



Mapping trends and policies to tackle homelessness in ten European countries*

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**Increasing numbers
and trend to
diversification of
homeless people**

Background and introduction

This policy brief presents results from the comparative analysis of national policies and their outcomes in preventing and tackling homelessness across ten EU countries. The countries were selected based on their representativeness for different welfare types in Europe: Conservative (Austria, Germany), Southern (Spain, Portugal), Nordic (Finland, Sweden), Central-European (Hungary, Slovenia) and Western-European (Ireland, the Netherlands).

In the EU, about 4.1 million people experience homelessness for a certain period within one year and more than 400 thousand people are sleeping in the streets per night (FEANTSA, 2015). Over the last ten years there is an increasing trend in homelessness in 24 out of 27 EU countries. Middle-aged men remain the most exposed group to homelessness. However, the number of homeless families with children, women and youth is increasing. Also, migrants seem to be more and more affected by homelessness. There are also some hints that the homeless population is ageing: Data for several countries, among them Spain, Hungary and Sweden, show a shift in the age structure towards older cohorts with rising numbers of homeless seniors in their 50's and 60's (Baptista & Marlier, 2019; OECD, 2020). Alongside their overall increasing number, homeless people in Europe thus constitute an increasingly diverse group in terms of family composition, ethnicity/migrant background and age (see also Geyer et al., 2021).

Homelessness is caused by various and complex factors. These can be structural, e.g. caused by high poverty rates, long-term unemployment or lacking support after leaving institutional care, or individual and family related, e.g. addiction

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or mental health problems, domestic violence and dysfunctional families. Most often homelessness is a combination of several structural and individual factors (Fitzpatrick et al., 2011).

Complex causes for homelessness with societal developments in the past decade contributed to increased rates

Yet, a number of societal developments in the past decade are likely to have contributed to increased homelessness rates. Among these are housing market developments, including rising housing prices and costs that accompanied liberalisation and deregulation of the housing market; a rise in the levels of (long-term) unemployment and poverty resulting from the 2008 economic recession; spending cuts and tightening of public expenditures affecting social benefits and other programmes related to housing provision and affordability; and increasing migration rates, both within and from outside the EU. Given the ongoing COVID-19 pandemic-induced recession with its major impact on the labour markets of Europe, including a growing number of households facing job and income losses, homelessness could well become even more of a problem in the coming years.

The policy solutions for preventing and addressing homelessness should transcend the boundaries of different welfare sectors including affordable housing, access to basic and support services, adequate monetary benefits and universal healthcare as well as the interplay with other important overall sectors like employment, migration and infrastructure which are, however, not covered in detail by the underlying research project. Combating homelessness certainly requires corresponding legal policy interventions but also more and improved practical support of the individual in the access to benefits and services.

Approach and methods

At the core of the analysis is a multi-dimensional framework based on the rights-based approach that was developed with the aim of measuring to what extent the states ensure access to adequate housing. The framework includes welfare measures across five domains particularly relevant for homeless people: I. Legal recognition and enforcement of the right to adequate housing; II. Access to adequate housing (affordability, habitability and security of tenure including protection against forced evictions); III. Access to homelessness services; IV. Social security and access to adequate income; and V. Highest attainable standard of health and access to healthcare.

Furthermore, the framework relates to international and EU human rights recommendations and guidelines adhering to the structure-process-outcome model. Thus, it includes a set of measures to assess and monitor the following



corresponding levels: 1) the commitment to secure respective rights within the legislative and policy framework of each country (through a set of structural measures), 2) the efforts related to the implementation, monitoring and enforcement of rights (through a set of process measures) and 3) the impact or fulfilment of rights (through a set of outcome measures) (see Zólyomi et al., 2021b).

Suitable measures per domain and level were selected by the authors and verified through a stakeholder consultation. Beforehand and following the consultation, a desk review of an extensive range of sources was carried out, including national and regional homelessness strategies in each country, reports published by international organisations (e.g. FEANTSA), relevant databases with comparable statistics (e.g. OECD Affordable Housing Database), EU and international legal instruments, national strategies, national reports, national data, systemic reviews, meta-analyses, and finally grey literature, where applicable. Data and information collection took place until January 2021.

Building on the framework, a report mapping the trends and policies to tackle homelessness in ten selected countries was drafted. It follows the pre-defined domains and monitoring levels and presents results for appropriate measures (see Zólyomi et al., 2021a).[‡] Based on the analyses from the report, the policy brief at hand focuses on policy conclusions and recommendations within the five selected domains.

Results and recommendations from the comparative analysis

Legal recognition and enforcement of the right to adequate housing

While the right to housing is guaranteed by the national legislation, the enforceability of these provisions is difficult in most countries

Within the national level legislation the right to adequate housing tends to be articulated and realised in different ways in European countries. This is reflected in the type of adoption of the right to housing within the constitution or statute of the ten countries under review. While some states clearly recognize housing rights as individually enforceable rights, others tend to express these as a stated aim or a principle that public authorities should strive to fulfil. The same diversity can be observed with regard to the existence of legal remedies and redress mechanisms. This is particularly true for collective redress mechanisms that

[‡] However, due to several limitations of the data collection and comparative analysis (e.g., different measures offered at different administrative levels, particularly for outcome measures, no data on homeless persons available, no sufficient information available for certain measures/domains) the comparative analysis could not always stick to the framework and rather served to paint a picture of the policies and services available across each country.

aim to facilitate access to justice and the enforcement of the rights guaranteed under international and EU law. All countries have an independent institution such as, for instance, the Ombudsman Institute with the mandate of dealing with complaints against the public authorities (at the national, provincial and municipal levels) to safeguarding human rights. However, at the same time the recommendations of the independent institutions are often ignored by relevant authorities and administrations at different levels. Overall, while the right to housing is guaranteed in national legislation across Europe, the enforceability of these provisions is rather scarce in most countries. It is, therefore, recommended to define enforceable obligations for public authorities at national, regional and local level to (better) ensure the right to adequate housing.

Access to adequate housing

The approach to social housing policies is similar in all countries (with the exception of Sweden where social housing is basically not available), but the responsibility to offer the actual support differs. In some countries, the governance of housing issues is delegated to the regional level, in others to the municipal level and, for example in Finland, there are cases when the national level takes over housing policy design as well as implementation. The housing provisions focus rather on low-income households, Austria is the only country that targets middle-income households as well. Means-tested housing allowances on the demand side constitute an omnipresent instrument to grant access to housing. Another instrument to ensure access to housing is the support offered to indebted homeowners (mortgage), available in four of the ten countries in focus. Some countries also use rent control mechanisms to prevent the loss of tenure. However, it is argued that this measure hampers access for new entrants on the rent market. While access to affordable housing is generally part of national regulations, funding mechanisms are dispersed amongst different governance levels and vary across regions and municipalities even within countries.

The key barrier in access to housing remains the limited supply of the housing market. Even though the prevailing regulations favour vulnerable groups, waiting periods for social housing turn out to be long. Limited supply therefore continues to force people into inadequate living conditions. Although all ten countries in focus provide regulations for minimum housing standards, these rarely include a cohesive set of support measures. Furthermore, they are usually spread amongst various sectors and administrative levels. For instance, a national level administrative authority for monitoring and enforcing housing standards is lacking in Austria, Finland, Hungary and in the Netherlands. Another key measure to be found in housing policies in all countries under review



spans renovation and adaptation of existing housing stocks. Yet, only Ireland and Slovenia combine such measures with adequate allocation of resources to improve living conditions and the special needs of vulnerable groups. In addition, very few countries dispose of the required evidence in relation to the living conditions of vulnerable groups as the reporting on housing deprivation is limited to the mandatory indicators provided by EUROSTAT.

Protecting the human rights in the case of evictions is a political mandate that many countries fail to achieve. Measures to prevent abusive evictions lack in half of the ten countries in focus. The same holds true for regulations to avoid evictions during winter or at night-time. People seeking redress at courts should be legally entitled to affordable and fair judicial or other remedies, and be provided with legal support when needed. Countries should grant access to legal aid and assistance especially for low-income individuals to ensure people have fair and meaningful access to justice to appeal an eviction (Kenna et al., 2016). Forced or unlawful evictions could be avoided by providing legal support and advice. Furthermore, people who benefit of legal support have better chances to keep their home, have more time to look for alternatives, and are generally in a better situation to obtain stable and affordable housing (Grundman & Kruger, 2018).

As access to social housing is often limited, alternative modes of housing provisions are of utmost importance

The existing evidence in the literature on evictions highlights the importance of preventative and integrated measures that can detect problems at an early stage. In the ten countries in focus, the most readily available form of prevention are rent subsidies. Debt counselling, legal and housing advice, which were found to be the most effective in reducing the risk of eviction by a systemic review of international literature (Holl et al., 2015), are less common. Measures for early detection of risk situations as well as outreach measures actually work in countries like Germany and Finland that feature efficient mechanisms of collaboration amongst various sectors. Finally, as the access to social housing is often limited by inadequate supply, long waiting lists or strict eligibility conditions, alternative and complementary modes of housing provisions in offering quick and long-term accommodation are of utmost importance.

Access to homelessness services

Access to some form of emergency shelters or accommodation is legally guaranteed in most European countries. However, it is often limited to citizens of the respective country and/or linked to local connection rules (Baptista et al., 2015). Funding of services tends to be insufficient and/or unstable and staff working in emergency accommodations is faced with low wages and insecure employment contracts leading to stress and risk of burnout (Pleace et al., 2018;



Baptista et al., 2020). Furthermore, issues related to the quality of emergency accommodations were reported in most countries (Pleace et al., 2019a). In sum, the right to accommodation in shelters is not granted to all homeless people in need and the implementation of this right suffers from several problems related to insufficient resources and limited supply of adequate housing (Baptista et al., 2017).

A lack of reliable funding and sufficient affordable housing supply were identified as the principal obstacles to a more widespread use of housing first services

‘Housing first’ projects in several European countries were found to be highly effective in reducing homelessness. Against this background, the ‘housing first’ approach has gained popularity and is included in most strategies to fight homelessness and housing exclusion at the national and local level. Furthermore, at least on the conceptual level, there is a strong fidelity of ‘housing first’ policies to the core components of the original approach. However, the speed of corresponding adaption varies significantly in Europe. With the exception of Finland, most countries have only started to implement (some) related services which tend to be offered in major cities only. A lack of reliable funding and sufficient affordable housing supply were identified as the principal obstacles to a more widespread use of this type of service (Pleace et al., 2019b). Regarding the assessment and monitoring of corresponding approaches, in particular the lack of comparative data on the fidelity of housing first-services in operation, the number of people in need of such services and the number of places offered remains a challenge.

From the analysis, the following overall recommendations can be derived related to homeless services:

- Abolish local connection rules to improve equal access to emergency accommodation;
- Increase funding for homelessness services;
- Accelerate the scaling up of housing first-services;
- Guarantee adequate working conditions and decent pay for individuals working in the provision of homeless services;
- Improve data collection, particularly regarding the quality of services from the perspective of clients.

Social security and access to adequate income

Related to social security coverage, important issues for homeless people refer to eligibility conditions, access to and adequacy of benefits.

Beside the lack of financial resources main eligibility criteria connected with minimum income benefit systems correspond to citizenship and/or residence (ICF & European Centre, 2019). Migrants are frequently confronted with restrictions in the access to social benefits in EU Member States (EC, 2013). Problems with a postal address and/or proving no local connection can also imply exclusion (Baptista et al., 2015; Crepaldi, 2019). Furthermore, housing allowances partly deny entitlement for young people (FEANTSA, 2015). Behavioural conditionalities implemented in welfare benefits, e.g. related to activation and inclusion measures, must be applied carefully, as homeless recipients might have difficulties in (fully) complying with the demand (EMIN, 2014).

It is widely recommended that eligibility conditions for benefits should not induce unnecessary administrative barriers for persons at risk (European Parliament, 2017b). To ease the situation of homeless migrants, nationality and/or residency requirements could be relaxed. Also, a (temporary) portability of social benefits could be of help (Baptista & Marlier, 2019; OECD, 2015). Eligibility conditions related to a postal address should be avoided in order not to exclude persons who are homeless according to the ETHOS definitions.[§] In addition, some kind of generosity should be displayed by responsible administrations in verifying the fulfilment of eligibility criteria for benefits and services (EMIN, 2014). Conditionalities related to activation and inclusion measures should consider the situation of homeless people.

Homeless people face many access barriers to benefits and services, among them lacking information and complex administrative procedures (OECD, 2015). If homeless persons are not supported in application processes, increased non-take-up is the direct consequence (Crepaldi, 2019). There might be also specific attitudinal barriers or stigmatisation effects when benefits are claimed by homeless people (OECD, 2015). Finally, an institutional focus on combating fraud results in non-take-up by generating a climate of suspicion (EMIN, 2014).

Simplified and more transparent benefit parameters and procedures could increase access to both benefits and services for homeless people. Support would need to follow their necessities and implementation should be jointly

§ The European Typology of Homelessness and Housing Exclusion (ETHOS) developed by FEANTSA 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.



carried out by responsible authorities and relevant stakeholders, including the careful involvement of experts by experience who could further reduce stigmatisation. Positive administrative examples include early warning and detecting systems, a pro-active facilitation of the contact between people in need and support institutions, involvement of NGOs and outreach teams, 24-hour supporting services and one-stop-shops.

Homeless people must be assisted in overcoming administrative barriers, in particular during the application process. For the effective implementation of support measures, coordinated interplay between administrations, service providers and outreach teams is of utmost importance. Case-management and an integrated approach should be given a central role (Crepaldi, 2019; EMIN, 2014; ICF & European Centre, 2019).

While inadequate minimum income benefits represent a major problem for homeless people, housing allowances not providing adequate compensation for real housing costs lose their preventive function

Inadequate minimum income benefits generate another relevant problem for people who are at risk of homelessness or already homeless. This is even the case if they are eligible for housing benefits on top, as even the combined amounts of these benefits are frequently far beyond the poverty threshold (OECD, 2015). At the same time, in many cases, housing allowances do not cover real housing costs and may restrict housing to low-quality supply. Further research is needed regarding the impact and outcomes of benefits increasingly provided in kind to the target group (Baptista & Marlier, 2019; Baptista et al., 2015; EMIN, 2018; EC 2013; FEANTSA, 2019; ICF & European Centre, 2019). In terms of other replacement incomes, unemployment benefits might play a somewhat preventive role for people in working age, while (residence-based) basic pensions might support homeless people in retirement age, being also less prone to stigmatising effects.

The sufficient provision of replacement incomes with adequate housing allowances as a top-up should secure a decent standard of living and affordable housing during spells of unemployment or for people with low incomes (OECD, 2015). An effective approach in preventing evictions should also include secondary prevention by covering rent arrears and other related debts (ICF & European Centre, 2019). For already homeless people, relief could be provided by low-threshold and adequate minimum income benefits as well as housing allowances that can also be used to cover the costs of temporary hostel accommodation (EC, 2013) or other related expenses, as provided partly in Austria and Ireland.

Both preventing and combating homelessness requires effective coordination of welfare, housing and specialised policies (EC, 2013). Regular surveys with homeless people or their inclusion in the sample of already existing



surveys could facilitate adjustments of benefits and services to their specific circumstances. Corresponding policies and support measures should undergo regular monitoring and evaluation (EMIN, 2014).

Highest attainable standard of health and access to healthcare

Homeless people consistently report comparatively poor health status across a number of studies (Fazel et al., 2014; Nusselder et al., 2013), resulting in a life expectancy 20 years shorter than that of the general population (Baptista & Marlier, 2019). The right to health and access to healthcare is enshrined in several EU treaties and most national constitutions. In practice, however, governments can implement public healthcare coverage according to their preferences. In a number of states, this results in the related exclusion of homeless people due to specific eligibility criteria or social insurance-based schemes (Canavan et al., 2012). Further compounding this issue are cases where statutory healthcare falls short of providing full coverage (upon being basically eligible), leaving people to resort to paying out-of-pocket payments for specialized treatments (Omerov et al., 2020). As a result, many homeless people may forego (timely and comprehensive) treatment. Governments should therefore ensure homeless persons are publicly covered regardless of whether they meet the eligibility criteria. Moreover, out-of-pocket payments (if applicable) should be waived for this group. Universal coverage should extend past emergency care and ensure access to comprehensive services, including specialised and preventative care, such as dental care, orthopedics, gynecologists, medication, etc.

Many barriers prevent homeless people from accessing health, mental health and substance abuse services

Even when eligible for coverage, homeless people still face many barriers in realising access to universal healthcare. To circumvent these barriers, specialised healthcare services targeted to homeless people exist across all ten countries in focus, with variations in the services available and their way of delivery. These range from outpatient services and specialised services targeted to homeless people, provided by NGOs or the public sector, to assisting homeless people in applying for public coverage, and to mobile services that treat homeless people in the community or at homeless shelters. The (limited) data existing on the use of these services indicate that these services are successful in increasing homeless persons' access to healthcare (Neunerhaus, 2019; Neunerhaus, 2020; Swabri et al. 2019; Caritas Berlin, n.d.). However, while these services span across all ten countries, due to limited/no data it is unclear whether they sufficiently provide access for all homeless persons and whether they are comprehensive enough. Finally, it remains unsettled whether these targeted services eventually lead homeless people to integrate into mainstream health services (i.e., those used by the general population) or create parallel systems (Zur et al., 2016; Hwang et al., 2013).

Governments should therefore ensure that health services targeted to homeless persons are widely available, comprehensive, and without eligibility conditions.

The prevalence of mental health and addiction issues among homeless people is also much higher than among the general population (Fazel et al., 2008; Mental Health Europe, 2013; Chondraki et al., 2012; Baptista & Marlier, 2019). As poor mental health is often a cause and/or a consequence of homelessness, it is estimated that approximately 30% of homeless persons in European countries experience chronic mental health issues (Mental Health Europe, 2013). A number of the ten selected countries acknowledge and address mental health issues faced by this group within their homelessness strategies. In practice, there are many mental health services available for homeless people in the form of outpatient, mobile/outreach, and shelter-based care across the ten countries. Similarly, targeted/specialised treatments for substance abuse exist for homeless people in most of the countries in focus. However, due to extremely limited data on their utilisation and accessibility again it is unclear how accessible these services are. Limited data reported on the number of clients suggest that these services provide access (Psychiatrische Liasondienste, 2020; GWF, 2020), but still, barriers remain in using these services. The double stigmatisation of being homeless with a mental illness and the associated shame, stigma, perceptions and distrust prevent homeless persons from accessing services (Mental Health Europe, 2013). Lack of coordination, fragmentation of services and limited training of staff in handling psychological-related challenges of homelessness also prevent homeless people from using mental-health and substance-abuse services (Mental Health Europe, 2013; Canavan et al., 2012). Governments should therefore strive to minimise these systemic barriers associated with the use of these services, taking into consideration the national/local context.

Only Finland and Spain explicitly state the goal of integrating health and social services in their homelessness strategy. Despite the fact that follow-up care and coordination upon discharge from medical settings are common challenges amongst homeless people (Omerov et al., 2019; Canavan et al., 2012; van Dongen et al., 2020), very few policies and initiatives ensure continuity of care for homeless people. For instance, the Safetynet Clinic in Dublin uses an electronic health record system to coordinate care for homeless people among clinics, and the HOGAR SÍ organisation in Madrid supports homeless persons during their recovery upon discharge from the hospital. Governments should ensure that health and social services (particularly housing services) are strongly integrated, including that homeless persons are aware of all services and find accommodation upon discharge from a medical environment. As a starting point, hospitals should establish discharge policies that refer homeless people to housing services, coordinate outpatient care and ensure follow-up.



Finally, systematic and regular collection of quantitative data on health services and health outcomes are lacking, with existing data on services being largely qualitative and fragmented. Governments should opt to expand and harmonise data collection on health, mental health and addiction services for homeless people and their outcomes in order to better address these issues, monitor progress and install improvement processes.

Conclusions

Every year, cumulatively more than four million people in Europe experience homelessness. Efforts to reduce the phenomenon have largely failed – in the last decade there has been a trend towards increasing numbers of people sleeping rough in most European countries. Against this backdrop, this Policy Brief highlights key issues of national policies in preventing and tackling homelessness in ten EU countries and provides related recommendations.

The analysis is based on a rights-based approach employing a multi-dimensional framework which covers five domains:

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

Some of the selected countries acknowledge the right to adequate housing as an individual enforceable right (Domain 1). In others this is more expressed as a stated aim, which public authorities should pursue. However, these rights frequently do not generate effective policy outcomes for people who are at risk of homelessness or already homeless. This is primarily due to the fact that the right to housing is not legally enforceable and often remains confined to selected groups (given corresponding citizen or local connection rules). Moreover, there are insufficient resources and intended or unintended access barriers were established. As a corollary, existing structures and regulations often result in inadequate coverage or non-take up of benefits and services.

As major domain-specific consequences, the access to adequate housing (Domain 2) is quite restricted for vulnerable groups, mainly due to limited supply. Access to homelessness services (Domain 3) such as emergency shelters or accommodation is often not granted to all homeless people in need – mostly due to insufficient resources as well as local connection rules. A lack of reliable

funding and sufficient affordable housing supply hinder a more widespread use of 'housing first' approaches in practice. While inadequate minimum income benefits linked with multiple access barriers (Domain 4) represent a major problem for homeless people, housing allowances not providing adequate compensation for real housing costs lose their preventive function. Specific national eligibility criteria partly exclude homeless people from public health coverage, thus hampering any achievements regarding the quality of healthcare, in particular mental health (Domain 5).

As a result, significantly higher input and more efforts are required to ensure that people affected by or at risk of homelessness are sufficiently supported. The COVID-19 pandemic has cynically shown that there are millions of people in Europe for whom 'staying at home' is not an option as they are experiencing homelessness – it should be a key option for governments, however, to leave no one behind by ensuring the right to adequate housing for all (vulnerable) people in Europe.

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