A framework to assess and monitor policies for tackling homelessness in Europe*

Eszter Zólyomi, Ricardo Rodrigues, Michael Fuchs, Magdi Birtha

Introduction

This policy brief aims to present a multi-dimensional framework that builds on a rights-based approach to monitor and review the extent to which states upheld the right to housing and ensure access to adequate housing, social security and healthcare. The framework is being developed as part of an ongoing research project that aims to provide a comparative assessment of national policies and their outcomes in preventing and tackling homelessness. The framework is intended to inform the development of matching indicators and to serve as the basis for the comparative analysis in the next phase of the project. The Policy Brief starts by presenting a brief background on homelessness in Europe, followed by the policy challenges and the barriers to access housing, healthcare and social services faced by homeless people. This is followed by a brief account of key policy developments and the case for taking a rights-based approach to policies addressing homelessness. These underpin the framework, its domains and indicators, which are presented in a separate section of this Policy Brief, before offering some conclusions.

Background

It is estimated that around 410,000 persons are sleeping every night in the streets of European cities (considering both roofless and houseless) and 4.1 million people experience homelessness every year (FEANTSA and Fondation Abbé Pierre, 2015). National data reveal a clear increasing trend in homelessness in 24 out of the 28 EU Member States and a mixed or stable trend in three countries (Croatia, Poland and Portugal) over the last decade (Baptista and Marlier, 2019). Finland is the only Member State where homelessness has steadily decreased.

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Although middle-aged male nationals still account for the majority of homeless individuals in Europe, the number of women, youth, families with children and migrants experiencing homelessness increased in several European countries (Baptista and Marlier, 2019; OECD, 2020). Similarly, in Austria, France, Italy, and Belgium (Brussels capital region), a significant share of the homeless population is of migrant origin including nationals of Central and Eastern European Member States (Baptista and Marlier, 2019).

The causes of homelessness are complex as there are many different factors that contribute to an individual or family becoming homeless. They include structural factors, such as poverty, unemployment, lack of affordable housing and inadequate income support as well as individual and family related reasons such as mental health problems and addictions (i.e. drug and alcohol problems), family conflicts and domestic violence. Moreover, homelessness is often a result of a combination of structural, individual and interpersonal factors (Fitzpatrick et al, 2011).

Addressing these diverse causes and tackling homelessness calls for a policy mix that includes investing in affordable housing solutions and in social and health services, and ensuring an adequate welfare safety net together with targeted interventions that prevent people from losing their home. At the same time, it is crucial to ensure access to social rights and services for people who are homeless and to address existing legal, policy and service gaps in the response to homelessness. Therefore, a framework to assess and monitor policies to tackle homelessness in Europe must take into consideration the main challenges faced by this heterogeneous group of people. These different challenges also underpin the domains of the framework that we present afterwards.

Policy challenges and barriers to accessing housing, healthcare and social services

Access to adequate housing and support services

The availability of low-cost housing is the most important structural determinant for homelessness (Fazel et al, 2014). An important policy instrument to ensure access to adequate affordable homes is social or public housing, provided in the form of rental housing usually with sub-market rents and allocated according to need. There are considerable variations across Europe regarding the scale of provision as well as in terms of ownership and eligibility criteria. With the exception of the Netherlands, Denmark and Austria, where the social rental housing sector represents over 20% of the total housing stock, this type of
provision remains very limited, especially in most Southern and Eastern European Member States where housing markets are characterised by very high rates of home ownership with social housing playing only a limited role (OECD, 2020). In reality, access even in the case of prioritised groups is greatly hindered by long waiting lists, strict eligibility conditions and difficulties to match people with housing suitable to their needs (Salvi del Pero et al, 2016; Scanlon et al, 2015).

Secondary prevention measures, such as early warning detection, debt counselling, housing rights and tenancy support services aim to prevent and stop evictions, a major cause of people becoming homeless. These are increasingly available, but lack to sufficiently target some specific groups such as people with mental illness and substance-misuse problems. Homelessness in older age can also arise from housing benefit administration problems and rent arrears. However, because older people are generally not considered a priority group for help, they are often only entitled to less intensive support, such as advice and guidance services, which may be of limited availability and help (CPA, 2017).

Alongside prevention services, rapid re-housing that facilitates access to private rented or public housing when homelessness has actually occurred (e.g. various Housing First models) is being implemented in several EU countries. The aim is to respond to the housing and support needs of chronically homeless people, people with psychosocial disabilities and young people with a history of substance use (Baptista and Marlier, 2019).

Non-housing focused services, such as emergency and temporary shelters and non-residential services (e.g. outreach services, day centres) still account for the bulk of homelessness services provided in EU Member States. Access to these services is nevertheless limited due to insufficient capacity, frequently complex admission procedures, long waiting lists and payment of fees (FEANTSA and Fondation Abbé Pierre, 2019; Busch-Geertsema and Sahlin, 2017). Some accommodations and services are only provided on a seasonal basis (i.e. winter season) and not throughout the whole year, for instance.

Social security and access to benefits and services

The main eligibility requirements applied in social assistance/minimum income benefit systems include citizenship and/or residence, age, lack of financial resources, not having assets above a certain limit, and having exhausted rights to any other (social) benefits. The access of migrants without residency status to social benefits and integration services is usually restricted, asylum seekers are only granted temporary protection in their first EU country of entry.
Having no postal address basically does neither allow to receive social welfare payments nor to apply for work. A special problem of housing allowance systems is that those schemes often restrict access for young people under a certain age (Crepaldi, 2019; EOH, 2015; EMIN, 2014; European Commission, 2013; FEANTSA, 2015; FEANTSA and Fondation Abbé Pierre, 2019; Fink, 2019; ICF and European Centre, 2019).

Access barriers to benefits especially experienced by homeless people consist of administrative barriers such as lacking a fixed address (see above), lacking information, complex forms and other bureaucratic hurdles. In addition, there are also attitudinal barriers from homeless people themselves and providers or employers who are reluctant to engage with a “challenging” group of people. Mistrust and stigmatisation could be reduced by the involvement of experts by experience or the sensitisation of staff in administrations. Strict conditionality (e.g. requirement to stay in a shelter or welfare benefits linked to activation schemes) must also be questioned in so far as the potential beneficiaries are not always able to connect with the demand (Baptista and Marlier, 2019; Crepaldi, 2019; Crepaldi et al, 2017; EMIN, 2014; Eurofound, 2015; Eurofound, 2019; FEANTSA and Fondation Abbé Pierre, 2015; FEANTSA and Fondation Abbé Pierre, 2019; ICF and European Centre, 2019; OECD, 2015).

Overall, in European countries there is a clear link between the level of expenditure of welfare regimes and the welfare outcomes for homeless people. However, efficient protection can also be secured in the case of well-targeted support measures. A relevant problem for homeless people is generated by the frequently inadequate transfers to low income households (the level of social assistance or minimum income benefits is often located below the relative poverty line). Housing allowance systems in turn should provide adequate compensation levels for real housing costs which is frequently not the case in practice (Baptista and Marlier, 2019; European Commission, 2013; FEANTSA and Fondation Abbé Pierre, 2019; Fink, 2019; OECD, 2015).

Health and access to healthcare

The pattern of use of healthcare by homeless people is very distinct with a higher use of emergency care and qualitative evidence of higher unmet need. A specific barrier to access of healthcare is the lack of insurance or permanent address, which limits access to primary healthcare services (Canavan et al, 2012). Integration of care is an even greater issue for homeless people. This includes facilitating communication and follow-up across social and healthcare systems (e.g. through information sharing via electronic health records), but also providing access to different specialities in one single facility (Jego et al,
2018). A key aspect of integrated care is also discharge management and follow-up, which is often inexistent, lacking in clear assignment of responsibilities for follow-up or failing to provide integrated solutions that consider health and housing needs – for example, communicable diseases such as tuberculosis are often a reason for admission refusal to emergency accommodation (FEANTSA, 2019). Integrated care is particularly relevant for older people and those with mental health issues. Homelessness is also characterized by geographic mobility within urban centres, which hampers the possibility to follow-up on therapies and medication (Bhui et al., 2006) – rendering mobile service delivery key to enhance therapeutic compliance.

**Key policy developments and a rights-based approach to homelessness**

New measures focusing on prevention and rapid re-housing and housing-focused integration have gained in importance within the support for homeless. The salience of an integrated policy approach to homelessness is being emphasised and advocated by researchers and international organisations alike. According to Pleace et al (2018), an effective integrated approach to combatting homelessness should (1) increase prevention and rapid re-housing, (2) utilise housing-led approaches and Housing First models, (3) include both low- and high-intensity support as well as specialised services which reflect and respond to diverse homelessness situations, (4) integrate housing-focused services with other relevant services such as health and social care, mental health, employment, welfare, family and youth and judicial services, and (5) address the structural causes of homelessness (e.g. increase the supply of adequate and affordable housing to meet housing needs). Also, as stated by FEANTSA (2006), such integrated policies should be underlined by a multi-dimensional and needs-based approach, sustainable solutions, adequate funding, user involvement and meaningful participation, regular monitoring and evaluation, and by taking a human-rights perspective to homelessness. This is an aspect that should also be reflected in a framework to assess and monitor policies to tackle homelessness in Europe.

Access to safe and adequate housing is one of the most basic human rights (see Box 1). Homelessness is a violation of the right to adequate housing. Because human rights are interdependent and interrelated they have implications for the enjoyment of other basic human rights, such as the right to work, the right to social security, the right to highest attainable standard of physical and mental health, the right to privacy and many more. Lacking proper permanent
housing also limits people's ability to build social connections and to fully participate in community and public life (UNHRC, 2015). In her report, the UN Special Rapporteur on adequate housing describes homelessness as a form of social exclusion whereby “being deprived of a home gives rise to a social identity through which “the homeless” is constituted as a social group subject to discrimination and stigmatization” (UNHRC, 2015:5). A human rights-based approach (HRA) recognises that homelessness is more than just a housing issue. It is about human dignity and equality and non-discrimination. Moreover, empowerment is central to an approach based on human rights in that it considers individuals as right-holders who have rights that States as duty bearers have to recognise and fulfil by also making those rights claimable and enforceable (Kenna & Evangelista, 2013).

Box 1: The right to housing in international and European instruments

The right to housing is enshrined and protected in a number of international human rights instruments including the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR). Article 11 of ICESCR states “the right to everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions”. Article 28 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD), ratified by the EU and all its Member States, also requires States to provide adequate standard of living, including housing and social protection to persons with disabilities, including those with mental health problems.

At European level, the Council of Europe’s European Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR) and the (Revised) European Social Charter (RESC) are the main legal instruments. Article 31 of RESC explicitly covers the right to housing highlighting the importance of measures designed to “promote access to housing of an adequate standard” (31§1), “prevent and reduce homelessness with a view to its gradual elimination” (31§2) and “make the price of housing accessible to those without adequate resources” (31§3). To date, eight EU Member States (Finland, France, Greece, Italy, Netherlands, Portugal, Slovenia, Sweden) ratified and are bound by Article 31.1

At EU level, the Charter of Fundamental Rights of the EU recognises the right to social and housing assistance in order to combat social exclusion

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1 Two more EU Member States have accepted some provisions of Article 31: Latvia (31.1) and Lithuania (31.1 and 31.2).
A FRAMEWORK FOR TACKLING HOMELESSNESS IN EUROPE

The European Pillar of Social Rights, which was launched in 2017, marks an important landmark in the movement to ensure the right to adequate housing is upheld and incorporated in the making and implementation of policies within the European Community. Though not legally binding, the Pillar identifies housing and assistance for the homeless as a key principle that should guide public policies as well as the features that should characterise programmes to combat homelessness.

In terms of monitoring and evaluation, housing exclusion is also increasingly included in the national reports and country-specific recommendations that are part of the process of the European Semester. However, there is to date still little attention paid to the issue of homelessness. Also lacking is the application of a rights-based approach in the monitoring of housing and homelessness policies across Member States. This reflects, on the one hand, the absence of a coherent framework for policy monitoring and steering regarding homelessness. On the other hand, it is also a reflection of the lack of information and indicators that would enable monitoring. The framework presented here is a first step in addressing these gaps, building on the policy challenges described above and taking on a rights-based approach to tackling homeless.

The framework, its domains and key measures

The framework developed by the European Centre in the context of this project adheres to the structure-process-outcome model in measuring the commitments (structure measures) and the efforts (process measures) of duty bearers, primarily the State, and the results (outcome measures) in ensuring the realisation of the right to adequate housing and access to housing, social security and healthcare by rights holders. It also recognises and reflects cross-cutting human rights norms, such as equality and non-discrimination, dignity, autonomy and self-determination, and access to justice.
Figure 1: Framework for a human rights-based approach to adequate housing and homelessness

<table>
<thead>
<tr>
<th>COMMITMENT</th>
<th>EFFORT</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislative &amp; policy framework</td>
<td>Implementation, monitoring &amp; enforcement</td>
<td>Fulfilment of rights</td>
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</table>

**DESIRED OUTCOMES**

I. Legal recognition & enforcement of the right to adequate housing
II. Access to adequate housing
III. Access to homelessness service
IV. Social security & access to adequate income
V. Highest attainable standard of health & access to healthcare

**CROSS-CUTTING HUMAN-RIGHTS PRINCIPLES**
- Equality & non-discrimination
- Dignity, autonomy & self-determination
- Meaningful participation, transparency & access to information
- Access to justice

The framework incorporates main attributes of the right to adequate housing pertaining to affordability, habitability and security of tenure including protection against forced evictions (Domain II), as well as the right to access homelessness services (Domain III), social security benefits and services (Domain IV), and healthcare (Domain V) for people who are in homeless situations. In the context of access to homelessness services, social security and healthcare, the developed measures focus on people whose living situation corresponds to the ETHOS (European Typology of Homelessness and Housing Exclusion developed by FEANTSA, 2018) categories presented in Table 1 below, which includes people without accommodation or a place of usual residence and those living in an accommodation where the period of stay is intended to be short.

<table>
<thead>
<tr>
<th>ETHOS category</th>
<th>Living situation</th>
<th>Generic definition</th>
<th>Domains of exclusion</th>
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</table>
| 1. People living rough | Public space or external space | Living in the streets or public spaces, without a shelter that can be defined as living quarters | Physical: X  
Social: X  
Legal: X |
| 2. People in emergency accommodation | Night shelter | People with no usual place of residence who make use of overnight shelter, low threshold shelter | Physical: X  
Social: X |

Table 1: Classification of homeless population by living situation
<table>
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<tr>
<th>ETHOS category</th>
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<th>Domains of exclusion</th>
<th>Physical</th>
<th>Social</th>
<th>Legal</th>
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<tr>
<td>3. People in accommodation for the homeless</td>
<td>Homeless hostel, temporary or transitional accommodation</td>
<td>Where the period of stay is intended to be short term*</td>
<td>X</td>
<td>X</td>
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<tr>
<td>8. People living in insecure accommodation</td>
<td>Staying temporarily with family/friends or in illegally occupied dwellings</td>
<td>Living in conventional housing but not the usual place of residence due to lack of housing, occupation of dwelling with no legal tenancy</td>
<td>X</td>
<td>X</td>
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<td>11. People living in temporary/non-conventional structures</td>
<td>Non-conventional or temporary structures</td>
<td>Not intended as place of usual residence, make-shift shelter, shack or shanty, semi-permanent structure, hut or cabin</td>
<td>X</td>
<td>X</td>
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</table>

Source: Based on FEANTSA (2005) and Amore et al (2011).

Note: *Short stay is defined as normally less than a year.

The framework, its domains and key measures were developed on the basis of a literature review carried out in the context of this project that included both academic and grey literature and a careful reading of UN-based international legal instruments, implementation guidelines and recommendations adopted by the OHCHR, Council of Europe legal instruments and the European Pillar of Social Rights (EPSR), specifically the principle on the right to adequate housing.

In the choice of measures, specific focus is placed on monitoring the situation of those groups within society that are particularly vulnerable and disadvantaged. This, in addition to homeless persons and families, includes groups such as those with specific support needs who are at risk with respect to housing (e.g. individuals with mental health problems and addiction issues, those with low income). With regard to accessing healthcare, special attention is paid to access to mental healthcare and addiction services (see Domain V/9) as the risk of experiencing such conditions is especially high among the homeless population (Mental Health Europe, 2013).

The 5 domains and 10 key themes each with its corresponding structure, process and outcome measure(s), wherever possible, are presented in Table 2 below.
Table 2: Structure-, process- and outcome-measures

<table>
<thead>
<tr>
<th>Domain</th>
<th>Key Theme(s)</th>
<th>Commitment</th>
<th>Effort</th>
<th>Result</th>
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<tbody>
<tr>
<td>I. Legal recognition and enforcement of the right to adequate housing</td>
<td><strong>1. The Right to adequate housing</strong></td>
<td>International human rights treaties relevant to the right to adequate housing ratified and adopted by the State</td>
<td>National Strategies on housing and homelessness using a human-rights based approach</td>
<td>Enforceability of the right to adequate housing.</td>
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<td>The right to adequate housing in the constitution or other forms of law</td>
<td>Complaint procedures (e.g. advocacy groups with representation rights) are in place</td>
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<td>Existence of legal provisions for establishing independent authority/mechanisms that persons can use to claim their rights</td>
<td>Awareness-raising initiatives on the right to adequate housing and on available complaint mechanisms are in place</td>
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<td>II. Access to adequate housing</td>
<td><strong>2. Affordable housing</strong></td>
<td>Existence of legal provisions to ensure access to affordable housing for those without adequate resources (legislation on provision of social/public housing, housing benefit, rent regulation e.g., rent caps, controls, rent freezes)</td>
<td>Allocation (e.g. public expenditure) and equitable distribution of public resources to social/public housing</td>
<td>Vulnerable groups have access to social/public housing within a reasonable timeframe (e.g. no excessive waiting times)</td>
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<td>Adequate social/public housing (e.g. no. of social/public housing units per capita)</td>
<td>Measures and procedures in place to ensure access for vulnerable groups in the allocation of social/public housing</td>
<td>Vulnerable households have access to adequate financial support to meet housing costs</td>
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<td>Measures to support the construction of affordable rental housing (e.g. subsidised land, grants for property developers)</td>
<td>Allocation of public resources for housing allowance</td>
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<td>Domain</td>
<td>Key Theme(s)</td>
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<td>Structure measure(s)</td>
<td>Process measure(s)</td>
<td>Outcome measure(s)</td>
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<td>Existence of legal provisions stipulating minimum housing standards (e.g. sanitation, heating, structural safety)</td>
<td>Administrative authority for monitoring and enforcing housing standards for vulnerable groups is in place</td>
<td>No reporting of housing deprivation</td>
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<td>Existence of legal obligation to make barrier-free living environments accessible, including adaptations to private housing</td>
<td>Housing renovation and rehabilitation policies and programmes are in place</td>
<td>Persons with disabilities have access to barrier-free living environments</td>
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<td>3. Good quality housing and enabling environment</td>
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<td>4. Security of tenure and protection from forced eviction</td>
<td>Existence of legal obligation to guarantee security of tenure and protection against forced eviction</td>
<td>Codes of Conduct for Landlords (or similar) exists</td>
<td>Occupants have access to secure tenure with legally enforceable, contractual, statutory or other protection</td>
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<td></td>
<td>Established public authority/body to settle disputes/conflicts between tenants and landlords</td>
<td>No reported cases of forced evictions</td>
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<td>Measures and procedures in place to prevent and restrict evictions (e.g. without full consultation or ensuring adequate alternative housing)</td>
<td>Vulnerable households have access to preventive support services</td>
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<td>5. Safe, secure and dignified emergency and temporary accommodation</td>
<td>Existence of legal provisions guaranteeing equal access to emergency and temporary shelters for those in need</td>
<td>Adequate and equitable distribution of public resources to emergency and temporary accommodation</td>
<td>Homeless persons have access to emergency and temporary accommodation</td>
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<td>Existence of legal provisions on minimum quality standards</td>
<td>National guidelines for service providers on minimum quality standards to respect dignity and human rights</td>
<td>Homeless persons’ preferences and needs are respected</td>
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<td>III. Access to homelessness services</td>
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<td>Domain</td>
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<td>6.Housing-focused support services</td>
<td>Existence of legal provisions and/or policy initiatives promoting the use of housing-focused services including Housing First</td>
<td>Housing First and/or housing-led programmes (e.g. permanent supportive housing, rapid rehousing) are established and operating</td>
<td>Homeless persons including those in need of high-intensity support (e.g. due to mental health issues, substance abuse) have access to assistance and supportive services to obtain and maintain housing</td>
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<td>7.Social security and adequate income</td>
<td>Existence of legal provisions establishing social protection programs (eligibility criteria and conditions to access benefits and services)</td>
<td>Minimum income schemes that provide sufficient income are in place Low-threshold services (e.g. employment seeking services) targeted at homeless persons are in place</td>
<td>Homeless persons have access to social security programmes and social assistance</td>
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<tr>
<td>8.General and preventive healthcare</td>
<td>Existence of legal provisions for equal access to general and preventive healthcare, and medication</td>
<td>Policy initiatives for tailoring care for homeless persons (e.g. support with obtaining health insurance and with admission procedures) Mobile healthcare and outreach services for homeless persons</td>
<td>Homeless persons have access to general and preventive healthcare, and medication</td>
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<td>9.Mental healthcare</td>
<td>Existence of legislation on deinstitutionalisation of mental health services</td>
<td>Community-based mental healthcare services are in place Policy initiatives promoting access to mental health and addiction services and treatment to those with complex support needs</td>
<td>Homeless persons have access to support services for the treatment of mental health and addiction problems</td>
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<tr>
<td>10.Continuity of care</td>
<td>Existence of legal provisions for the integration of health and social care (including housing and homelessness services)</td>
<td>Electronic health record system to enhance continuity of care Discharge policies and procedures to support homeless persons leaving hospital or medical care (e.g. individualised care plans, referral to housing services, care coordinators,)</td>
<td>Homeless persons are supported in transitions between different care settings in a timely manner and have access to settled accommodation upon discharge</td>
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</table>
Conclusions

The framework presented in this policy brief is intended to enable the monitoring and review of the extent to which states are upholding the right to housing and ensure access to affordable housing, social support and healthcare. By doing so, it aims to contribute to improved monitoring of homelessness in Europe.

The framework takes a rights-based approach to homelessness. In that sense it includes not only outcomes – whether rights of homeless people are being fulfilled – but also whether these rights are recognized and afforded legal status and protection. It recognizes that outcomes without rights may leave citizens unprotected and that rights without outcomes render the former meaningless. The framework recognizes the multifaceted dimension of homeless by including several intertwined domains from housing to poor health and lack of access to healthcare. It offers an outline that is comprehensive both vertically (i.e. including rights, resources allocated and the results achieved) and horizontally (i.e. including several areas of relevance for the homeless).

The framework is furthermore anchored in specific measures that allow for measurement of progress and country comparison and this is another possible aim of this framework. Another possible way to employ the framework is to highlight data gaps. Although for some of the measures indicators may not be available or at least not for all countries in Europe, they provide a blueprint for the development of data gathering instruments. For instance, a future Action Plan of the Pillar could make use of the specific measures proposed in the framework – not only outcomes but also those on structures – to monitor progress and guide Member States.

Although the framework enables monitoring of policies and comparison of countries, it can also be developed and used by single countries to structure and systematize the monitoring and evaluation of public policies in the area of homelessness. In this sense the framework may be used by academics in the context of comparative or single-country analysis of homelessness, by policymakers to orient policy changes and check progress of initiatives and public policies, and by advocacy groups as a way to benchmark policies and drive change.

The framework for assessing and monitoring policies on homelessness presented here is a first attempt to structure the collection of data for comparative purposes. We hope it can be further improved and that gaps highlighted by it may be filled to help tackle homelessness in Europe.
References


FEANTSA (2015). Does the EU Youth Guarantee address young homeless people’s needs?


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