of housing and subsistence. From a European perspective, Sweden is one of the countries where the average proportion of disposable income spent on housing has increased the fastest in the last 15 years (FEANTSA, 2017). Weak connections to the labour market and low income are primary causes of homelessness (National Board of Health and Welfare, 2012) and rent arrears are a central reason that people are evicted from their homes (National Board of Health and Welfare, 2018).

As a consequence of these societal changes, an estimated 33 250 people were homeless in Sweden in 2017 (National Board of Health and Welfare, 2017a). Despite this worrying trend, most Swedish municipalities do not have an up-to-date plan for preventing homelessness (National Board of Health and Welfare 2017b). Nor is there any explicit national strategy for addressing the problem of homelessness (Sahlin, 2015).

People with alcohol and drug problems constitute a significant proportion of the homeless population and the proportion receiving assistance in the form of housing via social services increased by six percent during the period of 2007-2016. The percentage of people without substance abuse problems who received corresponding support increased by 74 percent during the same period (National Board of Health and Welfare, 2018). This is evidence that other groups are also becoming homeless, such as people who cannot meet the increasingly strict financial and social criteria applied to housing applicants and who do not have problems other than insufficient income (Nordfeldt, 2012; National Board of Health and Welfare, 2017a). At 38 percent, women now constitute an increasing share of the group, and in Sweden and other western countries, refugees and other people of immigrant background have also increased as a proportion of the homeless (FEANTSA, 2017; National Board of Health and Welfare, 2018).

Individuals who do not have homes of their own are thus a very heterogeneous group and the stereotypical image of a homeless person no longer coincides with reality (Caton *et al.*, 2005; Minnery and Greenhalgh, 2007; Moore *et al.*, 2007; Tosi, 2010; Norman and Pauly, 2013; National Board of Health and Welfare, 2017a). Despite this knowledge, homeless people are often described as a homogeneous group and differences in factors including age, sex, parenthood and social background are ignored.

Various forms of housing solutions for people who have fallen through the social safety net have become an increasingly common and urgent matter for local authorities. There have also been comprehensive changes in addiction care, where various forms of municipal housing support and outpatient treatment have become increasingly common as a replacement for more costly institutional care (SOU, 2011; National Board of Health and Welfare, 2018). There is, however, a lack of knowledge about these various forms of housing and the individuals at whom this support is aimed, as well as the outcomes of interventions. There is risk that reviews or studies with measurement periods that are too short will present distorted pictures of homelessness and overestimate the number of people who are chronically homeless (Knutagård and Swärd, 2006). There is a general lack of Swedish studies based on large empirical samples of what characterises homeless people who become eligible for various municipal housing programmes. Under what conditions are they living and what are their needs? How rooted in society are they?

The purpose of this study is to describe the living conditions of people who ended up in municipal housing programmes in two Swedish cities during the years of 2013-2016 and to analyse their level of social inclusion and social exclusion.

It is difficult to clearly define *homelessness* because it is a problem that demonstrates great variation as regards its causes, manifestations, consequences and permanence (Anderson and Christian, 2003; Knutagård and Swärd, 2006; Moore *et al.*, 2007; Blid, 2008; Busch-Geertsema *et al.*, 2010; Shinn, 2010; Tosi, 2010). Individuals and families may be homeless for a day or for periods of several years and can also move in and out of homelessness over time. Various typologies are found in homelessness research that are based on the characteristics of homeless people, their various pathways into and out of homelessness, or based on the interventions that have been directed at them. One such type is designated *transitional*, with relatively brief experiences of homelessness; another is *episodic*, with several brief periods of homelessness, and yet another type is *chronic*, lasting for several years (Kuhn and Culhane, 1998). Other forms of homelessness have been called *situational*, linked to a specific event (Clapham, 2003), and *acute*, due to a crisis situation (Moore *et al.*, 2007). This variation makes it more difficult to clearly define the concept of homelessness and the individuals who are contained in that

definition. It is, however, important that the definition is not too narrow, which presents a risk of underestimating the scope of the problem (Minnery and Greenhalgh, 2007; Moore *et al.*, 2007).

A relatively broad definition of homelessness is used in Sweden, which includes the following categories: the most deprived individuals who lack a roof over their head; people who lack housing after release from hospitals or penal institutions; people who live within the secondary municipal housing sector under social tenancies; and people who are in temporary and precarious housing situations and are living with friends or relatives (National Board of Health and Welfare, 2017a). This definition thus largely coincides with the European ETHOS typology (FEANTSA, 2018). Several of these categories are found in the empirical material of this study.

Theoretical Perspective and Earlier Research

Social inclusion and exclusion

The study is based on social pedagogical theory with particular focus on analysis of individual and social conditions for people's *social inclusion* (Hämäläinen, 2003), because the concept offers a wider explanation of homelessness as a phenomenon that also incorporates social causes of the deprivation of individuals or groups compared to theories mainly oriented towards personal shortcomings (Madsen, 2005; cf. Minnery and Greenhalgh, 2007; Petersson and Davidsson, 2016). As evident in the term, inclusion also presupposes its opposite, *social exclusion*, where groups or individuals are excluded from participating in the various civil contexts of society. The use of the term *social exclusion* began in France in the early 1970s as an alternative to more static concepts like underclass, poverty, unemployment and homelessness (Daly and Silver, 2008) and took on central importance in the 1990s in the EU, where it was used to shed light on inequality and the fragile social bonds of individuals (Silver and Miller, 2003).

Although social exclusion may have discrete meanings in various contexts, there is consensus that the concept contains some common elements (Room, 1999; Silver and Miller, 2003). One such is that it is process-oriented and dynamic, as opposed to a static or deterministic state of affairs. Another is its heterogeneous and multi-dimensional nature (Barry, 1998). *Marginalisation* is often used synonymously with exclusion, but usually describes an in-between position for the individuals who are neither included nor excluded (Spicker, 1997).

By means of a review of the literature surrounding the concept of social exclusion, Kronauer (1998) has developed a theoretical framework encompassing six different aspects or dimensions of individuals' insufficient participation in society:

- *Exclusion from the labour market* entails limited opportunity to get a job or return to work after a period of unemployment.
- *Economic exclusion* is related to the foregoing aspect and means that people have lost the ability to make a living for themselves or their household and are often forced to rely on various forms of benefits.
- *Cultural exclusion* means that the individual is cut off from the possibility of living according to the socially recognised and dominant patterns of behaviour, life orientations and values.
- *Exclusion by social isolation* is affected by the preceding three dimensions and refers to a limitation in the scope and quality of social networks, relationships and contacts.
- *Spatial exclusion* is linked to housing in segregated neighbourhoods, lack of a home of one's own or an unstable, problematic housing situation.
- *Institutional exclusion* arises when public institutions whose intention is to address the individual's problems simultaneously exacerbates the exclusion, e.g., through stigmatisation.

As shown by Kronauer's framework, social exclusion is also cumulative, i.e., deficiencies in one area often have negative impact on other areas of life as well, and the exclusion process is intensified when multiple problems accumulate. One example is when an individual with little education has difficulty getting a job and thus problems earning a living and securing housing, which have the combined effect of limiting their social network, which in turn reduces participation in cultural and social activities. People can, however be excluded from some social systems while they are included in others (Madsen, 2005). Which one or more of the six dimensions that is most significant to exclusion may vary from one country or context to another, but unemployment is thought to be central to triggering an exclusion process (Silver, 1994; Kronauer, 1998).

Earlier research

Earlier studies have often linked the causes of homelessness to shortcomings in either the individual or society (Sahlin, 2016). Nowadays, homelessness research has generally aligned with a more dynamic perspective on the phenomenon, which encompasses individual, relational, organisational and structural causal factors (Lee *et al.*, 2010; Benjaminsen and Knutagård, 2016). These factors usually have a highly complex interrelationship and may involve both personal history or actions and the consequences of labour market, housing and social policy. Various factors may also apply in different countries or contexts (Blid *et al.*, 2008). Although individual factors may be important to explaining the causes of homelessness, they

seem to have less effect on sudden or substantial increases in the number of affected individuals. We thus need instead to seek understanding of these changes in trends at the structural level (Kemp *et al.*, 2001).

One such significant structural factor has to do with waves of urbanisation with mass influxes from the countryside to large cities, which often lead to housing shortages, which generate homelessness. Studies show, for example, that homelessness is more common in large cities than in rural areas or small towns (Blid *et al.*, 2008).

Poverty is the circumstance that, above all others, is thought to have the strongest association with homelessness, in that people who lack sufficient economic resources have difficulty meeting their basic needs, such as for food and shelter (Anderson and Tulloch, 2000; Anderson and Christian, 2003; Knutagård and Swärd, 2006; Busch-Geertsema *et al.*, 2010; Nooe and Patterson, 2010; Shinn, 2010). Eviction due to unpaid rent is, according to several studies, one of the most commonly reported causes of homelessness (Anderson and Christian, 2003; Busch-Geertsema *et al.*, 2010; von Otter *et al.*, 2017).

Poverty is, in turn, a consequence of unequal living conditions, wide income disparities and weak social safety nets (Shinn, 2010), but also economic crises. These may result in unemployment and difficulties for certain groups to enter the labour market or earn a living wage (Kemp *et al.*, 2001; Anderson and Christian, 2003; Shinn, 2010). Weakened or low levels of social benefits are another aspect that contributes to poverty.

Another significant risk factor for homelessness is the lack of affordable housing and rental housing, often due to changes in housing policy (Kemp *et al.*, 2001; Lee *et al.*, 2010; Shinn, 2010; Sahlin, 2016). Widespread changes in the housing market can entail severe difficulties for low-income people to maintain their housing. The higher rents are in general, the higher the proportion of people who become homeless (Blid *et al.*, 2008).

The major de-institutionalisation of psychiatric care, particularly during the 1980s and 1990s, made it difficult for some groups to manage independently; one of the results was that many people became homeless (Kemp *et al.*, 2001; Shinn, 2010). A study of the consequences of this de-institutionalisation in Sweden shows, however, that a majority of individuals with mental illnesses have been found to be in stable housing situations (Topor *et al.*, 2016), although studies of the lives of homeless people have shown that a high proportion of these individuals suffer from mental health problems and have experienced episodes of in-patient psychiatric care (Goering *et al.*, 2002; Anderson and Christian, 2003; Caton *et al.*, 2005; Moore *et al.*, 2007; Blid *et al.*, 2008; Busch-Geertsema *et al.*, 2010; Shinn, 2010).

Discrimination constitutes yet another structural factor, where, for example, ethnic minorities have difficulty getting established in both the labour market and the housing market (Shinn, 2010; Nordfeldt, 2012; Tayler Anderson and Collins, 2014). But this may also have to do with those individuals who have been in care for addiction or mental illness or in prison are highly stigmatised and thus have difficulty securing housing on their own (Lee *et al.*, 2010).

The research has also shown several individual characteristics or life conditions can increase vulnerability to homelessness. Several of these factors interact with and can be affected by factors on a more general social level:

At the macro-level, structural factors are likely to remain the primary cause and explanation of homelessness. Structural circumstances also influence the micro-level, both creating individual pressures and constraining individuals' ability to change or resolve difficult housing situations (Anderson and Christian, 2003, p. 116).

Age and gender are examples of identified individual factors that may be linked to homelessness. Several studies show that homeless people are often middle-aged or older and are generally male (Goering *et al.*, 2002; Caton *et al.*, 2005; Busch-Geertsema *et al.*, 2010; Fitzpatrick *et al.*, 2013). Other studies have been unable to determine any clear correlation between homelessness and age or gender (Shier *et al.*, 2015), but the pathways through homelessness may differ for women and men. Women's generally weaker economic position makes them vulnerable in crises and lone women parents are a particularly economically exposed group (Bretherton, 2017). Many women also lose their homes due to domestic violence (Watson, 2000; Moore *et al.*, 2007). When they become homeless, they are more likely than men to turn to parents and friends to keep a roof over their heads (Bretherton, 2017).

Ethnic origin can, as mentioned, have impact on the opportunity to secure housing and there is according to several studies an over-representation of people with migrant experience among the homeless population (Anderson and Christian, 2003; Busch-Geertsema *et al.*, 2010; Shinn, 2010; Nordfeldt, 2012; Shier *et al.*, 2015; Van Straten *et al.*, 2017).

Homelessness has also been connected with the factors of lone parenthood or being single (Caton *et al.*, 2005; Nordfeldt, 2012; Shinn, 2010; Van Straten *et al.*, 2017). Many homeless people have also separated from former spouses or partners (Anderson and Christian, 2003; Busch-Geertsema *et al.*, 2010; Shinn, 2010; Fitzpatrick *et al.*, 2013). Living with a partner often entails greater pooled economic resources that can prevent crises of various types, but also provides social and emotional support. Several studies have shown that many individuals with a history of homelessness have a smaller social network with fewer signifi-

cant others or friends to turn to for support in crises of various types. They often have weak or conflicting relationships to immediate or extended family (Anderson and Christian, 2003).

Individuals' experiences of childhood poverty (Shinn, 2010), physical, mental and sexual abuse constitute risk factors for future housing difficulties (Goering *et al.*, 2002; Harding *et al.*, 2011). Young people who have run away from home for reasons including parental violence, addiction and mental illness, or who have been thrown out by parents are at imminent risk of homelessness (Sjöblom, 2002; Anderson and Christian, 2003; Fitzpatrick *et al.*, 2013). There is also over-representation among homeless people individuals with previous experience of foster care or institutional care (Harding *et al.*, 2011).

A low level of education is a significant risk factor for homelessness, in that it makes it more difficult to enter the labour market and, by extension, become self-sufficient (Caton *et al.*, 2005; Tayler Anderson and Collins, 2014; Shier *et al.*, 2015; Van Straten *et al.*, 2017). A large proportion of homeless people have a history of school failure or bullying (Harding *et al.*, 2011; Kostianen, 2015).

Homelessness and criminality interact in that it is harder for individuals to get housing after being released from prison, while homelessness itself increases the risk of criminality and being sentenced to prison (Caton *et al.*, 2005; Lee *et al.*, 2010; Shinn, 2010; Fitzpatrick *et al.*, 2013). Many homeless people have a history of imprisonment or institutional treatment (Anderson and Christian, 2003).

A large proportion of homeless people have serious alcohol or drug problems (Caton *et al.*, 2005; Moore *et al.*, 2007; Busch-Geertsema *et al.*, 2010; Fitzpatrick *et al.*, 2013; Shier *et al.*, 2015; Van Straten *et al.*, 2017), which in some cases have been the main cause of eviction or difficulty getting into a home of their own (Anderson and Christian, 2003). The relationship between both states of affairs is complex and may, here as well, go in both directions, as substance abuse problems may also be a consequence of homelessness (Moore *et al.*, 2007). One study shows, for example, that almost half of the homeless people studied began to use alcohol or drugs after they became homeless (Johnsson and Chamberlain, 2008).

Mental health problems have been identified in several studies as a tangible risk factor for future difficulties keeping a home. Between 25 and 50 percent of homeless individuals are reported to suffer from serious and/or chronic mental health problems (Anderson and Christian, 2003; Caton *et al.*, 2005; Moore *et al.*, 2007; Blid *et al.*, 2008; Busch-Geertsema *et al.*, 2010; Shinn, 2010; Van Straten *et al.*, 2017). Homeless people also commonly have various types of physical diseases including

hypertension and diabetes that may have been a factor in the person losing their job and financial support, but which can also be consequences of homelessness (Caton *et al.*, 2005; Beijer and Andréasson, 2009; Norman and Pauly, 2013).

In addition to these structural and individual factors, homelessness may also be associated with “triggers” such as a sudden financial crisis, separation, intimate partner violence, eviction, release from hospital or prison, accelerating addiction problems or mental health problems, or having run away or been thrown out of the parental home in youth (Anderson and Tulloch, 2000; Anderson and Christian, 2003; Moore *et al.*, 2007; Busch-Geertsema *et al.*, 2010; Van Straten *et al.*, 2017).

Inadequate organisation of social assistance organisations may also contribute to increased or extended homelessness (Sahlin, 2005; Knutagård, 2009). There is, for example, weak scientific support for the notion that the “housing staircase model”, commonly used in Sweden, is an effective means of dealing with the problem of homelessness, since the majority of those homeless remain in the system indefinitely and few individuals obtain their own tenancy agreements (Benjaminsen and Knutagård, 2016; SOU, 2018).

The review of the earlier research shows that most studies are based on particularly deprived sub-groups of homeless people and that there is a serious lack of studies that cover wider groups of people who do not have homes of their own. Overall, the review also shows that homelessness is a complex and dynamic problem that demonstrates great heterogeneity and thus requires multi-dimensional approaches and analyses.

Method

Sample

The study was performed as a cross-sectional study based on data for the period of 2013-2016 retrieved from the IKMDOK database.¹ The empirical basis of the study was interview responses from 1 148 individuals in connection with initial contact with municipal housing programmes in the cities of Gothenburg and Karlskrona. There was a loss of 16 individuals from the original material due to incomplete information. The sample was 32 percent women and 68 percent men, whose average age was 39 years (17-79).

¹ The research database is administered by the Institute for Knowledge and Method Development in Youth and Substance Abuse Treatment (IKM), Linnaeus University, Växjö, Sweden.

The housing programmes in Gothenburg and Karlskrona offer accommodation to people unable to get housing in the regular market due to substance abuse or other psychosocial problems. Gothenburg, Sweden's second largest city, has 550 000 inhabitants and in the national survey of homelessness that was carried out in 2017, the number of homeless people was estimated at 3 800 (National Board of Health and Welfare 2017a). In Gothenburg, there is an action plan aimed at homelessness and the overall goal is to halve the number of homeless people. Within the organisation in Gothenburg there are both temporary and more long-term housing alternatives. Karlskrona has 66 000 inhabitants and here the number of homeless people was estimated to be 18 in the survey (National Board of Health and Welfare 2017a). The municipality lacks a specific action plan, but has a relatively extensive municipal housing activity. In Karlskrona, most of the accommodation places consist of apartments with support and supervision.

Material

'Housing-DOK' is a target-group adapted version of the structured DOK interview developed jointly by IKM and the housing programme in Gothenburg (Dahlberg *et al.*, 2017). It is used to identify the person's living conditions in order to make relevant assessment, planning and implementation of interventions. The information collected can also serve as a basis for follow-up and local evaluation. The intake form contains a total of 90 questions and the areas covered in the interview are: housing circumstances, relationships, physical and mental health, violence and victimisation, alcohol and drug-related information, treatment history, criminality and contacts with government agencies and the health care system. As regards the reliability and validity of the selected variables, the original DOK interview has demonstrated generally satisfactory or good reliability and validity for several of the basic variables included in this study (Anderberg and Dahlberg, 2009). The Housing-DOK interview has also shown good acceptance among clients and professionals (Social Resources and Service Administration, 2015). Only anonymised data were used for this study and permission has been obtained from the National Board of Health and Welfare Research Ethics Committee for the storage and processing of data for research purposes.

Analysis

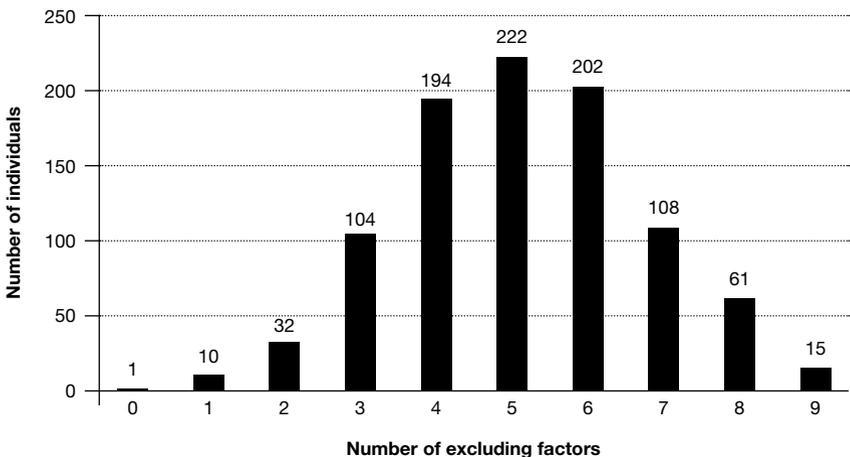
The study population was first categorised into women and men and several basic variables were analysed with regard to gender differences. Based on the theoretical framework, the individuals' degree of social inclusion and exclusion was analysed thereafter. The theory was related to the question areas and variables of the existing interview. The variables were chosen based on central aspects such as the multi-

dimensional, process-oriented and cumulative nature of the framework. The empirical material was processed based on the operationalisation below. The ten excluding factors were:

- *Exclusion from the labour market* is covered by three variables: did not successfully complete compulsory or upper secondary school; unemployed for the past 6 months; has never worked/last worked more than 3 years ago.
- *Economic exclusion* consists of two variables: no earned income for the past 6 months; bank/credit and rent arrears.
- *Exclusion by social isolation* corresponds to one variable: has no support or support only by single persons in the social network.
- *Spatial exclusion* consists of one variable: has never had a primary tenancy agreement.
- *Institutional exclusion* consists of three variables: ever sentenced to prison/court-ordered psychiatric care; history of LVU/LVM care²; history of inpatient psychiatric care.

Due to the lack of relevant variables in the interview, *cultural exclusion* was omitted from the analysis.

Figure 1. Distribution of excluding factors in the study population. N=949.



² LVU: The Swedish Compulsory Care of Young Persons (Special Provisions) Act. LVM: Care of Substance Abusers (Special Provisions) Act.

The chart above illustrates the distribution of excluding factors among the 949 subjects for whom there was information about these ten factors. These were summed for each individual and three categories were constructed based on the median value (five excluding factors): an included group (0-3 factors); a marginalised group (4-6 factors); and an excluded group (7-9 factors). In order to reveal significant differences between genders respective to the degree of social inclusion, 22 statistical calculations were performed using the Chi-2 test and Linear-by-Linear Association supported by IBM SPSS Statistics 22. The latter test is a special variant of the Chi-2 test that is used to indicate relationships between three or more categories based on ordinal data (Agresti, 2007).

Results

A report of the results of the study follows, beginning with a general description of the study population and the differences between women and men.

Table 1. Living and housing conditions for women, men and the total study population and p-value (*= $p < 0,05$). Percentage distribution.

	Women N=366	Men N=782	Total N=1 148	P-value
Previous contact with the programme	33	42	39	*
Living situation, past 6 months				
Alone	44	72	63	*
With children	13	2	6	*
With partner	9	7	8	NS
With partner and children	7	4	5	*
With parents/relatives	11	8	9	NS
With friends	5	3	4	NS
Other situation	10	5	7	*
Has children under 18 years	34	28	30	NS
Occupation, past 6 months				
Employed (permanent or temporary)	7	10	9	NS
Student	18	8	11	*
Unemployed, on sick leave, retired	75	82	80	*
Financial support, past 6 months				
Earned income, student financial aid	11	10	10	NS
Pension	11	17	15	*
Unemployment benefits, social insurance benefits	21	13	16	*
Economic assistance	49	56	53	*
Other support	8	5	6	*
Main accommodation, past 6 months				
Own residence	8	7	7	NS
Sublet tenancy ³	23	21	22	NS
Parents, relatives	12	8	9	*
Transitional housing	12	15	14	NS
Foster home, residential home	26	28	27	NS
Prison	2	4	4	*
Homeless ⁴	18	16	17	NS
Previously had primary tenancy	54	66	62	*
Time since primary tenancy				
1-11 months	20	11	14	*
1-3 years	21	21	21	NS
4 years or longer	58	68	65	*
Duration of primary tenancy				
1-11 months	10	12	11	NS
1-3 years	30	36	34	NS
4 years or longer	60	52	55	NS
Reason for termination of tenancy				
Own volition	53	54	53	NS
Eviction	47	46	47	NS

³ The "sublet tenancy" category includes lodgers, housing collectives and student housing.

⁴ The "homeless" category also includes hotel residence and other short-term accommodation.

The table above shows that 39 percent of the individuals had previous contact with the housing programme, with the percentage considerably higher for men than for women. Living alone was the most common living situation in the past 6 months, at 63 percent. At 72 percent, men live alone much more often than women, for whom the figure is 44 percent, and women live with children or a partner and children to a much greater extent. Thirty percent of the individuals have children of their own under 18 and there is no significant difference between women and men.

In total, 80 percent of the study population have had no occupation of any kind in the past 6 months, while the others have been in work or education. The percentage of women who lack occupation is lower compared to men and more women are in education. The main source of financial support in the past 6 months was economic assistance for 53 percent, social insurance or unemployment benefits for 16 percent, old age or disability pension for 15 percent, earned income or student financial aid for 10 percent and other financial support, e.g., funds provided by relatives or the proceeds of crime, for 6 percent. There are also certain differences between women and men as regards sources of support. Men live on income support and pensions to a greater extent than women, but are less likely to be receiving social insurance or unemployment benefits or relying on other financial support.

As regards the main form of housing tenure in the past six months, 29 percent of the persons have had primary or sublet tenancies, while 45 percent have been in some form of institution, foster home or transitional housing, 17 percent were homeless and 9 percent lived with parents or other relatives.

The majority of individuals, 62 percent, have had their own primary tenancy agreements. There is a clear difference between women and men for this factor, as 54 percent of the women have previously had a tenancy agreement compared to 66 percent of the men. Among the persons who have previously had a tenancy agreement, it has been four years or longer since these tenancies ended for 65 percent, while 35 percent have had tenancy agreements within the past three years. Gender differences are found here as well, and more women than men have had a tenancy agreement in the past year. Of this group, 55 percent have had housing under a primary tenancy agreement for four years or longer, 34 percent for one to three years and 11 percent who have only had a tenancy agreement for one year or less. There are no differences between women and men with regard to duration of primary tenancy.

The reason for termination of the tenancy agreement was eviction for 53 percent, while 47 percent reported ending the tenancy of their own volition. No gender differences are shown for this information either.

Table 2. Degree of exclusion among the study population in relation to central variables, and p-value (*= $p < 0.05$). Group 1= Socially included. Group 2=Marginalised. Group 3=Socially excluded. Percentage distribution.

	Group 1 N=147	Group 2 N=618	Group 3 N=184	Total N=949	P-value
Swedish citizen	82	80	83	81	NS
Lives alone, past 6 months	48	65	66	62	*
Children under 18 years	32	30	33	31	NS
Primary drug ⁵ past 30 days					
Alcohol	29	29	23	28	NS
Narcotics	16	34	62	36	*
Does not occur	54	37	14	36	*
Polydrug use	22	30	53	35	*
Ever injected any drug	11	24	56	28	*
Ever previously treated for substance abuse	30	46	73	49	*
Problem gambling, past 6 months	1	4	4	4	NS
Physical health problems, past 6 months	30	41	48	40	*
Mental health problems, past 6 months	31	40	54	41	*
Ever attempted suicide	25	26	38	28	*
Pharmaceutical treatment of mental illness	30	40	51	41	*
Difficulties reading and writing	14	16	28	18	*
Victim of violence, past 6 months	30	27	41	30	*
Ever convicted of crime	34	64	89	64	*

Table 2 shows similarities and differences between the three different categories, or groups, created based on the degree of social inclusion and exclusion. Fifteen percent of the individuals are found in Group 1, *the socially included*, where the gender distribution is 41 percent women and 59 percent men, with an average age of 34 years. Sixty-five percent are found in Group 2, *the marginalised*, where the gender distribution is 31 percent women and 69 percent men, with an average age of 41 years. Nineteen percent are found in Group 3, *the socially excluded*. The gender distribution here is 28 percent women and 72 percent men and the average age of the group is 36 years.

A total of 81 percent are Swedish citizens and the percentages do not vary appreciably among the three groups. As regards living situation, significant differences emerge between the groups, and about 65 percent of the excluded and marginalised groups live alone, while the corresponding information is 48 percent for the included group. About 30 percent of all three groups have children under 18.

A total of 28 percent of the individuals report alcohol as their primary drug and there are no significant differences between the groups in this respect. There are, however, clear differences between the groups concerning narcotics as the primary drug. Sixteen percent of the included group, 34 percent of the marginalised group

⁵ "Primary drug" refers to substance abuse of alcohol, narcotics or illegal drugs.

and 62 percent of the excluded group report various forms of narcotic substances as their primary drug. A total of 36 percent report having no alcohol or drug problems and there is a significant difference between the groups here as well. The proportion for the included group is 54 percent, while only 17 percent in the excluded group report that they have no alcohol or drug problems.

Concurrent use of more than one substance is reported by 35 percent of the individuals and there are significant differences between the groups. The proportion with mixed substance abuse is 22 percent in the included group and 53 percent in the excluded group. A history of injection of drugs and a history of substance abuse treatment show a similar pattern, with significant differences among the three groups. A total of 4 percent of the individuals report problem gambling for money, but there are no material differences between groups as regards this type of problem.

The excluded group also have problems with their physical and mental health to a significantly higher extent than the other groups, with higher incidence of attempted suicide and pharmaceutical treatment of mental illness. Persons in this group also have difficulties with reading and writing, have been victims of violence to a higher extent and have been convicted of various types of crimes to a much higher degree than the other two groups.

Discussion

This study clarifies that individuals granted housing within various forms of municipal housing programmes are a heterogeneous group in terms of both background and current living situation. A majority of homeless people are living in difficult conditions and are in extremely exposed positions.

In accordance with several earlier studies, men are over-represented and constitute two thirds of the total group, with an average age of 39 years (Lee *et al.*, 2010; Nooe and Patterson, 2010; cf. Fitzpatrick *et al.*, 2013). Nearly two thirds live alone and about one third have children under 18. Four fifths have had no occupation in the past six months and have mainly lived on economic assistance. About half have lived in an institution, foster home or transitional housing; while one fifth have been homeless in the past six months. Almost four out of ten have never had their own tenancy agreement and among the majority of those who have, the primary tenancy agreements ended at least four years ago.

On the other hand, there are individuals who provide contrast to this picture. A large proportion of the individuals have not previously had contact with the programme. Of the total group, about one fifth has been in work or education in the past six

months and has had a regular income during the same period. About two thirds of the group have previously had a tenancy agreement and one third have had a home of their own during the past six months.

The study also shows several gender differences and that women and men probably have different pathways to homelessness. The majority of the individuals who come into contact with various types of housing interventions are men who live alone. Women make up one third of the population and they are more likely than men to live with both partners and children. Women are in education to a higher extent, while a larger proportion of men are unemployed, on sick leave or retired. Men have had their own tenancy agreements to a higher extent than women, which indicates that women have had lower incomes or been economically dependent upon partners or family. The high incidence of violence in the included group (which consists of a larger proportion of women) indicates that women may have more often been forced to leave the home due to partner violence. Overall, the results suggest that women's pathways into homelessness differ from men's (Watson, 2000; Löffstrand and Thörn 2004; Bretherton, 2017). The current widespread housing shortage in Sweden may have in certain cases led to victims of violence being forced to stay in the home or return to the perpetrator (National Board of Health and Welfare, 2017b).

Three different groups and even more distinct heterogeneity emerge in the in-depth analysis of the study population: individuals who are socially included, marginalised or socially excluded. The first group, categorised as socially included and comprising about 15 percent, are significantly less deprived, with lower incidence of drug and alcohol problems, criminality and health problems. They seem to be more firmly rooted in society with a history of work or education and wider social networks. This group is likely to include people in *acute, situational or transitional* homelessness (Kuhn and Culhane, 1998; Clapham, 2003). These situations may involve people who do not have sufficient income to secure a tenancy agreement or who have been forced to leave their homes due to separation, violence or other crisis situations. Many of these people probably do not identify themselves with other homeless people (Chamberlain and Johnson, 2011).

About two thirds of the homeless people in the study are categorised in an in-between group who are in the process of marginalisation, heading towards either inclusion or exclusion. This group likely includes individuals in both *transitional* and more *episodic* periods of homelessness (Kuhn and Culhane, 1998). In the best case, the initiation of a housing intervention may strengthen ties to society and entail a return from a precarious housing situation to more normal living conditions, but

there is also increased risks that various types of housing solutions will create a stigma that can be an obstacle to securing housing and thus a development in the opposite direction (Neale, 2008).

One fifth of the target group is socially excluded to a great extent and seems to be living in severe hardship. Of this group, 85 percent have serious drug or alcohol problems and slightly more than half also report mixed substance abuse and a history of drug injection. Almost three quarters of them have a history of various forms of substance abuse treatment. The excluded group also have physical and mental health problems to a very high extent, with higher incidence of attempted suicide and pharmaceutical treatment for mental illness. They are also more likely to have difficulties reading and writing, to have been the victims of violence and to have been convicted of various types of crime. The situation of this group can probably be said to represent *chronic* homelessness (Kuhn and Culhane, 1998; Kostianen, 2015).

Despite the differences among the groups, there is a high incidence of drug and alcohol problems overall, which is consistent with the main mission of the studied housing programmes and with several earlier studies (Caton *et al.*, 2005; Moore *et al.*, 2007; Busch-Geertsema *et al.*, 2010; Fitzpatrick *et al.*, 2013; Shier *et al.*, 2015; Van Straten *et al.*, 2017). The relationship between substance abuse and homelessness is complex, however, as drug and alcohol problems may be either a cause or a consequence of homelessness (Moore *et al.*, 2007; Johnsson and Chamberlain, 2008).

Although the incidence of mental health problems varies widely among the three groups, there is a clear connection between the general incidence of mental health problems and homelessness (Anderson and Christian, 2003; Caton *et al.*, 2005; Moore *et al.*, 2007; Blid *et al.*, 2008; Busch-Geertsema *et al.*, 2010; Shinn, 2010; Van Straten *et al.*, 2017). The study shows that a distressingly large proportion of people in all three groups report having tried to take their own lives. A Swedish study shows that eviction entails a significantly elevated risk of suicide, even after adjusting for factors such as unemployment, mental disorders and substance abuse (Rojas and Stenberg, 2016). Preventing and avoiding evictions is thus not only a matter of urgency, it will also save lives.

Another important result is that about one third of the homeless people in this study have children under 18 and 11 percent live with their children. These children are profoundly affected by their parents' circumstances and may be repeatedly forced to move to new forms of housing or shelter, change schools and leave friends behind. They are also at risk of becoming excluded themselves later in life (Goering *et al.*, 2002). Sweden has been severely criticised for this state of affairs, including

by the UN, because the country does not comply with the Convention on the Rights of the Child in respect of children's rights to adequate housing and a supportive childhood (UN, 2015; see also FEANTSA, 2018).

One of the limitations of the study is the lack of structural variables in the interview, which is based on self-reported information and was the empirical basis of the study. Nor can this type of cross-sectional study determine any causal connections, instead showing only tendencies in the material and the relationships between the characteristics of various groups. Despite these limitations, the study is based on relatively comprehensive material from two Swedish cities and thus constitutes an example of the living conditions of people covered by municipal interventions in housing programmes aimed at preventing homelessness.

In relation to the national survey of homeless people in Sweden (National Board of Health and Welfare, 2017a), there are greater similarities than differences regarding the study's sample, for example average age, proportion of individuals with children under 18, financial support and previous accommodation situation. The study's sample is generally representative with the exception of gender distribution.

Implications

The study clarifies the benefit of social programmes working with some type of systematic documentation that can provide a basis for identifying characteristics of the target group as well as the individual's need for help. Foundational documentation of this type also provides the conditions for future studies aimed at tracking the progress of the people who are the recipients of various housing interventions.

It also emerges from the theoretical analysis in the categories of inclusion, marginalisation and exclusion that the various groups have discrete needs, which may also have implications for preventive as well as more interventional actions on the political and practical levels.

More pro-active municipal interventions are necessary for socially included people so that they gain access to homes of their own as soon as possible and do not get stuck in the "hamster wheel" of the secondary housing market and temporary or episodic housing solutions (Benjaminsen and Knutagård, 2016). These individuals have greater resources and are able to a greater extent to take personal responsibility for resolving their difficulties. There is, however, obvious risk that people who are unable to pay their rent because their income is too low or do not meet the criteria for securing rental housing will also be categorised as "deviant" and referred to social services programmes.

Emergency or constantly recurring housing interventions that rarely lead to an improved and stable living situation may be inadequate in many cases for the socially excluded group. More effective and permanent housing solutions, such as *Housing First*, or an extended period of substance abuse or psychiatric treatment may be more suitable instead (Pleace *et al.*, 2015; Benjaminsen and Knutagård, 2016; Källmén and Blid, 2016). Housing First is a solution that aligns well with social pedagogical principles aimed at creating the conditions for social inclusion, where people are regarded as active and creative agents in their own lives with skills and resources that can, with the right support, be used to manage problems and challenges (cf. Hämäläinen, 2012). A stable housing situation is also a prerequisite for people struggling with alcohol and drug abuse to complete treatment and get sober (SOU, 2011).

Based on the two represented cities, the study illustrates the need for urgent structural solutions in the form of social and housing policy initiatives in response to widespread homelessness in Sweden. Even though there is a strong correlation between low rates of homelessness and welfare states (Benjaminsen and Bastholm Andrade, 2015), Sweden seems to be an exception, with its relatively high levels of homelessness (FEANTSA, 2018). In order to support social inclusion, the processes that have excluding impact must be changed: the shortage of affordable housing must be addressed and unreasonable demands on housing applicants must be eliminated. There is a need for a new Swedish tenancy law that more clearly undergirds people's rights to housing and homes of their own. Regardless of the individual's problems, having a home of one's own is a fundamental human need. An own residence must once again be regarded as a human and social right instead of a personal investment opportunity (Sahlin, 2016). A home of one's own is also a matter of safety and security. Being forced to live with others – or in forms of housing that require one to live with other people one has not chosen – not only impinges on personal privacy, it can also increase vulnerability to harassment and abuse (Lee *et al.*, 2010).

Increasing the supply of affordable rental housing is also an important political and structural measure (Sahlin, 2015; FEANTSA, 2017). There has been some new construction of rental housing in Sweden in recent years, but this seems to have dried up (Swedish National Board of Housing, Building and Planning, 2018). It is also doubtful whether people will be able to rent these apartments at a reasonable cost. It has been shown, however, that housing benefit and comparable economic benefits can both prevent and reduce homelessness (Shinn, 2010), which clearly indicates that poverty is the single-most contributing cause of homelessness. Half of the Swedish households that have been evicted have earned income (von Otter *et al.*, 2017). It is instead the cost of housing in Sweden that is disproportionately high in relation to income levels, among the highest in Europe (FEANTSA, 2018).

Homelessness cannot be eliminated without the support of municipal programmes or supportive housing provided by social services (Swedish Government Offices, 2014). Despite this, there is no national strategy and the responsibility for eliminating homelessness has been shifted from the state level to the municipal level – and to a great extent to homeless people themselves (Sahlin, 2015). National strategies may be perceived as ineffective and not worth the paper they are printed on, but there are examples from other countries showing that general national plans with a clear objective to reduce homelessness with the support of social policy initiatives can be successful. Long-term investments in permanent housing at lower cost, combined with specialised support for the most deprived homeless individuals have been carried out in our neighbouring countries of Norway and Finland (Pleace *et al.*, 2015; Dyb, 2017). Norway and Finland are also the only countries in Europe that have successfully reduced homelessness, supported by a goal-oriented strategy (FEANTSA, 2018). It seems that Sweden and other European countries need to follow their lead.

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