

# Mapping trends and policies to tackle homelessness in Europe

A comparative analysis of ten EU countries

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Vienna  
February 2021



**Vienna, February 2021**

The project was implemented for the Swedish Ministry of Health and Social Affairs as European Centre Board Member in 2020. Opinions expressed in this report are those of the authors and do not necessarily represent those of the funding organisations.

Please cite this publication in the following manner:

Zólyomi, E., Fuchs, M., Simmons, C., Geyer, L., Sandu, V., Rodrigues, R., & BIRTHA, M. (2019). *Mapping trends and policies to tackle homelessness in Europe – A comparative analysis of ten EU countries*. EURO.CENTRE.REPORT. Vienna: European Centre for Social Welfare Policy and Research.

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# Acknowledgements

The research team would like to take the opportunity to express its gratitude for the time and effort of the following national experts and organisations in sharing their valuable knowledge on existing legislation and policies, providing the requested information and additional clarifications when needed: Tony Malmborg, Kristoffer Lundberg, Max Roos, the Swedish Ministry of Health and Social Affairs.

# Abbreviations

ADR	Alternative Dispute Resolution
ARA	Finnish Housing Finance and Development Centre
AUNE	National Action Plan for Preventing Homelessness in Finland
AT	Austria
CESCR	Committee on Economic, Social and Cultural Rights
CFR	Charter of Fundamental Rights of the European Union
DE	Germany
EC	European Commission
ECSR	European Committee of Social Rights
ECHR	European Convention for the Protection of Human Rights and Fundamental Freedoms
EFTA	European Free Trade Association
EQUINET	European Network of Equality Bodies
ES	Spain
ESPN	European Social Policy Network
ETC	Equal Treatment Commission
ETHOS	European Typology of Homelessness and Housing Exclusion
EU	European Union
EUROSTAT	Statistical Office of the European Communities
FAISEM	Andalusian Public Foundation for Social Integration of People with Mental Illness
FEANTSA	European Federation of National Organisations Working with the Homeless
FI	Finland
GDP	Gross Domestic Product
HRBA	Human rights-based approach
HF	Housing First
HHE	Homelessness and housing exclusion
HL	Housing-led
HU	Hungary
ICESCR	International Covenant on Economic, Social and Cultural Rights
IE	Ireland
LTRS	Long Term Rehabilitation Strategies
MISSOC	EU's Mutual Information System on Social Protection
n.a.	Not applicable
n.d.	No data available/no data
NL	Netherlands
NEB	National Equality Body
NGO	Non-governmental Organisation

OECD	Organization for Economic Cooperation and Development
OHCHR	Office of the High Commissioner for Human Rights
OI	Ombudsman Institution
PT	Portugal
RESC	Revised European Social Charter
SE	Sweden
SGEI	Services of general economic interest
SI	Slovenia
UN	United Nations
UNCEDAW	UN Convention on the Elimination of All Forms of Discrimination against Women
UNCRC	UN Convention on the Rights of the Child
UNCRPD	UN Convention on the Rights of Persons with Disabilities
WHO	World Health Organization

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# 1 Background and introduction

It is estimated that around 410,000 persons are sleeping in the streets of European cities (considering both roofless and houseless) per night and 4.1 million people experience homelessness at least for a certain period within one year (FEANTSA, 2015). National data reveal an increasing trend in homelessness in most EU Member States over the last decade (Baptista & Marlier, 2019). A number of societal developments in the past decade are likely to have contributed to the increased rates. Among these are housing market developments including rising housing prices and costs which accompanied liberalisation and deregulation of the housing market; a rise in the levels of unemployment and poverty resulting from the 2008 economic recession; tightening of public expenditures and spending cuts affecting social benefits and other programmes related to housing provision and affordability, and increasing migration, both within and from outside of the EU. Given the ongoing COVID-19 pandemic-induced recession with its major impact on the labour markets of Europe with a growing number of households facing job and income losses, homelessness could well become a much larger problem in the coming years.

Homeless people also constitute an increasingly diverse and varied group in terms of age, ethnicity/migrant background, and family circumstances. Although middle-aged men still account for the majority of homeless individuals in Europe, the number of women, youth, families with children and migrants (including nationals of Central and Eastern European Member States) experiencing homelessness increased in several European countries. Furthermore, 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 (mostly in their 50's and 60's) (Baptista & Marlier, 2019; OECD, 2020a).

The causes of homelessness are complex as there are many different factors which contribute to an individual or family becoming homeless. They include structural factors, such as poverty, unemployment, transitioning out of institutional care, lack of affordable housing and inadequate income support as well as individual and family-related reasons such as mental health problems and addictions, 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 developments and tackling homelessness calls for a policy mix which includes investing in affordable housing solutions and in social and health services, as well as ensuring an adequate welfare safety net, together with targeted interventions which 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.

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 which 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, which are part of the process of the European Semester. To date, however, still little attention is 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 present report aims to contribute to the improved monitoring of homelessness in Europe by providing a comparative assessment of national policies and the outcome of these policies in preventing and tackling homelessness. The report focuses on three broad policy areas: housing, social security, and healthcare. At the core of the comparative analysis is a multi-dimensional framework that takes a rights-based approach to monitor and review the extent to which states uphold the right to housing and ensure access to adequate housing, social security, and healthcare. The framework covers five domains each with corresponding structure, process, and outcome-related measures. The report presents results on these measures in ten European countries: Austria, Germany, Spain, Finland, Hungary, Ireland, the Netherlands, Portugal, Sweden, and Slovenia. Where applicable, the analysis also sheds light on three specific subgroups within the target group: older persons, persons with mental illness and those with addiction problems.

The rest of the report is structured as follows: Chapter 2 and 3 introduces the framework and the methodology used for the analysis. In Chapter 4, results from the comparative analysis are presented for each domain of the framework. Chapter 5 provides conclusions and recommendations.

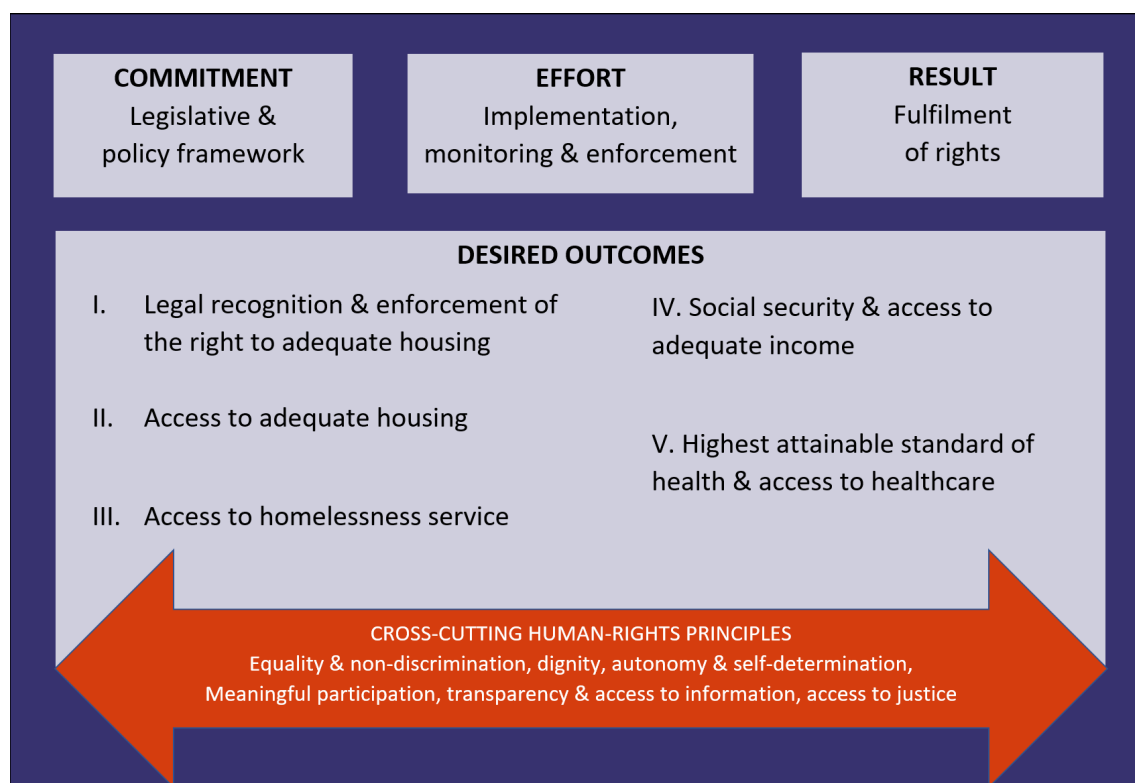


## 2 The framework, its domains, and key measures

The framework at the core of our analysis is a multi-dimensional framework that builds on a rights-based approach to homelessness and aims to serve as a tool 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 security, and healthcare.

The framework takes a rights-based perspective to homelessness (Figure 1). It 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 for rights holders. The focus is therefore not only on 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. It also acknowledges and reflects cross-cutting human rights norms, such as equality and non-discrimination, dignity, autonomy, and self-determination as well as access to justice.

**Figure 1. Framework for a rights-based approach to adequate housing and homelessness**



Moreover, the framework recognizes the multifaceted dimension of homelessness by including several intertwined domains. The five domains that comprise the framework are: legal recognition and enforcement of the right to adequate housing (Domain I), access to adequate housing incorporating main attributes of the right to adequate housing pertaining to affordability, habitability and security of tenure including protection against forced evictions (Domain II), access to homelessness services (Domain III), social security and access to adequate income (Domain IV), and the right to highest attainable standard of health and access to healthcare (Domain V). The five domains and ten key themes each with their corresponding structure, process, and outcome measure(s), wherever possible, are presented in Table 1 below.

The framework, its domains and key measures were developed based on a literature review which included both academic and grey literature and a careful reading of UN-based international legal instruments, implementation guidelines and recommendations adopted by the OHCHR (Office of the High Commissioner for Human Rights), Council of Europe legal instruments and the European Pillar of Social Rights (EPSR), specifically on the principle of 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<sup>1</sup>, includes groups who are at risk of becoming homeless, such as those with specific support needs with respect to housing (e.g., individuals with mental health problems and addiction issues, persons with low income, older persons). Regarding accessing healthcare, special attention is paid to access to mental healthcare and addiction services (see Domain V/Mental healthcare) as the prevalence of such conditions is especially high among the homeless population (Mental Health Europe, 2013).

Although the framework enables monitoring and comparison of policies across countries, it can also be developed and used by single countries to structure and systematize the monitoring and evaluation of public policies related to 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.

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<sup>1</sup> This includes people whose living situation corresponds to the ETHOS (European Typology of Homelessness and Housing Exclusion) categories developed by FEANTSA (European Federation of National Organisations Working with the Homeless), 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 1. Structure-, process- and outcome-measures**

Domain	Key Theme(s)	Commitment	Effort	Result
		<i>Structure measure(s)</i>	<i>Process measure(s)</i>	<i>Outcome measure(s)</i>
<b>I. Legal recognition and enforcement of the right to adequate housing</b>	<i>1. The right to adequate housing</i>	<p>International human rights treaties relevant to the right to adequate housing ratified and adopted by the State.</p> <p>The right to adequate housing in the Constitution or other forms of superior law.</p> <p>Existence of legal provisions for establishing independent authority/mechanisms that persons can use to claim their rights.</p>	<p>National Strategies on housing and homelessness using a human-rights based approach.</p> <p>Complaint procedures (e.g., advocacy groups with representation rights) are in place.</p> <p>Awareness-raising initiatives on the right to adequate housing and on available complaint mechanisms are in place.</p>	<p>Enforceability of the right to adequate housing.</p>
<b>II. Access to adequate housing</b>	<i>2. Affordable housing</i>	<p>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).</p>	<p>Allocation (e.g., public expenditure) and equitable distribution of (e.g., geographic) public resources to social/public housing.</p> <p>Quantity of social/public housing (e.g., no. of social/public housing units per capita).</p> <p>Measures and procedures in place to ensure access for vulnerable groups (e.g., people with special support needs) in the allocation of social/public housing.</p> <p>Measures to support the construction of affordable rental housing (e.g., subsidised land, grants for property developers).</p> <p>Allocation of public resources for housing allowance.</p>	<p>Vulnerable groups have access to social/public housing within a reasonable timeframe (e.g., no excessive waiting times).</p> <p>Vulnerable households have access to adequate financial support to meet housing costs.</p>
	<i>3. Good quality housing and enabling environment</i>	<p>Existence of legal provisions stipulating minimum housing standards (e.g., sanitation, heating, structural safety).</p>	<p>Administrative authority for monitoring and enforcing housing standards for vulnerable groups is in place.</p> <p>Housing renovation and rehabilitation policies and programmes are in place.</p>	<p>No reporting of housing deprivation.</p> <p>Persons with disabilities have access to barrier-free living environments.</p>

Domain	Key Theme(s)	Commitment	Effort	Result
		<i>Structure measure(s)</i>	<i>Process measure(s)</i>	<i>Outcome measure(s)</i>
		Existence of legal obligation to make barrier-free living environments accessible, including adaptations to private housing.	Equitable allocation of public resources to make living environments barrier-free for persons with physical and cognitive disabilities.	
	<i>4. Security of tenure and protection from forced eviction</i>	Existence of legal obligation to guarantee security of tenure (e.g., national tenancy law) and protect against forced eviction.	Codes of Conduct for Landlords (or similar) exists. Established public authority/body to settle disputes/conflicts between tenants and landlords. Measures and procedures in place to prevent (e.g., debt counselling services, early-warning systems) and restrict evictions (e.g., without full consultation or ensuring adequate alternative housing).	Occupants have access to secure tenure with legally enforceable, contractual, statutory, or other protection.  No reported cases of forced evictions.  Vulnerable households have access to preventive support services.
<b>III. Access to homelessness services</b>	<i>5. Safe, secure and dignified emergency and temporary accommodation</i>	Existence of legal provisions guaranteeing equal access to emergency and temporary shelters for those in need.  Existence of legal provisions on minimum quality standards.	Allocation and equitable distribution of public resources to emergency and temporary accommodation (sufficient capacity).  National guidelines for service providers on minimum quality standards to respect dignity and human rights.	Homeless persons have access to emergency and temporary accommodation.  Homeless persons' preferences and needs are respected.
	<i>6. Housing-focused support services</i>	Existence of legal provisions and/or policy initiatives promoting the use of housing-focused services including Housing First.	Housing First and/or housing-led programmes (e.g., permanent supportive housing, rapid rehousing) are established and operating.	Homeless persons including those in need of high-intensity support (e.g., individuals with mental health issues, substance use disorders) have access to assistance and supportive services to obtain and maintain housing.
<b>IV. Social security and access to adequate income</b>	<i>7. Social security and adequate income</i>	Existence of legal provisions establishing social protection programmes (eligibility criteria and conditions to access benefits and services).	Minimum income schemes that provide sufficient income are in place.  Low-threshold services (e.g., employment seeking services) targeted at specific vulnerable groups including homeless persons are in place.	Homeless persons have access to social security programmes and social assistance (e.g., pensions, unemployment benefit, basic income support).

Domain	Key Theme(s)	Commitment	Effort	Result
		<i>Structure measure(s)</i>	<i>Process measure(s)</i>	<i>Outcome measure(s)</i>
V. Highest attainable standard of health and access to healthcare	8. <i>General and preventive healthcare</i>	Existence of legal provisions for equal access to general and preventive healthcare, and medication.	Policy initiatives for tailoring care for homeless persons (e.g., drop-in clinics, support with obtaining health insurance and with admission procedures). Mobile healthcare and outreach services for homeless persons.	Homeless persons have access to general and preventive healthcare, and medication.
	9. <i>Mental healthcare</i>	Existence of legislation on deinstitutionalisation of mental health services.	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.	Homeless persons have access to support services for the treatment of mental health and addiction problems.
	10. <i>Continuity of care</i>	Existence of legal provisions for the integration of health and social care (including housing and homelessness services).	Electronic health record system to enhance continuity of care is in place. Discharge policies and procedures to support homeless persons leaving hospital or medical care are in place (e.g., individualised care plans, referral to housing services, care coordinators, post discharge follow-up).	Homeless persons are supported in transitions between different care settings in a timely manner and have access to settled accommodation upon discharge.

### 3 Methods

After identifying suitable measures for the framework, a stakeholder consultation was set up with the aim to validate the framework's appropriateness. To this end, we carried out a survey using an adapted version of the DELPHI method. This method is used to reach consensus on a topic for which no consensus can be derived from the literature, usually lasting for 3 to 4 rounds of consultations. In our concrete case, this took the form of a one-round survey where stakeholders were requested to anonymously rate the suitability of each structure, process, and outcome measure in the framework. Via the literature review and stakeholder mapping, a list of experts on homelessness or on homelessness-related topics (i.e., housing, social protection, social and health services for homeless people, etc.) from a diversity of backgrounds (i.e., homeless-specific organisations and networks, international organisations, etc.) were identified and contacted. Participants were given around a month to complete the survey and provide feedback. Reminders were sent to participants to increase the number of complete responses.

The stakeholder consultation took place between October 1<sup>st</sup> and November 30<sup>th</sup>, 2020. Of the stakeholders who responded, feedback on the proposed framework was generally positive, although some doubts were expressed about the appropriateness and feasibility of certain measures. Also related to the ongoing COVID-19 pandemic, the number of respondents who provided sufficient feedback for a complete validation of the framework was low. This limited the conclusions on the appropriateness of the measures and, thus, we decided neither to exclude nor to fundamentally change measures in the framework. Instead, for the sake of transparency, we signpost those measures within the framework that deserved greater reservations in Table 2.

**Table 2. Framework measures that raised doubts during stakeholder consultation**

Domain	Theme	Measure
I. Legal recognition and enforcement of the right to adequate housing	1. The right to adequate housing	1.4 National strategies on housing and homelessness using a human-rights based approach
II. Access to adequate housing	3. Good quality housing and enabling barrier-free environment	3.7 Persons with disabilities have access to barrier-free living environments
VIII. Ensuring the right to highest attainable health status and access to healthcare	10. Continuity in care	10.4 Homeless persons are supported in transitions between different care settings in a timely manner and have access to settled accommodation upon discharge
		10.2 Electronic health record system to enhance continuity of care is in place

Domain	Theme	Measure
		10.1 Existence of legal provisions for the integration of health and social care (including housing and homelessness services)

Once indicators were selected and verified through the stakeholder consultation, information was gathered for each measure for the 10 chosen countries. To this end, we carried out a desk review of an extensive range of sources, including national and regional homelessness strategies in each country (where applicable), reports published by international organisations (e.g., FEANTSA), relevant databases with international 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/reliable. Focus was placed on the use of comparative sources (e.g., ESPN (European Social Policy Network) country reports on fighting homelessness and housing exclusion). Where no comparative information was available, individual sources were searched on a case-by-case basis. Data collection took place from the beginning of November 2020 until the middle of January 2021.

Several limitations of the data collection and comparative analysis must be noted. As not all countries have a national homelessness strategy, paired with the fact that many policies and services are planned at the local level, a variety of levels of analysis had to be used throughout according to the measure. For example, social security benefits tend to be implemented at the national level, and, therefore, our analysis focused on the country level. On the other hand, many specialized health services for homeless people are planned at the local level, and so the analysis for these measures often focused on the capital-city level. In general, very few surveys exist on homeless persons and their experiences. Therefore, for some measures - particularly the outcome measures - no data on homeless persons could be found. In such cases, either data on vulnerable persons (i.e., low-income earners) were instead used or it was noted that no comparison could be made. Furthermore, given that services for homeless persons are often at the local level and are advertised in the native language, we do not suggest that the data collected for each measure are comprehensive. As a result, we refrain from providing any ranking of the countries' performance in each measure. The comparative analysis rather serves to paint a picture of the policies and services available across each country. In order to ease readability, the results are frequently arranged per topic, which means that we do not always follow the structure of the framework. Finally, for two measures within Domain I (awareness-raising initiatives on the right to adequate housing and on available complaint mechanisms; and enforceability of the right to adequate housing), limited systematic information precluded us from providing a comparison across countries. Similarly, for two measures within Domain II (vulnerable groups have access to social/public housing within a reasonable timeframe; and supporting the construction of affordable rental housing) there was no sufficient information available. For the sake of completeness, these measures, however, are included in the overall framework.

## 4 Results from the comparative analysis

### 4.1 Domain I: Legal recognition and enforcement of the right to adequate housing

The right to adequate housing is a fundamental human right which has implications for the enjoyment of other basic human rights. Lacking proper permanent housing also limits people's ability to fully participate in community and public life (UNHRC, 2015). 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). Homelessness is therefore more than just a housing issue. It is about human dignity 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 must recognise and fulfil by also making those rights claimable and enforceable (Kenna & Fernandez Evangelista, 2013). The Committee on Economic, Social and Cultural Rights (CESCR) in its General Comments to the right to adequate housing (1991, 1997) has identified four layers of obligations of States in relation to the right to adequate housing: to respect, to protect, to promote and to fulfil.

In this subchapter, we consider two structure-level measures that provide indication of the extent to which the right to adequate housing is legally recognised, and also monitored by independent institutions and mechanisms at the process level in the ten countries.

**MEASURE: INTERNATIONAL HUMAN RIGHTS TREATIES RELEVANT TO THE RIGHT TO ADEQUATE HOUSING RATIFIED BY THE STATE**

The right to housing is enshrined and protected in a number of international human rights instruments including 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"); the **UN Convention on the Rights of the Child** (UNCRC) (Article 27); and the **UN Convention on the Elimination of All Forms of Discrimination against Women** (UNCEDAW) (Article 14). Article 28 of the **UN Convention on the Rights of Persons with Disabilities** (UNCRPD) also requires States to provide an adequate standard of living, including housing and social protection to persons with disabilities, including those with mental health problems.

At the 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). All countries under review have ratified the aforementioned UN-based human rights treaties as well as the ECHR and the RESC (see Table 3). Germany and Spain both signed but have yet to ratify the latter. To date, five out of the ten countries in focus accepted and are bound by Article 31 of the RESC on the right to housing: **Finland**, the **Netherlands**, **Portugal**, **Slovenia**, and **Sweden**.

**Table 3. Ratification of international (UN-based) and European (Council of Europe) human rights treaties relevant to the right to adequate housing**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
ICESCR (1976)	1978	1973	1977	1975	1974	1989	1978	1978	1971	1992
UNCEDAW (1981)	1982	1985	1984	1986	1980	1985	1991	1980	1980	1992
UNCRC (1990)	1992	1992	1990	1991	1991	1992	1995	1990	1990	1992
UNCRPD (2008)	2008	2009	2007	2016	2007	2018	2016	2009	2008	2008
ECHR (1950)	1958	1952	1979	1990	1992	1953	1954	1978	1952	1994
RESC (1996)	2011	n.a.	n.a.	2002	2009	2000	2006	2002	1998	1999
Bound by Art 31.	x	x	x	✓	x	x	✓	✓	✓	✓

Source: United Nations Human Rights Office of the High Commissioner; Council of Europe.

Notes: Status as of Jan 2021.

**MEASURE: THE RIGHT TO HOUSING GUARANTEED IN THE CONSTITUTION OR OTHER FORMS OF SUPERIOR LAW**

The right to housing is constitutionally guaranteed in **Finland**, the **Netherlands**, **Portugal**, **Slovenia**, **Spain**, and **Sweden**. The **Dutch** Constitution does not explicitly state the right to housing. The article on housing reads: “It shall be the concern of the authorities to provide sufficient living accommodation” [Art 22(2)]. As to what ‘sufficient’ living accommodation entails was clarified in a separate memorandum by the Government and it refers to both quantitative and qualitative aspects of housing (Henderson, 2018). The Constitution in **Sweden** ensures that it shall be incumbent upon the public institutions to secure, *inter alia*, the right to housing (Chapter 1, Art.2). The **Portuguese** Constitution provides a detailed description on the right to housing (Morris & Brito, 2018). As set forth by Art 65(1), “Everyone has the right to have an adequately sized dwelling that provides hygienic and comfortable conditions and preserves personal and family privacy for oneself and one’s family.” Further, the Constitution guarantees the provision of affordable housing by stating that “The state shall adopt a policy that works towards the establishment of a rental system which is compatible with family incomes and provides access to individual housing.” [Art 65(3)]. In **Finland**, Article 19 of the Constitution provides that “the public authorities shall promote the right of everyone to housing and the opportunity to arrange their own housing”. In **Hungary**, the right to

housing in the new Fundamental Law, which came into force in 2011, is described in Article (XXII) as follows: (1) “The State shall provide legal protection for homes. Hungary shall strive to ensure decent housing conditions and access to public services for everyone” and (2) “The State and local governments shall also contribute to creating decent housing conditions and to protecting the use of public space for public purposes by striving to ensure accommodation for all persons without a dwelling.” The Law was amended in 2013 by adding a third paragraph which made it possible for local authorities to make homelessness illegal in certain public areas. A later amendment in 2018 further criminalised homelessness by making it illegal. In the **Slovenian** Constitution, Article 78 declares that “the state shall create opportunities for citizens to obtain proper housing”. In the **Spanish** Constitution the right to housing is one of the governing principles of economic and social policy (Chapter 3, Art 47).

**Table 4. The right to housing in the Constitution or other forms of superior law**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Constitution	x	x	✓	✓	✓	x	✓	✓	✓	✓
Other superior law	✓	✓	n.a.	n.a.	n.a.	x	n.a.	n.a.	n.a.	n.a.

Source: Housing Rights Watch (2020); ETHOS Country reports (2018).

In those countries, where the right to housing is not guaranteed in their state constitutions, such as **Austria** and **Germany**, legal provisions on housing are enacted in different laws. In **Austria**, the provision of social housing, housing subsidies and housing benefits are regulated at the level of the provinces. In **Germany**, four of the 16 regions cover the right to housing in their state constitutions (HRW, 2017). Entitlement to housing assistance (including shelters for homeless people) is ensured through the German Social Code at the federal level. While **Ireland** has no constitutionally or legally established right to housing, the 2009 Housing Act does require authorities to provide among others housing support and assistance, and to prepare a Housing Action Programme to implement their Housing Services Plan (HRW, 2020).

**MEASURE: EXISTENCE OF LEGAL PROVISIONS FOR ESTABLISHING INDEPENDENT AUTHORITY/MECHANISMS THAT PERSONS CAN USE TO CLAIM THEIR RIGHTS**

All ten countries have established Ombudsman Institutions (hereafter OIs) with a variety of mandates ranging from accepting and dealing with complaints against the public authorities (at the national, provincial, and municipal levels) to safeguarding human rights. OIs are considered to be one of the most trustworthy and reliable institutions and the most accessible public institution citizens can find (OECD, 2017). Among the core functions of the OIs are the mediation between citizens and the public administration, the monitoring of the quality of public services and the proposal of recommendations to solve citizens’ complaints. Although some OIs also deal with anti-discrimination issues, these are generally covered by special equality or non-discrimination bodies’

mandates. At the EU level, the Racial Equality Directive (2000/43/EC) limits racial and ethnic discrimination in employment and other aspects of public and private life including access to and supply of goods and services, such as housing, which are available to the public (European Law Equality Network, 2019). All EU Member States have passed laws to implement the Directive and created equality bodies or brought existing ones in line with the Directive. Federated in the European Network of Equality Bodies (EQUINET), they regularly launch information and awareness-raising campaigns, issue opinions, and bring cases before the European Court of Justice.

**Table 5. National independent Ombudsman Institutions and Equality Bodies**

	<b>Ombudsman Institutions</b>	<b>Equality bodies</b>
<b>AT</b>	<b>Austrian Ombudsman Board</b> Federal Constitution, Art. 148	<b>Equal Treatment Commission – ETC</b> <b>National Equality Body – NEB</b> Act on the Equal Treatment Commission and the National Equality Body
<b>DE</b>	<b>Petitions Committee German Parliament</b>	<b>Federal Anti-discrimination Agency</b> General Act on Equal Treatment
<b>ES</b>	<b>National Ombudsman</b> Constitution, Art. 54	<b>Council for the Elimination of Racial or Ethnic Discrimination</b> Law on Fiscal, Administrative and Social Measures
<b>FI</b>	<b>Parliamentary Ombudsman Office of the Chancellor of Justice</b>	<b>Non-Discrimination Ombudsman</b> Act of the Non-Discrimination Ombudsman <b>National Non-Discrimination and Equality Tribunal</b> Act on National Non-Discrimination and Equality Tribunal <b>Ombudsman for Equality</b> Act on the Ombudsman for Equality and the Equality Board
<b>HU</b>	<b>Office of the Commissioner for Fundamental Rights</b> Fundamental Law 2011, Art. 30	<b>Equal Treatment Authority</b> Act CXXXV of 2003 on Equal Treatment and the Promotion of Equal Opportunities
<b>IE</b>	<b>National Ombudsman</b> Ombudsman Act 1980	<b>Irish Human Rights and Equality Commission</b> Irish Human Rights and Equality Commission Act
<b>NL</b>	<b>National Ombudsman</b> Constitution, Art. 78a	<b>Netherlands Institute for Human Rights</b> Netherlands Institute for Human Rights Act <b>Local Anti-discrimination bureaux (NGO Art.1)</b> Local Anti-discrimination Bureaux Act
<b>PT</b>	<b>National Ombudsman</b> Constitution, Art. 23	<b>High Commission for Migrations</b> Decree-law 31/2014
<b>SE</b>	<b>Parliamentary Ombudsmen</b> The Riksdag Act 2014	<b>Equality Ombudsman</b> Equality Ombudsman Act
<b>SI</b>	<b>Human Rights Ombudsman</b> Constitution, Art. 159	<b>Advocate of the Principle of Equality</b> Protection Against Discrimination Act

Source: The European Network of Ombudsmen<sup>2</sup>; European Law Equality Network (2019); EQUINET

Notes: There are also Regional Ombudsmen in Austria (Tyrol and Vorarlberg), Germany and Spain.

The scope of the Directive pertains to discrimination on the grounds of race or ethnic origin; however, several countries have surpassed these requisites and provide the same protection on

<sup>2</sup> European Network of Ombudsmen: <https://www.ombudsman.europa.eu/en/european-network-of-ombudsmen/members/all-members>

other grounds as well (i.e., age, sexual orientation, religion and disability). In **Ireland**, non-discrimination in the supply of goods and services, including housing, extends to civil status, family status, Traveller Community and housing assistance grounds. In **Sweden**, discrimination is prohibited on the grounds of sex, transgender identity or expression, ethnic origin, religion or other belief, disability, age and sexual orientation in essentially all areas of society, ranging from social security and healthcare, including social services, social insurance and related benefit systems, to the provision of goods, services and housing. In the field of housing, this is, however, limited to public provisions and excludes, for instance, cases, where private persons are renting out their property (similar provisions apply in **Finland**) (European Law Equality Network, 2019).

**Table 6. Grounds of discrimination covered by the mandate of national equality bodies in the field of housing**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Gender	✓	✓	x	✓	✓	✓	✓	✓	✓	✓
Gender identity	✓	✓	x	✓	✓	✓	✓	✓	✓	✓
Race & ethnic origin	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Age	x	✓	x	✓	✓	✓	x	x	✓	✓
Disability	✓	✓	x	✓	✓	✓	✓	x	✓	✓
Sexual orientation	x	✓	x	✓	✓	✓	✓	✓	✓	✓
Religion & Belief	x	✓	x	✓	✓	✓	✓	✓	✓	✓

Source: EQUINET<sup>3</sup> (latest data available)

Most housing discrimination cases in Europe concern grounds of race/ethnicity, religion, and nationality (Silver & Danielowski, 2019). Access to housing is one area where Roma and Traveller populations face barriers in a number of countries (e.g., **Hungary**) (European Law Equality Network, 2019).

**MEASURE: COMPLAINT PROCEDURES (E.G., ADVOCACY GROUPS WITH REPRESENTATION RIGHTS) ARE IN PLACE**

At the process level, complaint procedures exist through the Additional Protocol to the European Social Charter and through national laws. The Collective Complaints procedure, introduced by the Additional Protocol providing for a system of collective complaints, was adopted in 1995. The aim of the protocol was to enhance the effectiveness, speed and impact of the implementation of the RESC by enabling social partners and NGOs to directly apply to the European Committee of Social

<sup>3</sup> EQUINET - European Network of Equality Bodies:

<https://equineteurope.org/?s=Grounds+discrimination+covered+by+the+mandate+of+national+equality+bodies>

Rights (ECSR) for rulings on possible non-implementation in the countries. The Collective Complaints system complements the judicial protection provided under the ECHR. Only certain NGOs can lodge collective complaints (individuals are not entitled to do so). Moreover, complaints raised should only concern non-compliance of a State's law or practice with one of the provisions of the Charter. To date, five out of the ten countries signed and ratified the protocol: **Finland, Ireland, the Netherlands, Portugal, and Sweden**.

**Table 7. Additional Protocol to the European Social Charter providing a system of collective complaints**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Signed	✓	x	x	✓	✓	✓	✓	✓	✓	✓
Ratified	x	x	x	✓	x	✓	✓	✓	✓	x

Source: Council of Europe.

Notes: Status as of Jan 2021.

Collective redress mechanisms that aim to facilitate the enforcement of rights when individual actions fail include class or group actions (i.e., claims on behalf of an undefined group of claimants or identified claimants and multiple claims) and *actio popularis*. The latter allows organisations to act in the public interest on their own behalf, without necessarily having a specific victim to represent (European Law Equality Network, 2019). While such actions are not covered under the EU Anti-Discrimination Directive, national law permits their application for discrimination cases in several countries. With the exception of **Finland** and **Ireland** either one (e.g., **Austria, Sweden**) or both types (as in **Germany, the Netherlands, Portugal**) of collective redress mechanisms are in place.

**Table 8. *Actio popularis* and class actions allowed by national law for discrimination cases**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
<i>Actio popularis</i>	✓	✓	✓	x	✓	x	✓	✓	x	x
Class action	x	✓	x	x	x	x	✓	✓	✓	✓

Source: European Law Equality Network (2019).

## 4.2 Domain II: Access to adequate housing

In this subchapter on access to adequate housing we cover three key dimensions of adequate housing: affordability, habitability (adequate living conditions) and security of tenure, including protection from forced evictions.

### 4.2.1 Affordable housing

Countries use a range of housing policy measures to pursue social policy objectives, such as assistance with housing costs and, more broadly, access to affordable housing to promote social inclusion. Policies helping vulnerable groups meet their housing needs have always co-existed with very different measures, which extend well beyond the protection of low-income households (Salvi del Pero et al., 2016). In particular, policies which support home ownership, for instance, through ‘right-to-buy’ schemes or the development of ‘asset-based welfare’, had been strongly promoted in many European countries at least until the 2008 global financial crisis (Ronald, 2008). In the post-crisis landscape, and against the backdrop of falling incomes and rising housing costs, the issue of housing affordability has received increased attention from policy makers (Scanlon et al., 2014). Although middle-income families have also been increasingly affected, affordability is clearly worst for those with the least resources. Figures from the latest Eurostat statistics show that housing costs represent a considerable share of disposable income (Eurostat, 2020). The share of those with housing cost overburden (i.e., with housing costs exceeding 40% of income) in the ten countries under review ranges from 3.4% in Ireland to 14.2% in Germany. As expected, the proportion of those affected is significantly higher among those with low income, as well as among tenant households in all the countries. The share of households with arrears on utility bills and on mortgage or rent follows a similar pattern: it is considerably larger among low-income households.

**MEASURE: EXISTENCE OF LEGAL PROVISIONS TO ENSURE ACCESS TO AFFORDABLE HOUSING FOR THOSE WITHOUT ADEQUATE RESOURCES**

Social housing, provided in the form of rental housing usually with sub-market rents and allocated according to need, is available in all countries apart from **Sweden**. Responsibility for provision of social housing is with the regional/state governments in **Austria, Germany, and Spain**, and at the municipal level in **Hungary**. In **Ireland**, the **Netherlands, Portugal** and **Slovenia**, the provision of social housing is shared across the different administrative levels, while it is a central government (national) competence in **Finland**. Housing allowances are usually means-tested, serving the purpose of helping low-income households meet housing costs. In most countries, they are designed to support tenants, although in some countries (**Germany, Finland, Hungary, Sweden**) eligibility is extended to homeowners too, provided they meet the income and other conditions. Support for over-indebted homeowners in the form of mortgage relief is available in four of the ten countries.

**Table 9. Selected housing policy instruments**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Social rental housing	✓**	✓**	✓**	✓*	✓***	✓J	✓J	✓J	x	✓J

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Housing allowance	✓**	✓*	✓**	✓*	✓***	✓***	✓*	✓*	✓*	✓*
Mortgage relief for over-indebted homeowners	x	x	n.d.	x	✓*	✓*	✓*	✓*	x	n.d.

Source: OECD Affordable Housing Database (2019d)

Notes on Responsibility for housing policy: \* national/federal level \*\* regional/state level \*\*\* municipal level J: Jointly.

Rent controls in the private rental sector which do not allow initial rents to go above a certain ceiling are in place in half of the countries. In **Germany** and **Ireland**, rents are capped in some designated areas. In **Ireland** they are called ‘Rent Pressure Zones’, where private landlords cannot raise rents above the set ceiling for a certain period (Lima, 2018; OECD, 2019d). Given that both countries have a large private rental sector on which they mostly rely to provide housing, such measures to control market rents aim to keep costs at a rate which low-income tenants can afford. As there is a shortage in the supply of new rental housing, it has been argued that the same system also makes it increasingly difficult for new entrants to find affordable accommodation in the private rental market (insider-outsider problem) (Lima, 2018).

**Table 10. Rent controls in the private rental sector**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
<b>Control of rent level</b>										
Free	n.a.	n.a.	✓	✓	✓	n.a.	n.a.	✓	n.a.	✓
Regulated	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	✓	n.a.
Both	✓	✓	n.a.	n.a.	n.a.	✓	✓	n.a.	n.a.	n.a.
<b>Control of rent increases</b>	✓	✓	✓	x	x	✓	✓	✓	✓	n.d.

Source: OECD Affordable Housing Database (2019d)

#### MEASURE: QUANTITY OF SOCIAL/PUBLIC HOUSING

At the process level, we look at the quantity of social/public housing across the ten countries. **Austria** has a large, subsidized rental housing sector with housing associations and municipalities supplying dwellings at cost-rents (Mundt, 2018). Similarly, the **Dutch** housing market is characterised by a highly subsidised and regulated social housing sector, defined as comprising homes where the monthly rent is set below that prevailing in liberalised tenancy agreements. The regulated rental sector accounts for 38% of homes (only around 10% belong to the non-regulated sector) (OECD, 2019d). Housing corporations, which own around 75% of all rental homes, are responsible for managing social housing. The 2015 Housing Act introduced a clear separation

between ‘services of general economic interest’ (SGEI) and non-SGEI activities of housing associations (Hoekstra, 2017). It also placed more emphasis on targeting people with limited financial means and allocating social housing to almost exclusively those who qualify for the housing benefit. The law requires housing companies to allocate 80% of their vacant social housing each year to people whose income is below a certain level while the remaining 10% can be let to those with higher income (however, people with social or medical problems should be given preference) (Hoekstra, 2017).

**Table 11. Number and share of social rental dwellings**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Number of social rental dwellings (in 1,000s)	932.0	1,223.1	290.0	316.5	105.1	254.0	2,915.6	119.6	n.a.	39.8
As a share of total housing stock (%)	20.0	2.9	1.1	10.5	2.4	12.7	37.7	2.0	n.a.	4.7

Source: OECD Affordable Housing Database (2019d) (for Austria, Germany, Spain, Finland, Ireland, the Netherlands); National Statistical Office (for Hungary, Portugal, Slovenia).

Notes: Data refer to 2019 for Hungary and Spain; 2018 for Austria and Slovenia; 2017 for Germany, Finland, the Netherlands; 2016 for Ireland; 2015 for Portugal.

In **Finland** and **Ireland**, social housing represents around 11% and 13% of the total national housing stock, respectively. In the former, a national agency, the Housing Finance and Development Centre (ARA), is tasked with managing the social rental sector, while in **Ireland**, it is provided by local authorities or housing associations. Social rental housing remains very limited (below 5% of the entire housing stock) in **Slovenia, Germany, Hungary, Portugal, and Spain**. Apart from **Germany**, where the size of the private rental market is substantial, the housing market in these countries is characterised by high rates of homeownership with social housing playing a very limited role.

Although there are considerable variations across the ten countries regarding the scale of provision as well as in terms of ownership, overall, social housing tends to target those with low incomes. **Austria** remains an exception in this regard as social housing is available for both low- and middle-income households, while means-tested housing benefits exclusively support those with low incomes (Figari et al., 2017; Mundt & Amann, 2015). Social housing as such does not exist in **Sweden**. Municipal housing companies, which own about half of the rental sector, aim to provide housing for all regardless of income; therefore, income thresholds do not apply in the allocation of municipal dwellings (OECD, 2019c). Moreover, rents in the private and public sector are more or less the same due to the rent regulation system. The weight of the rental sector as a whole has declined over the years creating a shortage of affordable housing options (Lind, 2017).



**MEASURE: ALLOCATION AND EQUITABLE DISTRIBUTION OF PUBLIC RESOURCES TO SOCIAL/PUBLIC HOUSING**

This process measure investigates the distribution of public resources to social/public housing. The social housing sector was largely affected by budget cuts as part of austerity measures in recent years, which took their toll on housing policy expenditures in general. Although in **Austria** regional budgets allocated to social housing decreased in a number of regions, Vienna being an exception to this, social spending on this housing policy instrument is still among the highest in Europe (Mundt, 2018; OECD, 2019c). In all other countries for which data are available, expenditure on social housing amounts to less than 0.1% of GDP.

**Table 12. Government spending on social rental housing as a share of GDP (%), 2018**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Government spending on social rental housing	0.34	n.d.	n.d.	0.05	0.07	0.07	n.a.	0.05	n.a.	0.04

Source: OECD Affordable Housing Database (2019d)

Notes: Data refer to 2017 for Finland and 2012 for Portugal. No information available for Germany and Spain. For Hungary, Ireland, Portugal, and Slovenia expenditure refers to central level spending (e.g., co-financing at local level is not included).

The approach adopted for the financing of the social rental sector differs across the countries. In the **Netherlands**, there is strictly speaking no public spending. Housing corporations finance their activities from loans with low rates guaranteed through the central government (OECD, 2019c). In **Finland**, municipalities, which are the main providers of social housing, obtain loans from the market and the State, through ARA (ARA: the Housing Finance and Development Centre in Finland), guarantees the loan. There is an additional interest subsidy which is paid by the housing foundation of the State (*VAR/Valtion asuntorahasto*) on the condition that the developed housing must be used as a rental dwelling for 40 years (Lilius & Lapintie, 2020). In **Austria**, **Germany** and **Spain**, social housing subsidisation is the responsibility of the regions, which means that spending can vary considerably across localities. In the case of **Germany**, a federal subsidy is provided to the States on a pro rata to population basis, which is complemented by the States' own funding (Kofner, 2017). Social housing in **Slovenia** and **Hungary** has suffered for years from serious underfunding (Hegedüs, 2017; Cirman, 2017). Public investment into the housing sector in **Hungary** has been largely overshadowed by various state loan subsidy programmes targeting homeowners (e.g., young families with children) in the past five years (Figari et al., 2017).

**MEASURE: MEASURES AND PROCEDURES IN PLACE TO ENSURE ACCESS FOR VULNERABLE GROUPS IN THE ALLOCATION OF SOCIAL/PUBLIC HOUSING**

For this process measure, we look at measures/procedures in place across countries which ensure that vulnerable groups have access to social/public housing. Applications for social housing are subject to eligibility criteria in all countries except for **Finland** and **Sweden** (in the case of municipal housing) where, in principle, anyone is eligible to apply. In **Finland**, there was an income limit until 2008, when it was abolished (it was reintroduced in 2017, but only in the Helsinki area) (Lilius & Lapintie, 2020). Household income is the most used criterion to determine eligibility. Half of the countries apply an income threshold. For instance, in the **Netherlands**, housing associations are required by law to let 80% of their vacant social housing to people with a yearly income of up to € 38,035 and 10% to people with a yearly income of between € 38,035 and € 42,436 (OECD, 2019c). Only the remaining 10% of their social housing can be allocated to households with higher incomes. Other criteria used by countries include citizenship or residency status (in **Germany, Ireland, Portugal, Slovenia**), household size and composition (**Austria**), and the applicant's housing situation (e.g., living in an institution, emergency or temporary accommodation or in overcrowded, unsuitable dwelling). An additional requirement in **Ireland** is that applicants have no history of rent arrears with a housing authority (OECD, 2019c). In **Spain**, eligibility conditions vary across the regions which set their own criteria (Pareja-Eastaway & Sánchez-Martínez, 2017), while in **Hungary** it is at the discretion of local authorities to determine who is eligible for social housing (Hegedüs, 2017).

**Table 13. Eligibility criteria for social rental housing**

	AT	DE	ES*	FI	HU*	IE	NL	PT	SE	SI
Income limit	✓	✓	n.d.	n.a.	n.d.	✓	✓	X	n.a.	✓
Citizenship/residency	n.a.	✓	n.d.	n.a.	n.d.	✓	n.a.	✓	n.a.	✓
Household size/ composition	✓	X	n.d.	n.a.	n.d.	✓	n.a.	✓	n.a.	✓
Housing situation	X	n.a.	n.d.	n.a.	n.d.	✓	n.a.	n.a.	n.a.	✓

Source: OECD Affordable Housing Database (2019d)

Notes: \* Eligibility criteria vary by region/municipality. "n.a.": not applicable.

In allocating housing to eligible applicants, countries typically provide priority access on the basis of time spent on the waiting list (in six out of the ten countries) and to people who are in the greatest need. Those with the least financial resources, people with disabilities or mental health problems, single parent households and families with children, older people (**Ireland** and **Portugal**), the homeless (**Ireland**) and victims of domestic violence (**Portugal**) tend to be specifically considered and served first (OECD, 2019c). However, due to the high demand for social housing, which generally exceeds supply, even prioritised individuals and households often face long waiting times before they can access housing. Marginalised groups have little chance to access social housing in countries with an acute shortage of this type of dwelling such as in **Spain, Portugal**,

**Hungary**, and **Slovenia**. In the latter two countries, where housing is mainly allocated through public tenders based on a point system, the success rate is very low (Cirman, 2017). For instance, in Ljubljana, 10% of those who applied were successful to obtain social dwelling in the latest public tender (Barnett et al., 2020). As a result, many families with low or precarious incomes are forced to move towards the low end of the private rental sector, which usually means substandard housing (Alves & Andersen, 2015; Hegedüs, 2017). The problem of access is not confined to these countries, however. A recent study in **Germany** found that only one out of five low-income households can currently expect to get a social dwelling (Kofner, 2017), while the median waiting time for qualified social housing applicants was four years in **Ireland** (Irish Housing Agency, 2019).

**Table 14. Priority criteria for allocation of social rental housing to eligible recipients**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Time on waiting list	✓	n.d.	n.d.	✓	n.d.	✓	✓	X	✓	✓
Income level	x	n.d.	n.d.	✓	n.d.	x	✓	✓	X	✓
Disability	✓	n.d.	n.d.	✓	n.d.	✓	✓	✓	✓	✓
Older people	x	n.d.	n.d.	x	n.d.	✓	x	✓	n.a.	✓
Housing situation	✓	n.d.	n.d.	✓	n.d.	✓	✓	✓	n.a.	n.a.
Household size/ composition	x	n.d.	n.d.	✓	n.d.	x	X	✓	✓	✓

Source: OECD Affordable Housing Database (2019d)

Notes: For Sweden, the information refers to municipal housing.

To ensure access for priority groups, specific arrangements have been established in some countries. In **Austria**, non-profit housing providers, such as *Wiener Wohnen* in Vienna, have fast-track procedures for urgent cases (OECD, 2019c). In **Finland**, part of the rental dwelling stock managed by ARA<sup>4</sup> is reserved for special-needs groups, such as homeless people, refugees, people with mental health or substance abuse problems, people with disability and older people with poor health conditions. Local authorities in **Sweden** provide various housing solutions for certain potentially at-risk groups (e.g., people with mental health or drug problems), which range from trial apartments to private rentals arranged through housing agreements between municipalities and private landlords (Lind, 2017). Municipalities, nevertheless, find it increasingly difficult to secure accommodation not only for this group, but also for families with children and low-income households, due to housing shortage (Lind, 2017).

4 ARA (the Housing Finance and Development Centre of Finland): Investment subsidy for special-needs groups. Available at: [https://www.ara.fi/en-US/Housing\\_finance/Investment\\_subsidy\\_for\\_specialneeds\\_groups](https://www.ara.fi/en-US/Housing_finance/Investment_subsidy_for_specialneeds_groups)

#### MEASURE: ALLOCATION OF PUBLIC RESOURCES TO HOUSING ALLOWANCE

For information, please see section 4.4.4.

#### MEASURE: VULNERABLE HOUSEHOLDS HAVE ACCESS TO ADEQUATE FINANCIAL SUPPORT TO MEET HOUSING COSTS

For information, please see section 4.4.4.

### 4.2.2 *Good quality housing and enabling environment*

The quality of housing directly impacts the health and well-being of the resident. The Revised European Social Charter (RESC) sets out the right to housing with an *adequate standard* (Art. 31 (1)) and establishes the mechanisms to supervise and guarantee it. The [RESC Art. 31 (1)] defines adequate housing as “a dwelling which is safe from a sanitary and health point of view, possesses all basic amenities, such as water, heating, waste disposal, sanitation facilities and electricity; is structurally secure; not overcrowded; and with secure tenure supported by law”. Measures to ensure adequate housing vary from urban development rules to legal obligations of the landlords to maintain housing standards and include protection in case of interruption of essential services such as water, electricity and telephone.

#### MEASURE: ENSURING MINIMUM HOUSING STANDARDS AND ACCESS TO GOOD QUALITY HOUSING

The minimum housing standard is a set of laws and regulations, which protect the health, safety and welfare of the general public, occupants and owners of residential buildings, through creation and maintenance of dwellings within a defined geographic area. National legislation in the context of adequate housing is spread amongst various public sectors (economy, construction, social protection) and can be regulated at several administrative levels (national, regional, municipal). Main laws and standards regulating adequate housing refer to: building regulations, renovating regulations, maintenance regulations, rental regulations, and regulations on access to essential facilities. The national housing legislation allows flexibility in application of the housing regulations and considers the characteristics and special features of the dwellings.

The structure measure will look more closely at regulations referring to the minimum level quality of rental and social housing as defined by the OECD Affordable Housing Database on Rental Regulations. The OECD minimum level quality regulations refer to requirements on safety, health and hygiene. Table 15 shows the existence of the minimum quality regulations in the selected countries.

**Table 15. Existence of legal provisions stipulating minimum housing standards**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Minimum Housing Standards	x	✓	✓	✓	x	✓	✓	x	✓	x

Source: AT, DE, ES, FI, IE, NL, PT and SE OECD Affordable Housing Database (2019d), SI (Stropnik, 2019), HU (Albert et al., 2019).

Most countries secure the national level minimum quality regulations, except for **Austria, Hungary, Portugal** and **Slovenia**. In **Austria**, the responsibility to provide adequate housing is dispersed across different administrative levels, and the minimum regulations differ between regions and municipalities (IBW, 2016). In **Portugal**, while minimum housing standards are lacking, the concept of poor housing conditions of rental and social housing is introduced by the National Housing Strategy<sup>5</sup> and refers to insalubrity, lack of safety, overcrowding and poor building access (Perista, 2019). While the OECD Affordable Housing Database concluded that Slovenia has no comprehensive minimum level quality standards, the **Slovenian** National Housing Act<sup>6</sup> defines some minimum housing standards (ECSO, 2019).

The usual requirements of the minimum quality standards refer to minimum dwelling size and dwelling structure (**Germany, Finland**). In addition, some countries also have provisions on the safety of usage and installation of equipment and appliances (**Spain, Sweden** and **Ireland**). Ireland<sup>7</sup> seems to have the most detailed minimum housing standards with additional provisions on ventilation, natural light and adequate heating.

**MEASURE: ADMINISTRATIVE AUTHORITY FOR MONITORING AND ENFORCING HOUSING STANDARDS FOR VULNERABLE GROUPS IN PLACE**

The monitoring of the implementation of housing standards for vulnerable groups is also divided amongst different sectors and administrative levels. Some national-level minimum protection and compliance mechanisms are in place in all countries at the process level (consumer protection structures, housing cooperatives/associations, construction safety authorities, Ombudsman Institution, etc.), but these mechanisms do not seem to be equipped to monitor housing quality standards efficiently and systemically. The implementation and reinforcement of minimum housing standards are tasks delegated entirely to the local level (**Austria, Finland, the Netherlands**), while in others it is done at both the national and local level (**Ireland, Germany, Spain**). The national housing plans or strategies also define the institutional framework for housing policy monitoring, including monitoring of housing quality (Table 16).

5 New generation of housing policies strategy launched in 2018.

6 PIS (Legal Information System): <http://www.pisrs.si/Pis.web/pregledPredpisa?id=RESO114>

7 Housing Standards for Rented Houses Regulations under section 18 of the Housing Act, 2008.

**Table 16. Provisions in the national housing act/plan/strategy on bodies/institutions to monitor the housing quality**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Housing quality monitoring bodies	x	✓	✓	x	x	✓	x	✓	✓	✓

Source: ESPN Country Reports - National strategies to fight homelessness and housing exclusion, 2019

In **Austria** and **Germany**, the municipalities together with the Federal States (regions) are responsible for reinforcement of the building law, including issuing building permits and monitoring the quality of rental and social housing (Fink, 2019). In addition, **Germany** established an interdisciplinary committee - the Alliance for Affordable Housing and Construction - to improve housing supply and conditions (Hanesch, 2019).

As part of the National Housing Plan, **Spain** also created a specialized institutional framework formed by the central administration and the autonomous regions for implementation of specific provisions of the plan, including monitoring of quality of housing provision (Cabrero et al., 2019). In **Finland**, the municipalities are responsible for the task of monitoring housing quality, along with other issues related to housing access and development (Kangas & Kallioma-Puha, 2019). **Ireland** has the most developed institutional framework to monitor housing standards including monitoring of rental and social housing. A specialized office was established in 2008 as part of the Department of Housing, Planning, Community and Local Government. The office works with various stakeholders at all levels and provides support to the local authorities in monitoring housing standards (Government of Ireland, 2016). Since 2015, by adoption of a new Housing Act, **the Netherlands**'s housing policy is increasingly decentralized and the task of housing quality monitoring and improvement was delegated to the housing associations (Schilder & Scherpenisse, 2018).

In **Portugal**, the Housing Law<sup>8</sup> stipulates that municipalities have the responsibility to monitor housing and designates the Housing, Leisure and Urban Rehabilitation Observatory as the national authority to support quality of housing supervision. In **Sweden** the housing quality control is the responsibility of the municipal authorities. By a recent decision of the Swedish parliament, the national authorities should apply the same principles while evaluating building conditions (Boverket, 2020). The Swedish National Board of Housing, Building and Planning (Boverket, 2020) is a central government authority which supports the municipalities in developing and applying housing policies. The **Slovenian** Housing Act designates the Construction, Surveying and Housing Inspection Service as the agency responsible for the monitoring of the minimum housing standards (MOP, 2020).

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8 Republic Diary: <https://dre.pt/dre/detalhe/lei/83-2019-124392055>

## MEASURE: HOUSING RENOVATION AND REHABILITATION POLICIES AND PROGRAMMES ARE IN PLACE

Renovation and rehabilitation are defined as actions to repair, improve, replace, or alter existing dwellings. Renovation and rehabilitation are difficult processes due to regulatory problems (property regulations, mixed use status, historical status) and technical problems (age, conditions, and methods of the construction), but are important processes for meeting housing needs. The EU building stock is relatively old. Data for the year 2014 showed that more than half of residential buildings in the EU were built before 1970 (European Commission, 2021). The building stock differs considerably across Europe, and according to the BPIE<sup>9</sup> database, the countries with the oldest buildings (built before 1960) are **Sweden, the Netherlands and Germany**. The countries with the most buildings built between 1960 to 1990 are **Finland, Hungary and Spain** and the countries with a biggest share of buildings built after 1990 are **Ireland and Austria** (2010 data, last available).

Article 2a of the Energy Performance Building Directive of the European Commission stipulates that all EU countries need to adopt Long Term Rehabilitation Strategies (LTRS) of the national building stock by 2020. The scope of the strategies is to improve the efficiency of the building stock, and therefore, improve the living conditions and safety, as well as reduce the cost of utilities across Europe. Twelve European countries adopted such strategies (Table 17, first line), among them **Austria, Germany, Finland, Spain, the Netherlands and Sweden**. The approval of the national LTRS is also mandatory to access EU funds for building renovations.

At the process level, policies on housing renovations and rehabilitations are part of various national housing strategies and programmes and the responsibility of renovation and rehabilitation lies with municipal and local authorities. The **Spanish** National Housing Plan 2018-2021 includes schemes to support urban rehabilitation and renovation and stipulates that the local authorities are responsible for the improvement of the housing stock (Cabrero et al., 2019). The **Finnish** National Housing Action Plan is focused on building new affordable housing, but has some provisions on rehabilitation measures, which are also delegated to the municipalities (Kangas & Kalliomaa-Puha, 2019). In **Sweden**, housing renovations and rehabilitations are part of the municipal housing action plans (Knutagard et al., 2019).

**Table 17. Housing renovation and rehabilitation policies and programmes**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
2020 Long-Term Renovation Strategies	✓	✓	✓	✓	x	x	✓	x	✓	x
Housing renovation and rehabilitation policies are part of the national agenda	n.a.	n.a.	✓	✓	x	✓	✓	✓	*	✓

Source: ESPN Country reports, 2019; SI: ECSO, 2019. \*Sweden has no National Housing Strategy that would present the overall renovation and rehabilitation policies. Individual municipal housing policies have not been consulted.

<sup>9</sup> BPIE Knowledge Hub: <https://www.bpie.eu/knowledge-hub/#ongoing-projects>

The **Irish** Action Plan for Housing and Homelessness stipulates the measures for rehabilitation, renovation, and reuse of building stock with the respective funding allocations under the Vacant Housing Repair and Leasing Initiative (Government of Ireland, 2016). The National Housing Agenda 2018-2021 of **the Netherlands** defines one of the three main challenges as accelerating the construction of housing and making better use of the existing stock and dictates measures of support from the national level to municipalities in reaching this goal (Oostveen, 2019). The **Portuguese** National Housing Strategy stresses the fact that many households (mostly in Lisbon municipality) live in precarious housing conditions despite there being many vacant homes which could be reused to cover housing needs. The strategy also includes measures for rehabilitation of dwellings, but the assigned budget was estimated as insufficient (Perista, 2019). **Slovenia's** National Housing Program sets housing renovation as one of its key objectives, with an allocation of almost one third of the total programme budget (ECSSO, 2019). The 2019 ESPN report on **Hungary** stipulates that there are no state measures to assist the people in need with renovation/rehabilitation works (Albert et al., 2019).

#### MEASURE: REPORTING OF HOUSING DEPRIVATION

At the outcome level, one of the key dimensions in assessing the quality of housing is the availability of sufficient space and basic amenities in a dwelling. The indicator that captures these two aspects is the severe housing deprivation rate which considers both overcrowding and at least one housing quality deficiency measure (leaking roof, no bath/shower and no indoor toilet, or dwelling is too dark). All considered countries regularly report on this outcome measure through the EUROSTAT housing quality indicators.

As shown in Table 18, the share of those affected by severe housing deprivation varies greatly across the ten countries, ranging from less than 1% in **Finland** to around 8% in **Hungary**. Severe housing deprivation is much more prevalent among the poor (i.e., with income below 60% of median) in all countries. In **Spain** and **Sweden** low-income households are five times more likely to live in poor quality housing than those higher up on the income scale. The difference is also relatively high in **Germany**, the **Netherlands** and **Portugal**. Looking at tenure status, we see that the severe housing deprivation rate is considerably higher among tenants than among homeowners. In **Germany**, **Ireland**, **Portugal** and **Sweden**, tenants with rents at reduced rate/free are most likely to suffer from bad quality housing, while in **Austria**, the **Netherlands** and **Slovenia** tenants paying rent at market price are the ones most affected. There is little difference between the two types of tenancies in this regard in the remaining three countries.

**Table 18: Severe housing deprivation rate by income and tenure status (%), 2019**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Total	3.0	2.1	1.7	0.9	7.8	1.1	1.5	4.1	2.6	3.9
Below 60% of median income	6.0	5.5	4.6	1.6	12.0	2.3	4.4	10.4	8.1	7.2



	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Above 60% of median income	2.5	1.4	0.9	0.8	7.3	1.0	1.0	2.8	1.5	3.5
Owner with mortgage/loan	0.2	0.8	1.2	0.4	4.6	0.0	0.4	4.0	1.1	1.7
Owner without mortgage/loan	1.5	0.5	0.6	0.1	4.6	0.0	0.6	3.0	0.0	2.7
Tenant with rent at market price	8.4	4.5	6.3	1.9	19.2	3.2	3.8	8.3	7.1	11.4
Tenant with rent at reduced rate/free	3.9	6.9	6.0	2.0	20.1	6.4	0.0	11.0	16.8	7.2

Source: Eurostat online database.

Note: Severe housing deprivation rate is defined as the percentage of population living in the dwelling which is considered overcrowded and has at least one of the following: leaking roof, no bath/shower and no indoor toilet, dwelling is too dark.

The ESPN national reports argue that for many countries the collected housing quality indicators are inadequate. In **Spain**, the report found that the national strategic documents present a set of indicators disaggregated by geographic areas and vulnerability status, but the financial indicators are missing (Cabrero et al., 2019). The **Finnish** report states that the country collects the necessary housing quality indicators for national purposes and for EUROSTAT contribution (Kangas & Kalliomaa-Puha, 2019). **Hungary** collects some of the necessary indicators (i.e., overcrowding, deprivation), but the generated evidence is not sufficient in general for efficient housing policy (Albert et al., 2019). One criticism of **Portugal's** housing national policies was the lack of relevant indicators. In 2018, **Portugal** put a system in place to consolidate local information on housing, including housing quality (Perista, 2019). In **Sweden**, the municipal strategies report on various housing indicators, but there is no systemic consolidated national reporting mechanism. In **Slovenia**, the national housing programme relies on and reports only the EU indicators which are believed to be inadequate for the national housing evidence needs (Stropanik, 2019).

#### MEASURE: EXISTENCE OF LEGAL OBLIGATION TO MAKE BARRIER-FREE LIVING ENVIRONMENTS ACCESSIBLE

At the structural level, all countries have general obligations to make the living environment accessible, with the recommendations differing from public to private spaces and from new constructions to already existing buildings and spaces. These obligations are reflected in the national legislation as part of the building regulations as well as part of the non-discriminatory legislation. The building legislation (building acts and codes) is concerned with general accessibility issues and refers to public buildings, public spaces and private buildings as well. The non-discriminatory legislation (equal opportunity act, equal treatment, and non-discrimination act) can also include provisions on public and private construction and renovations and regulates adaptations to private housing. The first part of this subchapter will refer to general provisions for

a barrier-free environment and the next part will refer to legal obligations as well as allocations of resources for the adaptations to private homes.

Similar to the minimum housing standard, the implementation of the legal obligations to make barrier-free living environments is the responsibility of the local/municipal authorities. What differs from country to country are the exceptions in the accessibility regulations (i.e., in some countries, like **Spain**, these regulations do not apply to historical buildings). Also, some of the countries apply the accessibility building regulation to new buildings only (**the Netherlands**), some to both new buildings and renovations (**Austria, Spain, Ireland**) and some to all existing public and private spaces (**Finland, Portugal**).

In **Austria** and **Germany**, building permits are issued by local authorities and regulated by the construction law and individual technical regulations of each region. The building permits have stipulations for accessibility of private and public spaces for all new buildings as well as for the renovation works (Birtha et al., 2019). In **Germany**, the Disability Act 2002 requires accessibility of all public spaces, but does not include provisions for private buildings (Bratan et al., 2020). The **Austrian** national authorities drafted a unified guideline for user security and accessibility, but it is not clear to what extent the regions comply with its provisions (FRA, 2014).

In **Spain** building accessibility requirements are compulsory by national laws (Building Act<sup>10</sup>, Spanish Technical Construction Code) for new and old buildings, except for historical buildings (FRA, 2014). Accessibility of private and public spaces in **Finland** is regulated by the building standards and the non-discrimination laws and demands that all new public and private buildings, as well as renovations, abide by the accessibility requirements. In addition, the Finnish legislation stipulates that existing buildings undergo adaptations to make the living barrier-free (Birtha et al., 2019). In **Hungary**, the legislation requires that all public spaces need to be adjusted to be accessible as per the provision of the Equal Opportunities Act. The same provisions apply to privately built spaces, including private houses and apartments (HNA, 2015).

The building regulations<sup>11</sup> in **Ireland** are compliant with the requirements of the Irish Disability Act to make all public and private buildings accessible and refer to both new constructions and renovations works (NDA, 2020). The **Netherlands**' Building Code (*Bouwbesluit*) has stricter accessibility requirements for new public and private spaces and more lenient requirements for renovations or existing buildings. In 2017 the building regulations have been simplified in the Netherlands to boost construction and reconstruction works, but the new regulation might diminish the accessibility due to less strict rules (Netherlands Enterprise Agency, 2020). The **Portuguese** Accessibility Law<sup>12</sup> sets the accessibility requirements for new buildings and introduces an adaptation period for older buildings and other private and public spaces (Ministry of Labour and Social Solidarity of Portugal<sup>13</sup>). Building accessibility requirements in **Sweden** are part of the

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10 Spanish Building Act 38/1999 of 5 November 1999 (Ley de Ordenación de la Edificación).

11 Building Regulations Part M of the Building Regulations, published by the Department of Environment, Heritage & Local Government.

12 Decreto-Lei nº 163/2006, available at: <https://dre.pt/dre/detalhe/decreto-lei/163-2006-538624>

13 Decreto Lei nº 163/2006: <https://dre.pt/dre/detalhe/decreto-lei/163-2006-538624>

2010 Planning and Building Act<sup>14</sup>. The accessibility requirements refer to new constructions as well as building renovations. Local authorities are responsible for the implementation and the monitoring of building regulations (FRA, 2014). **Slovenian** building regulations<sup>15</sup> require that new public and private buildings are built in an accessible way. The existing spaces should be adjusted to the accessibility standards, with the stipulation of “without disproportionate costs” (Ministry of Labour, Family, Social Affairs and Equal Opportunities, 2014).

**MEASURE: EQUITABLE ALLOCATION OF PUBLIC RESOURCES TO MAKE LIVING ENVIRONMENTS BARRIER-FREE, INCLUDING ADAPTATIONS TO PRIVATE HOMES**

In this part we look at the main national strategic documents to see whether process measures to make barrier-free environments and adaptations to private houses are supported by funds. The home adaptation measures are usually part of strategic documents on social inclusion of people with disabilities or general acts regulating social provision. Countries offer tax credits, subsidies and allowances for home adaptations (some are offered on an annual basis, others are subject to the income test), which are the responsibility of the local authorities. Some countries made the adaptation of private homes a mandatory action and oblige the municipalities to provide support, while others have it as a voluntary provision depending on the available resources at the level of the municipality.

The **Austrian** National Action Plan of Disability 2012-2020 stipulates that accessibility is an essential precondition of autonomous living. The strategy has requirements on building regulations to facilitate accessible housing (re)construction. The strategy assigns to the Ministry of Finance the task to provide a mechanism for tax credits for adaptable housing constructions. The strategy also includes mandatory consultations of the major building programmes that benefit from federal subsidies (BMASK, 2012). The **German** Social Code Book stipulates measures for independent living, including home adaptations and the financial means to cover these measures. What is not evident in the code is which sector and administrative level is responsible for each measure (BMZ, 2019).

The **Spanish** Act on the Promotion of Personal Autonomy and Care for Dependent Persons specifies that local authorities (autonomous communities) must provide home adaptation subsidies, but the actual funding depends on the budget of each region (Government of Spain, 2006). In **Finland**, the Act on housing condition<sup>16</sup> improvement of special groups warrants special grants for home construction, acquisition or renovation costs and one person can apply for one subsidy during a year. In **Hungary** independent living is supported mostly by offering a set of services. There are general stipulations (National Disability Programme 2015-2025) that allowances should be available for this scope, but the mechanisms of offering the support are not clear (Bratan et al., 2020). In **Ireland**, the Housing Adaptation Grants for Older People and People with a Disability are part of the

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14 Sweden, The Planning and Building Act (Plan- och Bygg lagen 2010:900), available at:

<https://www.notisum.se/rnp/document/?id=20100900>

15 The Minimum Technical Conditions for the Construction of Residential Buildings and Dwellings document, Ministry of the Environment and Spatial Planning.

16 Finlex Data Bank: <https://www.finlex.fi/en/>

Housing Act and set a scheme for the financing of home adaptations. The funds are allocated for households in need and depend on their annual income level (ECLG, 2014).

Under the **Netherlands** Social Supports Insurance (Wmo) Act each municipality has the obligation to provide people with disabilities and their families support to make adjustments to their homes (NDA, 2011). **Portugal's** national Healthcare Plan specifies that people with disabilities are entitled to home adaptations, but the financing of such requests depend on the available funding allocated by the Ministry of Health each year (Ministry of Health of Portugal, 2013). **Sweden's** Social Services Act<sup>17</sup> stipulates that every person has the right to claim support for home adaptations and the local authorities have the responsibility to provide special grants to meet these needs. According to the Code of Social Insurance, persons with disabilities can apply for tax-free credit to cover specific additional costs of living. (MHSA, 2001). Neither the **Slovenian** Social Assistance Programme nor the Action Programme for Persons with Disabilities stipulate measures to support home modifications.

#### MEASURE: PERSONS WITH DISABILITIES HAVE ACCESS TO BARRIER-FREE LIVING ENVIRONMENTS

For this outcome measure, there is no comprehensive analysis or data on the degree of exclusion due to limited access in relation to housing and living environment or on the progress of countries in eliminating the barriers. In 2020, the European Commission evaluated the implementation of the European Disability Strategy 2010-2020 and concluded that the progress in the field of built environment is limited (European Commission, 2020), due to the limited scope of the Accessibility Act and its voluntary status. The evaluation also states that some of the provisions of the Accessibility Act started to be implemented across Europe, but the impact of these provisions could not be seen within the timeframe of the evaluation.

### *4.2.3 Security of tenure and protection from forced eviction*

Legally secure tenure and protection from forced eviction constitute essential elements of the right to adequate housing (CESCR, 1997). Loss of tenancy and eviction increase the risk of homelessness. Research shows that this risk is greatest for the most vulnerable and they are the ones who become street homeless directly after eviction (Kenna et al., 2016). Evictions which result in homelessness, even if temporary, can have a devastating impact on the health and well-being of those affected (Oppenheimer et al., 2018; Rojas & Stenberg, 2015). There are no European-level estimates on the characteristics of households and people who had been evicted from their home. Studies which used national administrative data found that those with a weak link to the labour market and low income, social assistance recipients and people with mental health problems are overrepresented

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17 Ministry of Health and Social Affairs, Sweden, The Swedish Social Services Act (SFS 2001:453, 1992:1574).

among the evicted population (von Otter et al., 2017; Rojas & Stenberg, 2015). Moreover, evictions are often the result of a complex combination of different factors related to relationship or family breakdown, unemployment, addictions, and poverty (Crane et al., 2006; Van Laere, 2010). Strengthening laws to provide legal protection, access to legal aid and advice, financial support, and targeted and timely interventions can have a significant impact on preventing evictions and people entering homelessness (Kenna et al., 2016).

**MEASURE: EXISTENCE OF LEGAL OBLIGATION TO GUARANTEE SECURITY OF TENURE AND PROTECT FROM FORCED EVICTION**

To ensure the effective exercise of the right to housing guaranteed in Article 31 of the (Revised) **European Social Charter** (RESC), the European Committee of Social Rights has underlined States' obligations to prevent categories of vulnerable people from becoming homeless (Council of Europe, 2018). In particular, evictions should be governed by rules of procedure, protective of the rights of those affected and carried out accordingly. Evictions must respect the dignity of those concerned. Furthermore, carrying out evictions at night or during the winter period must be prohibited, and those seeking redress from courts must be entitled by law to have access to affordable and fair judicial or other remedies and be provided with legal aid when needed. In addition, States have an obligation to fix a reasonable notice period before eviction and to consult the persons concerned. Alternative solutions should also be proposed. As stated by the Council of Europe and the European Court of Human Rights (2017), evictions impact a person's dignity and result in degrading and inhuman treatment and, thus, are a violation of the **ECHR**, which was adopted by all European countries.

Domestic Law prohibits carrying out legally permitted evictions under special circumstances or when vulnerable groups are involved in half of the countries at the structural level. Evictions during winter months are prohibited in **Austria** and **Hungary**. Legal protection from evictions applies in the case of families with children in **Germany**, older people in **Portugal** and people with disabilities in both countries. In **Slovenia**, social tenants affected by unforeseen personal events (e.g., losing a family member, becoming unemployed) and serious health problems cannot be evicted. **Spanish** legislation had a moratorium on evictions for mortgage possession in place until March 2020 (Kenna, 2018). Temporary moratoria imposed in response to crisis situations, as we have seen with the ongoing COVID-19 pandemic, are critical in protecting those experiencing financial hardship from the threat of eviction and mitigating the increase in housing insecurity.

**Table 19. Legal protection from eviction under special circumstances**

<b>AT</b>	Ban on evictions during winter months.
<b>DE</b>	Eviction is prohibited by law in case of presence of children or disabled persons in the household, as well as in cases when the courts establish that the eviction would entail immoral hardship, such as threat to life or health.
<b>ES</b>	Moratorium period for evictions following mortgage foreclosure (until March 2020).

<b>FI</b>	n.d.
<b>HU</b>	Ban on evictions during winter months (it does not extend to non-court-ordered evictions, such as in the case of squatters).
<b>IE</b>	Moratorium (temporary or in special cases) may apply.
<b>NL</b>	n.d.
<b>PT</b>	Vulnerable tenants (i.e., those aged 65 or more or with an advanced level of disability) who had been living in their dwelling for at least 15 years are protected from being evicted by law.
<b>SE</b>	n.d.
<b>SI</b>	Social tenants are protected by law from being evicted in case of death in family, unforeseen loss of employment, serious health or illness.

Source: Kenna (2018); ESPN National Reports (2019), OECD Affordable Housing Database (2019d).

Legal aid is generally targeted at the socially or economically disadvantaged who lack the financial resources to pay the costs of litigation. Hence, access to legal aid is subject to a means test of the applicant's income (see Table 20). Legal aid is available from the State Legal Aid Offices in **Finland**. In **Portugal**, it can be requested at the social security services. In **Spain**, legal aid services can be obtained at the Legal Advice Service of the municipality or province and cover legal counselling and legal representation at court hearings. Access to legal aid services is limited in **Ireland**. Although the Legal Aid Board offers legal representation, this is normally not available for property-related disputes and eligibility for this service is conditional to a merits test and a means test. Legal assistance and representation in **Hungary** are mainly provided by NGO organisations, whereas in the **Netherlands**, legal advice groups (e.g., rent teams) located in many cities offer services free of charge.

**Table 20. Access to legal aid and assistance**

	Legal aid is available	Legal aid is subject to means test	Legal assistance/advice provided by		
			Public authorities or municipalities	Tenant associations or similar	Other
<b>AT</b>	Yes	Yes	Yes	Yes	
<b>DE</b>	Yes	Yes	Yes	Yes	
<b>ES</b>	Yes	Yes	Yes		
<b>FI</b>	Yes	Yes	Yes	Yes	
<b>HU</b>	Yes	Yes			Yes
<b>IE</b>	Yes	Yes	Yes		
<b>NL</b>	Yes	Yes	Yes	Yes	
<b>PT</b>	Yes	Yes	Yes	Yes	
<b>SE</b>	Yes	Yes	Yes	Yes	Yes
<b>SI</b>	Yes	Yes	Yes	Yes	

Source: Based on TENLAW (2015).

For legal advice, tenants can also turn to national or local tenant associations and housing organisations, albeit the services offered are generally restricted to members and entail payment

of a membership fee. In **Sweden**, several municipalities have established a special rental counselling section which helps people who risk eviction due to unpaid rents. Private tenants in **Ireland** are assisted by the Residential Tenancies Board and there are also organisations such as *Threshold*, which offer tenants free advice and support (Kenna et al., 2016).

**MEASURE: ESTABLISHED PUBLIC AUTHORITY/BODY TO SETTLE DISPUTES/CONFLICTS BETWEEN TENANTS AND LANDLORDS**

Research shows that arrears on housing-related payments, in particular unpaid rents, are a significant cause of evictions across Europe (Busch-Geertsema & Fitzpatrick, 2008; Stenberg et al., 2011; Kenna, 2018). Rent arrears are the main reason for eviction in **Germany**, the **Netherlands** and **Sweden**. In **Germany**, threat of eviction due to unpaid rents accounts for 88% of the reported cases (Hanesch, 2019), while in the **Netherlands**, 80% of evictions were carried out because of rent arrears in the social rental housing sector in 2018 (Aedes, 2019). Rent arrears in **Sweden** are by far the most common cause for eviction in both public/municipal housing and in private rented housing (84% in 2019) (Kronofogden, 2020). In **Spain**, people being evicted from rental housing due to arrears represented 65% of the cases in 2018 (Yrigoy, 2020). Arrears related to utility and energy costs, in addition to rent arrears, are important causes for eviction in **Hungary** and **Slovenia** (Teller & Somogyi, 2018; Filipovic-Hrast, 2018). Households who live in social rented housing are especially affected in **Hungary**, where the eviction of around two-thirds of the households from such dwellings is due to arrears (KSH, 2020). Evictions in **Ireland** mostly occur in the private rental sector with accrued arrears identified as a major risk of eviction for tenants (Kenna, 2018; Byrne & McArdle, 2020). According to data from the Residential Tenancies Board, rental arrear is the most frequent reason for disputes between landlords and tenants in **Ireland** (RTB, 2020).

At the process level, almost all of the ten countries have a formal Alternative Dispute Resolution (ADR) system in place either as part of the court system as in **Portugal** and **Slovenia** or out of court. In some countries, specialist institutions have been established for dealing with disputes between landlords and tenants. Examples include the **Irish** Residential Tenancies Board, which since 2004 replaced the courts and handles the majority of disputes, the Rent Tribunal in the **Netherlands**, the Consumer Disputes Board in **Finland** and the regional rent tribunals in **Sweden**. Some municipalities in **Austria** have designated Arbitration Boards for housing related matters, including tenancy disputes.

**Table 21. Established public authority/body to settle disputes between tenants and landlords**

<b>AT</b>	District courts have generally exclusive jurisdiction to enforce tenancy laws. In addition, there are Arbitration Boards for Legal Housing Matters in a number of municipalities (e.g., Vienna, Graz, Salzburg) which are authorised to settle tenancy disputes with binding decisions.
<b>DE</b>	Resolving tenancy disputes is the competency of local courts. In most of the Federal States, there is a requirement for mediation before disputes go to trial in cases valued below a certain amount. The conciliation boards, established by tenant and landlord associations, offer the possibility to resolve matters out of court (some of these acquired the status of a formal authority with binding decisions).



<b>ES</b>	There are no specialized courts to resolve tenancy disputes, but as of 2013 special Courts of First Instance were created for handling eviction cases. Alternative dispute resolution is available through the Arbitration Tribunals; however, these are much less used in tenancy matters.
<b>FI</b>	Finnish courts have jurisdiction in tenancy disputes. At a tenant's request, the courts can examine the proportionality of a rent, reduce it, or alter the stipulation determining the rent if it exceeds the market rate for a similar property in the area. In 2007, a Consumer Disputes Board was established that handles tenancy disputes and provides recommendations for dispute resolution concerning rental housing.
<b>HU</b>	Tenancy disputes are settled at civil courts. Tenants and landlords can resolve disputes using private mediation services (there is no institutional alternative dispute resolution mechanism). Courts can also attempt to arrange a pre-trial settlement, but mediation is not a frequently used method.
<b>IE</b>	The Residential Tenancies Board (RTB) is an independent public body that provides information, free mediation services or adjudication (i.e., formal investigation) to find resolution to a dispute between landlords and tenants relating to rent arrears, termination of tenancies and rent setting among others.
<b>NL</b>	The Rent Tribunal (Huurcommissie) is a national independent agency that settles disputes about rent levels, maintenance or service charges through mediation and adjudication. Its rulings are binding, but an appeal can be made to the Dutch courts.
<b>PT</b>	The local civil courts have competency for resolving conflicts in residential tenancy matters. Tenants can also opt to take their case to the Justices of the Peace, a special court with simplified procedures, where disputes can be settled through mediation.
<b>SE</b>	Residential tenancy disputes are mediated and heard at the rent tribunals and in the district courts. There are regional rent tribunals in several cities in Sweden. They also offer information and answer questions about rental laws and regulations that apply.
<b>SI</b>	Tenancy disputes are resolved at the local courts. Mediation between the parties usually takes place before the case goes to trial, but it is not compulsory.

Source: Based on TENLAW (2015).

While some form of mediation is available in all ten countries, it appears to be a frequently used method in only a few of them. Pre-trial mediation in cases with smaller amounts involved is mandatory in most **German** States. In **Ireland**, where it is a free service offered by the RTB, mediation constitutes an important part of the resolution process. The rent tribunals and courts in **Sweden** and **Slovenia** generally try to mediate the issue between the parties, but it is not compulsory. Formal mediation or other Alternative Dispute Resolution (ADR) has so far been very limited in **Spain** and mostly lacking in **Hungary**.

In addition to their limited availability, formal mediation or other dispute resolution mechanisms may entail costs and be inaccessible to the poorest and most vulnerable households. They may also fail to address the underlying causes. Studies show that rent arrears often arise as a result of other problems (e.g., difficulty with social or housing benefit, over-indebtedness, health issues or other personal circumstances) (Crane et al., 2006; Holl et al., 2015). Consequently, the importance of preventative measures which can detect problems at an early stage and are provided in an integrated fashion has been highlighted in existing research on evictions.



**MEASURE: MEASURES AND PROCEDURES IN PLACE TO PREVENT AND RESTRICT EVICTIONS (E.G., DEBT COUNSELLING SERVICES, EARLY-WARNING SYSTEMS)**

Within the context of homelessness, process measures which focus on prevention have gained increasing attention over the last decade (Busch-Geertsema & Fitzpatrick, 2008; Culhane et al., 2011; Pleace, 2019). As shown by a recent report published by ESPN (Baptista & Marlier, 2019), the growing presence of prevention measures which are targeted at individuals and families facing an imminent risk of eviction is already evident in many European countries, albeit with significant gaps in scale and quality.

As far as the ten countries are concerned, rent or other types of financial support are the most readily available form of prevention support. Debt counselling and legal and housing advice, which were found by a systemic review of international literature (Holl et al., 2015) to be the most effective in reducing the risk of eviction, are less common in comparison.

**Table 22. Prevention measures**

	Rent /financial support	Debt counsel- ling	Legal /housing advice	Early warning detection	Measures targeted at specific groups
<b>AT</b>	Support with rent arrears	Yes	Yes	No	No
<b>DE</b>	Payment of rent arrears, financial support for moving to another place	No	Yes	Yes	People with complex or multiple needs who are unable to cope with their housing issues
<b>ES</b>	Rental assistance, subsidies for households experiencing forced eviction	No	No	No	Lump sum for people under 35 to meet housing costs
<b>FI</b>	Emergency support with payment of rents, help with paying off any outstanding debts from previous rental contracts	Yes	Yes	Yes	Over-indebted and young people or families threatened with eviction, long-term homeless people
<b>HU</b>	Help with rent arrears and re-payments of debts	Yes	Yes	No	Counselling support for individuals and families with social and mental health issues who have debts and housing problems
<b>IE</b>	Support with rent arrears	No	Yes	No	
<b>NL</b>	Debt assistance	Yes	Yes	Yes	
<b>PT</b>	Social emergency fund to help with payment of monthly housing expenses for those at risk of becoming homeless, Short-term temporary subsidy for housing costs	No	No	No	No
<b>SE</b>		Yes	Yes	Yes	Families with children

	Rent /financial support	Debt counsel- ling	Legal /housing advice	Early warning detection	Measures targeted at specific groups
<b>SI</b>	Support with rent arrears	No	Yes	No	Families at high risk of homelessness

Source: Based on Baptista and Marlier (2019) and ESPN national reports (2019).

Notes: Information for Austria refers to Vienna.

Information provided by national experts in the respective ESPN country reports further reveals that the scale and intensity at which prevention measures are provided varies greatly across the countries, ranging from fragmented and limited provision in **Hungary** to more comprehensive and integrated support in **Germany** and **Finland**. The ‘specialist centre for the prevention of homelessness’ in the municipalities of **Germany** serves as a one-stop-shop bringing together the various competences which are otherwise distributed across various local departments and organisations inside and outside the municipal administration (Hanesch, 2019). A similar integrated approach is adopted by *Wiener Wohnen*, the municipal landlord in **Vienna**, which offers a wide range of services including legal advice, conflict mediation and support with rent arrears for its social housing tenants who are at risk of eviction (Fink, 2019). In countries such as **Finland** or the **Netherlands**, where the provision of social services is generally based on strong cooperation between housing advice services, community mental health networks, debt support organisations and municipal social workers, an integrated approach has proved to be effective in the early detection of risk situations (i.e., financial difficulties, problems with landlords) and to avoid eviction (Kangas & Kalliomaa-Puha, 2019; Oostveen, 2019). An intervention programme that was recently implemented in two **Slovenian** municipalities (in Ljubljana and Maribor) also builds on the close collaboration between the municipal housing funds and NGOs working with homeless people in order to prevent eviction. The housing funds alert the social workers at the NGO to situations where tenants are behind with their payment of rent or bills, who then approach those individuals and families and work with them twice a week, also through home visits, to help them keep their current accommodation (Stropnik, 2019). Another example from the **Netherlands** relates to active approaches taken by social housing associations to assist tenants at an imminent risk of eviction, mainly by trying to establish personal contact through calling, and house visits (Oostveen, 2019). Outreach support can be especially effective given research which shows that evicted individuals and households often fail to contact public services or other agencies prior to losing their residence or ask for help only when it is already too late (Lindblom, 1991; Crane et al., 2006).

While a relatively strong presence of a preventive approach in relation to eviction can be observed in some of the countries, such focus is mostly lacking in **Spain, Hungary, Ireland, Portugal and Slovenia**. Moreover, it is important to note that there are often large variations in the services provided across municipalities in the ten countries, both in terms of quality and quantity, with larger cities and municipalities which have more resources being the ones that tend to have the broadest range of services. A number of countries have preventive interventions which offer individualized and tailored support and/or specifically target individuals or families who are most at risk of losing

their home because of eviction, but in only a few countries (e.g., **Finland**) are such interventions used extensively.

#### MEASURE: REPORTED CASES OF EVICTIONS

To date, the most comprehensive and recent data on evictions come from the OECD Affordable Housing Database and the EU Pilot Project “Promoting protection of the right to housing – Homelessness prevention in the context of evictions” (2010-2013). We rely mainly on the OECD database as it has the more recent information on evictions. Data, wherever possible, are presented for each stage of the eviction process: the number of initiated evictions (application filed by the landlord/property owner), eviction orders (litigating body issues a formal eviction order), and the number of evictions (physical removal from the dwelling).

As we can see, there are significant gaps in the data for this outcome measure. For **Slovenia**, no information is available at all. Data are mostly incomplete in the case of **Germany, Spain, Hungary, Ireland** and **Portugal**. In only six out of the ten countries are statistics available on the number of evictions. Moreover, data refer to different tenures and housing sectors. Also, the figures likely underestimate the true scale of evictions (i.e., when occupants are illegally removed from their residence or leave before the eviction is initiated, they will not show in the eviction numbers) (Kenna et al., 2016). For countries with data on the different eviction stages, we find that in **Finland** half of the initiated evictions resulted in actual physical evictions in 2019. The corresponding figure for **Sweden** is 44%. In the **Netherlands**, 25% of eviction orders ended with an eviction in 2018. The fact that the data cover only the social housing sector where tenants tend to be more protected might explain the fewer eviction cases in the **Netherlands**.

**Table 23. Number of initiated evictions, eviction orders and actual evictions in rental dwellings (private rental and/or social housing sector)**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
<b>Initiated evictions</b>	n.d.	n.d.	36,467	6,958	n.d.	1,840	n.d.	n.d.	5,752	n.d.
<b>Eviction orders</b>	13,320	60,321	n.d.	n.d.	n.d.	n.d.	12,000	n.d.	n.d.	n.d.
<b>Evictions</b>	4,955	n.d.	n.d.	3,870	460	n.d.	3,000	1,176	2,506	n.d.

Source: OECD Affordable Housing Database (for AT, DE, ES, FI, NL, SE); FEANTSA (2017) for IE and PT, Central Statistical Office for HU.

Notes: Data refer to 2019 for ES, FI, HU, SE; to 2018 for NL; to 2016 for DE; and to 2013 for AT, IE and PT. Data on evictions in FI and AT also include eviction cases due to mortgage foreclosures. Data on eviction orders for AT include social and private rental units. Data for DE also contain commercial rentals. Data for HU and NL refer only to social housing.

Regarding changes over time, for all countries with information available for previous years, data show a decrease in the number of actual evictions between 2010 and the latest year (in **Austria, Finland, Hungary, the Netherlands, and Sweden**). In **Finland** and **Sweden**, the number slightly increased from 2015 to 2019, whereas in the **Netherlands** the number of households evicted from social housing continued to decrease.

**Table 24. Number of evictions, 2010, 2015 and latest year**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
<b>2010</b>	5,466	n.d.	n.d.	4,013	1,213	n.d.	5,900	n.d.	3,116	n.d.
<b>2015</b>	n.d.	n.d.	n.d.	3,510	479	n.d.	5,500	n.d.	2,224	n.d.
<b>Latest year</b>	4,955	n.d.	n.d.	3,870	460	n.d.	3,000	1,176	2,506	n.d.

Source: OECD Affordable Housing Database (for AT, DE, ES, FI, NL, SE); FEANTSA (2017) for IE and PT, Central Statistical Office for HU.

Notes: See previous table.

In most countries, no systemic statistical information is available about the characteristics of those evicted or the reasons behind the eviction (also, OECD collects no data on these). Only few countries have more detailed statistics on these aspects. In the **Netherlands**, the overwhelming majority of those forced to leave their homes are single households (84%) (Aedes, 2019). The share of evicted families with children accounts for 12% of the cases. In **Sweden** mostly single households are affected, though a growing number of enforced evictions involve families with children (Kronofogden, 2020). It has also been shown that more than half of evicted households in **Sweden** have no income from work and two-thirds are recipients of social assistance (von Otter et al., 2017). As for the main cause for evictions, rent arrears are the main reason in **Germany** (88%), **Sweden** (84%), the **Netherlands** (80%) as well as in **Hungary** (62%). Other reasons reported in the **Netherlands** include nuisance (9%) and drug abuse (7%). In **Sweden**, 86% of all enforced evictions which affected children were carried out due to rent arrears.

There are hardly any data about what happens with people after they are evicted. A study from the **Netherlands** found that 40% of the people went on to live with family or friends, another 40% moved to a new place to live and 17% of evicted people ended up in a shelter (Kruize & Bieleman, 2013). Another study shows that around 25% of the inflow into shelters was the result of recent evictions (De Ruig et al., 2014). There is also little information as to what extent evicted individuals and families are followed-up by social services. In **Germany**, courts have an obligation to inform the municipal social services responsible for the prevention of homelessness about pending evictions (Hanesch, 2019). A similar system is in place in **Austria**, **Finland** and **Sweden**, where bailiffs or courts are required to inform social services in eviction cases (Kenna et al., 2016). While in **Sweden** local social services have special responsibilities when children are involved in eviction procedures, in practice the considerations of the best interest of the child are not given a decisive importance (Svea Court of Appeal, 2020).

The obligation to ensure that evictees are provided with alternative accommodation is not required by law in every country. **Germany** is one exception, where local authorities are statutorily obliged to provide temporary accommodation in case of involuntary loss of a home (Hanesch, 2019). In all ten countries, however, housing assistance services and crisis or short-term accommodation are typically available to those who have been evicted, even if these offer only a temporary solution. Ensuring access to permanent housing is more problematic. As we saw, access to social housing is often limited by inadequate supply, long waiting lists or strict eligibility conditions. Hence, the role

of alternative, complementary modes of housing provisions in offering quick and long-term accommodation has been increasingly emphasised and promoted.

## 4.3 Domain III: Access to homelessness services

The previous section discussed policies focusing on the prevention of individuals from becoming homeless. Here we turn the focus towards services for people for whom prevention has failed. Within access to homelessness services, we cover three key dimensions: rapid-rehousing, safe, secure, and dignified emergency and temporary accommodation as well as housing-focused support services. The first type of services to be discussed are rapid rehousing services which aim to provide individuals or families, who are about to or recently lost their home, with new accommodation to prevent them from becoming (permanently) homeless. Thereafter, the subchapter analyses the provision of emergency and temporary accommodation and the use of housing-focused support services, namely Housing First.

Day centres and food distribution services are among the most common forms of basic support for the homeless and they are often provided by voluntary or faith-based organisations (Pleace et al., 2018). However, they are excluded from the analysis in this report as the large number of different providers makes it difficult to analyse the provision of day centres and food distribution services comparatively.

### 4.3.1 *Rapid rehousing*

Rapid rehousing services located between prevention measures such as tenancy guarantees and eviction protections as well as services providing accommodation to the homeless are discussed in this section. Rapid rehousing follows a similar philosophy as housing-led and Housing First services (see below), in so far that the primary aim of this approach is to move people at risk of becoming homeless directly into stable accommodation, instead of trying to achieve some standard of “housing readiness” beforehand. If successful, rapid rehousing can prevent homelessness, or at least keep its duration to a minimum, and thereby prevent the negative effects on health, well-being and life chances associated with long-term and reoccurring homelessness (Pleace et al., 2018).

#### MEASURE: EXISTENCE OF RAPID REHOUSING PROGRAMMES.

Rapid rehousing services providing hands-on support to individuals or families who lost their home are not common among the ten countries included in this study. Where such services exist, they tend to be targeted towards families with children. Several other countries do not offer comprehensive rehousing services, but offer families prioritised access to existing housing

opportunities. However, these services are often constrained by a limited supply of adequate housing (Baptista et al., 2017).

In **Sweden**, social services have the responsibility to follow up evictions where children are affected, and many families are immediately rehoused (Pleace et al., 2018; Oostveen, 2019). Similarly, in **Finland**, the State is required to provide families with children, who are receiving welfare benefits, with access to housing (Kangas & Kalliomaa-Puha, 2019).

The countries which provide families with prioritised access to housing are Slovenia, Portugal and Spain. In **Portugal**, homeless families are given prioritised access to temporary accommodation. In **Slovenia**, emergency accommodations provide housing to people evicted from social housing. In 2012 **Spain** created a fund to help people, who lost their homes – families being a priority – access social housing (*Fondo Social de Vivienda*). However, these programmes often suffer from a lack of available housing in the first place. **Germany** used to have mechanisms allowing public authorities to provide vulnerable groups with prioritised access to social housing as well. However, these mechanisms have largely been abandoned. This development and social housing shortages made rapid rehousing increasingly difficult (Baptista et al., 2017).

In sum, rapid rehousing services are not widespread in the ten countries in focus and preferential access to housing for vulnerable groups like families can be undermined by a lack of adequate housing. The lack of rapid rehousing services is less problematic in countries where other forms of effective prevention measures or well-developed housing-first services exist. Nevertheless, expanding rapid rehousing services and increasing the supply of adequate housing can be useful steps to increase protection against harmful, longer-term homelessness.

#### *4.3.2 Safe, secure and dignified emergency and temporary accommodation*

Emergency and temporary accommodation such as shelters provide homeless people with short-term accommodation. Both terms are used interchangeably as there is not always a clear distinction between the two (Pleace et al., 2018). Emergency accommodation is mostly operated by municipalities as well as voluntary organisations like NGOs or churches (Pleace et al., 2018) which can have their own rules, for example, regarding access criteria.

**MEASURE: EXISTENCE OF LEGAL PROVISIONS GUARANTEEING EQUAL ACCESS TO EMERGENCY AND TEMPORARY SHELTERS FOR THOSE IN NEED**

At the structure level, we assess whether all individuals in need have equal access to emergency and temporary accommodation and whether *quality standards* for emergency and temporary accommodation are in place.

Several European countries guarantee some form of emergency housing or shelter to their citizens. However, access can be limited for example by requiring homeless to prove a 'local connection' like

having resided within the municipality they are seeking support from before (Baptista et al., 2015). Because of the duration of their residency or due to mental problems, EU migrants and people with complex needs might have difficulties documenting a local connection to access shelter. Among the ten countries reviewed, only **Finland**, **Portugal** and **Germany** guarantee equal access.

**Table 25. Legal provisions to guarantee equal access to shelters**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Existence of legal provisions guaranteeing equal access to emergency and temporary shelters	x	✓	x	✓	x	x	x	✓	x	x

Sources: see following paragraphs

In **Finland**, housing is generally regarded as a human right, which some vulnerable groups must be provided with under the Social Welfare Act (1301/2014). Discrimination based on a person's country of origin is not permitted under Article 6 of the Finnish Constitution. In **Portugal**, the right to housing is enshrined in the Constitution (Art. 65) and the recently passed Basic Housing Law<sup>18</sup> specified that all people independent of nationality have a right to housing. In **Germany**, municipalities have the responsibility to provide homeless people with shelter independent of their citizenship and their former place of residency. Local connection rules curtailing access are not permissible under German law (Hanesch, 2019).

**Hungary** and the **Netherlands** recently abolished local connection rules. Although, in theory, this should improve equal access, continuing problems are being reported: In **Hungary**, municipalities with more than 30,000 inhabitants are obliged to provide emergency accommodation (Pleace et al., 2018). Local connection rules were abolished following successful lawsuits, but clients with local connections continue to be prioritised in practice (Baptista et al., 2015). Like in **Hungary** and most other countries, in the **Netherlands** providing shelter is also the responsibility of municipalities. The Social Support Act of 2015 (Wmo) gives residents of the Netherlands who are unable to care for themselves or who are victims of domestic violence the right to sheltered housing (Art. 1.2.1 Wmo). The 2015 law also abolished local connection requirements (Baptista et al., 2015). However, many homeless people are deemed as being self-sufficient, i.e., able to care for themselves, and, hence, do not qualify for housing under the Social Support Act (de Ridder, Kok & van Doorn, 2019).

In several other countries, local connection rules remain in place. In **Austria**, the provision of emergency accommodation is the responsibility of the Federal States (*Länder*). Access to homelessness services is restricted by citizenship and residency. Only registered residents of the respective region have access. EU-nationals and non-EU nationals only gain access to services if they were registered residents for a minimum period of time (Fink, 2019). However, winter shelters are an exception and are open for the homeless. Municipalities in **Sweden** are not required to provide accommodation, but they must offer economic assistance to welfare recipients in need,

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18 Lei de bases da habitação (Lei n. °83/2019).

including support for housing (Pleace et al., 2018).<sup>19</sup> Municipalities and NGOs operate shelters, but access to shelters (except temporary winter shelters) is limited to Swedish citizens or people with a Swedish residency permit (Knutagård, Heap & Nelson, 2019). Local authorities in **Ireland** must provide protection from homelessness to young people in care of social services. In addition, they have a general legal responsibility for ensuring the provision of housing for adults with insufficient financial means. Accommodation is not provided directly by local authorities, but by service providers such as the NGO Focus Ireland (Daly, 2019). Local connection rules exist, though establishing local connections has been described as relatively easy (Baptista et al., 2015). In **Spain**, the right to adequate housing is enshrined in the Constitution (Art. 47), but only for Spaniards. **Slovenia** is the only country in our sample which does not have a direct requirement for the State to provide services to the homeless (Pleace et al., 2018).

**MEASURE: EXISTENCE OF LEGAL PROVISIONS ON MINIMUM QUALITY STANDARDS FOR EMERGENCY AND TEMPORARY ACCOMODATION**

**MEASURE: NATIONAL GUIDELINES FOR SERVICE PROVIDERS ON MINIMUM QUALITY STANDARDS TO RESPECT DIGNITY AND HUMAN RIGHTS**

With regards to quality standards for emergency and temporary accommodation, most countries have legal provisions at the national level as well as minimum standards or guidelines for service providers. The exceptions are federal countries like **Germany** and **Austria**, where regulations typically exist at the level of the Federal States. Moreover, there is an unregulated sector of homelessness services in some countries (Pleace et al., 2019). For example, some shelters are operated by NGOs or churches without public financing which would bind them to existing regulations. This lack of central regulation may not necessarily be negative, but it can result in a variation in the quality of services.

**Table 26. Minimum standards for emergency and temporary accomodation**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Existence of legal provisions on minimum quality standards for emergency and temporary accommodation	x	✓	✓	✓	✓	x	✓	✓	✓	✓
Existence of national guidelines/minimum standards for providers of emergency and temporary accommodation	x	x	n.d.	✓	✓	✓	✓	✓	n.d.	✓

Sources: see following paragraphs

<sup>19</sup> The exceptions are the elderly, people with disabilities and newly arrived migrants. Members of these groups must be offered housing by the municipalities. Kunskapsguiden: <https://kunskapsguiden.se/omraden-och-teman/ekonomiskt-bistand/hemloshet/kommunens-och-socialtjanstens-ansvar-for-boendeinsatser/>



In **Finland**, the Social Welfare Act defines quality standards for housing services (Art. 21) and in **Hungary**, minimum quality standards are outlined in the SzCsM decree 1/2000.<sup>20</sup> **Ireland** has no legal quality standards for services for the homeless, but there is a National Quality Standards Framework (NSQF)<sup>21</sup> applicable to all homeless services receiving funding from the central government (Pleace et al., 2019). In the **Netherlands**, municipalities can freely choose what kind of shelters to provide. There are minimum standards for service providers set out in the Social Support Act (Oostveen, 2019) and the Dutch Association of Municipalities has developed additional guidelines for service providers.<sup>22</sup> In **Portugal**, quality standards for homelessness services are set out in national legislation<sup>23</sup> and in a governmental decree.<sup>24</sup> Service providers must obtain licences requiring certain minimum standards regarding facilities and staff qualifications. However, some services, such as the provision of temporary accommodation through private rooms, are not considered services, and hence, remain unregulated (Pleace et al., 2019). Homelessness services in **Slovenia** are regulated by social assistance legislation. Furthermore, long-running services must be approved by Slovenia's Social Chamber (Pleace et al., 2019).

In **Spain**, quality standards are implied in the Constitution by the reference to “decent and adequate” housing (Art. 47). Similarly, housing provided under the Social Services Act (2001:453) in **Sweden** must be of good quality (Chapter 3, Section 3). However, we are not aware of any national guidelines or minimum standards for providers of emergency and temporary accommodation in either country.

**Austria** has no nation-wide quality standards for emergency and temporary accommodations. The provision of homelessness services is the responsibility of the Federal States. However, only three out of the nine federal provinces (Vienna, Upper Austria, and Lower Austria) have developed legal quality standards for homeless services (Pleace et al., 2019). Similarly, **Germany** does not have legislated minimum quality standards for accommodation for the homeless, however, some minimum standards have been set by a higher court ruling that certain requirements (room size, heating, sanitary facilities, etc.) must be met (Hanesch, 2019). Also, national minimum standards for providers do not exist, however, NGOs paid to provide emergency accommodation are often required to commit to specific quality standards (Pleace et al., 2019).

**MEASURE: SUFFICIENCY OF PUBLIC RESOURCES FOR EMERGENCY AND TEMPORARY ACCOMMODATION**

20 SzCsM decree: [http://esziv.hu/torvenyek\\_rendeletek/1-2000\(1.7.\)SzCsM.pdf](http://esziv.hu/torvenyek_rendeletek/1-2000(1.7.)SzCsM.pdf)

21 National Quality Standards Framework for Homeless Services in Ireland:

<https://www.homelessdublin.ie/content/files/NQSF-Standards.pdf>

22 Kwaliteitseisen Beschermd Wonen en Maatschappelijke Opvang:

<https://vng.nl/sites/default/files/publicaties/2016/20160616-kwaliteitseisen-beschermd-wonen-en-maatschappelijke-opvang.pdf>

23 Lei de bases da habitação (Lei n. °83/2019).

24 Decree-law 64/2007 of March 14th and Resolution of the Council of Ministers 107/2017

Regarding processes, we need to assess whether the right to emergency and temporary accommodation is guaranteed in practice. To this end, we focus on the amount of public financial resources dedicated to ensuring this right and the number of places provided.

There is no comparative data on public expenditure on emergency accommodations (Baptista & Marlier, 2019). Furthermore, in most countries it is provided both by municipalities and non-public organisations such as NGOs and churches (Pleace et al., 2018), which further complicates evaluating the extent and quality of service provision. On a general level, however, funding for policies to fight homelessness and housing exclusion (HHE) in European countries has been described as inadequate and insufficient. Specifically, this was reported for (some aspects of) HHE policies in **Belgium, Germany, Hungary, Finland, Ireland, Portugal, and Slovenia**, but not for **Austria, Spain, Sweden** and the **Netherlands** (Baptista & Marlier, 2019). Furthermore, significant *within-country* differences in funding are observed in many European countries including, **Austria, Germany, Spain**, the **Netherlands** and **Sweden** (Baptista & Marlier, 2019).

One important dimension of resources is staffing. Low wages and jobs are often linked to an overall lack of funding and a challenging environment in many European countries (Batista et al., 2020). Staff working in shelters and other forms of emergency accommodations were reported to be particularly likely to suffer from workplace-related stress and burnout, often linked to a lack of resources and poor working conditions. In several countries including the **Netherlands, Spain** and **Portugal**, emergency accommodations face challenges in recruiting and retaining staff (Baptista et al., 2020).

**MEASURE: HOMELESS PERSONS HAVE ACCESS TO EMERGENCY AND TEMPORARY ACCOMMODATION**

At the level of outcomes, it is important to measure whether people in need are indeed able to access emergency and temporary accommodation. One way of doing this is to compare the number of people living rough (ETHOS-Light category 1) with the number of homeless persons living in emergency accommodations (ETHOS-Light category 2).

**Table 27. Number of people living rough & number of people in emergency accommodation**

	AT	DE	ES	FI	HU	IE*	NL	PT	SE	SI
ETHOS-Light cat. 1 (people living rough)	n.d.	52,000	3,149	n.d.	2,300	156	n.d.	1,443	647	n.d.
ETHOS-Light cat. 2 (people in emergency accommodation)	n.d.	n.d.	n.d.	n.d.	n.d.	127	n.d.	210	1,229	1,918
Total categories 1 and 2	13,926	n.d.	n.d.	238	n.d.	283	30,500	1,653	1,876	n.d.
Ratio cat. 1/ cat. 2						1.2		6.9	1.3	
Reference year	2017	2017	2012	2018	2019	2016/18	2016	2018	2017	2017

Source: Data for Sweden from (NBHW, 2017). Data for all other countries collected from different sources by Baptista & Marlier, 2019, pp.30-32.

\*Data for Ireland only covers Dublin

Within our sample only **Portugal**, **Sweden**, and **Ireland** (only for the Dublin region) report data disaggregated for both categories. In **Sweden** and **Dublin**, slightly more people live rough than there are in emergency accommodations. In **Portugal**, the ratio is significantly higher with about seven times more people sleeping rough than in emergency accommodations. A certain number of people may prefer sleeping rough to emergency accommodations. Nevertheless, the significant share of people living rough instead of using emergency accommodations in those countries for which data are available suggests an undersupply of emergency housing services. This result is in line with the earlier reported insufficient and inadequate resources available for HHE policies.

**MEASURE: THE QUALITY OF EMERGENCY AND TEMPORARY ACCOMMODATION MEETS PEOPLES' NEEDS.**

In addition to the quantity of temporary accommodations, their quality from the perspective of users is important. Data on user satisfaction is rarely collected for housing services for the homeless and even less for users of emergency accommodations which tend to have a high turnover of clients. However, in all ten countries except for **Slovenia** qualitative reports collected by Pleace et al. (2019) indicated problems in at least some emergency accommodations (Table 28).

**Table 28. Reporting poor standards of emergency accommodation**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Reports of problems with standards in some emergency accommodation	✓	✓	n.d.	✓	✓	✓	✓	✓	n.d.	x

Source: Pleace et al., 2019

Problems regarding the (perceived) quality of accommodation vary in severity from lower quality (e.g., less spacious) accommodation to very basic emergency shelters especially during peak periods (e.g., the use of mattress on the floor instead of beds) and clients feeling physically unsafe. Specific problems include a rise in lower quality shelters in **Germany** in response to rising numbers of homeless. Furthermore, low quality (mattresses on the floor) is common for winter shelters in large German cities. Significant problems were also found in **Hungary**, where surveys published in 2013 and 2014 found that a majority (54%) of respondents felt unsafe in homeless services. Furthermore, emergency accommodations were described as inadequate, dirty, and infected with insects. Similarly, temporary shelters in **Ireland** have been described as being of low quality, unsafe and exposed to drug use (Pleace et al., 2019).

### 4.3.3 Housing-focused support services

Housing-focused support services cover housing-led services and Housing First services for individuals with high and complex needs (Pleace, Batista & Knutagård, 2019). As the names imply, these services follow a philosophy according to which homeless individuals with additional needs should first be provided with housing before other needs and challenges are addressed. For example, homeless individuals with substance use challenges should be provided with housing empowering *before* their substance use is addressed. This approach stands in contrast to the “staircase” model of homeless policy which assumes that homeless individuals must be made “housing ready” before they are provided with accommodation.

Housing-led services and Housing First services follow the same basic philosophy but are targeted to different groups. Housing-led policies are aimed at the general population and Housing First services focus on homeless individuals with high and complex needs. Consequently, rapid rehousing and housing-led services tend to provide only housing. Housing First services, in contrast, combine housing with intensive support services for people with *high and complex needs* to enable them to “live in their own independent homes, exercising a very high degree of control over the nature of the support they receive” (Pleace, Batista and Knutagård, 2019, p.6).

Evaluations from various countries have found the Housing First approach to be highly effective in reducing homelessness among individuals with high and complex needs (O’Flaherty, 2019). For this reason, the principal focus of this section is on Housing First services.

**MEASURE: EXISTENCE OF NATIONAL OR REGIONAL OR LOCAL STRATEGIES PROMOTING THE USE OF HOUSING FIRST (HF) OR HOUSING-LED (HL) SERVICES**

On the structure level, we follow Pleace, Batista and Knutagård (2019) and as one important indicator we consider whether Housing First is explicitly being promoted in national, regional, and local strategies to combat homelessness.

**Table 29. National Homelessness Strategy**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
National homelessness strategy	x	x	✓	✓	x	✓	✓	✓	x	x
HF/HL services part of the national strategy	n.a.	n.a.	✓	✓	n.a.	✓	x	✓	n.a.	n.a.
Regional or local homelessness strategies	✓	✓	✓	✓	x	✓	✓	✓	✓	x

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
HF/HL services part of regional or local strategies	Often	Some - times	Very often	Very often	n.a.	Not often	Some - times	Very often	Some - times	n.a.

Sources: Weinzierl, Wukovitsch, & Novy, 2016; Pleace, Batista and Knutagård, 2019; OECD, 2020a. See the Annex for more details.

The table above shows the framework by Pleace, Batista and Knutagård (2019) updated with data from the OECD Affordable Housing Database (OECD, 2020a) and additional research. Out of the ten countries analysed here, four (**Spain, Finland, Ireland, and Portugal**) have a national strategy and regional and/or local strategies to combat homelessness which include the Housing First approach. **Finland** has been and still is the frontrunner in the application of Housing First in Europe. The country first introduced the Housing First approach in 2008 and has since made it the cornerstone of its fight against homelessness. The latest national action plan (AUNE 2016 -2019) continues this approach.

**Sweden** has regional or local strategies to combat homelessness of which some include the Housing First approach. **Germany** and **Austria** have regional and local strategies, but we find no comparable data on the extent to which those follow the Housing First approach. Nevertheless, there is evidence of the use of Housing First approaches in some cities. For example, the Housing First approach has gained prominence in **Vienna** since 2012 due to the coordinated support of several service providers and financing provided by the Vienna Social Funds (Weinzierl, Wukovitsch, & Novy, 2016). In Germany, the Housing First approach is being implemented in **Berlin** and **North-Rhine Westphalia**, but the adoption of this new approach remains slow (Pleace, Batista and Knutagård, 2019). **Slovenia** and **Hungary** are the only two countries in our sample which have no homelessness strategies.

#### MEASURE: HOUSING FIRST AND/OR HOUSING-LED PROGRAMMES ESTABLISHED AND OPERATING

At the process level, it is important to assess whether programmes exist to provide Housing First and housing-led services, because there may be large gaps between the commitment to policies in strategies and their actual implementation (Pleace, Batista and Knutagård, 2019). Discrepancies can exist especially when it comes to the supply and quality of services. Therefore, at the process level, we consider the existence of housing-led and Housing First programmes. Furthermore, we include the fidelity of Housing First services to the Housing First concept as a measure of service quality.

**Table 30. Established and operating Housing First programmes**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Housing First programmes established and operating	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Source: Pleace, Batista and Knutagård, 2019

All ten countries analysed here have some Housing First programmes in operation. However, the size of these programmes differs significantly (see also the number of places offered in HF services reported below). **Finland** is most advanced in the use of Housing First services. The country adopted the HF principles in 2008 and it is the only country in Europe using it as its principal approach to fighting homelessness (Pleace, Baptista & Knutagård, 2019).

All other countries in our sample have so far only implemented individual Housing First projects. For example, **Austria** and **Ireland** both piloted Housing First programmes in their respective capitals. In **Vienna**, the Viennese Social Fund has supported a HF initiative implemented by the NGO *Neunerhaus* since 2012 and in **Dublin** the first publicly funded HF project was started in 2011. In the **Netherlands**, Housing First services are present in many larger cities. **Amsterdam**, however, is the only city which so far has adopted HF as its principal approach to homelessness (Pleace, Baptista & Knutagård, 2019).

In **Sweden**, Housing First approaches are being implemented in several large cities, but it remains one among several services and there is no overall trend towards mainstream adoption (Baptista & Marlier, 2019). However, unlike in many other European countries where HF services suffer from a lack of resources, the level of funding for this approach in **Sweden** was described as adequate (Pleace, Baptista & Knutagård, 2019). The use of Housing First in **Portugal** has been concentrated on the **Lisbon** region and has, so far, remained limited in scope. Nonetheless, the philosophy of the HF approach has become increasingly mainstream in the country (Pleace, Baptista & Knutagård, 2019). The adoption of the 2019 Basic Housing Law which made housing a right for all Portuguese is in line with this trend.

In **Hungary**, the use of Housing First has been described as limited and constrained by a lack of funding and housing supply. There has been no evidence of a shift in policy in this country and a recent report noted that within the current context “even a limited expansion of Housing First was seen as not being possible” (Pleace, Baptista & Knutagård, 2019).

Whether the countries in our sample use a housing-led approach, i.e., whether services aimed at the general homeless population (not only those with high and complex needs) are focused on providing housing without any preconditions is not always entirely clear from the literature.

There is strong agreement that **Finland** applies a Housing First approach for all homeless. In addition, some experts have argued that service for the homeless in **Ireland**, the **Netherlands**, **Germany** and, in some regions of **Austria** broadly follow a housing-led approach. In **Spain**, **Sweden**, **Slovenia** and, even more so, in **Hungary**, most services for the homeless were found to not follow a housing-led approach (Pleace et al., 2018; Pleace, Baptista and Knutagård, 2019).

In contrast, a review by national experts suggested that **Austria**, **Germany**, **Ireland** and the **Netherlands** (as well as **Portugal**, **Sweden**, **Spain** and **Slovenia**) continue to predominantly rely on a staircase approach: the idea that homeless people must achieve some degree of “housing-readiness” before they can be offered accommodation (Baptista & Marlier, 2019).

Regarding the quality of Housing First services, we follow Pleace, Batista & Knutagård (2019) and use the fidelity of services, that is the degree to which Housing First approaches implemented in the different countries comply with the eight core principles of the Housing First approach outlined in the Housing First Guide Europe (Pleace, 2016).

**MEASURE: HOUSING FIRST APPROACHES FOLLOW ALL EIGHT CORE PRINCIPLES OF THE HOUSING FIRST APPROACH OUTLINED IN THE HOUSING FIRST GUIDE EUROPE**

The eight principles are the following:

- Housing is a human right.
- Users have choice and control over how to live their lives and what services they receive.
- Housing and treatment are separate. Users are not required to engage in treatment to gain or retain access to housing.
- Services are oriented towards providing recovery.
- Services aim at harm reduction.
- Users are engaged actively without coercion.
- Person-centred planning: services are oriented towards users' individual needs.
- Flexible support for as long as required.

Data collected by Pleace and his co-authors (Pleace, Batista and Knutagård, 2019) (see Table 31 below) show that most European countries follow the core principles as guiding principle in the development of Housing First policies. This may in part be due to the fact that many European countries did not develop their own Housing First concepts, but directly follow established concepts including the Housing First Guide Europe (Pleace, Batista and Knutagård, 2019).

**Table 31. Housing First approaches follow the eight core principles?**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
HF approaches follow the eight core principles	✓	n.d.	x	✓	x	✓	✓	✓	✓	x

Source: Pleace, Batista and Knutagård, 2019

The following are exceptions: the (limited number of) Housing First services offered in **Hungary** are not based on the understanding of housing as a human right, do not engage users actively and do not provide long-term flexible support. In **Slovenia**, the limited services being offered lack the required separation of housing and treatment, do not guarantee users choice and control, or are not aimed at providing recovery. In Spain, housing and treatment are also not separated. Finally, **Germany** does not yet have fully developed Housing First services. However, the country is in the

process of changing its services for the homeless in accordance with the Housing First approach (Pleace, Batista and Knutagård, 2019).

Housing First services have been found to be highly effective in ending homelessness for people with high and complex needs. For example, Pleace, Baptista & Knutagård (2019) report estimated housing sustainment rates among people of high and complex needs of between 70% and 96% across several European countries. This suggests that those who can access Housing First services are highly likely to exit homelessness, at least for the duration the services are offered.

#### MEASURE: NUMBER OF HOUSING FIRST PLACES OFFERED

Against this background, it would be most useful to know what share of individuals in need of this type of services do in fact receive them. Unfortunately, we are unaware of robust comparative data on the number of homeless persons including those with high and complex needs. However, the estimated number of Housing First services per 100,000 inhabitants can be used as a rough proxy (see table below).<sup>25</sup>

**Table 32. Access to HF services**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
(Estimated) number of places in HF services offered (2018, total)	200-500	n.d.	500-1000	1000-3000	50-200	50-200	1000-3000	100	558	55-65
Per 100,000 habitants	2.3-5.7	n.d.	1.1- 2.1	18.1-54.4	0.5-2.0	1.0-4.1	5.8-17.5	1.0	5.5	2.7-3.1

Source: Pleace, Baptista & Knutagård, 2019; own calculations

Considering the lack of hard data, these values should be interpreted carefully. Nevertheless, the table clearly shows **Finland's** role as frontrunner in the provision of Housing First services, especially considering the relatively small population size of the country (5.5 million). **Sweden** and the **Netherlands** offer the second most places per 100,000 habitants of the selected countries, followed by **Austria**, **Slovenia** and **Ireland**, and **Spain**, **Hungary**, and **Portugal**. We are not aware of comparable data for **Germany**.

<sup>25</sup> The data for most countries are estimates by national experts collected by Pleace, Baptista and Knutagård (2019). Only Sweden collects actual data.



## 4.4 Domain IV: Social security and access to adequate income

In this subchapter on social security and access to adequate income, we cover five dimensions of monetary benefits and social security services that are the most relevant to homeless people: minimum income benefits, unemployment benefits, basic or minimum pensions, housing allowances and low-threshold services supporting the access to benefits and employment services. Welfare policies featuring broad universal benefit provisions coupled with properly targeted measures seem to play an important role in preventing and combating homelessness. For example, in **Sweden** and in the **Netherlands** benefit levels are comparatively high. However, **Germany** also provides efficient protection with well-targeted support measures. Worse outcomes are found for the Mediterranean and some of the Central and Eastern European Member States (European Commission, 2013).

Social protection policies both reducing the risk of homelessness and helping to overcome homelessness exist in the context of mainstream social protection and housing policies. Related cash benefits for out-of-work or low-income groups are frequently spread across several social protection branches (OECD, 2015a; 2019a).

For persons of working-age, there are two layers of support in case of unemployment: unemployment insurance and – for those who are not or no longer entitled to insurance benefits or only to low amounts to be topped up – secondary benefits like social assistance or minimum-income benefits. In some countries, unemployment assistance is also available, and in most cases, it is located somewhere in between. Basic and minimum pensions should provide an income floor for older people and can be either residence- or contribution-based. Housing allowances represent demand-side support for meeting rental and other housing costs (OECD, 2019b; 2019e).

In the following subchapters we discuss these four benefit types with a focus on homeless people. Due to the limited amount of data available on the take-up of these benefits by homeless people, we resort to drawing conclusions from the general population where necessary.

### 4.4.1 *Minimum income benefits*

Minimum-income and social assistance benefits secure a minimum standard of living. They have a particularly important role as last-resort safety nets for the long-term unemployed. Given that a lack of employment and income frequently coincide with homelessness, these benefits have an important prevention function. Furthermore, they often represent the only form of financial benefit available to already homeless people (Baptista & Marlier, 2019; Martin & Bertho, 2020; OECD, 2019b).

## MEASURE: EXISTENCE, TYPE OF BENEFIT

Related to the structural level, almost all EU countries provide some form of minimum income benefits. They are financed through taxes, as they represent non-contributory schemes of last resort. Among the ten countries in focus, **Hungary, Ireland, the Netherlands, and Portugal** have central financing and organisation. A mix between central and local government level in both areas occurs in **Austria, Germany, and Spain**. **Finland** and **Sweden** feature local financing and local organisation, while central financing and a mixed organisation takes place in **Slovenia** (Crepaldi et al., 2017; ICF & European Centre, 2019).

Based on MISSOC (EU's Mutual Information System on Social Protection) tables the minimum income schemes were also classified concerning implementation principles (see Table 33). They were distinguished between the following:

- those guaranteed uniformly at national level versus those diversified at regional or local level or in between;
- universal schemes versus categorical ones (benefits providing minimum resources to particular population groups such as the unemployed, the elderly, the disabled, the working poor, etc.; each category may have their own criteria);
- simple and comprehensive schemes open to all in need versus those characterised by a network of different benefits and
- those based on subjective rights (all ten countries in focus) versus those more discretionary (based on assessments made by administration or social workers) (Crepaldi et al., 2017).

Although there are also exceptions to this rule, in terms of adequate coverage of people at risk of poverty, 1) universal, 2) simple and comprehensive schemes, 3) based on subjective rights and 4) uniformly guaranteed benefits at the national level should be preferred.

**Table 33. Government level and implementation characteristics of minimum income schemes, 2016**

	Level Finance/ Organisation	Uniform/nat. vs. diversified/local level	Universal vs. categorical	Simple/comprehensive scheme vs. network of different benefits	Based on subjective rights vs. discretionary
AT	Mixed/Mixed	Regional	Universal	Simple comprehensive	Subjective right
DE	Mixed/Mixed	National	Categorical	Network of benefits	Subjective right
ES	Mixed/Mixed	National/ local	Categorical	Network of benefits	Subjective right
FI	Local/Local	Local	Universal	Comprehensive	Subjective right
HU	Central/Central	National	Categorical	Simple comprehensive	Subjective right
IE	Central/Central	National	Universal	Network of benefits	Subjective right
NL	Central/Central	National	Universal	Simple comprehensive	Subjective right
PT	Central/Central	National	Universal	Simple comprehensive	Subjective right
SE	Local/Local	National	Universal	Simple comprehensive	Subjective right
SI	Central/Mixed	National	Universal	Simple comprehensive	Subjective right

Source: Crepaldi et al., 2017 (information for AT partly inserted by the authors)

## MEASURE: ELIGIBILITY CONDITIONS

Eligibility conditions relate to the structural level. The basic conditions to qualify for minimum income benefits is for a person/household to lack the necessary resources (incomes and assets) and having no right to other (social) benefits (ICF & European Centre, 2019).

The access to minimum income benefits is usually restricted by citizenship and/or residency requirements. Migrants without residency status are usually not eligible. Asylum seekers are only granted temporary and limited protection. Other third country nationals are frequently only entitled to regular minimum income benefits after five years of residence. Economic migrants from EU and EFTA (European Free Trade Association) countries are required to have sufficient financial means for the duration of their intended stay in another Member State. This directive also enables national regulations to exclude EU citizens from public support (European Commission, 2013; Fuchs et al., 2017; Martin & Bertho, 2020; OECD, 2015a).

Local connection rules can exacerbate the challenges that homeless persons face in accessing minimum income benefits. Problematic rules include the requirement to have resided within a specific region or municipality for a specific period of time and the requirement to have a recognised postal address (potential problem e.g., in case of hidden forms of homelessness or if not recorded in local population registers).

People claiming minimum income benefits may be also required to accept any employment (incl. volunteering activities and community services) and training offers. Such activation requirements can create problems for homeless people given widespread health problems or a lack of self-confidence and self-governance (Crepaldi, 2019; EMIN, 2014).

For the ten countries in focus, Table 63 in the Annex provides an overview on the requirements for minimum income benefits related to citizenship, residence and activation measures.

## MEASURE: ADEQUACY AND EXPENDITURE

At the structural level, a low level of minimum income schemes is found in many EU countries. In their study, Baptista & Marlier (2019) mentions inadequate benefits in connection with homeless people in **Spain, Hungary, Ireland, and Portugal**, of the ten countries in focus. OECD statistics (2019b) show that minimum income benefits are usually significantly lower than commonly used poverty thresholds. Even when considering housing benefits on top, of the ten countries in focus, only **Ireland** and partially **Sweden, the Netherlands, Germany, and Austria** manage to bring respective incomes somewhat close to the poverty line of 60% of median weighted net household income. Particularly low levels are provided in **Hungary, Portugal, and Spain** (OECD, 2019b).

**Table 34. Adequacy of Minimum Income Benefits: Amount in % of median disposable household income, jobless person without children, including/excluding housing benefits, 2019**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Without housing benefits	28	21	28	22	14	36	44	21	16	30
With housing benefits	42	44	28	39	14	59	44	21	46	36

Source: OECD, 2019b

In addition to adequacy, at the procedural level, the level of spending on total social expenditure and, in particular, on social inclusion policies, is of significance. Even though there is no one-to-one correlation, higher levels of expenditure tend to be associated with better outcomes for homeless people (European Commission, 2013). In 2018, total social expenditure in all EU countries amounted to 26.7% of GDP on average, 0.6% were dedicated to social inclusion. Among the ten countries in focus, the highest rates for total social expenditure were found in **Finland, Austria, and Germany** (28% and more), while **the Netherlands** was top when considering only social inclusion (more than 1%). The lowest spending levels were registered in **Ireland and Hungary**.

**Table 35. Social Expenditure in % GDP, total/social inclusion, 2018**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Total	28.4	28.4	23.1	29.5	17.1	13.6	27.1	23.1	27.7	21.6
Soc. Incl.	0.5	0.3	0.2	0.8	0.1	0.1	1.4	0.2	0.8	0.7

Source: Eurostat, <https://ec.europa.eu/eurostat/de/web/social-protection/data/database> (7 January 2021)

#### MEASURE: ACCESS TO BENEFITS, COVERAGE AND NON-TAKE-UP

Existence and adequacy of benefits alone is not sufficient: at the outcome level, homeless persons must also access them. The number of recipients of out-of-work benefits does not only mirror differences in benefit entitlement rules (incl. other available benefits), but naturally also differences in employment rates and unemployment risks. Particularly in the aftermath of the financial crisis the coverage rates also reflect potential policy changes that might have adapted eligibility conditions. In addition, changes in the composition of unemployed or working people with low incomes might have led to a different number meeting these conditions.

On average, the share of working-age individuals receiving minimum income benefits in OECD-countries amounted to 2.5% in 2016. Among the ten countries in focus, benefit recipients' rates were highest in **the Netherlands** (close to 5%) and lowest in **Germany** (less than 1%) (OECD, 2019b).

**Table 36. Recipients of minimum income benefits in % of the working-age population, 2016**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
MIB	3.1	0.7	1.0	3.8	2.1	2.1	4.6	1.4	3.5	3.8

Source: OECD, 2019b

Even people who are legally eligible for minimum income benefits may not claim them. This results in the problem of non-take-up. General explanations for this phenomenon include objective and subjective barriers referring to complex benefit schemes, untransparent administration, lack of information and stigmatisation effects, etc. (Eurofound, 2015).

Compared to the overall population, homeless persons face even more limited access. A problem related to eligibility per se consists of potential requirements to have a stable contact address and to be registered as legal resident (see also section 3.4.5 below). In addition, countries tackle risks of fraud by intensifying elements to document eligibility, which might be especially difficult for homeless people. Related to administration errors and deferrals, hardly any homeless person will appeal or even take up rights before the courts. Homeless people frequently lack resources to navigate through complex administrative procedures. Information on social benefits schemes per se and how to claim them are scarce. In turn, specific requirements for homeless people are also often complex to understand for administrative staff. Processes to grant assistance rely partly on discretionary individual assessments.

Finally, related primarily to homeless persons, there might be a subjective lack of need, a general lack of trust in institutions, or a reservation against claiming a benefit considered as unsuitable or stigmatising. Also, welfare officials' behaviour towards homeless claimants can be perceived as humiliating. Migrants with basic residence permit might be afraid that the latter will be withdrawn in case they make it evident they are dependent on social assistance (Crepaldi et al., 2017; Crepaldi, 2019; EMIN, 2014; EMIN, 2015; ICF & European Centre, 2019; Martin & Bertho, 2020).

Empirical evidence, however, partly dating back several years, for the ten countries in focus suggests that non-take-up of minimum income benefits in general is a widespread problem.

**Table 37. Estimates of non-take-up rates of minimum income benefits**

AT	Minimum Income Benefit ( <i>Bedarfsorientierte Mindestsicherung</i> ); 2015: 23-37%
ES	n.d.
DE	Social assistance ( <i>Grundsicherung</i> ) working age, pension age, disabled; 2008: 34-43%
ES	Pension benefit uninsured elderly ( <i>pensión de jubilación no contributiva</i> ); 2004: 40-66%
FI	Social assistance ( <i>toimeentulotukea</i> ); 2010: 55%
HU	Regular social assistance ( <i>rendszeres szociális segély</i> ); 2003: 43-45%
NL	Supplementary minimum income ( <i>aanvullende bijstand</i> ); 2003: 68%
PT	Minimum guaranteed income (RMG); 2001: 72%
SE	General social assistance ( <i>Ekonomiskt Bistånd/Socialbidrag</i> ); 2001: 31%
SI	n.d.

Source: Fuchs et al., 2020; Eurofound, 2015

There is no specific quantitative information available on non-take-up among people affected by homelessness. However, given the multiple barriers homeless persons face to accessing benefits, it can be assumed that non-take-up is even more appropriate for this group. This is in line with findings that the homeless are most frequently not being adequately covered by minimum income benefits (Crepaldi et al., 2017; Frazer & Marlier, 2016).

Several reports indicate diverse issues and requirements related to local connection rules, existence of a valid address, or obligation to apply for benefits via shelters or service centres for **Austria, Spain, Hungary, Ireland, the Netherlands, and Slovenia** (Baptista & Marlier, 2019; Crepaldi, 2019; EMIN, 2018; Baptista et al., 2015; Frazer & Marlier, 2016; ICF & European Centre, 2019; Van Lancker, 2014).

A specific qualitative report (EMIN, 2014) suggests that non-take-up increases when homeless people are left to manage on their own. Thus, it appears to be higher amongst rough sleepers and those staying with friends than amongst those in homeless accommodation. Take-up rates for benefits can be increased through targeted support by administrations, low-threshold services, social workers, and NGOs. Promising examples of such forms of support are discussed in section 4.4.5.

#### *4.4.2 Unemployment benefits*

Among income-replacement transfers, unemployment benefits have a central role in stabilising the incomes of unemployed persons and jobseekers as well as in facilitating access to associated employment support programmes and other re-integration measures. As such, unemployment benefits play an important role in preventing joblessness and financial hardship which can lead to homelessness.

##### **MEASURE: EXISTENCE, TYPE OF BENEFIT**

Related to the structural level, contributory first-tier benefits (i.e., unemployment benefit) are available in all countries. Second-tier benefits (i.e., unemployment assistance) cover unemployed persons who are not (or no longer) eligible to first-tier benefits and are – among the ten countries in focus – available in **Austria, Spain, Portugal, and Sweden** (OECD, 2018a; 2020b). In the remaining countries only social assistance or minimum income benefits are provided instead.

##### **MEASURE: ELEGIBILITY CONDITIONS**

General coverage trends related to unemployment benefits (see further below) depend on a number of interacting factors. In terms of structural measures related to benefit requirements, qualifying period and activation-related behavioural conditions are decisive (also) for initial support, while limited benefit durations might exclude longer-term unemployed from support.

Most unemployment benefits in EU Member States are contributory and eligibility is conditional on employment requirements. Within the contributory first tier, claimants in **Austria, Germany, Spain, Hungary, Portugal** need to be employed for up to one year before qualifying for the first time,<sup>26</sup> while the qualifying period spans only six months in **Finland**, the **Netherlands** and **Sweden** (OECD-average around twelve months). The reference period varies between nine months in the **Netherlands** and six years in **Spain** (OECD average around 24 months). Employment requirements also apply to some second-tier benefits. In **Spain** and **Portugal**, both minimum time in employment and reference periods are shorter compared to first-tier benefits, while there is no corresponding difference in **Austria** and **Sweden** (OECD, 2018a; 2020b).

**Table 38. Minimum contribution length for entitlements to unemployment benefits, number of months, 2020**

	1 <sup>st</sup> tier minimum time	1 <sup>st</sup> tier reference period	2 <sup>nd</sup> tier minimum time	2 <sup>nd</sup> tier reference period	Minimum time for further qualifying period (if different from col. 2)
AT	12.0	24.0	12.0	24.0	7.0
DE	12.0	30.0	n.a.	n.a.	n.a.
ES	11.8	72.0	6.0	12.0	n.a.
FI	6.0	28.0	n.a.	n.a.	n.a.
HU	11.8	36.0	n.a.	n.a.	n.a.
IE	9.0	12.0	n.a.	n.a.	n.a.
NL	6.0	9.0	n.a.	n.a.	n.a.
PT	11.8	24.0	5.9	12.0	n.a.
SE	6.0	12.0	6.0	12.0	n.a.
SI	9.0	24.0	n.a.	n.a.	n.a.

Source: OECD, 2018a; 2020b

The OECD indicator of overall strictness of behavioural requirements to receive unemployment benefits includes three areas. Availability relates to availability requirements for work while participating in active labour market policies and the type of job offers benefit recipients are obliged to take up. Monitoring relates to requirements to report active job search. The third area covers sanctions applied if recipients refuse job offers or violate participation requirements. The indicator suggests that of the ten countries in focus, total behavioural requirements are tightest in **Portugal** and **Slovenia**, and are comparatively lenient in **Hungary** (Langenbucher, 2015; OECD, 2018a). As other unemployed, homeless people will also have to comply with those behavioural requirements and, for example demonstrate that they are looking for work and willing to participate in integration measures and to accept suitable job offers (ICF & European Centre, 2019).

<sup>26</sup> In Austria, in a further qualifying period seven months are sufficient.

**Table 39. Behavioural criteria to maintain eligibility to unemployment benefits, 2014**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Total	2.89	3.14	2.66	2.72	2.06	2.77	3.32	4.08	3.36	4.01

Source: OECD, 2018a; Note: Total refers to the sum of the countries' availability, monitoring and sanctions. Scores from 0=least strict to 15 (3\*5) =most strict.

Maximum benefit durations for unemployment benefits span from three months in **Hungary** to an unlimited duration in **Austria, Germany, Finland, and Ireland** offering (means-tested) assistance benefits as a follow-up to first-tier insurance benefits. In the majority of the ten countries in focus, namely in **Austria, Germany, Finland, the Netherlands, Portugal, and Slovenia**, because of (supposed) greater difficulties in finding a new job, older unemployed persons can receive first-tier benefits for a longer period of time, in **Finland** from 60 years on even until the retirement age (OECD, 2018a; 2019h).

**Table 40. Maximum duration of unemployment benefits (single without children and full contribution record), depending on age, 2018**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
1 <sup>st</sup> tier all ages/ 25-49	7.8 (25-49)	12 (25-49)	24 (all)	18.5 (25-49)	3 (all)	9 (all)	23.4 (25-49)	11.64 (25-49)	13.8 (all)	8.9 (25-49)
1 <sup>st</sup> tier higher age if different	12 (50-65)	17.7 (50-59)	n.a.	23 (50-59)	n.a.	n.a.	28 (50-65)	12 (50-65)	n.a.	12 (50-65)
1 <sup>st</sup> tier higher age if different	n.a.	24 (60-65)	n.a.	unl. (60-65)	n.a.	n.a.	n.a.	24 (65)	n.a.	n.a.
2 <sup>nd</sup> tier (if any)	unl.	unl.	n.a.	unl.	n.a.	unl.	n.a.	12	n.a.	n.a.

Source: OECD, 2018a; 2019h; unl. = unlimited

Although, as already mentioned above, unemployment benefits seem to be more relevant for the target group from a preventative perspective, already homeless persons can also receive those benefits (if other entitlement criteria are met), as a stable place of residence does not necessarily represent a requirement (Wolfe, 2020).

#### MEASURE: ADEQUACY AND EXPENDITURE

Related to the structural level, in most countries the levels of first-tier unemployment benefits are significantly higher than those of (long-term) unemployment assistance or minimum income benefits. On average, the net replacement rate (benefit amount relative to the income from work before) is 58% in the initial phase of unemployment for a single person without children and 29% in case of long-term unemployment. Among the ten countries in focus, the corresponding



difference according to the duration of unemployment is highest in **Portugal, Hungary, and Spain**. These three countries also offer the lowest benefits to long-term unemployed. In contrast, the decrease is slightest or even inexistent in **Ireland and Austria**, which together with **the Netherlands** also provide the highest levels of benefits in case of long-term unemployment (OECD, 2019b).

Thus, while in the initial phase of unemployment, benefits still seem to be (somewhat) adequate in all ten countries in focus, replacement rates in the case of long-term unemployment are below 40%, and thus, tend to be insufficient in at least half of the countries.

**Table 41. Net income out of work in % of in work, 2018**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Initial phase of unemployment	55	59	56	56	46	46	74	75	50	62
Long-term unemployment	51	34	23	45	10	47	50	17	41	34

Source: OECD, 2019b; Note: single without children, 40-years, previous earnings at average wage

Of the ten countries in focus, at the process level, the highest public expenditure for passive labour market programmes, i.e., unemployment benefits, is recorded for **Finland, Spain, and the Netherlands** (more than 1.5% of GDP), while the lowest spending is found for **Hungary and Slovenia** (less than 0.5% of GDP).

**Table 42. Public expenditure on passive measures within labour market programmes, % of GDP, 2017**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Passive measures	1.41	0.75	1.51	1.58	0.22	0.84	1.51	1.04	0.53	0.43

Source: OECD, 2020b

## MEASURE: COVERAGE

In addition to benefit entitlement rules (see above), employment rates and unemployment risks, the outcome measure of coverage rates of unemployment benefits depends also on other factors including demographics (e.g., ageing, migration) and labour-market conditions, although respective changes may also influence policy rules. Finally, although less relevant for unemployment benefits, those who qualify for benefits may not take them up if claiming costs are perceived as high relative to benefit levels, if information is scarce, or if there are other access barriers in place (see also above 4.4.1 for minimum income benefits).

A trend analysis for selected countries suggests that the changing composition of jobseekers during the early years of the financial crisis of 2008 was a major driver of increasing unemployment benefit coverage. The rise also reflected an inflow of claimants at the beginning of their unemployment spell featuring sufficient work histories to be entitled. Policies to make benefits available to a larger target group also extended coverage during this period in some countries. However, these increases

were to a wide extent reversed during more recent years and may also have led to the outcome that the preventative function of unemployment benefits to homelessness shrank. The coverage gap widened, because many unemployed persons exhausted their rights to benefits, due to the increase in long-term unemployment, migration inflows, and the rising numbers of jobseekers without sufficient work history as labour markets tightened during the recovery. Policy reforms in several countries, like tightening entitlement conditions or shortening benefit durations, also contributed to opening the gap.

Maintaining sufficient coverage rates also represents a focus in the “Future of Work” debate. Unstable career patterns, new forms of (atypical) employment and a greater job risk due to automation and digitalisation challenges traditional forms of social protection. One key question is whether the resulting shortening of job tenures further erodes the accessibility of income support in case of unemployment and thus, further harms the preventative function of unemployment benefits.

Across 24 OECD countries, less than 25% of jobseekers received unemployment benefits in 2016. Of the ten countries in focus, coverage rates were at 20% or below in **Slovenia**, **Sweden**, and **Portugal**. **Finland** and **Austria** had the highest coverage rates with around 50%. However, this means that even in those more “generous” countries, half of jobseekers receive no unemployment benefit (OECD, 2018a).

**Table 43. Coverage by unemployment benefits, ILO unemployed and discouraged workers, 2016**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
ILO unemployed	40.0	n.d.	22.9	42.7	19.5	n.d.	n.d.	18.3	16.6	13.3
Discouraged	8.1	n.d.	3.3	13.2	8.5	n.d.	n.d.	1.9	0.5	0.9
Total	48.1	n.d.	26.2	55.9	28.0	n.d.	n.d.	20.2	17.1	14.2

Source: OECD, 2019a; Notes: ILO unemployed: have actively sought work in the previous four weeks, can start working within the next fortnight; Discouraged workers: available for work but not actively looking for job. In some countries, benefits can also be received by people who have some work attachment or who are not available for work. Thus, the number of unemployment-benefit recipients can then be higher than suggested by the coverage rates.

Although, respective figures for homeless people are not available, we can assume that only a minority of already homeless people qualify for unemployment benefits due to the relatively strict eligibility conditions and requirements. Observed trends in overall coverage rates suggest that also the preventative function of unemployment benefits to homelessness lost ground, and again underline the importance of minimum income benefit for homeless persons.

### *4.4.3 Basic and minimum pensions*

Basic and minimum pensions provide a minimum standard of living in old age. Together with (general) social assistance and minimum income benefits, they are an important form of financial

support for older people, but with much lower access barriers. Thus, basic, and minimum pensions could help older people overcome homelessness and prevent others from becoming homeless in the first place. This is particularly important, as recent data in several countries have suggested that there is a sizeable cohort of homeless older people (**Sweden, Slovenia, Hungary**) (Baptista & Marlier, 2019).

#### MEASURE: EXISTENCE, TYPE OF BENEFIT

At the structural level, we find four ways within first-tier public pension systems in which countries might provide basic or minimum pensions. These can be either residence- or contribution-based:

- The benefit level within residence-based basic pensions is independent of previous earnings but may vary with the number of residence years. They exist in nine OECD countries, among them the **Netherlands** and **Sweden**.
- Eligibility for targeted plans like guarantee pensions and social assistance also depends on residence but is subject to a further means test. While all OECD countries provide these benefits for their residents, only in nine countries incl. **Germany, Finland** and **Sweden** are full-career workers with very low earnings entitled. The **Netherlands** does not provide such a benefit on top of a full residence-based basic pension.
- In a basic pension scheme only available to those with contribution periods, the benefit level is again independent of the earnings level, but may vary with the number of contribution years. Nine OECD countries, among them **Ireland**, feature this pension type.
- Minimum pensions refer to a floor within contributory schemes. They are currently found in 17 OECD countries, among them **Austria, Spain, Hungary, Portugal**, and **Slovenia**. In most cases, the means test only takes account of pensions rather than other incomes (OECD, 2019i).

**Table 44. Structure of first-tier basic, targeted and minimum pensions, current legislation (applying to new retirees in 2018)**

AT	Minimum (contribution-based)
DE	Targeted (residence-based)
ES	Minimum (contribution-based)
FI	Targeted (residence-based)
HU	Minimum (contribution-based)
IE	Basic contribution-based
NL	Basic residence-based
PT	Minimum (contribution-based)
SE	Basic residence-based/ Targeted (residence-based)
SI	Minimum (contribution-based)

Source: OECD, 2019i; Note: all countries provide targeted (residence-based) schemes, but only in DE, FI and SE full-career workers with very low earnings (30% of average) are entitled

#### MEASURE: ELIGIBILITY CONDITIONS

Regarding this structural measure, all three countries in our sample within basic residence plans (**Finland**, the **Netherlands**, **Sweden**) require 40 years of residence for the full benefit. However, for minimum eligibility only three years are necessary in **Finland** and **Sweden**, and only one year in the **Netherlands**. For the contribution-based basic pension in **Ireland**, 42.5 years of contributions are required for the full benefit, while ten years are needed for any benefit. Within minimum pension types in the ten countries in focus, the number of contribution years mandated for the full minimum-pension ranges from 15 years in **Austria** (thereof seven years related to employment), **Spain** and **Slovenia** to 31 years in **Portugal** (**Hungary**: 20 years). For the minimum eligibility, 15 contribution years are sufficient in **Austria**, **Spain**, **Portugal** and **Slovenia**, and 20 years in **Hungary**. There is also an age requirement to qualify for basic or minimum pensions. In the vast majority of the ten countries in focus, the age condition is settled around 65 and 66 years. The exceptions are **Austria** for women (60 years) and **Hungary** for both sexes (62.5 years) (OECD, 2015b).

**Table 45. Basic/minimum pensions: Years of residence or contribution required, retirement age, 2014**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Basic pension, min. eligibility	n.a.	n.a.	n.a.	3	n.a.	10	1	n.a.	3	n.a.
Basic pension, full benefit	n.a.	n.a.	n.a.	40	n.a.	42.5	40	n.a.	40	n.a.
Minimum pension, minimum eligibility	15	n.a.	15	n.a.	20	n.a.	n.a.	15	n.a.	15
Minimum pens., full benefit	15	n.a.	15	n.a.	20	n.a.	n.a.	31	n.a.	15
Retirement age basic/ minimum pensions	60/ 65	65.3	65.2	65.0	62.5	66.0	65.2	66.0	65.0	65

Source: OECD, 2015b (information for AT inserted by the authors)

For homeless persons in retirement age, the eligibility criteria for residence-based pensions should be easier to fulfil. Compared to (general) social assistance and minimum income benefits, on the procedural level, local connection rules and conditions related to a physical address should be less relevant, if at all.

#### MEASURE: ADEQUACY

At the structural level, in the case of residence-based basic pensions, on average, in OECD countries 17% of the gross average wage is reached. Among the ten countries in focus, the **Netherlands** provides 29.0% and **Sweden** 0.7%. The value of the benefit in targeted (residence-based) schemes depends on income from other sources and possibly also assets. Average pensions from these schemes are worth 16% of gross average wage in OECD countries (20% when on top of residence-based basic pensions). Highest levels above 25% are provided by **Portugal** and **Ireland**, levels around 20% by **Austria**, **Sweden**, **Germany**, **Spain**, **Slovenia**, and **Finland**, while **Hungary** secures only a level below 10%.

Within contributory schemes, the basic pension frequently takes the form of a flat rate benefit. The full benefit equals around 14% of the gross average wage on OECD average. **Ireland** provides a level of 27.0%. The minimum pension element acts as a top-up in many countries. The level, most often above the basic pension or social assistance one, reaches 25% of average earnings on OECD-average. While of the ten countries in focus **Austria, Spain, Portugal** and **Slovenia** provide a level of about 30%, in **Hungary** it is below 10% (OECD, 2015b; 2019i).

In sum, somewhat adequate benefit levels of around 30% of the gross average wage are only reached in the case of contributions-based schemes (**Austria, Spain, Ireland, Portugal, Slovenia**), which are rather difficult to qualify for homeless persons. Positive exceptions related to residence-based schemes (benefit level at least 25% of the gross average wage) are represented by the **Netherlands, Portugal** and **Ireland**.

**Table 46. Level of basic and minimum pensions, single, in % of countries' gross average wage, 2018**

AT	Targeted (residence-based): 22.0/ Minimum (contribution-based): 30.0
DE	Targeted (residence-based): 20.0
ES	Targeted (residence-based): 19.1/ Minimum (contribution-based): 34.2
FI	Targeted (residence-based): 17.2
HU	Targeted (residence-based): 7.9/ Minimum (contribution-based): 8.3
IE	Targeted (residence-based): 25.8/ Basic contribution-based: 27.0
NL	Basic residence-based: 29.0
PT	Targeted (residence-based): 28.2/ Minimum (contribution-based): 29.7
SE	Basic residence-based: 0.7/ Targeted (residence-based): 21.4 (=0.7+20.7)
SI	Targeted (residence-based): 17.4/ Minimum (contribution-based): 31.0

Source: OECD, 2019i

At the process level on public expenditure on basic and minimum pensions, there are no comparative data available.

#### MEASURE: COVERAGE

In terms of this outcome measure, the coverage rates by basic and minimum pensions depend on benefit entitlement rules (see above) including other available benefits, in particular other pension types. Potential non-take-up seems to be only a minor issue as objective and subjective barriers can be assumed to be low in comparison to (general) social assistance and minimum income benefits.

On average, residence-based basic pensions show the highest coverage (measured as share of recipients in persons 65+), in **the Netherlands** it amounts to 108% (exceeding 100% because of recipients younger than 65 years or living abroad). The variance in targeted (residence-based) schemes ranges from 35% and more in **Finland** and **Sweden** to less than 10% in **Hungary, Germany, the Netherlands, Spain, and Portugal**. Contribution-based basic pensions usually also feature a high

coverage, in **Ireland** it reaches 59%. The incidence of (contributory) minimum pension is usually correlated with the benefit level. They are received by almost 40% in **Portugal** and by 25% in **Spain**, while coverage is at 2% or below in **Hungary** and **Slovenia** (OECD, 2019i).

**Table 47. Recipients of basic and minimum pensions in % of population 65+, 2016**

<b>AT</b>	Minimum (contribution-based): 10
<b>DE</b>	Targeted (residence-based): 1
<b>ES</b>	Targeted (residence-based): 3/ Minimum (contribution-based): 25
<b>FI</b>	Targeted (residence-based): 41
<b>HU</b>	Targeted (residence-based): 0/ Minimum (contribution-based): 1
<b>IE</b>	Targeted (residence-based): 15/ Basic contribution-based: 59
<b>NL</b>	Basic residence-based: 108/ Targeted (residence-based): 1
<b>PT</b>	Targeted (residence-based): 6/ Minimum (contribution-based): 38
<b>SE</b>	Targeted (residence-based): 35
<b>SI</b>	Targeted (residence-based): 17/ Minimum (contribution-based): 2

Source: OECD, 2019i (information for AT corrected by the author)

Although respective figures for homeless people are not available, and overall coverage rates in % of the population 65+ are not very meaningful in terms of whether older people in need receive a basic or minimum pension (corresponding figures are also not available), they provide an argument that residence-based pensions could also be very effective for older people at risk of homelessness or already experiencing homelessness (see the example of the Netherlands with minimum criteria of one and full criteria of 40 years of residence, a benefit level of 29% and a coverage rate of more than 100%). It would be especially beneficial to the homeless if those benefits were less connected with stigma and other access barriers.

#### *4.4.4 Housing allowances*

Housing allowances represent demand-sided support provided to – in most cases – low-income households to meet rental and other housing costs. Thus, they are of utmost importance to prevent homelessness. Nowadays they are one of the most widespread instruments of housing support.

#### **MEASURE: EXISTENCE, TYPE OF BENEFIT**

At the structural level, countries may have a general system, complemented by specific supplements for housing costs within other benefits, in particular minimum income schemes. There are also benefits available focusing on specific groups like pensioners or young people, but also at persons at risk of homelessness (OECD, 2019e).

Housing allowances are mostly organised and financed at the national level. Exceptions are **Austria** and **Spain**, where housing allowances are provided by regional governments, while in **Hungary** they represent a municipal policy (Baptista et al., 2015; OECD, 2019c).

Benefits are usually supporting rent payments. However, in some countries they cover also housing costs (of the ten countries in focus in **Germany**, **Finland**, and **Sweden** and partly in **Austria** and **Hungary**) and other costs (partly in **Hungary**). These might include costs associated with home ownership, heating costs, insurance and service costs, waste collection fees and other charges (OECD, 2019e). A somewhat overlapping criterion is whether housing allowances are restricted to certain tenure types. Most commonly, they are available to tenants in the private rental market (this is the case for all countries in focus for which data are available). In **Austria**, **Germany**, **Finland**, **Hungary**, **the Netherlands** and **Slovenia** benefits are also available to tenants in social rental housing and in **Germany**, **Finland**, **Sweden** and partly in **Austria** and **Hungary** also open to homeowners (OECD, 2019f).

For the ten countries in focus, Table 64 in the Annex provides an overview of the key characteristics related to the level of governance, type of costs covered and tenure types available.

#### MEASURE: ELIGIBILITY CONDITIONS

Regarding this structural measure, the amount of housing allowances is usually determined by household income and size as well as the level of rental and other housing costs. The benefit amount is frequently capped to prevent overconsumption. In **Hungary** for new claims after February 2015 home maintenance aid is not available as common housing allowance but it is provided only as debt management service (OECD, 2018b; 2019f).

In some countries, eligibility is also conditional on other benefits. For example, in **Austria**, **Germany** and **Ireland** respective types of housing support are only available to recipients of minimum income or unemployment benefit. Other eligibility conditions can include a minimum net income from other sources, willingness to look for work (in particular, housing support within minimum income benefits), citizenship criteria or passing a wealth-test.

Some housing allowances, for example in **Finland**, **Portugal** or **Sweden** are dedicated to certain population groups like young adults, families with children or people in pension age (OECD, 2019f). However, some (general) housing allowance systems also restrict access for young people (only available for shared accommodation if at all, or only for a limited duration). Such restrictions are based on the argument that young people might stay longer with their parents. However, a difficult family situation can increase the risk for later homelessness (FEANTSA, 2015).

Compared to minimum income benefits, local connection rules are less widespread for housing allowances. Among the ten countries in focus, local connection rules were reported for **Austria** and **Hungary** but not for **Germany**, **the Netherlands** and **Portugal**. For **Ireland** it was mentioned that in areas where they exist, the private rented sector may not be accessible to homeless persons (Baptista et al., 2015).

Being of preventative nature per se, financial housing support may be also explicitly granted to avert homelessness. In **Germany** the provision of payments for rent arrears under social law should secure accommodation and prevent evictions. In turn, respective support in **Hungary** and **Portugal** is offered only by some municipalities and covers only parts of housing-related debts (Baptista & Marlier, 2019). In some countries, housing allowances can also be used to pay for temporary hostel accommodation (European Commission, 2013). In **Germany** housing allowances partly cover persons living in institutional care, while in **Ireland**, there is entitlement for persons in homeless accommodation (OECD, 2019f).

For the ten countries in focus, Table 65 in the Annex provides an overview of corresponding eligibility conditions.

#### MEASURE: ADEQUACY AND EXPENDITURE

When it comes to the structural measure of adequacy, several reports (e.g., Baptista et al., 2015; European Commission, 2013) suggest that housing allowances frequently only cover a small part of total housing costs. For single people, the level of the benefit will, in some cases, only cover the cost of a room in shared accommodation, which does not provide a sustainable solution to homelessness. Empirically, even when considering housing allowances, 9.3% of households were concerned by a housing cost overburden in the EU-27 on average in 2019. Among the ten countries in focus the rate is high in **Germany** (14%), followed by **the Netherlands**, **Sweden**, and **Spain** (around 10%). Low incidence (4% or less) was found in **Ireland** (2018), **Finland**, **Slovenia**, and **Hungary**.

**Table 48. Housing cost overburden rate, in % of all households, 2019**

	AT	DE	ES	FI	HU	IE*	NL	PT	SE	SI
Rate	7.0	13.9	8.5	4.0	4.2	3.4	9.9	5.7	9.4	4.1

Source: Eurostat; <https://ec.europa.eu/eurostat/statistics-explained/index.php> (7 January 2021);

Note: Households, in which the total housing costs net of housing allowance represent more than 40 % of disposable income; \*2018

Still, given that usually means-tested, rent allowances make up a larger share of income for low-wage earners. For the seven countries in focus where data are available (**Austria**, **Germany**, **Finland**, **Ireland**, **the Netherlands**, **Sweden**, **Slovenia**), housing allowances amount to more than 10% of gross earnings at the 10<sup>th</sup> percentile on average, while at the 50<sup>th</sup> percentile it is only 3%. Highest shares are documented for **Ireland** and **Slovenia**, while for **Sweden**, **Austria** and **Germany** rather low shares are observed (OECD, 2019g).



**Table 49. Average housing allowance as share of household earnings across wage distribution, 2018**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
At 10 <sup>th</sup> percentile	3.9	5.9	n.d.	10.2	n.d.	29.0	9.7	n.d.	2.0	13.4
At 50 <sup>th</sup> percentile	0.0	0.0	n.d.	0.3	n.d.	11.7	0.0	n.d.	0.0	6.5

Source: OECD, 2019g; Note: Average across for four family types (one earner couple, one earner couple with two children, single, lone parent with two children)

At the procedural level, on average across OECD countries, public spending on housing allowances is around 0.3% of GDP. Among the ten countries in focus, it is the highest in **Germany** and **Finland** (more than 0.7%), while **Portugal** and **Hungary** provide less than 0.05%. In **Austria**, **Germany** and **the Netherlands**, benefits are predominantly paid to tenants, in Central and Eastern Europe as well as in **Ireland**, owner households but with low incomes are the largest group of recipients. In **Sweden** allowances are paid to owners and tenants to a similar extent. In **Finland**, more than half of low-income households receiving benefits are renting at reduced price (OECD, 2019c; 2019e; 2019g).

**Table 50. Government spending on housing allowances, by type of housing-related costs covered, % of GDP, 2018**

	AT	DE	ES	HU	FI	IE	NL	PT	SE	SI
Rent and other housing costs (tenants and homeowners)	0.20	0.73	n.d.	0.03	0.89	0.00	n.a.	n.a.	0.29	n.d.
Rent (tenants)	n.a.	n.a.	n.d.	0.00	n.a.	0.12	0.52	0.01	n.a.	n.d.
Utilities (tenants and homeowners)	n.a.	n.a.	n.d.	0.00	n.a.	0.08	n.a.	n.a.	n.a.	n.d.
Total	0.20	0.73	n.d.	0.03	0.89	0.21	0.52	0.01	0.29	n.d.

Source: OECD, 2019e

#### MEASURE: COVERAGE

Several studies suggest that accessing housing allowances requires multiple bureaucratic steps. Eligible persons have to struggle through available benefit systems including social assistance/ minimum income benefit schemes and to collect the necessary information. Especially for those living in unstable housing conditions and for persons at risk of homelessness, it can be difficult to gain access. However, partly there is also corresponding support available: For example, in **Austria** social workers provide counselling services for tenants to advise how to access benefits, manage debts and pay rent on time. In **Sweden** housing companies cooperate with the relevant authorities to help tenants overcome financial difficulties (Eurofound, 2019; European Commission, 2013).

At the outcome level, following the fact that most countries target housing allowances at low-income households, also empirically the bulk of allowances are received by those households. While in the ten countries in focus the share of recipients among all households amounts to slightly more than 10%, the share in the bottom quintile exceeds 25% on average. One exception is **Portugal**, where middle-income households are more likely to receive benefits as they are mainly geared

towards household owners with a mortgage. Among bottom quintile households, the share of recipients is highest in **Ireland** and **Finland** with around 60% and lowest in **Spain**, **Portugal**, and **Slovenia** with 4% or less (OECD, 2019g).

**Table 51. Share of households receiving housing allowance, all and bottom quintile of disposable income distribution, in %, 2017**

	AT	DE	ES	FI	HU	IE	NL	PT	SI	SE
All (mean over quintiles)	3.71	7.25	1.58	18.87	4.13	42.90	14.18	6.90	1.31	10.61
Bottom quintile	13.20	27.79	3.50	57.27	11.32	60.82	45.24	3.70	4.11	38.27

Source: OECD, 2019g

#### *4.4.5 Low-threshold services supporting the homeless*

Low-threshold services supporting access to benefits and employment services can help to improve the living and financial situation of homeless persons, help them overcome access barriers to monetary benefits (see above) and increase benefit take-up.

For example, benefits can be made more accessible by improved design or by removing hurdles. In a situation of homelessness, it is important to reduce demanding procedures to a minimum. While online tools do potentially not represent an appropriate entry point, physical (one-stop-shop) entry points for contacts with public institutions, where homeless persons can access the benefits and services they need, are of utmost importance.

A similar promising approach is involvement and networking with NGOs. Practical support and information can be provided in day centres. “Detection” systems are in place in several countries, which assist in identifying people at risk and offering support. Outreach practices and mobile teams are effective in connecting homeless people with services and benefits they need. With the involvement of formerly homeless persons (“experts by experience”) in designing and delivering support it is possible to take users’ expertise into account. They can facilitate first contacts and lower the access threshold for homeless people.

Finally, tailored case management within a personalised and integrated approach seems to be very promising in accessing appropriate benefits and services. Such an approach takes the specific situation into account as well as the multiple and complex needs and involves a wide range of service providers including health (Crepaldi, 2019; European Parliament, 2017; ICF & EC, 2019; Pleace et al., 2018).

#### **MEASURE: LOW THRESHOLD SERVICES HELPING HOMELESS TO ACCESS BENEFITS**

Regarding this process measure, several examples of promising practices are used by the countries included in this study:

In the **Netherlands**, the high benefit take-up rate even among the hard-to-reach population of homeless people has been linked to high levels of cooperation between relevant institutions and motivated workers (Crepaldi, 2019). Furthermore, the country operates a special unit dedicated to outreach to homeless people. Members of this unit are trained in working with individuals with complex needs. In addition to helping the homeless access benefits, they provide advice on monetary affairs and other services for the homeless.

Municipalities and voluntary organisations in **Ireland** operate various outreach services. In Dublin, this includes the “Housing Assistance Payment place finder service” to help homeless people access housing (Waterfordcouncil, n.d.). In **Sweden** the Social Services Act (2001, 453) mandates municipalities to conduct outreach activities for the homeless. This includes providing information and helping with the application for benefits and services. In **Finland**, social services must ensure that vulnerable individuals can access benefits (ESPN Finland, 2019) and experts by experience are included in the development and design of policies and services (Pleace, 2017). In **Slovenia**, street outreach services offering support to the homeless, including applications for benefits, are provided by an NGO called Kings of the Street (*Kralji ulice*) (Stropnik, 2019). **Portugal** operates a strategy of actively signing up vulnerable people for benefits. Social services officials are required to start application processes for Social Integration Income (Crepaldi, 2019).

Several countries provide alternative forms of registering to people without a permanent residency for the purpose of receiving benefits. For example, homeless individuals in **Austria** can register an address in a shelter, day centre or service centre (ICF & EC, 2019). **Ireland** has recently launched an “address point” which allows homeless individuals to register a personal mail address with a local post office. In **Germany** a permanent address is not required for the receipt of unemployment or minimum income benefits (Crepaldi, 2019).

#### MEASURE: LOW THRESHOLD EMPLOYMENT SEEKING SERVICES

People affected by homelessness face many barriers to entering employment. These include health restrictions, a lack of training or appropriate education, lack of information on corresponding opportunities, lack of a permanent address, or stigma and lack of self-esteem and self-organization. Against this background, there is a need for employment services to consider and reflect the specific needs of the target group (FEANTSA, 2019).

At the process level, low-threshold employment seeking services are offered by different actors and institutions. For public employment services in 2016, the labour market policy database by Eurostat (2021) shows that three of the ten countries covered by this report (**Austria, Hungary, Portugal**) operate services or programmes specifically mentioning homeless individuals as target group.

**Table 52. Labour market policies in public employment services targeted at homeless, 2016**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Existence	Yes	No	No	No	Yes	No	No	Yes	No	No

Source: Eurostat LMP database 2021

In **Austria** the PES supports socio-economic enterprises and non-profit employment projects providing employment opportunities for hard-to-place individuals. Similarly, **Hungary** operates a public employment programme (*Közfoglalkoztatás*) targeted at disadvantaged groups. **Portugal** runs a subsidy programme on the Azores for companies employing or providing vocational training opportunities to disadvantaged individuals (*Mercado social de emprego*). All three initiatives include the homeless. In contrast, the lack of a transitional labour market providing employment opportunities for homeless individuals was described as a particular challenge in **Spain** (Carbrero et al., 2019).

In the **Netherlands** support with finding employment is provided also by social workers helping people in assisted housing – a service for people who can live independently but require some level of support (Oostven, 2019).

Finally, day centres often provide a range of services including supporting homeless in exploring education, training, and employment opportunities (Pleace et al., 2018). Furthermore, there are also dedicated NGOs aiming to help homeless individuals improve their skills and find paid employment. However, while there seem to be day centres and employment supporting NGOs in most European countries, we are not aware of any comparative data on the quality, funding, or availability of those services.

## 4.5 Domain V: Highest attainable standard of health and access to healthcare

In this subchapter on health and access to healthcare, we cover three dimensions which are the most relevant to homeless people: general and preventative healthcare, mental healthcare, and continuity in care. Homeless people consistently report poor health status, poor mental health and substance abuse (Fazel et al., 2014; Fazel et al., 2008; Mental Health Europe, 2013). This poorer image of health, combined with the many barriers preventing homeless people from accessing public services, warrants specialized services and policies which aim to provide these services without barriers and ensure follow-up care is received.

### *4.5.1 General and preventive healthcare*

Homeless people consistently report poor health status across a number of studies, particularly in comparison to the general population (Fazel et al., 2014; Nusselder et al., 2013). Among the health conditions reported are higher prevalence non-infectious diseases as well as infectious diseases such as tuberculosis or hepatitis C, a higher prevalence of smoking, substance abuse and other unhealthy behaviours, as well as increased risk of suffering injury or violence (Mackelprang et al., 2014; Fazel et al., 2014; Rákossy, 2019). As a result of ageing, there is an increasingly higher prevalence of chronic conditions and frailty among this population (Brown et al., 2012; Garibaldi et al., 2005). As a result, the mortality rate among homeless people is two to five times that of the general population (Fazel et al., 2014) and life expectancy tends to be 20 years shorter (Baptista & Marlier, 2019). Many of the health problems affecting homeless people can be directly traced to social determinants analysed before, chiefly among these the lack of income and adequate housing in the first place.

In many cases, homeless people are not eligible for public health coverage, therefore limiting them in the services they can access. Due to past negative experiences with healthcare institutions and public institutions, homeless persons may avoid accessing mainstream healthcare services, or reaching out to any health services out of distrust for the system and perceived stigma (Mental Health Europe, 2013). Homeless people may also be unaware of where to go, be reluctant to abandon their belongings to seek health treatment or be unsure about how to navigate the administrative aspects of accessing healthcare (Ibid). These, alongside the homeless-specific health problems commonly experienced by this group, necessitate the existence of specialized healthcare services targeted specifically to homeless people with no eligibility criteria.

**MEASURE: LEGAL PROVISION FOR EQUAL ACCESS TO GENERAL AND PREVENTATIVE HEALTHCARE AND MEDICATION**

At the structure level, we examine the right to protection of health and access to healthcare. This right is enshrined in a number of EU treaties, namely the **(Revised) European Social Charter** (RESC) and the **Charter of Fundamental Rights of the European Union** (CFR). The RESC ensures the right to protection of health (Article 11) and right of elderly persons to health care necessitated by their state (Article 23). The CFR (Article 35) also states that “Everyone has the right of access to preventative healthcare and the right to benefit from medical treatment under the conditions established by national laws and practices”. The implementation of the **Treaty of Lisbon** in 2009 gave force to the CFR to become legally binding.

**Table 53. Ratification of EU human rights treaties and national constitutions relevant to the right to equal access to general and preventative healthcare and medication**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
RESC (1996)	2011	✓	✓	2002	2009	2000	2006	2002	1998	1999
National Constitution	x	x	✓	✓	✓	x	✓	✓	✓	✓

Sources: Own compilation. See Table 66 in the Annex for sources.

All countries in our analysis have ratified the RESC, except for **Germany** and **Spain**, who have signed the RESC but not ratified it (Table 53). As all countries have ratified the Treaty of Lisbon, they are all legally bound to the CFR. At the national level, 7 of the 10 countries reference the right to health protection in their national constitution, with the exception of **Austria**, **Germany** and **Ireland**. While these three countries have legislation on (nearly) universal health coverage, the right to health is not enshrined in their national constitutions. Finally, access to healthcare or integration of health services into services for homeless persons is only explicitly addressed in four of the five countries with national homelessness strategies and in four of the countries with regional homeless strategies (Table 54. Acknowledgement of health in homelessness strategies).

**Table 54. Acknowledgement of health in homelessness strategies**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Healthcare addressed in national homeless strategy	n.a.	n.a.	✓	✓	n.a.	✓	x	✓	n.a.	n.a.
Healthcare addressed in regional homeless strategy	✓ (Vienna)	✓ (North Rhine Westphalia)	n.a.	n.a.	n.a.	✓ (Dublin)	n.a.	n.a.	✓ (Stockholm)	n.a.

Sources: Own compilation based on national sources. See Table 67 in the Annex for sources.

Despite the near universal entitlement to healthcare outlined above, how health coverage is implemented at the national level is dictated by States and, therefore, the eligibility requirements for it often lead to the exclusion of homeless persons from coverage. We further discuss these barriers and exclusions in a later measure.

**MEASURE: POLICY INITIATIVES FOR TAILORING CARE FOR HOMELESS PERSONS (E.G., DROP-IN CLINICS, SUPPORT WITH OBTAINING HEALTH INSURANCE AND WITH ADMISSION PROCEDURES)**

At the process level, in all countries studied, policy initiatives or specialized health services exist at either the capital city or national level that tailor care for homeless persons. The organization of this care and what services are provided, however, varies across countries. In some countries, the public social services carry out specialized healthcare services targeting homeless individuals (**Hungary**, **Ireland**, **Netherlands**, **Sweden**). These range from publicly funded GP health centres and

24-hour centres for homeless persons (**Hungary**), to medical services delivered directly in homeless shelters and emergency accommodations (**Netherlands, Ireland**), to outpatient clinics that provide a range of care services (**Stockholm**). In **Ireland**, the public health services (HSE) also have multidisciplinary teams of healthcare workers tasked with ensuring that homeless people are aware of and have access to health and social care services.

**Table 55. Specialized care services or tailored care available for the homeless at the capital city level**

	Specialized care services available	Service Provider(s)	Type of services
AT	✓	NGOs	General, psychiatric, dental, outpatient, primary, paediatrics, gynaecology, dermatology, physiotherapy, optometry, Hepatitis B & C, medication
DE	✓	NGOs	General, health advice
ES	✓	NGOs	Transitional care/recovery, psychiatric, outpatient
FI	✓	NGOs	Psychiatric, outpatient
HU	✓	NGOs, public	Outpatient, shelter-based
IE	✓	NGOs, public	General, outpatient, shelter-based, primary, psychiatric
NL	✓	public	Psychiatric, outpatient
PT	✓	NA	Outpatient
SE	✓	NGOs, public	General, psychiatric, foot care, hepatitis C, dental
SI	✓	NGOs	Day centres, outpatient, general

Sources: Own compilation according to national sources. See Table 68 in the Annex for further detail on sources. Note: 'General' under 'Type of Services' refers to basic health-related care provided by NGOs.

In nearly all countries, NGOs play an instrumental role in facilitating access to care or providing specialized care services, often with funding from public authorities and in close collaboration with them. These specialized services may include low threshold services for basic healthcare (**Finland, Ljubljana**), assistance in arranging health insurance and access to services (**Ljubljana, Madrid**), accompanying clients to treatments (**Madrid**), advice on healthcare and individual issues (**Berlin**), or accommodation for homeless individuals recovering from health issues (**Madrid**).

Specialized services for homeless persons in **Vienna** are quite extensive, with five health-related organizations working in collaboration with the public body *Fonds Soziales Wien* (FSW) to tailor healthcare to homeless individuals. A large network of collaborative services in Vienna, including laboratories, diagnostic institutes, and medical specialists, ensure that a wide variety of services are available to homeless persons. One example of this is the *Neunerhaus Health Centre*, which consists of a multidisciplinary team of GPs, mobile doctors and dentists, who work closely with social workers. The *Haus Allerheiligen* run by Caritas in **Vienna** also showcases an example of care tailored to the elderly homeless, where older homeless persons are offered the chance to live in small apartments with support tailored to their needs ranging from healthcare services to social work and to residential care.

## MEASURE: MOBILE HEALTHCARE AND OUTREACH SERVICES FOR HOMELESS PERSONS

This process measure assesses mobile healthcare services and outreach services as a solution to bringing healthcare to homeless people in the streets or at shelters. All countries under question provide mobile healthcare services or outreach services at the capital city level to some extent<sup>27</sup>. However, differences exist in service delivery models of mobile healthcare, namely in where and how services are provided and by whom. Some mobile services are provided in the mobile unit at common meeting places throughout the city (**Stockholm, Berlin**), while others are provided in a combination of both homeless shelters and in common meeting places in the city (**Dublin, Vienna, Ljubljana**). Most mobile healthcare services are carried out by NGOs (**Dublin, Madrid, Ljubljana, Helsinki, Vienna**), but in some cities, these services are provided by the public health sector (**Sweden**) or by a combination of both (**Lisbon, Budapest**). In some cases where mobile services are carried out solely by NGOs, services are funded (or partially funded) under municipal or federal funds (**Dublin, Lisbon**). The composition of these mobile healthcare and outreach services or teams tends to vary across countries. For example, psychiatrists are included in the mobile health teams (**Madrid**), whereas in others, they are comprised mostly of primary care doctors (**Vienna**). Finally, the level of equipment available for mobile care can vary. In **Dublin**, the NGO Safetynet's mobile healthcare is equipped with an X-ray machine to help reduce spread of communicable respiratory diseases.

**Table 56. Availability of mobile healthcare and outreach services for homeless people at the capital city level**

	Mobile healthcare/ outreach services exist	Service Provider	Type of services
AT	✓	NGO	Basic healthcare, social services
DE	✓	NGO	Basic healthcare, medication, transfers to hospitals
ES	✓	NGO	Basic healthcare, mental, social services
FI	✓	NGO	Basic healthcare, mental, social services
HU	✓	NGO/Public	Basic healthcare, social services
IE	✓	NGO	Basic healthcare, blood tests, follow-ups, prescriptions, referrals, respiratory
NL	✓*	n.a.	n.a.
PT	✓	NGO/Public	Basic healthcare, mental, social services
SE	✓	Public	Basic healthcare, mental, addiction care, dental, foot care
SI	✓	NGO	Basic healthcare

Sources: Own compilation based on national sources. See Table 69 in the Annex for further details.

Despite promoting access to health services for homeless people, challenges remain. In **Vienna**, Caritas has called on specialized doctors (i.e., cardiologists, gynaecologists, etc.) to volunteer for

<sup>27</sup> The exception is the Netherlands, where data was not disaggregated enough to know whether mobile care services were available in Amsterdam specifically and by which provider. Data sources state that mobile services are primarily offered in urban areas.



the mobile health *Louisebus*, with the goal that they could bring homeless clients to their clinics for further specialized care if they require it (Manola, 2020). This highlights the constraint in terms of resources and complexity of health issues which require more than basic services. Another challenge is directing homeless persons to the mainstream services or more specialized services once contact has been made. In many cases, emergency service workers build relationships and trust with homeless persons, which precludes them from reaching out to the appropriate mainstream services (Zur, Linton, & Mead, 2016; Hwang et al., 2013). Finally, mobile health services tend to suffer from a lack of monetary resources to remain sustainable in the long-term (Post, 2007).

**MEASURE: HOMELESS PERSONS HAVE ACCESS TO GENERAL AND PREVENTIVE HEALTHCARE, AND MEDICATION**

**Table 57. Share of homeless people without health insurance and reported barriers accessing healthcare**

	Estimated share of homeless people not covered by health insurance or similar	Reported barriers in access to healthcare (incl. medication)
AT	50% (a)	Insurance-based healthcare leaves many uninsured.
DE	19%	Insurance-based healthcare leaves many uninsured.
ES	14.6% (b) (c)	Lack of documentation (health card) necessary to access healthcare. Undocumented migrants lack access to healthcare.
FI	n.a.	n.a.
HU	n.a.	n.a.
IE	45% (b)	Lack of documentation (health card) necessary to access healthcare.
NL	n.a.	n.a.
PT	n.a.	Lack of permanent address, limits access to GPs and specialist care.
SE	n.a.	Undocumented migrants and asylum seekers lack access to healthcare.
SI	n.a.	n.a.

Sources: Own compilation based on national sources. See Table 70. Share of homeless people without health insurance and reported barriers accessing healthcare in the Annex for further details on the sources.

Despite the greater need for healthcare and the effort of mobile care and outreach services, at the outcome level, there are consistent reports of under-access or utilization of general and preventive healthcare among the homeless (Fazel et al., 2014). Several factors are identified as barriers for homeless people to access healthcare. In many European countries where healthcare is organized as a social insurance, some groups of homeless people may not be covered (e.g., illegal migrants or asylum-seekers) or coverage may hinge on the receipt of social benefits (e.g., minimum income schemes) (Canavan et al., 2012), in which case, use of healthcare will come with high out-of-pocket payments. For Austria, estimates for the share of non-insured people among the general population vary between 0.5-2% (Fink, 2019; Anderson et al., 2006), but the share among homeless people is likely much higher, as suggested by a smaller study on 4,400 homeless people in Vienna in which

half were not covered by insurance (Christanell & Gremmel, 2019). For Germany, this figure is estimated by one study to be 19% (BAG W, 2015). This problem is not circumscribed to insurance-based systems. In Ireland, free access to GPs and medication is based on a means test, but despite qualifying for it only 55% of homeless people have adhered to it (Keogh et al., 2015). In Portugal, residents are assigned a GP based on the geographical area where they reside and without a permanent address many homeless persons are left without a GP (Perista, 2018). Lack of documentation (e.g., by asylum seekers) is another barrier in accessing healthcare (Omerov et al., 2020). Where statutory healthcare falls short of providing full-coverage and people must resort to private providers and pay out-of-pocket payments – as is the case of dental care in many European countries – these are specific treatments that are in effect out of reach to homeless people (Omerov et al., 2020).

As a result of these barriers, homeless people are unable to access specialists and often end-up in inpatient and emergency care. In fact, national data show that demand for healthcare among homeless people is often skewed towards emergency and hospital care and concentrated among a smaller share of homeless people (Kushel et al., 2002; Fazel et al., 2014). For example, according to a survey of people using shelters in Hungary, only 38% had consulted a GP in the previous year, although more than 78% reported chronic conditions (Rákossy, 2019).

Specially targeted healthcare services for homeless persons appear to improve access to healthcare in that a substantial number of individuals receive care that they otherwise would not, although these data are limited. In 2019, the *Neunerhaus Health Centre* in **Vienna** provided 34,896 doctor visits to 5,300 patients (those that did not have health insurance) (Neunerhaus, 2019). Before the end of 2020, Neunerhaus had experienced a 37% increase in patients compared to the previous year (Neunerhaus, 2020). Similarly, Caritas-Berlin provides over 1,800 consultations from their mobile healthcare bus each year<sup>28</sup>. In a study done in 2018 in Dublin, despite small sample sizes, Swabri, Uzor, Laird and O'Carroll (2019) found that the Safetynet mobile health clinic targeting the homeless promoted access to primary care services, although fell short of addressing chronic and complex health needs, due to the limiting setup of the services (i.e., limited operating hours, personnel, and equipment available).

### 4.5.2 Mental healthcare

Mental health problems are also disproportionally present among homeless people (Fazel et al., 2008), with an estimated 30% of homeless persons across European countries (around 150,000 persons) experiencing severe, chronic mental illness (Mental Health Europe, 2013). Other studies put this number as high as 58% to 100% in certain European countries (Chondraki et al., 2012). Among these mental health problems are an increased risk of depression, anxiety, emotional disorders, psychosis, suicide attempts, and alcohol and drug dependence (Fazel et al., 2008; Mental

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28 Caritas Berlin – Arztmobil für Wohnungslose: <https://www.caritas-berlin.de/spendenundhelfen/spenden/spendenprojekte/wohnungslosenhilfe/arztmobil/arztmobil>

Health Europe, 2013; Chondraki et al., 2012; Baptista & Marlier, 2019). Having mental health issues can not only be a determinant of homelessness, but being homeless in itself can also contribute to the onset or worsening of mental health issues. Furthermore, the existence of community mental health services is often not enough to facilitate access and uptake of these services among homeless people. In addition to the abovementioned barriers for accessing healthcare in general, access to mental health services is further hampered by “double stigmatization” (i.e., being homeless and having mental illness).

**MEASURE: EXISTENCE OF LEGISLATION ON DEINSTITUTIONALISATION OF MENTAL HEALTH SERVICES**

At the structural level, deinstitutionalization of mental health services and promotion of community-based services for homeless people is crucial in tackling the mental health issues faced by this group as they are not only more accessible to homeless persons, but they also allow for better integration into society where possible. Half of the countries studied have long-standing national legislations referencing or supporting deinstitutionalization of mental health services (**Finland, Hungary, Portugal, Slovenia and Sweden**), which have also largely translated into policy measures to carry out the process. In **Finland**, the Mental Health Act 1990/1116 dictates that mental health services must be arranged on an outpatient basis. In **Portugal**, the Decree Law 36 of 1998 promotes the delivery of services in the community. In **Hungary**, Act III of 1993 on the Social Administration and Social Benefits law specifies the municipalities’ responsibility to include social and mental health support in day care services and institutions for homeless persons. In the remaining countries, the national legislation on mental health does not reference deinstitutionalization, however, in practice, mental healthcare services have gravitated towards being community-based.

**Table 58. Legislation or policy measures referencing deinstitutionalization of mental health services by country**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
National legislation	x	x	x	✓	✓	x	x	✓	✓	✓

Sources: Own compilation based on national sources. See Table 71 in the Annex for sources.

We find varying degrees of evidence of mental health mentioned in national or regional homeless strategies or in wider mental health strategies that include the homeless. Of the countries with national homelessness strategies, all acknowledge mental health in some way. **Finland’s** most recent homelessness strategy, AUNE 2016-2019, explicitly included homeless with mental health issues and substance abuse issues as a target group. Similarly, **Ireland’s** national homeless strategy *Rebuilding Ireland* (2016-2021) includes a key action to enhance support for homeless persons with mental health issues. The most recent homelessness strategy for **Spain** (2015-2020) calls for the establishment of specialized services that adapt to the needs of homeless persons with severe

mental illness (Government of Spain, 2015). Mental health services are also included in the homelessness strategies at the city level. In **Vienna**, mental health is a key aspect of services outlined in the homelessness strategy (Fonds Soziales Wien, 2019). The City of **Stockholm**'s recent homelessness strategy (2014-2019) outlines several initiatives targeting those with mental health issues, including supported employment and case management through supported housing (City of Stockholm, 2013). Similarly, the City of Gothenburg's plan against homelessness (2020-2022) outlines homeless people with mental health issues as a key target group for the Housing First programme and also recognizes the need for policies which ensure that persons receiving in-patient mental health treatment have accommodation upon discharge (Göteborgs Stad, 2020). Finally, few countries include the homeless in their broader national mental health plans/strategies. An exception to this is the **Portuguese** National Mental Health Plan (2007-2016), recently extended to 2020, it aims to develop mental health programmes for the homeless.

**Table 59. Homelessness strategy acknowledges and/or targets mental health services for the homeless**

	AT	DE*	ES	FI	HU	IE	NL	PT	SE	SI
National Strategy	n.a.	n.a.	✓	✓	n.a.	✓	✓	✓	n.a.	n.a.
Regional Strategy	✓	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	✓	n.a.
Wider mental health strategy which references homeless	✓	X	X	n.a.	n.a.	✓	X	✓	n.a.	n.a.

Sources: Own compilation based on national sources. See Table 72 in the Annex for sources. Note: "n.a." represents either that no homelessness strategy or mental health strategy is in place at the given level or that no information could be found.

#### MEASURE: COMMUNITY-BASED MENTAL HEALTHCARE SERVICES ARE IN PLACE

At the process level, community mental health services targeted for homeless persons are available in all capital cities of the countries studied (see Table 60 notes for exceptions), although the services offered, and their method of delivery vary.

In some cases, the targeted services are a component of the public outpatient system (**Dublin, Helsinki, Stockholm, Amsterdam, Vienna**). The HSE offers specialized, comprehensive and flexible mental health services to homeless persons in CHO 7 of **Dublin** wherever the patient would like to be treated, including individual or group psychological therapy, medication management, assessments, and other related social supports (Homelessness Inter-Agency Group, 2018)<sup>29</sup>. In **Helsinki**, homeless persons are directed to use the mainstream mental health services, as they can access psychiatric outpatient services wherever they request them<sup>30</sup>. The *Psychosoziale Dienste*

29 National Social Inclusion Office: <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/homelessness-and-addiction/homelessness/projects/>

30 City of Helsinki: <https://www.hel.fi/helsinki/en/administration/administration/services/service-description?id=3537>

*Wien* in **Vienna** forms a wide integrated network of psychiatric-based facilities and liaises with 29 homeless facilities to provide mental health services to homeless persons. Some NGOs also provide mental health services. For example, in **Vienna**, the non-profit organisation *AmberMed* provides psychiatry appointments to those without health insurance and *Caritas der Erzdiözese Wien* offers psychiatry services specifically to homeless persons.

In some cities, mental healthcare is incorporated into outreach/mobile services. In **Madrid**, the Red Cross has a 17-person mobile team, which operates in Madrid providing mental healthcare to rough sleepers (Fernandez, 2020). Mental health specialists are also integrated into the municipality outreach team to provide psychiatric assessments for rough sleepers in **Lisbon** (Pleace et al., 2018). In **Vienna**, the *Psychosoziale Dienst der Stadt Wien* liaises with homeless facilities to offer mental health outreach care. There are also examples of mental healthcare being incorporated into homeless day shelters (**Slovenia**) (Stropnik, 2019), or other institutions for homeless persons (i.e., **Hungary**: in temporary accommodation for homeless families, or care facilities for older homeless persons) (Albert et al., 2019).

**Table 60. Existence of community-based mental healthcare services targeted to the homeless at the capital city level**

	Services exist	Type of service(s)
AT	✓	Outreach, shelter-based
DE	✓	n.a.
ES	✓	Mobile
FI	✓	Out-patient
HU	✓*	Shelter-based
IE	✓	Mobile, outreach, out-patient
NL	✓	Mobile, out-patient
PT	✓	Mobile
SE	✓	Out-patient
SI	✓*	Shelter-based

Sources: Own compilation based on national sources. See Table 73 in the Annex for sources.

**MEASURE: POLICY INITIATIVES PROMOTING ACCESS TO MENTAL HEALTH AND ADDICTION SERVICES AND TREATMENT TO THOSE WITH COMPLEX SUPPORT NEEDS**

At the process level, we find evidence of policy initiatives promoting access to mental health and addiction services in all capital cities studied, except for **Budapest**, for which not enough recent information was available. NGOs and homeless shelters particularly play a crucial role in promoting access to mental healthcare and addiction treatment for homeless persons. In all of the capital cities studied (except for **Budapest**), we find evidence of at least one NGO promoting access to these services and treatment. In all cases, this consists primarily of supporting homeless persons in navigating the health and social care system and placing them in contact with the appropriate services, whether it be through public services, or NGO-provided services. In some cases, support

also consists of helping homeless persons with mental health and addiction issues with reintegration into society (**Ljubljana, Amsterdam, Dublin**). Some associations for homeless persons in **Stockholm** also provide support by accompanying clients to drug related services.

In a few cities studied, promoting access to mental health services and addiction treatment is closely integrated into their respective Housing First programmes (**Lisbon, Madrid, Helsinki**). Through the *Lisboa Housing First* programme in **Lisbon**, the staff develop a plan with residents to address and support their needs, which may include access to health, mental health, and addiction services as well as psychological support. In **Madrid**, the *San Isidro Reception Center* offers programmes for homeless individuals with alcohol or drug addiction, as well as mental health issues<sup>31</sup>. Mental health services and addiction treatment are strongly integrated into the Finnish Housing First model. The type and amount of support received by residents of the supported housing varies depending on the resident's needs. Individuals are directed to mental health services where needed (Pleace et al., 2018).

In terms of addiction services and treatment for homeless persons, we find that most specialized services targeting homeless persons for addiction treatment are offered by NGOs or non-profit organizations. These range from assisted living centres for homeless individuals in substitution treatments (**Berlin**), drug substitution therapy (**Vienna**), and addiction recovery services and counselling (**Dublin**). Medically supervised injection sites, which partially target populations with limited options for hygienic drug-use, are found in five capital cities (**Dublin, Berlin, Madrid, Amsterdam, Lisbon**). **Ljubljana** is the only city for which we do not find addiction treatment services targeted to homeless persons, although homeless persons are eligible for more general addiction services.

**Table 61. Policy initiative to promote access to mental health and addiction services at the capital city level**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Policy initiative(s) for mental health	✓	✓	✓	✓	n.a.	✓	✓	✓	✓	✓
Policy initiative(s) for addiction	✓	✓	✓	✓	n.a.	✓	✓	✓	✓	✓
Targeted/specialized drug treatment for homeless persons (Service provider)	✓ (NGO)	✓ (NGO)	✓ (NGO)	✓ (Public)	✓ (NGO)	✓ (NGO)	✓ (n.a.)	✓ (NGO)	✓ (NGO, public)	x
Medically supervised injection sites	x	✓	✓	x	x	✓	✓	✓	x	x

Sources: Own compilation based on national sources and comparative reports. See

Table 74 in the Annex for sources.

31 Portal web del Ayuntamiento de Madrid: <https://www.madrid.es/portales/munimadrid/es/Inicio/El-Ayuntamiento/Samur-Social-Personas-sin-hogar/Personas-sin-hogar/Programa-de-atencion/Programa-de-atencion/?vgnextfmt=default&vgnextoid=c83f70c0b6a6b310VgnVCM1000000b205a0aRCRD&vgnextchannel=bd9d9b6bf78b8310VgnVCM2000000c205a0aRCRD>

**MEASURE: HOMELESS PERSONS HAVE ACCESS TO SUPPORT SERVICES FOR THE TREATMENT OF MENTAL HEALTH AND ADDICTION PROBLEMS**

Extremely limited information exists at the outcome level on the extent to which homeless persons have access to support services for the treatment of mental health and addiction problems. Although in theory, homeless persons may have access to mental health and addiction services offered by the public sector, in practice, many barriers remain to realizing the use of these services. Stigma and prejudice associated with mental health and addiction issues, along with a lack of trust in institutions from previous experiences, often shames and prevents homeless persons from accessing services. Furthermore, homeless persons may not be perceived as the responsibility of a particular service due to the lack of collaboration between specialized services (i.e., individuals with both addiction and mental disorder) (Mental Health Europe, 2013). Homelessness services may also lack the capacity and knowledge to properly address mental health and addiction issues. A study from 2012 found that up to 70% of homeless services in capital cities across Europe did not employ professionally qualified mental health staff in their services (Canavan et al., 2012), leaving many services ill-equipped to handle the psychological challenges of homelessness.

Across all countries in our study, we identified mental healthcare and addiction services available for homeless persons, as well as policy initiatives to improve access to these services. Only limited quantitative data exists measuring the accessibility and impact of these specialized services and we were thus unable to provide a systematic comparative overview of this indicator. Despite this, there are a few examples of data available. As of 2013, the *Andalusian Public Foundation for Social Integration of People with Mental Illness (FAISEM)* in **Spain** had 130 spots in mental health related programmes specifically for homeless persons, equating to about 1.5 spots per 100,000 inhabitants in the region (Rampazzo et al., 2016). The coordination team of the Housing First programme in **Portugal** (*Casas Primeiro*) also reported that upon moving into secure housing, psychiatric hospitalizations of homeless persons decreased by 90%, with significant decreases in drug and alcohol abuse (Almas & Duarte, 2020). In **Vienna**, the *Institute for Women's and Men's Health* (Institut für Frauen- und Männergesundheit – FEM) provided 2,426 psychological appointments for homeless women from 2006-2008 and 3,531 individual consultations for men since 2008 (GWF, 2020)<sup>32</sup>. In 2019, the *Psychiatrische Liaisondienste* (PSD) in **Vienna** provided regular psychiatric liaison services to 34 homelessness-related institutions, resulting in over 3,000 individual services to 855 individuals (Psychiatrische Liaisondienste, 2020).

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32 MEN – Klinik Favoriten: <https://men-center.at/arbeitsbereiche/gesundheitsfoerderung-fuer-wohnungslose-maenner-in-wien/>

### 4.5.3 Continuity of care

Further compounding the health-related issues faced by homeless people is the limited support between care transitions which hinders the homeless persons' access to timely and appropriate care and leads to recurring unsolved issues. Integrating health and social care services for homeless people is crucial in facilitating better access to care, providing more comprehensive and effective care and ensuring homeless persons are supported during transitions between healthcare settings.

An issue commonly noted amongst homeless individuals accessing healthcare is the lack of follow-up care once they're discharged from medical services. Follow-up care is a challenge as the result of lack of insurance and resources to make follow-up appointments (Omerov et al., 2020; Canavan et al., 2012). Due to the high prevalence of mental health issues and head injuries, homeless people might fail to remember appointments made upon discharge (Jego et al., 2018). Not having any (appropriate) accommodation set up upon discharge presents further risks to their recovery, particularly for older homeless people (Canham et al., 2019). Ensuring accommodation upon discharge can also facilitate the recovery of a homeless person, therefore reducing re-admission to emergency rooms and provide cost-savings to the health system (Mental Health Europe, 2013; Grech & Raeburn, 2019). Furthermore, the fragmentation of services and facilities, alongside a lack of coordination between care providers, accentuates issues in continuity in care and difficulties in navigating the system (van Dongen et al., 2020).

Another barrier to providing care for homeless people often cited by physicians is the lack of prior medical information (Jego et al., 2018) and lack of patient identification (Omerov et al., 2020). Similarly, homeless people may access homeless-specific health services that may not have an integrated system containing medical history, particularly if these services are managed by different provider organizations. In addition, the health problems faced by homeless people are often complex and multi-faceted (Canavan et al., 2012). Without a medical history and given the usually sporadic entry point into the health system, these health issues are difficult to address.

**MEASURE: EXISTENCE OF LEGAL PROVISIONS FOR THE INTEGRATION OF HEALTH AND SOCIAL CARE (INCLUDING HOUSING AND HOMELESSNESS SERVICES)**

Few countries seem to prioritize integrating health and social services for homeless individuals in their homelessness strategy, whether at the national or city level. We were, therefore, unable to provide a comparative overview for this structural measure, but instead report some of the information available. For example, in **Finland**, integrated services and networks have been one underlying principle of the most recent homelessness strategy (AUNE, 2016-2019) as a means of strengthening the prevention of homelessness (Ministry of the Environment, 2016), with the integration of health and housing services being part of the basis of the strategy. **Spain's** national homeless strategy (2015-2020) promotes the cooperation of health professionals with social workers in multiple initiatives, namely hospital discharge services and street work teams (Government of Spain, 2015).



**MEASURE: ELECTRONIC HEALTH RECORD SYSTEM TO ENHANCE CONTINUITY OF CARE IS IN PLACE**

An electronic health record system that accounts for these challenges faced by homeless persons has been suggested as one tool for ensuring this target group receives the appropriate and timely care they require.

**Table 62. Existence of shared electronic health record system by country**

	AT	DE	ES	FI	HU	IE	NL	PT	SE	SI
Shared system	✓	x	✓	✓	✓	x	✓	✓	✓	x

Source: Information taken from European Commission (2014).

At the process level, nearly all countries studied have a shared electronic health record system, except for three. In the countries that do not have such a system (**Germany, Ireland, Slovenia**), policy initiatives are underway to implement this. Of the countries studied, we only find reference to or implementation of the inclusion of homeless individuals in an electronic health record system in two countries. In **Dublin**, the *Safetynet* clinic uses electronic health records to coordinate care for homeless clients, which are interoperable with any of the clinics which are part of the network. **Portugal's** National Strategy for Homeless 2017-2023 also explicitly states the intention to include homeless people as a category in the e-health records by December 2020. Although the infrastructure for electronic health records is in place across most of the countries studied, most systems simply do not have a standardized process to track homelessness.

**MEASURE: DISCHARGE POLICIES AND PROCEDURES TO SUPPORT HOMELESS PERSONS LEAVING HOSPITAL OR MEDICAL CARE ARE IN PLACE (E.G., INDIVIDUALISED CARE PLANS, REFERRAL TO HOUSING SERVICES, CARE COORDINATORS, POST-DISCHARGE FOLLOW-UP)**

Relatively limited information can be found for this process-level measure of discharge policies supporting homeless persons upon leaving medical care across the studied countries. We only find evidence of such discharge policies/initiatives in four countries: Finland (**Helsinki**), Spain (**Madrid**), Portugal and Ireland (**Dublin**). A recent report acknowledged discharge policies in place in hospitals in **Helsinki** for mental health patients where rehabilitating housing and support services are arranged if needed (Y-Foundation, 2017). While not strictly for homeless, many homeless individuals are largely impacted by these policies.

**Spain's** national homeless strategy for 2015-2020 explicitly called for the formation of a discharge protocol for homeless individuals in hospitals for referral to other services (Government of Spain, 2015). While seemingly little has been implemented, some NGOs report having such initiatives. The

HOGAR Sí organization, which operates in **Madrid**, Cordoba and Murcia, consists of multidisciplinary teams which support homeless individuals being discharged from hospitals to either recover from convalescence or receive palliative care<sup>33</sup>.

While no evidence can be found of implementation thus far, the National Strategy for Homelessness 2017-2023 in **Portugal** called for the follow-up of discharges for individuals at risk of homelessness. Finally, in 2018, the HSE in **Ireland** approved the National Hospital Discharge Protocol, with the aim to implement discharge protocols that ensure homeless persons or persons at risk of homelessness have a plan in place for on-going care, adequate support, and stable housing upon discharge (Homelessness Inter-Agency Group, 2018). That same year, a pilot to implement a hospital discharge protocol for the homeless began in **Dublin**<sup>34</sup>.

**MEASURE: HOMELESS PERSONS ARE SUPPORTED IN TRANSITIONS BETWEEN DIFFERENT CARE SETTINGS IN A TIMELY MANNER AND HAVE ACCESS TO SETTLED ACCOMMODATION UPON DISCHARGE**

As we find no information for this outcome-level measure due to limited policies enacted and limited data on their outcomes, we refrain from comparing this indicator across countries. Nonetheless, we recommend this indicator for its usefulness in addressing issues commonly faced by homeless persons, not similarly faced by the general population.

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33 Hogar Sí: <https://hogarsi.org/espacio-salud/>

34 National Social Inclusion Office: <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/homelessness-and-addiction/homelessness/projects/>

## 5 Conclusions and recommendations

This report provides a comparative analysis of national policies and their outcomes in preventing and tackling homelessness across ten EU countries. At the core of the analysis is a multi-dimensional framework that builds on a rights-based approach to assess and monitor policies on homelessness. The framework presented in this report 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.

The framework 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, and v) highest attainable standard of health and access to healthcare. Within each domain, measures at the structure, process and outcome level are used to analyse how far respective rights are guaranteed, implemented, and reaching the target group.

The major findings of the report per each domain are the following:

### Domain I: Legal recognition and enforcement of the right to housing

The right to adequate housing tends to be articulated and realised in different ways in the ten countries under review. This is reflected in the adoption of the right to housing within the constitution or statute. While some countries clearly recognize housing rights as individual enforceable rights, in others, this is merely expressed as an aim or as a general principle, which States should strive to fulfil. The same diversity can be observed regarding the existence of legal remedies and redress mechanisms. At least, as far as collective redress is concerned, that aim to facilitate access to justice and the enforcement of the rights is guaranteed under international and EU law. While the right to housing is guaranteed by the national legislation, the enforceability of these provisions is difficult in most countries. Furthermore, countries should concentrate on putting in place functional collective redress mechanisms with special considerations for enforcing the rights of the most vulnerable, including homeless persons. The recommendations of national independent institutions, such as the Ombudsman Institute should be taken into account by all authorities. There should be clear obligations for public authorities at national, regional and local level to ensure that the right to adequate housing is realised.

### Domain II: Access to adequate housing

With the exception of Sweden, the ten countries in focus have similar approaches on social housing policies, but the responsibility to offer the actual support differs. Some countries delegate the housing policies to the regional level, others to the municipal level. The one exception is Finland, where the national level takes over housing policy design as well as implementation. Almost all social housing provisions target the low-income households, only Austria features housing provision to support the middle-income households as well. In addition, housing allowances are used as means-tested demand-side instrument to ensure access to housing. Support to indebted homeowners (mortgage) is another form to ensure access and it is available in four of the ten countries. Some countries also use rent control mechanisms to avoid the loss of tenure. However,

it is argued that this specific measure makes access for new entrants more difficult. While access to affordable housing measures is part of national regulations, funding mechanisms are dispersed amongst different administration levels and vary across regions and municipalities within a country.

Access to housing is, therefore, mainly restricted due to limited supply, and, even though the regulations favour vulnerable groups, in practice the waiting periods for social housing are long. The limited supply also creates situations where people are forced to live under inadequate conditions. All ten countries in focus provide regulations for minimum housing standards, but these standards rarely represent a cohesive set. Furthermore, the minimum housing standards as well as the administrative function to monitor and enforce the housing standards, are spread amongst various sectors and administrative levels. Renovation and adaptation of the existing housing stocks represents a key measure within housing policies in all the countries under review, but very few countries also allocate adequate resources to improve the living conditions of vulnerable groups. Very few countries dispose on the required evidence in relation to the living conditions of vulnerable groups as the reporting on housing deprivation is reduced to the mandatory indicators provided by EUROSTAT.

Providing protection from forced evictions is the mandate of the State, a mandate that many countries fail to achieve. Measures to prevent evictions is lacking in half of the countries in focus as it is the case for regulations to avoid evictions during winter or at night-time. People seeking redress from courts should be legally entitled to affordable and fair judicial or other remedies and provided with legal support when needed. Granting access to legal aid and assistance especially for low-income individuals is fundamental to ensuring people have fair and meaningful access to justice to appeal an eviction (Kenna et al., 2016). When people concerned receive legal support and advice, it is more likely to avoid forced or unlawful evictions and they 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).

The importance of preventative and integrated measures which can detect problems at an early stage has been highlighted in existing research on evictions. As far as the ten countries in focus are concerned, the most readily available form of prevention support are rent subsidies. Debt counselling and legal and housing advice, which were found to be highly effective in reducing the risk of eviction are less common in comparison. Early detection of risky situations and outreach measures work best when efficient mechanisms of collaboration amongst various sectors are in place. As evidence shows access to social housing is often limited by inadequate supply, long waiting lists and strict eligibility conditions. Alternative and complementary modes of housing provision that offer quick and long-term accommodation is therefore of utmost importance.

### Domain III: Access to homeless services

Access to some form of emergency shelters or accommodation is legally guaranteed in most European countries. However, access to emergency shelters and accommodation is often limited to citizens of the respective country and/or linked to local connection rules. Funding of homeless services tends to be insufficient and/or unstable. The personnel working in emergency accommodations is paid low wages and have insecure employment contracts which leads to stress

and the risk of burnout. Furthermore, issues related to the quality of emergency accommodations were reported in most countries. In sum, the right to accommodation in shelters is often not granted to all homeless people in need and the implementation of this right suffers from several problems, mostly related to insufficient and inadequate resources.

Housing First projects in several European countries have been found to be highly effective in reducing homelessness. Against this background, it is unsurprising that the Housing First approach has gained popularity and is included in most strategies to fight homelessness and housing exclusion at the national and local levels. Furthermore, 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 in Europe varies significantly. Except for Finland, most countries have only started using (some) Housing First services, which tend to be offered only in major cities. A lack of reliable funding and sufficient affordable housing supply were identified as the principal obstacles to a more widespread use (Pleace, Baptista and Knutagård, 2019). Regarding the analysis of corresponding approaches, what remains challenging is the lack of comparative data on the fidelity of HF services in operation, the mismatch of the number of people in need of such services and the number of places offered.

The following recommendations can be derived related to homeless services, the countries should abolish local connection rules to improve equal access to emergency accommodation. Also, the countries need to consider increased funding for homelessness services and the housing stock available for the provision of housing services (all forms of accommodation including HF). Guaranteed adequate working conditions and decent pay for individuals working in the provision of homeless services is needed. Countries should also accelerate the use of Housing First services and improve data collection, particularly regarding the quality of services from the perspective of clients.

#### Domain IV: Social security and access to adequate income

Important issues related to the social security coverage for homeless people refer to eligibility and access to benefits and the adequacy of these benefits. The main eligibility requirements applied in minimum income benefit systems, beside the lack of financial resources, refer to citizenship and/or residence. The access of migrants to social benefits is frequently restricted in EU Member States. Having no postal address and/or demonstrating no local connection can lead to exclusion. A special problem of housing allowance systems is that they partly restrict access for young people as well. Strict conditionality connected with welfare benefits, (e.g., related to activation measures), must be treated with caution, as homeless beneficiaries frequently face difficulties in (fully) complying with the demand.

Eligibility criteria for benefits should not create additional administrative barriers for vulnerable people (European Parliament, 2017b). Alternative benefit pre-conditions to a postal address should include all persons who are homeless as per the ETHOS definitions. Furthermore, flexibility should be dispensed when eligibility for benefits has to be proved. To reduce the risk of homelessness among migrants, the benefit requirements related to nationality and/or residency conditions could be softened. Also, the (transitional) portability of social benefits could support this target (OECD,

2015a). Finally, activation measures and related conditionality need to be carefully adapted to the situation of homeless people.

Access barriers to benefits consist of lacking information, complex application procedures and other bureaucratic hurdles. If homeless people are left by themselves to manage application processes and are not supported in accessing benefits and services, non-take-up rises. Also, a fraud-based approach encourages non-take-up as it generates a climate of suspicion (EMIN, 2014). Simpler procedures as well as more transparency on benefit characteristics could increase access to benefits and services for homeless people. Pro-actively facilitating the contact between people in need and the authorities, involvement of NGOs and outreach teams, early warning and detecting systems, 24-hour supporting services within institutions, no need for appointment, short waiting times as well as one-stop-shops could all be of use. Good coordination among administrations, service providers and outreach services involved in the implementation of measures is of high relevance. Social workers and case managers should play a central role in the integrated approach. Stigmatisation could be further reduced by the careful involvement of experts by experience (Crepaldi, 2019; EMIN, 2014; ICF & European Centre, 2019).

While inadequate minimum income benefits generate another relevant problem for homeless people, frequently high marginal tax rates connected with those benefits provide disincentives for employment (OECD, 2015a). In most cases, housing allowances do not provide adequate compensation for real housing costs and may only allow accessing poor quality housing. Partly there is also a change towards in kind benefits, which should be carefully studied in their outcomes.

Countries with well-developed welfare systems feature less structural homelessness. The provision of sufficient financial support, (i.e., replacement incomes and housing allowances), should secure affordable housing and help prevent evictions during spells of unemployment or for people with low incomes (OECD, 2015a). An effective approach should also secure secondary prevention (e.g., covering rent arrears and other related debts) and provide relief for already homeless people. To their benefit, in several countries, housing allowances can also be used to pay for temporary hostel accommodation.

Beside minimum income benefits and housing allowances, unemployment benefits and basic/minimum pensions seem to be to some extent also relevant for homeless people. A homeless person can, in principle, receive unemployment benefits since a stable place of residence is not a coercive requirement. However, a homeless person will have to fulfil qualifying periods and comply with compliance rules like participation in activation measures just like other unemployed persons. For homeless persons in retirement age the residence-based basic pensions might be an advantageous alternative, as local connection rules and conditions related to a physical address are less relevant if at all.

Good coordination between welfare, housing and specific policies for homeless people is a precondition to both preventing and combating homelessness (European Commission, 2013). Evidence-based, targeted policymaking based on regular surveys with homeless people or by including them in the sample of already existing surveys should enable the adjustment of measures

to their specific circumstances. Finally, relevant specific policies and support measures should be regularly monitored and evaluated.

#### Domain V: Highest attainable standard of health and access to healthcare

While the right to protection of health and access to healthcare is enshrined in a number of EU treaties and national constitutions, in practice, States are left with the autonomy to implement health coverage. In several States, this results in the exclusion of homeless people from public health coverage due to eligibility criteria or social insurance-based schemes. Where this is the case, special provisions should be made to ensure homeless persons are covered and can still access mainstream healthcare services beyond emergency care (i.e., exceptions for homeless people to be covered despite lack of eligibility). This coverage should ensure access to comprehensive services, including specialized and preventative care (i.e., dental, orthopaedics, gynaecologists, medication, etc.).

The analysis in the ten countries under review indicates that entitlement to health coverage is only half the battle: barriers remain in realizing access to universal healthcare even when covered. For this reason, specialized health services targeted to homeless persons exist across nearly all countries at the capital city level, with variations in the type of services available and their method of delivery. The limited data existing on the use of these services indicates that these services are successful in increasing homeless persons' access to healthcare. However, while these services exist across countries, due to limited data, little can be determined as to whether these services sufficiently provide access to all homeless persons and are comprehensive enough. Finally, it is unclear whether these targeted services eventually lead to the integration of homeless people into mainstream health services (i.e., those used by the general population). States should, therefore, ensure that health services targeted to homeless persons are comprehensive, available, and low threshold.

Recognizing the often-complex needs of homeless people, we find that most homelessness strategies acknowledge and address the mental health issues faced by this group. In fact, poor mental health is often a cause and consequence of homelessness. This is also largely addressed in practice, with mental health services available for homeless people in the form of outpatient, mobile/outreach, and shelter-based care across the countries. Policy initiatives exist universally across all reviewed countries, which aim to improve access to these services. Similarly, targeted/specialized treatments for substance abuse exist in nearly all the countries studied. However, unlike in the case of the general health services, no conclusions can be drawn on how accessible these services are, because only extremely limited information exists. Limited data reported on the number of clients suggest that these services provide access, but still, barriers remain in ensuring homeless people receive adequate support for mental health. The double stigmatization of being homeless with a mental illness and the associated shame, stigma, perceptions, and distrust still 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 taking up mental-health and substance-abuse services (ibid). States should, therefore, strive to

minimize the systemic barriers associated with mental health and substance abuse within homelessness services.

Only few countries explicitly state the intention to integrate health and social services in their homelessness strategy. In practice, we find very few policies and initiatives that aim to ensure continuity of care is in place for homeless people. Health services should, therefore, be strongly integrated into other homeless services, particularly housing services, to secure homeless persons are aware of such services and can access them. As a starting point, States should make sure that hospitals have discharge policies in place, which refer homeless people to housing services, coordinate their care moving forward and ensure follow-ups are made.

Finally, extremely limited quantitative data exist or are available on the access and use of health, mental health and substance abuse services for homeless people, as well as continuity in their care. Current data available on these services are largely qualitative and fragmented. States should opt to expand data collection on health/mental health services for homeless people and their outcomes in order to better address these issues and monitor progress.

To sum up the findings across all the domains under scrutiny within this study, only some of the countries recognize the right to adequate housing as an individual enforceable right. Frequently, countries, however, express it in the form of an aim, whereas these rights often do not translate into effective policy outcomes for people at risk of homelessness or already experiencing homelessness. Our findings indicate that significantly more efforts are required to ensure that people affected or at risk by homelessness are supported and the right to adequate housing becomes a reality for all people in Europe.



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## 8 Annexes

**Table 63. Restrictions and links related to nationality/citizenship, residence and activation measures within minimum income schemes, 2016**

	Minimum Income measure	Citizenship restriction	Residence	Links with activation measures	
				Willingness/change behaviour	Activation and social inclusion programmes
AT	Minimum income benefit ( <i>Bedarfsorientierte Mindestsicherung</i> )	Austrian citizens, refugees (Geneva Convention), foreigners assimilated on the grounds of EU directives.	Residence in Austria, actual stay not relevant.	Persons capable of work must be willing to perform reasonable work. Exemptions: pension age, care responsibilities, school or vocational training.	No information.
DE	Basic income support for jobseekers ( <i>Grundsicherung für Arbeitsuchende</i> )	In principle no requirement. Exclusions: foreigners not employed and not falling under EU free movement provisions for first three months; foreigners whose stay is dictated solely by job search; beneficiaries according to Asylum Seeker Benefits Act.	Habitual residence	Persons capable to work have to accept suitable work or to participate in integration measures. Integration agreement has to be signed with the job centre. Exemptions: upbringing of a child < 3, caring for relatives.	Local integration benefits include childcare, addiction and credit counselling, psychosocial care.
ES	Active integration income ( <i>RAI renta activa de inserción</i> )	No requirements.	Minimum 6 months (Balears) to 5 years (Murcia)	According to regional regulations.	No information.

	Minimum Income measure	Citizenship restriction	Residence	Links with activation measures	
				Willingness/change behaviour	Activation and social inclusion programmes
FI	Social assistance ( <i>toimeentulotuki</i> )	No requirements.	Permanent residence.	If able to work, try to find job with sufficient salary.	Municipalities grant preventive social assistance to promote independent living and social inclusion.
HU	Benefit for persons in active age ( <i>aktív korúak ellátása</i> )	No requirements.	EEA national with residence for more than 3 months and right of free movement, provided they have sufficient income and do not pose significant burden on social security system.	Persons able to work entitled to employment substituting benefit and obliged to cooperate with PES. Must accept proper job offer and take part in LM or training programmes. Exception: Childcare.	No information.
IE	SWA, Supplementary Welfare Allowance	No requirements.	Habitual residence. Special arrangements for workers in accordance with EC Regulation.	Co-operation in developing a Personal Progression Plan. Must accept job offers and genuinely seek work.	No information.
NL	Social assistance under Participation Act ( <i>participatiewet PA</i> )	No nationality requirements.	Legal residence.	Accept suitable employment and be registered with Institute for Employee Benefit Schemes. Medical and social circumstances are taken into account.	Training or premiums can be offered to encourage people far from the labour market to take up employment. Obligated to perform community work assigned. Obligation to learn Dutch language.



	Minimum Income measure	Citizenship restriction	Residence	Links with activation measures	
				Willingness/change behaviour	Activation and social inclusion programmes
PT	Social insertion income ( <i>RSI rendimento social de inserção</i> )	No nationality requirements.	Legal residence for at least one year.	Obligations stemming from the integration contract. Registration with job centre required. Accept proposed jobs, courses, occupational programmes and vocational trainings. Meeting social, community or environmental needs. Take steps regarding prevention, treatment or rehabilitation. Exemptions: persons with long-term incapacity for work, minors aged 6 or persons aged 65+, persons taking care of a family member.	Active labour market policies.
SE	Social assistance ( <i>ekonomiskt bistånd/försörjningsstöd</i> )	No nationality requirements.	Right to stay in SE. No permanent residence required.	If able to work, try to get job with sufficient salary. Participation in labour market measures. Social welfare office may require taking part in work experience or other skill-enhancing activities by the municipality.	No information.
SI	Financial social assistance ( <i>denarna socialna pomoč</i> )	Slovenian citizens; foreigners with permanent resident permit; persons granted international protection or entitled based on international agreements.	Permanent or temporary residence.	Unless excepted, participation in employment activities or other measures that can improve social situation. After receiving SA for 9 months, obligation to accept any employment.	No information.

Source: Crepaldi et al., 2017

**Table 64. Key characteristics of housing allowances: level of governance, type of costs covered, available to, 2019**

Country	Measure name	Administration Level	Type of costs covered	Available to: HO (homeowners), SR (tenants in social rental housing), PR (tenants in private rental housing), other
AT	Housing Allowance ( <i>Wohnbeihilfe</i> )	Regional/State	Rental costs in most provinces	HO (in some provinces), SR, PR
AT	Minimum Benefit ( <i>BMS</i> )	Regional/State	Rental and housing costs	SR, PR, other
AT	Rental Benefit ( <i>Mietbeihilfe</i> )	Regional/State	Rental and housing costs	SR, PR
DE	Housing Allowance ( <i>Wohngeld</i> )	National/Federal	Rental and housing costs	HO, SR, PR, other
DE	Costs for Housing and Heating under UB II ( <i>Arbeitslosengeld II</i> )	Municipal (with funding federal level)	Rental and housing costs	HO, SR, PR, other
DE	Housing and Heating Costs under Social Assistance ( <i>Grundsicherung im Alter und bei Erwerbsminderung</i> )	Municipal for administration (supervision on state or federal level)	Rental and housing costs	HO, SR, PR, other (living in institutional care)
ES	Housing Allowance	Regional/State	No information	No information
FI	General Housing Allowance ( <i>Yleinen asumistuki</i> )	National/Federal	Rental and housing costs	HO, SR, PR, other (occupancy and partial ownership)
FI	Housing Allowance for Pensioners ( <i>Eläkkeensaajan asumistuki</i> )	National/Federal	Rental and housing costs	HO, SR, PR, other
HU	Housing Allowance ( <i>Lakhatási támogatás</i> )	Local government (regulated at national level),	Rental and housing costs	SR, PR
HU	Home Maintenance Aid	Local government (regulated at national level)	Other housing costs	HO, SR, PR
IE	Housing Assistance Payment; 2); 3a) 3b)	Joint across levels of government	Rental costs	PR

Country	Measure name	Administration Level	Type of costs covered	Available to: HO (homeowners), SR (tenants in social rental housing), PR (tenants in private rental housing), other
NL	Housing Benefit ( <i>Huurtoeslag</i> )	National/Federal	Rental costs	SR, PR
PT	Porta 65 Jovem	National/Federal	Rental costs	PR
PT	Subsidy NRAU Law No. 6/2006 ( <i>Novo Regime Arrendamento Urbano</i> )	National/ Federal	Rental costs	PR
SE	Housing Allowance ( <i>Bostadsbidrag</i> )	National/ Federal	Rental and housing costs	HO, PR, other (municipal rental housing)
SE	Housing Supplement for Pensioners ( <i>Bostadstillägg för pensionärer</i> )	National/ Federal	Rental and housing costs	HO, PR, other (municipal rental housing)
SI	Housing Benefit ( <i>Subvencija najemnine</i> )	National/Federal	Rental costs	SR, PR, other (janitorial dwellings, living quarters)

Source: OECD, 2019c, Annex 1, Table PH 1.1.2; OECD, 2019f, Annex I, Table PH 3.2.1 and Table PH 3.2.2

**Table 65. Housing allowances: details on eligibility**

Country	Measure Name	Income threshold	Amount depends on	Conditional on other benefits	Other eligibility criteria
AT	Housing Allowance ( <i>Wohnbeihilfe</i> )	Yes	Rent, household income and composition, size of dwelling, whether dwelling built/renovated with public subsidies. Covers difference between effective and reasonable housing expenditure.	No	In some provinces, minimum net-income required
AT	Minimum Benefit (BMS)	Yes	Flat rate benefit includes share of 25% for (actual) accommodation costs. Some provinces pay higher amounts for higher housing costs.	Yes	Willing to or looking for work. Available to Austrian citizens and persons with equal status.
AT	Rental Benefit ( <i>Mietbeihilfe</i> )	Yes	Monthly rent, household's income and composition, size of dwelling	Yes	In addition to <i>Wohnbeihilfe</i> , if rent costs lead to income below a certain level. For recipients of pension or minimum income benefits.
DE	1) Housing Allowance ( <i>Wohngeld</i> )	Yes	Eligible housing costs, household's income and composition, regional factors	No	Beside income, wealth is taken into account. One individual can benefit from only one housing benefit, but different individuals in a household can receive different housing benefits.
DE	Costs for Housing and Heating under UB II ( <i>Arbeitslosengeld II</i> )	Yes	Household size and composition, reasonable housing costs. Amounts vary by municipality.	Yes	Recipients of unemployment benefits in need
DE	Housing and Heating Costs under Social Assistance ( <i>Grundsicherung im Alter und bei Erwerbsminderung</i> )	Yes	Income, household composition, housing costs	Yes	Recipients of social assistance (elderly and people with disabilities) in need
ES	Housing Allowance	No information			

Country	Measure Name	Income threshold	Amount depends on	Conditional on other benefits	Other eligibility criteria
FI	General Housing Allowance ( <i>Yleinen asumistuki</i> )	Yes	Covers 80% of difference between acceptable housing costs and basic deduction based on household income and composition.	No	No additional requirements
FI	Housing Allowance for Pensioners ( <i>Eläkkeensaajan asumistuki</i> )	Yes	Covers 85% of difference between acceptable housing costs and basic plus income-dependent deduction. Amounts vary according to municipality.	Yes	Low-income pensioners
HU	Housing Allowance ( <i>Lakhatási támogatás</i> )	No	Household size/ composition	No	Paid up to 12 months by local employment services to those who find a job (for at least 6 months and 20 hours/week) after unemployment. Workplace must be 60 km away from residence.
HU	Home Maintenance Aid	Yes	Dwelling size, household's income and composition. For claims after February 2015 only provided as debt management service.	No	Value of real estate (excluding dwelling) below maximum ceiling.
IE	Housing Assistance Payment	Yes	Household income and composition, rental costs, dwelling characteristics, including location.	?	Immediately eligible if household eligible for social housing.
NL	Housing Benefit ( <i>Huurtoeslag</i> )	Yes	Rent level, household composition and age, taxable income.	No	Maximum rent levels apply.
PT	1) Porta 65 Jovem	Yes	Income and household composition. Maximum duration: five years.	No	Age between 18 and 35 years. Rent level and size of dwelling must meet certain requirements.
PT	Subsidy NRAU Law No. 6/2006 ( <i>Novo Regime</i> )	Yes	Rent costs, household's income and composition.	No	65+ and renter who experienced an extraordinary increase in rent levels: contract must

Country	Measure Name	Income threshold	Amount depends on	Conditional on other benefits	Other eligibility criteria
	<i>Arrendamento Urbano</i> )				be from before 1990. Maximum limits for household income and rents.
SE	Housing Allowance ( <i>Bostadsbidrag</i> )	Yes	Depending on income, housing costs (lower and upper limit) and household composition (number of children). Income limit varies between family types.	No	Targets families with children and young adults (18-28 years).
SE	Housing Supplement for Pensioners ( <i>Bostadstillägg för pensionärer</i> )	Yes	Income level	?	Tax-free benefit if old age pensioner and 65+ in need. If cohabiting, joint income and assets taken into account.
SI	Housing Benefit ( <i>Subvencija najemnine</i> )	Yes	Actual rent up to maximum, which varies by household size. Rent subsidy is limited with 80% of rent.	?	Income below certain threshold.

Source: OECD, 2019f, Annex I, Table PH 3.2.1 and Table PH 3.2.2

**Table 66. Ratification of EU human rights treaties and national constitutions relevant to the right to equal access to general and preventative healthcare and medication**

Country	Detailed Source	Detailed Notes (if applicable)
All countries	Council of Europe. Chart of signatures and ratifications of Treaty 163. <a href="https://www.coe.int/en/web/conventions/full-list/-/conventions/treaty/163/signatures?p_auth=8o3jFKRF">https://www.coe.int/en/web/conventions/full-list/-/conventions/treaty/163/signatures?p_auth=8o3jFKRF</a> European Union Agency for Fundamental Rights. EU Charter Search Options. EU Charter of Fundamental Rights. Article 35- Healthcare. <a href="https://fra.europa.eu/en/eu-charter/article/35-health-care">https://fra.europa.eu/en/eu-charter/article/35-health-care</a>	

**Table 67. Acknowledgement of health in homelessness strategies**

Country	Detailed Source	Detailed Notes (if applicable)
Austria (AT)	Fonds Soziales Wien (2020)	While technically no official strategy exists for Vienna, a comprehensive and integrated strategy exists between the public sector and NGOs, with services for homeless also being part of broader strategic planning
Germany (DE)	MGFFI (2011).	
Spain (ES)	Government of Spain (2015)	
Finland (FI)	Ministry of the Environment (2016)	

Country	Detailed Source	Detailed Notes (if applicable)
Hungary (HU)	n.a.	
Ireland (IE)	Dublin City Council (2019) <a href="https://rebuildingireland.ie/">https://rebuildingireland.ie/</a>	
Netherlands (NE)	Oostveen (2019)	While some of the homelessness strategies at the national level reference mental health, access to general health is not mentioned.
Portugal (PT)	Estratégia Nacional para a Integração de Pessoas em Situação Sem Abrigo (2017-2013)	
Sweden (SE)	City of Stockholm (2013)	

**Table 68. Specialized care services or tailored care available for homeless people at the capital city level**

Country	Detailed Source	Detailed Notes (if applicable)
Austria (AT)	Christanell & Gremmel (2019) Neunerhaus (2019) Neunerhaus (2020) GWF (2020) <a href="https://men-center.at/arbeitsbereiche/gesundheitsfoerderung-fuer-wohnungslose-maenner-in-wien/">https://men-center.at/arbeitsbereiche/gesundheitsfoerderung-fuer-wohnungslose-maenner-in-wien/</a> Pleace et al. (2018) Baptista & Marlier (2019) Fink (2019) Fonds Soziales Wien (2019)	
Germany (DE)	<a href="https://www.igfm.de/">https://www.igfm.de/</a> <a href="http://frostschutzengel.de/">http://frostschutzengel.de/</a> Canavan et al. (2012) <a href="https://www.gebewo.de/">https://www.gebewo.de/</a>	
Spain (ES)	Baptista & Marlier (2019) Gómez (2018) <a href="https://hogarsi.org/en">https://hogarsi.org/en</a>	
Finland (FI)	Baptista & Marlier (2019) Y-Foundation (2006) Kangas & Kallioma-Puha (2019)	
Hungary (HU)	Baptista & Marlier (2019) Pleace et al. (2018)	
Ireland (IE)	Canavan et al. (2012) Keogh et al. (2015) Homelessness Inter-Agency Group (2018) Pleace et al. (2018)	
Netherlands (NE)	Baptista & Marlier (2019) Oostveen (2019) Pleace et al. (2018)	
Portugal (PT)	Baptista & Marlier (2019) Pleace et al. (2018) Perista (2019)	For Portugal, service providers could not be identified based on the most recent information.
Sweden (SE)	Knutagård et al. (2019) Pleace et al. (2018) <a href="https://capio.se/specialistvard/vard-for-hemlosa/verksamhet/oppenvard-pelarbacken/">https://capio.se/specialistvard/vard-for-hemlosa/verksamhet/oppenvard-pelarbacken/</a>	

Country	Detailed Source	Detailed Notes (if applicable)
Slovenia (SI)	Baptista & Marlier (2019) Pleace et al. (2018) Stropnik (2019)	

**Table 69. Availability of mobile healthcare and outreach services for homeless people at the capital city level**

Country	Detailed Source	Detailed Notes (if applicable)
Austria (AT)	Manola, D. (2020) <a href="https://www.caritas-wien.at/hilfe-angebote/obdach-wohnen/mobile-notversorgung/medizinbus-louise-bus/">https://www.caritas-wien.at/hilfe-angebote/obdach-wohnen/mobile-notversorgung/medizinbus-louise-bus/</a>	
Germany (DE)	<a href="https://www.caritas-berlin.de/spendenundhelfen/spenden/spendenprojekte/wohnungsloshilfe/arztmobil/arztmobil">https://www.caritas-berlin.de/spendenundhelfen/spenden/spendenprojekte/wohnungsloshilfe/arztmobil/arztmobil</a>	
Spain (ES)	Fernandez (2020) Fernandez (2020a)	
Finland (FI)	Y-Foundation (2006) <a href="https://vvary.fi/liikkuva-tuki-ja-palveluohjaus/">https://vvary.fi/liikkuva-tuki-ja-palveluohjaus/</a> Y-Foundation (2017)	
Hungary (HU)	Pleace et al. (2018) Albert et al. (2019)	
Ireland (IE)	Homelessness Inter-Agency Group (2018) <a href="https://www.primarycaresafetynet.ie/">https://www.primarycaresafetynet.ie/</a> <a href="https://www.imt.ie/opinion/providing-stronger-safety-net-marginalised-17-02-2020/">https://www.imt.ie/opinion/providing-stronger-safety-net-marginalised-17-02-2020/</a>	
Netherlands (NE)	Pleace et al. (2018)	Data are at the city level as further detail was unavailable. Data sources state that mobile services are primarily offered in urban areas.
Portugal (PT)	Pleace et al. (2018) Perista (2019)	
Sweden (SE)	<a href="https://capio.se/specialistvard/ward-for-hemlosa/verksamhet/oppenvard-pelarbacken/">https://capio.se/specialistvard/ward-for-hemlosa/verksamhet/oppenvard-pelarbacken/</a>	
Slovenia (SI)	<a href="https://drustvo-vzd.si/brezdomci/terensko-delo">https://drustvo-vzd.si/brezdomci/terensko-delo</a>	Data are for town of Miren. No concrete data could be found for Ljubljana.



**Table 70. Share of homeless people without health insurance and reported barriers accessing healthcare**

Country	Detailed Source	Detailed Notes (if applicable)
Austria (AT)	Christanell & Gremmel (2019) Baeten et al. (2018)	Small study sample.
Germany (DE)	BAG W (2015) Baeten et al. (2018)	
Spain (ES)	Baeten et al. (2018) medicosdelmundo.org/que-hacemos/espana/personas-sin-hogar	Other sources place this figure at 25% for Spanish homeless citizens and 75% for foreigners. Lack of documentation is a barrier to accessing free healthcare other than emergency care.
Finland (FI)	Baeten et al. (2018)	
Ireland (IE)	Keogh et al. 2015 Baeten et al. (2018)	Lack of documentation is a barrier to accessing free healthcare other than emergency care.
Portugal (PT)	Perista (2019)	
Sweden (SE)	Knutagård et al. (2019)	

**Table 71. Legislation or policy measures referencing deinstitutionalization of mental health services by country**

Country	Detailed Source	Detailed Notes (if applicable)
All countries	Šiška & Beadle-Brown (2020)	
Austria (AT)	Fleischhacker & Wancata (2007)	
Germany (DE)	Zielasek & Gaebel (2015) Rampazzo et al. (2016)	
Spain (ES)	López-Ibor & Reneses (2005)	
Finland (FI)	Y-Foundation (2017) Seppänen & Eronen (2012)	
Hungary (HU)	Kurimay & Vizi (2013) Maj & Kurimay (2010)	
Ireland (IE)	Datta & Frewen (2016)	
Netherlands (NE)	Šiška & Beadle-Brown (2020) Forti et al. 2014 (OECD Working paper)	
Portugal (PT)	Marques-Teixeira & Fradique (2009)	
Sweden (SE)	Silfverhielm & Stefansson (2006)	
Slovenia (SI)	WHO (2011)	

**Table 72. Homelessness strategy acknowledges and/or targets mental health services for homeless persons**

Country	Detailed Source	Detailed Notes (if applicable)
Austria (AT)	Fonds Soziales Wien (2020) Fonds Soziales Wien (2019) Bachner, F., et al. (2018)	While technically no official strategy exists for Vienna, a comprehensive and integrated strategy exists between the public sector and NGOs, with services for homeless also being part of broader strategical planning.  Under the wider mental health strategy in Austria, actions have been taken that target refugees, who also comprise a large part of homeless persons in Austria.

Country	Detailed Source	Detailed Notes (if applicable)
Germany (DE)	Ministerium für Kinder, Familie, Flüchtlinge und Integration des Landes Nordrhein-Westfalen (2011)	
Spain (ES)	Government of Spain (2015) Bernad et al. (2016)	
Finland (FI)	Ministry of the Environment (2016)	
Hungary (HU)	NA	
Ireland (IE)	Dublin City Council (2019) <a href="https://rebuildingireland.ie/">https://rebuildingireland.ie/</a>	
Netherlands (NE)	Oostveen (2019)	
Portugal (PT)	Estratégia Nacional para a Integração de Pessoas em Situação Sem Abrigo (2017-2013) Šiška & Beadle-Brown (2020)	
Sweden (SE)	City of Stockholm (2013)	
Slovenia (SI)	Resolution on the National Mental Health Program 2018-2028	

**Table 73. Existence of community-based mental healthcare services targeted to homeless persons at the capital city level**

Country	Detailed Source	Detailed Notes (if applicable)
Austria (AT)	AmberMed (2020) BAWO (2019) <a href="https://www.gruft.at/unsere-hilfe/angebote/">https://www.gruft.at/unsere-hilfe/angebote/</a>	The Psychiatrische Liasondienste in Vienna also provided us with data on the number of homeless people that received mental health services through the Wiener Wohnungslosenhilfe program in 2019.
Germany (DE)	Canavan et al. (2012)	Information is not available on the type of mental health services provided.
Spain (ES)	Fernandez (2020) Fernandez (2020a)	
Finland (FI)	Ministry of the Environment (2016). Action Plan for Preventing Homelessness in Finland 2016–2019. Y-Foundation (2017)	
Hungary (HU)	Albert et al. (2019)	Mental health services for homeless persons are found in Hungary though cannot be attributed to specific cities.
Ireland (IE)	Canavan et al. (2012) Homelessness Inter-Agency Group (2018) <a href="https://www.hse.ie/eng/services/list/4/mental-health-services/dsc/south/acces-team-homelessness-mental-health-services/acces-team-homeless-mental-health-service-.html">https://www.hse.ie/eng/services/list/4/mental-health-services/dsc/south/acces-team-homelessness-mental-health-services/acces-team-homeless-mental-health-service-.html</a>	
Netherlands (NE)	Canavan et al. (2012) GGD Amsterdam (2014)	
Portugal (PT)	Pleace et al. (2018)	
Sweden (SE)	Canavan et al. (2012) <a href="https://capio.se/specialistvard/vard-for-hemlosa/verksamhet/oppnvard-pelarbon/">https://capio.se/specialistvard/vard-for-hemlosa/verksamhet/oppnvard-pelarbon/</a>	

Country	Detailed Source	Detailed Notes (if applicable)
Slovenia (SI)	Stropnik (2019)	Mental health services for homeless persons are found in Slovenia though cannot be attributed to specific cities.

**Table 74. Policy initiative to promote access to mental health and addiction services at the capital city level**

Country	Detailed Source	Detailed Notes (if applicable)
All countries	EMCDDA (2018) Perspectives on drugs. Drug consumption rooms: an overview of provision and evidence	
Austria (AT)	BAWO (2019) AmberMed (2020) <a href="http://www.lighthouse.wien/">http://www.lighthouse.wien/</a> Neunerhaus (2019)	
Germany (DE)	<a href="https://drogennotdienst.de/wohnen-notuebernachtung/">https://drogennotdienst.de/wohnen-notuebernachtung/</a> <a href="https://www.gebewo.de/wohnungsnotfallhilfe-existenzsicherung">https://www.gebewo.de/wohnungsnotfallhilfe-existenzsicherung</a> <a href="https://skf-berlin.de/offene-sozialarbeit/wohnungslose-frauen/iwof-intensivberatung-und-begleitung-wohnungsloser-frauen/">https://skf-berlin.de/offene-sozialarbeit/wohnungslose-frauen/iwof-intensivberatung-und-begleitung-wohnungsloser-frauen/</a>	Data found on policy initiatives to promote access to mental health services are primarily for women.
Spain (ES)	Rampazzo et al. (2016) Associació ProHabitatge (2006) Bernad e al. (2016) <a href="https://www.madrid.es/portales/munimadrid/es/Inicio/El-Ayuntamiento/Samur-Social-Personas-sin-hogar/Personas-sin-hogar/Programa-de-atencion/Programa-de-atencion/?vgnextfmt=default&amp;vgnextoid=c83f70c0b6a6b310VgnVCM1000000b205a0aRCRD&amp;vgnnextchannel=bd9d9b6bf78b8310VgnVCM2000000c205a0aRCRD">https://www.madrid.es/portales/munimadrid/es/Inicio/El-Ayuntamiento/Samur-Social-Personas-sin-hogar/Personas-sin-hogar/Programa-de-atencion/Programa-de-atencion/?vgnextfmt=default&amp;vgnextoid=c83f70c0b6a6b310VgnVCM1000000b205a0aRCRD&amp;vgnnextchannel=bd9d9b6bf78b8310VgnVCM2000000c205a0aRCRD</a>	
Finland (FI)	Y-Foundation (2017) <a href="https://www.hdl.fi/en/support-and-action/substance-users/">https://www.hdl.fi/en/support-and-action/substance-users/</a> Ministry of the Environment (2016)	
Hungary (HU)	<a href="http://diotores.hu/">http://diotores.hu/</a>	
Ireland (IE)	Pleace et al. (2018) Homelessness Inter-Agency Group (2018) <a href="https://mqi.ie/">https://mqi.ie/</a>	
Netherlands (NE)	<a href="https://www.deregenboog.org/verslaving-psihiatrie">https://www.deregenboog.org/verslaving-psihiatrie</a> European Monitoring Centre for Drugs and Drug Addiction (2017)	
Portugal (PT)	Almas & Duarte (2020) Pleace et al. (2018)	
Sweden (SE)	<a href="https://www.brukarforeningarna.se/stockholm/omoss.php">https://www.brukarforeningarna.se/stockholm/omoss.php</a> <a href="https://capio.se/specialistvard/vard-for-hemlosa/verksamhet/oppnvard-pelarbon/">https://capio.se/specialistvard/vard-for-hemlosa/verksamhet/oppnvard-pelarbon/</a>	
Slovenia (SI)	Stropnik (2019) <a href="https://www.caritas.org/where-caritas-work/europe/slovenia/">https://www.caritas.org/where-caritas-work/europe/slovenia/</a>	

**Table 75. Existence of shared electronic health record system by country**

Country	Detailed Source	Detailed Notes (if applicable)
All countries	European Commission (2014). Overview of the national laws on electronic health records in the EU Member States and their interaction with the provision of cross-border eHealth services.	

**Table 76. National strategies against homelessness**

AT	None
DE	None
ES	Comprehensive <b>National Strategy for Homelessness People 2015-2020</b> . Available online at: ( <a href="https://www.sanidad.gob.es/home.htm">https://www.sanidad.gob.es/home.htm</a> )
FI	The last national action plan, <b>National Action Plan for Preventing Homelessness in Finland</b> (AUNE), was in place from 2016-2019. No new national homelessness strategy has yet been published. The last plan is available online here: ( <a href="https://asuntoensin.fi/assets/files/2016/11/ACTIONPLAN_FOR_PREVENTING_HOMELESSNESS_IN_FINLAND_2016_-_2019_EN.pdf">https://asuntoensin.fi/assets/files/2016/11/ACTIONPLAN_FOR_PREVENTING_HOMELESSNESS_IN_FINLAND_2016 - 2019_EN.pdf</a> )
HU	None
IE	<b>Rebuilding Ireland</b> . The plan is available online here: <a href="https://rebuildingireland.ie/">https://rebuildingireland.ie/</a>
NL	The Netherlands has two national strategies to address homelessness: A national programme to help the homeless youth and a strategic policy agenda to address homelessness developed by governmental and non-governmental actors. The two plans can be downloaded here: <ul style="list-style-type: none"> <li>(<a href="https://www.rijksoverheid.nl/documenten/rapporten/2019/03/14/actieprogramma-dak-en-thuisloze-jongeren-2019-2021">https://www.rijksoverheid.nl/documenten/rapporten/2019/03/14/actieprogramma-dak-en-thuisloze-jongeren-2019-2021</a>)</li> <li>(<a href="https://www.rijksoverheid.nl/documenten/rapporten/2018/05/24/meerjarenagenda-beschermd-wonen-en-maatschappelijke-opvan">https://www.rijksoverheid.nl/documenten/rapporten/2018/05/24/meerjarenagenda-beschermd-wonen-en-maatschappelijke-opvan</a>).</li> </ul>
PT	<b>National Strategy for the Integration on Homeless People 2017-2023</b> (ENIPSSA). The plan is available online here: ( <a href="https://files.dre.pt/1s/2017/07/14200/0392303931.pdf">https://files.dre.pt/1s/2017/07/14200/0392303931.pdf</a> )
SE	None
SI	None