

STUDY

Requested by the PETI committee

# Homelessness in the European Union

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## **Abstract**

This study, commissioned by the Policy Department for Citizens' Rights and Constitutional Affairs at the request of the Committee on Petitions (PETI), demonstrates the need to change systems that respond to homelessness as an issue of individual dysfunction and inadequacy, to systems that end homelessness. The residential instability felt by the majority of those who are homeless needs to be addressed through the provision of integrated housing, welfare, and health services. Public policy should aim to prevent homelessness in the first instance. For those who experience homelessness, the duration must be minimised by rapidly providing secure, affordable housing, in order to reduce further experiences of homelessness, decrease costly emergency accommodation, and alleviate trauma associated with homelessness.

This document was requested by the European Parliament's Committee on Petitions.

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## EXECUTIVE SUMMARY

Social science research, using a variety of different robust research methodologies, has clearly demonstrated that the experience of homelessness is a dynamic process and the outcome of the interaction of macro and micro circumstances. Those who experience homelessness are part of a larger population of disadvantaged households. The size of this disadvantaged population is driven by the extent of poverty and social exclusion, housing affordability, the generosity and reach of otherwise welfare systems, and the degree to which labour markets are constricted. Thus, the larger this population of disadvantaged households, the greater the number of households that will experience homelessness over time.

However, not all disadvantaged households will experience homelessness, and this may be determined by the stock of social, financial, and emotional resources available to disadvantaged individuals and families, and crucially their housing tenure. Those in publicly rented housing are less likely to experience homelessness than those privately renting, except in countries where there is strong rent regulation and security of tenure in the private rented sector.

For those households that do experience homelessness, that experience is a process where households enter various forms of homelessness and residential instability, such as using emergency accommodation, or staying insecurely with family and/or friends. The duration of the stay varies considerably, but for the majority, the stay is once-off and brief.

Given this understanding of homelessness, effective systems to end homelessness must orientate toward 'changing the homelessness system' (that is the assemblage of services and policies that respond to those experiencing homelessness) rather than 'changing people'. This is driven by an evidence-based understanding that homelessness is solvable, when the appropriate policies and practices are in place, rather than an unresolvable 'wicked problem' as sometimes portrayed, and that designing integrated models of service provision, especially housing, and funding is crucial to ending homelessness.

The evidence highlights that the most important public policy response is the provision of an adequate supply of affordable and secure housing with other interventions more likely to manage and mitigating the impact of homelessness, rather than ending it.

Given the diverse definitions used in measuring homelessness across Member States, and the diverse data sources, it is not possible to provide an estimate of trends in homelessness in Europe, but in countries where time series data is available, four clusters are discernible: i) countries that have seen substantial increases in the last decade (Ireland, England, and Scotland); ii) countries that have seen relative stability, but with recent decreases (Austria, Denmark, and Sweden); iii) one country that saw a significant increase between 2008 and 2018, but has seen a recent decrease (the Netherlands); and iv) countries that have achieved significant long-term reductions (Norway and Finland).

More detailed information is provided on recorded homelessness in Denmark, Finland, and Ireland between 2008 and 2022. These are broadly similar sized Member States, with comparatively unusually regular and detailed homelessness data. They also reflect the wide variation in the experience of homelessness in Member States, with Finland recording a decrease in homelessness over a considerable time frame, Denmark recording a relatively stable number of households experiencing homelessness until recently, with a moderate decrease over the past 4 years, and Ireland recording a comparatively unusually continuous increase in households in emergency accommodation over the past decade.



Based on a Conceptual Framework, which draws on contemporary, evidence-based research and which understands homelessness as a dynamic process, this study explores the key elements that should inform the developments of systems to end homelessness. The study conceptualises the experience of homelessness as a trajectory through these stages, and the objective of effective homelessness systems should be to prevent entries to homelessness in the first instance. For those that do experience homelessness, the objective is to minimise the duration of that experience by rapidly exiting households to secure affordable housing, with support if required, thus reducing the likelihood of a further experience of homelessness and allowing for the reduction of costly emergency accommodation and the alleviation of the individual trauma associated with a spell of homelessness.

## 1. INTRODUCTION

The purpose of this study is to:

- Provide an introduction and overview - based on existing data - of the extent and nature of homelessness in the EU, if possible looking at disaggregated figures of homelessness among different population groups;
- Describe the profiles of the homeless population and how they are changing, and analyse how homelessness affects children, migrants, minorities, women, and families;
- Analyse the reasons behind the rise of homelessness in the Member States (or a representative sample of Member States);
- Provide a brief overview of the most important relevant EU legislation - if any - and a short assessment of implementation and compliance by Member States;
- Provide details and compare, where possible, national policies and best practices to fight homelessness in the EU Member States; and
- Provide, where possible, policy recommendations/suggestions that could help improve the existing and/or future EU policy/legislation on fighting homelessness in the EU.

## 2. UNDERSTANDING HOMELESSNESS

Social science research has clearly demonstrated, using a variety of different robust research methodologies, that the experience of homelessness is a dynamic process and the outcome of the interaction of macro and micro circumstances (Lee et al., 2021).<sup>1</sup> Those who experience homelessness are “not randomly distributed across the population” (Bramley and Fitzpatrick, 2018, p.112), but are part of a larger population of disadvantaged households (Batterham, 2021), for whom “housing insecurity is pervasive, semi-permanent feature of life” (DeLuca and Rosen, 2022, p.34). In some countries such as the US, homelessness “is a common, rather than exceptional, experience amongst the poor” (Herring, 2023, p.173). A recent Eurofound survey found that “3% of the EU population considered it ‘very likely’ and 3% ‘rather likely’ that they would need to leave their accommodation within the next three months because they can no longer afford it” (Dubois and Nivakoski, 2023, p.15). One response to the cost of housing is to share or ‘double up’, but the experience of doubling-up can be seen as “a clear warning sign that a household may be on the path to experiencing homelessness” (Hauptert, 2023, p.1755). The size of this disadvantaged population is driven by the extent of poverty and social exclusion, housing affordability, the generosity and reach or otherwise of welfare systems, and the degree to which labour markets are constricted (Benjaminsen, 2023; Bramley and Fitzpatrick, 2018; Byrne et al., 2021; Headly et al., 2023; Johnson et al., 2019).

Thus, the larger this population of disadvantaged households, the greater the number of households that will experience homelessness over time. The methodologically robust Australian Journeys Home longitudinal data<sup>2</sup> has consistently highlighted the low predictive power of personal characteristics in explaining homelessness (Johnson et al., 2019), concluding that “extreme disadvantage and poverty drive homelessness, with random shocks precipitating homelessness for the most vulnerable members of the community” (Johnson et al., 2023, p.274). Thus, those households who do experience homelessness are, in O’Flaherty’s (2004) formulation, those who experience a conjunction of adverse structural (macro) and personal circumstances (micro), that is, being the “wrong person in the wrong place.”

However, not all disadvantaged households will experience homelessness, and this may be determined by the stock of social, financial, and emotional resources available to disadvantaged individuals and families (Hastings, 2021). Conversely, “families with limited and shallow resource reservoirs cannot avoid spirals of resource loss that bring about homelessness” (Hastings, 2023, p.20). Thus, those households most likely to experience homelessness from the larger pool of disadvantaged households are those who are “impacted by sudden, unexpected events, have one or more personal vulnerabilities, lack adequate social support, or be an alumni of an institutional setting” (Lee et al., 2021, p.13). For example, single-parent households are less likely than dual-parent households to have the financial capital to buffer them against unexpected events (Morelli et al., 2022) and are hence more likely to experience an episode or episodes of homelessness.

The housing tenure of the larger disadvantaged population is also crucial, with those in publicly rented housing less likely to experience homelessness than those privately renting (O’Donnell, 2021), except in countries where there is strong rent regulation and security of tenure in the private rented sector. Individual-level risky behaviours such as excessive or persistent use of psychopharmacological

<sup>1</sup> This study builds and draws on earlier papers commissioned by the European Platform on Combatting Homelessness (EPOCH) in particular O’Sullivan (2022), Mackie (2023), Busch-Geertsema and Haj Ahmad (forthcoming) and Pleace (forthcoming) and the ongoing work of the European Observatory on Homelessness.

<sup>2</sup> Uniquely, Journeys Home sampled those currently homeless and at risk of homelessness thus avoiding the sampling bias inherent in only researching those currently experiencing homelessness.

substances also increase the risk of homelessness, but such risky behaviour does not necessarily result in homelessness if adequate integrated health and housing services are available.

For those households that do experience homelessness, that experience is a process where households *enter* various forms of homelessness and residential instability, such as using emergency accommodation, or staying insecurely with family and/or friends. The *duration* of the stay varies considerably, but for the majority, the stay is once-off and brief. The vast majority of households experiencing homelessness will *exit* to housing and not experience a further episode, but may be at heightened and sustained risk of housing exclusion on a sustained/permanent basis. Some will experience a cycle of repeated, often short, spells of homelessness while others may experience prolonged homelessness that may take a variety of forms.

The evidence highlights that the most important public policy response is the provision of an *adequate supply of affordable and secure housing*, either provided directly by municipalities and/or not-for-profit organisations or with rental subsidies. In the context of a scarcity of secure and affordable housing, or available housing but a scarcity or unavailability or inadequacy of rental subsidies, or a scarcity of landlords willing to take rent subsidised tenants, interventions are more likely to centre on *managing and mitigating* the impact of homelessness, rather than *ending* it (Parsell, 2023), and risks polarising debates about prioritisation and deservedness in the allocation of a scarce resource. There is a broad tendency for policy responses to be constrained to reactive responses when housing stress is high (and flowing from that the inability of prevention to function well in those circumstances).

We now have a substantial bank of evidence on the interventions that can work to reduce and end homelessness for particular groups of people at risk of or experiencing homelessness (Munthe-Kaas et al, 2018; Lakshminarayanan et al, 2023), and ample evidence of the programmes that do not work. However, the evidence-based interventions that work to resolve generally operate at the individual level, and do not address the systematic drivers of homelessness. This is not to discount the significance of these interventions in the lives of who have benefitted from these interventions, but only the provision of a sufficient level of affordable and secure housing can substantially reduce the number of households that will experience homelessness, and for those that do, will ensure a rapid exit.

Given the robust research evidence on the success of housing programmes for both specific groups, particularly those with complex needs, experiencing homelessness such as *Housing First projects* (Pleace, 2023) or *national level Housing-led programmes*, such as in Finland (Y-Foundation, 2017; 2022), the contention “that most homeless people were too sick to be housed”, which as O’Flaherty (2019, p.23) notes was taken seriously until recently, is no longer credible.

In that context, it is also argued that the provision of universalistic welfare services, in particular income supports, are important in addressing the ‘structural drivers of homelessness and the stigma attached to existing targeted responses.’ (Clarke, 2022, p.15). This builds on a literature that demonstrates that the more inclusive the welfare system and the higher the degree to which welfare services are decommodified structures the scale and characteristics of those experiencing homelessness (Stephens et al, 2010; Benjaminsen, 2023). Countries where welfare services are decommodified and universalistic tend to have relatively small numbers experiencing homelessness, largely homogenous in their characteristics, and tend to have high support needs.

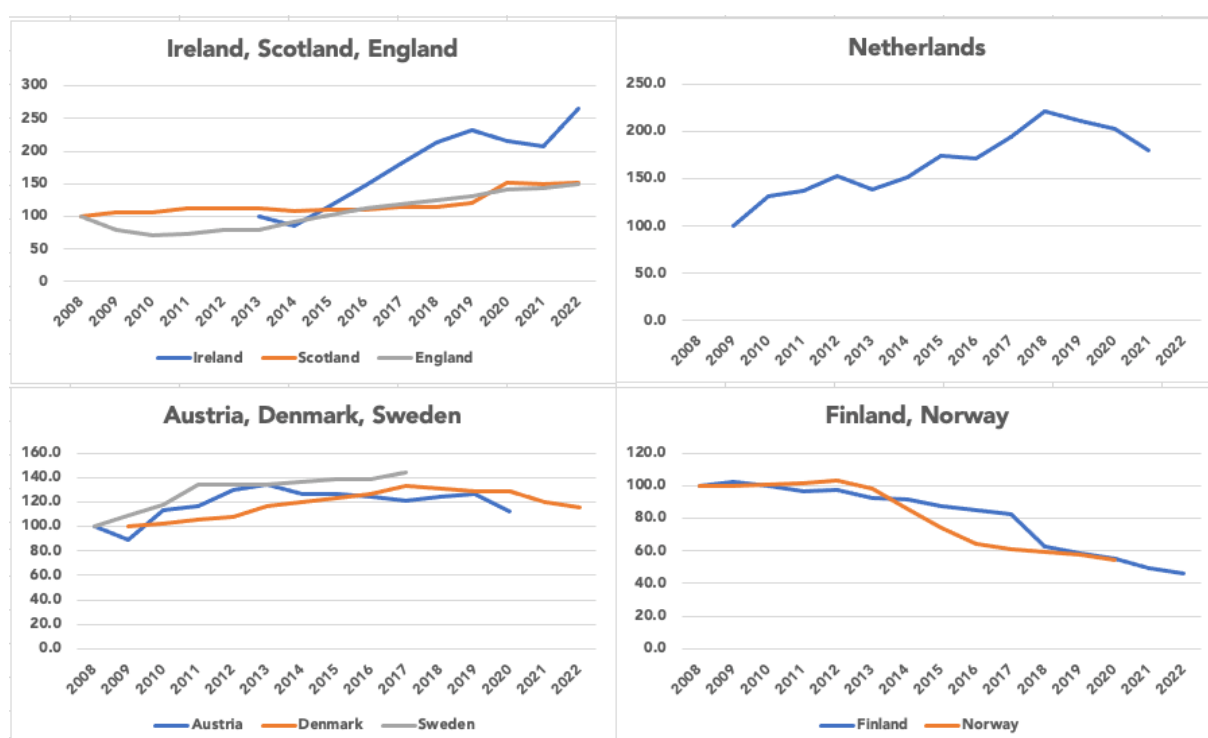
Countries where welfare services are commodified and targeted will tend to have larger and more heterogeneous populations experiencing homelessness, but only a minority will have any psychosocial support needs. Such countries tend to have extraordinarily complex homelessness response systems as they have to both respond to a diversity of people experiencing homelessness with a spectrum of

support needs, and to operate a quasi-shadow welfare system in the absence of universalistic welfare services, and in countries like Ireland and France in recent years, such services are extremely costly.

### 3. TRENDS IN HOMELESSNESS IN EUROPE

Figure 1 shows *trends* in the number of households experiencing homelessness based on *point-in-time* data for several countries where *time-series* data exists. Given the diverse definitions used in measuring homelessness across these countries, and the diverse data sources (see Baptista and Marlier, 2019; Develtere, 2022; Dubois and Nivakoski, 2023; OECD, 2021), the time-series data below are presented as an *index* designed to identify trends rather than absolute numbers. It shows four clusters: i) countries that have seen substantial increases in the last decade (Ireland, England, and Scotland); ii) countries that have seen relative stability, but with recent decreases (Austria, Denmark, and Sweden); iii) one country that saw a significant increase between 2008 and 2018, but has seen a recent decrease (the Netherlands); and iv) countries that have achieved significant long-term reductions (Norway and Finland). Detailed analysis of the trends in Denmark, Finland, and Ireland can be found in Section 5 of this study.

Figure 1: Index of homelessness at a point-in-time in selected Member States, 2008-2022



Recent data for Germany show just over 262,000 adults experiencing homelessness in 2022 (Busch-Geertsema, 2023), but reliable and comparable trend data are not available, and in the case of Spain, the first survey of people experiencing homelessness in a decade showed that the number of adults in accommodation and catering assistance centres increased from 22,938 adults in 2012 to 28,552 adults in 2022 (Instituto Nacional de Estadística, 2023). Data on homelessness in Member States of the South and East are, by and large, scant, partial, and dated, hence the difficulty in identifying recent trends in homelessness in these Member States.

Given these data constraints in measuring homelessness in a consistent and timely manner across Europe, the pilot project on a *European Homelessness Count*, initiated by the European Commission in the context of EPOCH, the European Platform on Combatting Homelessness, launched in June 2021, is

particularly significant.<sup>3</sup> This pilot project will commence in late 2023 with 15 Member States participating in a two-year project (10 Member States over the full two years and 5 in the second year only).

### 3.1. Issues in measuring the extent of homelessness

*Point-prevalence* or *point-in-time* surveys that provide the data for the charts above are widely used and provide useful *snapshots* of the numbers and characteristics of those experiencing homelessness. However, Shinn and Khadduri (2020) note that although such surveys are useful for monitoring trends and identifying service needs, they *minimise the scale of homelessness*, and *period-prevalence* surveys are required to more accurately estimate the number of people who experience homelessness over a time period. *Time frames* are thus critically important when measuring homelessness, as the numbers who experience homelessness, and their characteristics, will differ significantly depending on the time frame used (Shinn and Khadduri, 2020, pp.26-27). Further, they matter in, for example, how levels of psychological distress vary whether you are entering, experiencing, or exiting homelessness, whether you are male or female, as well as in enumerating homelessness (Scutella and Johnson, 2018).

In all the Member States in the figure above, the numbers experiencing homelessness at a *point-in-time* ranges from 0.07 and 0.33% of the total population (OECD, 2021). However, a recent study of eight European countries found a lifetime prevalence of nearly 5%, albeit with significant variations by country, with a five-year prevalence of just under 2% (Taylor et al., 2019). Eurostat, in a survey of 12 European countries, found a lifetime prevalence of 4% (Eurostat, 2018, p.29), and for the 75% who had an experience of homelessness, it was in the form of staying with friends and relatives temporarily, with only one in 20 who had an experience of homelessness, sleeping on the street.

As noted in the introduction to this study, homelessness is a dynamic process and capturing the experience of homelessness at a *point-in-time* does not reveal the fluidity of the experience of homelessness (Herring, 2023). Comparatively rarer *longitudinal data*, such as the Australian Journeys Home data, shows that most households who experience a spell in an emergency shelter, for example, will exit to housing and not return to emergency accommodation (O'Donnell, 2020).

*Shorter time frames* largely capture those experiencing long-term homelessness with *longer* time frames capturing the significantly larger number of people who enter and exit homelessness each year. This was demonstrated when, from the 1990s onward, an increasing number of researchers - initially almost exclusively in North America, and subsequently in a number of European countries and Australia - utilising longitudinal research methods were showing very different patterns of homelessness than those found in cross-sectional research, with profound implications for policy when exploring the experience of homelessness over time, both for families and adult-only households (Dworsky and Piliavin, 2000; Kuhn and Culhane, 1998). The importance of subsidised housing, poverty, and other structural factors in contributing to homelessness rather than individual level dysfunctions came to the fore, with "residential instability" rather than prolonged experiences of homelessness the typical pattern observed (Sosin et al., 1990, p.171).

Analyses of *time-series* data on shelter admissions in New York and Philadelphia by Kuhn and Culhane (1998) showed a clear pattern, whereby approximately 80% of shelter users were transitional users, in that they used shelters for very short periods of time or a single episode and did not return to

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<sup>3</sup> EPOCH is a collaborative forum of European institutions, EU governments, and civil society which aims to end homelessness by 2030. The EPOCH pilot project aims to identify a common operational definition of homelessness and a common data collection methodology in order to provide the data necessary to determine the progress made to end homelessness by 2030, and to inform effective policy decisions.

homelessness. A further 10% were episodic users of shelters, and the remaining 10% were termed long-term users of shelter services, who in the main tend to be single males with multiple and complex needs. This pattern of shelter use has been replicated in similar analyses of longitudinal administrative data in a number of other cities and countries of the Global North, albeit with some significant differences in the extent of homelessness and the characteristics of those in each cluster in different welfare regimes (Bairéad and Norris, 2022; Benjaminsen and Andrade, 2015; Waldron et al., 2019).

For example, in the case of Denmark, Benjaminsen and Andrade (2015) found support for the thesis first articulated by Fitzpatrick (1998; see also Stephens and Fitzpatrick, 2007) that in generous and comprehensive welfare regimes, the number of people experiencing homelessness will be low, but the majority will have complex needs, whereas in regimes with less extensive welfare systems and higher levels of poverty, the numbers experiencing homelessness will be high, but only a minority will have complex needs.

*Where* research on those experiencing homelessness takes place also matters. Research that surveys only those experiencing street homelessness or those using designated services and shelters for the 'homeless', will influence how we think about and respond to homelessness. Focusing on these places only will fail to adequately capture, for example, women's experience of homelessness (O'Sullivan, 2016; Pleace, 2016; Bretherton and Mayock, 2021), and those who are experiencing transitional forms of homelessness.

A striking feature of the bulk of research on homelessness over the past 50 years is the degree to which the research has focused on relatively rare experiences of chronic and episodic homelessness. Equating those experiencing long-term forms of homelessness with 'homelessness' has distorted how policymakers, politicians, and the public understand and respond to homelessness, and this distortion has resulted in policies that fail to address the dynamics and types of homelessness (O'Sullivan et al., 2020).

When the focus of research shifts beyond people experiencing street homelessness and/or in emergency accommodation, women, for example, tend to appear in greater numbers. In addition, there are limitations to 'utilisation-based' sources, as those that do not utilise services will not be included (Culhane et al., 2020). Based on data from Philadelphia, including those experiencing homelessness but not utilising services, would increase not only the size of the population experiencing homelessness, but also alter the race and disability profile of those experiencing homelessness, as the non-users were more likely to be white and had lower levels of disability (Metraux et al., 2016).

Finally, *who* we define as experiencing homelessness matters. Both five-year and life-time prevalence of homelessness increases significantly if you include those who are in insecure accommodation and involuntarily doubling up - those often referred to as the '*hidden homeless*' - rather than simply those experiencing street and emergency shelter forms of homelessness. Definitions of homelessness also shape how we understand homelessness. *Broad* definitions find strong evidence for structural causes of homelessness driven primarily by poverty, and more *narrow* definitions note the dysfunctions of the individuals experiencing relatively rare forms of long-term and repeated homelessness associated with high and complex treatment and support needs (Pleace and Hermans, 2020).

In brief, it is clear that there is a variety of experiences of homelessness rather than a singular experience, but research that primarily studied those in emergency shelters or the literally homeless, and did so at a point in time, neglected the temporal dimension of the experience of homelessness. The dynamics of homelessness have also been underestimated, with the majority of people who



experience homelessness exiting and not returning to homelessness, however broadly or narrowly homelessness is defined

## 4. THE PROFILE OF HOMELESSNESS IN EUROPE

With these methodological caveats in mind, the following section provides information on the profile of those experiencing homelessness in Europe.

### 4.1. Gender

The dominant image of a person experiencing homelessness is that of a *male*. As Baptista and Marlier (2019) indicate, in a majority of countries the majority of those counted as homeless are male, often making up to 75% of the enumerated homeless population. However, as noted above, this dominant conception, that is also often confirmed by street-based sleeping counts and other homelessness research, results from a bias inherent in the definitions and ways of counting people experiencing homelessness (O'Sullivan, 2020; O'Sullivan et al., 2020; Bretherton, 2023). Narrow definitions and/or data collection frameworks tend to exclude important dimensions of women's homelessness (e.g., hidden homelessness, family homelessness, concealed forms of street-based sleeping) (Bretherton, 2023). This results in many countries that focus on street-based sleeping and users of services having lower shares of homeless women, while countries with more comprehensive definitions and measurement approaches have higher shares of women (Baptista and Marlier, 2019). There are, however, some countries that also identified relatively high shares of women among those sleeping on the street, such as Bosnia and Herzegovina (in 2013, 35% of those sleeping on the street were women) and Serbia (in 2014 data on primarily homeless, 35% were women) (Baptista and Marlier, 2019).

It is also increasingly the case that the *experience of homelessness* is differentiated by gender, resulting in different risks and trajectories, service use, and housing exits (Baptista, 2010; Mayock and Bretherton, 2016; Bretherton, 2017; Vázquez et al., 2019), as well as health outcomes of homelessness among women sleeping on the street (Box et al., 2022). Women's homelessness is more often linked with domestic abuse, sexual violence, and exploitation, and women are more often finding different solutions to homelessness than men, i.e., primarily staying with friends/acquaintances and therefore forming a group of hidden homeless, before going to services (Bretherton, 2023). A relatively new emerging strand of research explores homelessness experienced by LGBTIQ+ people, who may share higher risks of homelessness compared to non-LGBTIQ+ populations, especially among youth who face identity-related family conflicts (Shelton, 2018).

Especially relevant, but still under-researched, is the issue of family homelessness, often linked with lone women parents (Bretherton, 2017; Baptista et al., 2017; Baptista and Marlier, 2019; Bretherton, 2023). In some countries family homelessness is relatively rare, such as Denmark and Finland, while other countries have experienced an evident increase in family homelessness, such as Ireland and France (Quilgars and Pleace, 2023; Baptista and Marlier, 2019). For example, in Ireland in recent years, there has been a continued growth in family homelessness and increasing female homelessness that is changing the profile of homelessness in the country, and the most recent point-in-time count in September 2023 recorded a total of 1,892 families, of whom 58% were single parents with children, compared to 387 families of whom 73% were single parents with children in September 2014.

### 4.2. Age distribution

Although there are important variations across countries, and similar to gender (see above), there is a problem with comparison of data. In general, most countries' reporting on the profile of homelessness is that it is concentrated among the active adult population, i.e., between 30 and 55 years old (Baptista and Marlier, 2019). However, a significant group of countries report a strong presence of young people between 15 and 29 years old, or an increasing share of this age group among people experiencing

homelessness. In Denmark in 2017, more than a third of people experiencing homelessness were young (18-29), with similarly high shares in Italy (Baptista and Marlier, 2019). However, following an increased focus on youth homelessness, including the onset of targeted Housing First for youth programmes in several Danish municipalities, a decrease in youth homelessness has taken place since then, as documented in the most recent Danish homelessness count (Benjaminsen, 2022), and documented in greater detail in Section 5 of this study.

Comparing numbers across European countries is difficult with different definitions of youth as well as homelessness, but there is evidence on increasing trends in youth homelessness (Mayock and Parker, 2023). The growing number of youth experiencing homelessness in Europe has been associated with their exclusion from housing markets, but homelessness among youth has also been associated with histories of state care, LGBTQ+ identification (see above), racial discrimination, mental health problems and substance use, and family conflicts and abusive family situations, which happen in a wider context of socioeconomic and neighbourhood exclusion (Mayock and Parker, 2023). Trajectories of young people into homelessness are often not experienced as single events, but marked with moving back and forth between home, various informal living places such as doubling up, staying with friends and relatives, and sofa-surfing (Mayock et al., 2021; Mayock and Parker, 2023).

Another specific group are children experiencing homelessness, mostly linked with family homelessness (see previous section). There are serious negative consequences for the well-being of children living in homelessness situations, such as health risks (e.g., damp and mould that increase risk of respiratory diseases), lack of privacy and stability, interrupted school trajectories that pose risk to educational developments and socioeconomic marginalisation also in later life, stigmatisation, and effects on mental health (see Pleace et al., 2008; Baptista and Marlier, 2019; Quilgars and Pleace, 2023). There is evidence of association between experience of child protection interventions, domestic abuse, and child and family homelessness (Quilgars and Pleace, 2023).

In some countries, there is the presence of an older cohort of homeless population (Baptista and Marlier, 2019) caused variously by service provision inefficiencies, late-life homelessness attributed to lifelong poverty, and various social crises (e.g., trauma, family breakdown, and mental health/substance challenge) as described by Grenier and Sussmann (2022). Issues faced by elderly people experiencing homelessness may further include chronic health problems, and, as some research results from Poland suggest, also more serious mental health and cognitive problems compared with elderly not experiencing homelessness (Drabiak et al., 2023). Their use of health services may be considerably different from elderly people living in their own homes or people experiencing homelessness from other age cohorts, meaning that they face a lot of unmet health-related needs, which impacts health care outcomes and life quality (van Dongen et al., 2019).

### **4.3. Education, work, and income**

Low levels of education – mostly primary and secondary education – were characteristic for those experiencing homelessness, as reported by most experts in a recent comparative European report (Baptista and Marlier, 2019). This corresponds with the general findings that homelessness is linked with socioeconomic marginalisation, unemployment, and very low incomes, although other variables (e.g., complex support needs) may also affect these relationships (Baptista and Marlier, 2019). Comparative data that would enable monitoring of anti-poverty strategies, among them homelessness strategies, are largely missing in the European context (Nicaise et al., 2019), but evidence gathered across various data collections confirms that there is a mix of structural factors and inequality, mixed with personal factors and decisions that increases the risk of homelessness (Bretherton and Pleace, 2023).

People experiencing homelessness are often dependent on minimum income schemes or other types of pensions (e.g., ill-health related pensions or old-age pensions) that exist in the country as a predominant source of income. Therefore, their position is highly dependent on the accessibility and generosity of these schemes. According to researchers in several countries, the role of social welfare benefits – particularly minimum income schemes or other means-tested benefits – is considered residual and/or inadequate, which increases the risk of housing exclusion and homelessness (Baptista and Marlier, 2019). In more generous welfare states, people more often experience long-term homelessness, linked also with high and complex support needs (Benjaminsen and Andrade, 2015). Often, such transfers, or, in general accessing social rights, is based on entitlements linked with a registered address, and non-take-up even of eligible transfers seems to hit people experiencing homelessness to a large extent (Robben et al., 2023).

People experiencing homelessness use various further ways to make their living, for example through informal employment, temporary – often menial – jobs obtained through formal or informal networks, very often resulting in exploitation and precariousness. A combination of such income generation strategies, labelled as 'patchwork economy' (Ravnbøl, 2019) that combines unreliable income sources (including collecting recyclables, selling various goods, or engaging in ad hoc physical work) characterises labour market participation options of many, and hampers integration. At the same time, evidence shows that labour market participation in itself is not sufficient to exit homelessness, and 'in-work homelessness' is a phenomenon that affects a considerable group (5-25%) of service users, e.g., with a fifth of youth in employment, and over half of families in temporary accommodation in the UK (Jones et al., 2019).

#### 4.4. Health status

Poorer health has been identified as one of the risk factors for homelessness, and is also one of the consequences of experiencing homelessness (see Donley and Wright, 2018). Numerous research has shown that people who experience extended bouts of homelessness have higher morbidity and mortality rates (Fazel et al., 2014; Donley and Wright, 2018; Schiffler et al., 2023), with life expectancy at age 30 years, 11.0- 15.9 years lower for homeless men and women respectively compared to men and women in the general population, as one Dutch study showed (Nusselder et al., 2013). However, Mostowska (2023) urges caution in how homelessness and mortality are presented and argues for a more nuanced analysis. In the area of health research and homelessness, the most researched population have been those sleeping on the street or residing in shelters (see Wolf and Filipovič Hrast, 2023), thereby excluding many other categories of homelessness, and therefore insights on health skew toward long-term and recurrent homelessness.

Noting these limitations, research published throughout the EU and in comparable countries repeatedly describes people experiencing homelessness as having multiple and complex needs that require both health and social services. Equally, research on the prevalence of disease among PEH (people experiencing homelessness) has tended to focus on people sleeping on the street and living in shelters and to be conducted over short periods of time. As people with multiple and complex needs *also* tend to be experiencing sustained and recurrent homelessness, when people living on the street or in emergency shelters are surveyed, they are the people who are most likely to be there. In essence, a lot of European and other health research has often *oversampled* those with multiple and complex needs, because it oversampled those who were long-term or repeatedly homeless (Kuhn and Culhane, 1998; O'Sullivan et al., 2020; O'Sullivan, 2020). This is important, as while there are those experiencing homelessness with multiple and complex needs for both health and social services, they are often only one part of the total population experiencing homelessness, and some research has been criticised as

'medicalising' homelessness at the individual level, arguing that there are many other factors involved in the causation and experience of homelessness, and in preventing and reducing it (O'Sullivan et al., 2020).

Furthermore, health issues are also specific if we observe different subgroups of people experiencing homelessness. Gender is an important factor and studies have indicated higher rates of psychiatric disorders, mental health problems, sexually transmitted infections (STI) and sexually transmitted diseases (STDs), and also higher share of histories of sexual child abuse and domestic violence among women experiencing homelessness (Jonker et al., 2012; Stoltenborgh et al., 2011; Nilsson et al., 2019; Wolf and Filipovič Hrast, 2022). There is evidence of a mutually reinforcing relationship between women's homelessness and experience of domestic abuse (Bretherton and Mayock, 2021). Age is also relevant. Homeless youth, for example, experience violence and traumatic injuries at an elevated rate and also have higher rates of posttraumatic stress disorder, compared to those in housing (Donley and Wright, 2018). Also, homelessness can be a cause of premature ageing, and health care for old people experiencing homelessness, including palliative care, poses specific challenges (Donley and Wright, 2018; Hudson et al., 2017).

Notwithstanding the relevance of findings of multiple and complex health issues among people experiencing homelessness of different age cohorts, we also find that the majority of people's experiences are episodes of homelessness. Hence, as these people are grasped to a limited extent by both research on homelessness and data collection on health among people experiencing homelessness, we can conclude that there is a much more heterogeneous picture of mental health and addiction treatment needs of people experiencing homelessness than evidence that is largely based on cross-sectoral research about chronically homeless population groups suggests. This implies that services for tackling homelessness need to be designed with more nuance, and that for a majority of people "resolving their homelessness does not require treatment prior to housing" (O'Sullivan et al., 2020, p.126).

#### **4.5. Ethnicity and migration background**

Recent research developments attest that there is increased interest in researching migration as a "new structural factor causing homelessness, next to more traditional structural factors such as the housing market and the social welfare system" (Hermans et al., 2020, p.35). Data from the EASPN-Report by Baptista and Marlier (2019, p.43) showed that, on the one hand, in more than half of the 35 European countries covered by this study "a majority of homeless people are nationals or belong to the national majority population, although in some of them there are reports of overrepresentation of some ethnic minority populations and/or of recent rising trends (e.g., DE, DK, FI, NL, SE)". But on the other hand, "in several countries the available data show that the immigrant population and/or population from ethnic minority groups make up a majority among homeless people or, at least, among some sectors of the homeless population (e.g., people sleeping rough)" (Baptista and Marlier, 2019, p.43).

Although a majority of people experiencing homelessness in Europe are nationals, migrant homelessness has become more visible in recent years in the context of increasing migration trends, and despite data limitation, they seem to make up a large share of the population experiencing homelessness, with not only third country nationals and economic migrants being affected, but also mobile EU citizens (Consoli, 2023; Mostowska, 2013).

In several countries there is some evidence of overrepresentation of migrants among people experiencing homelessness. For example in Finland, there is an overrepresentation of migrant families among homeless single parent families; in Sweden in 2017, 43% of those experiencing homelessness had a migrant background; similarly in Austria among roofless in 2012, half were born outside Austria;

and in the Netherlands, people with a non-western background are heavily overrepresented among the homeless population and this has become more pronounced over the years (Baptista and Marlier, 2019). Also Italy, Spain, Greece, and France were identified as countries with large shares of people experiencing homelessness that were non-nationals, and most of these countries were not equipped for large influx of refugees and asylum seekers (Baptista and Marlier, 2019; Consoli, 2023).

Over the previous four years since the aforementioned EASPN-Report, the situation may well have changed again and the numbers of migrants experiencing homelessness may have risen further in several countries. In Germany, for example, a national survey among persons who were homeless, but not sheltered by NGOs or municipalities, was undertaken in the first week of February 2022, in order to complement a point-in-time count about sheltered homelessness. It revealed that among the 38,500 persons who were sleeping on the street on at least one of the seven days of the first week of February, little more than one third were of foreign nationality or stateless, and among the 54,800, about a quarter were "hidden homeless" persons, or "couch-surfers" (Brüchmann et al., 2022, p.35).

#### 4.5.1. Asylum seekers

According to the European Union Agency for Asylum (EUAA), in 2022 almost one million people (966,000) commenced an asylum application in the EU+ countries (the Member States plus Norway and Switzerland). The largest groups of asylum applicants were from Syria, Afghanistan, Turkey, Venezuela, and Colombia. Around 43,000 applicants claimed to be unaccompanied minors. In the same year the EU+ recognition rate (decisions that granted refugee status and subsidiary protection) was 40%.

Asylum seekers have a right to basic temporary accommodation until they are granted (or denied) international protection. In many – but not all – European countries, this type of shelter is organised separately from homelessness services and is therefore not further elaborated in this study. A comparative study by the European Observatory on Homelessness on *The Humanitarian Crisis and the Homelessness Sector in Europe* in 2016 concluded that in most of those 12 European countries which were selected for the study (Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Poland, Portugal, Sweden, and the United Kingdom), "asylum seekers, refugees and individuals who had not been granted asylum were not present in homelessness services in large numbers" (Baptista et al, 2016, p.9. However, it also emphasised the different situation in France, Italy, and Greece, where the limited resources of formal systems for dealing with asylum seekers and increased pressure by rising numbers of applicants had led to increased numbers of them sleeping on the street and using homelessness services (Baptista et al., 2016, p.9). Meanwhile, the situation might have changed in a number of further countries, at least in relation to homeless refugees.

There are recent reports, for example from Ireland and Belgium, that – due to the pressure on reception centres – asylum seekers (especially single men) were sent to homeless shelters or on the street by the authorities (see for example the most recent report by EUAA, 2022).

#### 4.5.2. Refugees

Refugees face, in various Member States, obstacles to access the labour market and thus becoming financially independent. In their report from 2021, the European Union Agency for Asylum stated that the COVID-19 pandemic had worsened the situation of refugees, making it more difficult for them to find jobs. The pandemic caused unemployment or lower wages and made refugees more vulnerable to homelessness (EUAA, 2021).

Homeless numbers in Germany include refugees if they have been provided by municipalities or NGOs with temporary accommodation on the night of 31 January 2022 and have a clarified legal status, i.e., have already been granted international protection. More than one third (36%) of the 178,100

“sheltered” people experiencing homelessness came from currently main countries of origin for asylum seekers (like Syria, Afghanistan, and Iraq; BMAS, 2022, p.42). So it can be estimated that a minimum of 64,000 refugees were homeless and ‘sheltered’ in Germany on 31 January 2022 (probably much more, as refugees still living in accommodation for asylum seekers were not fully covered by the statistics and not all refugees come from the three countries mentioned).

This was before the war in the Ukraine started, and it is expected that numbers of foreign people experiencing homelessness will have risen sharply over the period from January 2022 to 2023 (but data are not yet published). This will in all probability also shape the household and gender structure of homelessness in Germany, as most of the Ukrainian refugees are women with children.

In the case of Ukrainian nationals fleeing the Russian war against their country, it is important to mention that since 4 March 2022 they do not have to undergo an asylum procedure, but can register for temporary protection in EU+ countries under the Temporary Protection Directive (DPT). By May 2023, the total number of refugees from Ukraine recorded across Europe was given by the UNHCR with over eight million. The reception process for Ukrainians is much quicker and smoother than the regular asylum procedure and under the DPT most persons (mainly women and children) arriving in the EU have immediate access to the job market, social and health care services, and the education system in the country of their arrival. However, even with these clear advantages vis-a-vis asylum seekers, and despite remarkable efforts by governments as well as by civil society to help them with housing and job integration, many have only secured low paid employment and limited access to decent or long-term housing, resulting in many having to stay on in reception centres and other types of temporary accommodation and insecure solidarity-based housing options.

Of the countries neighbouring the Ukraine, the highest recorded numbers came from Poland with 1.6 million refugees from Ukraine recorded in the country and the Czech Republic with more than half a million refugees recorded. In other European countries, Germany, with over a million Ukrainian refugees recorded the largest numbers, followed by Italy and Spain, with around 175,000, and France, with almost 120,000. How many of these refugees are currently living in temporary accommodation remains unknown and will also change considerably over time. But in many cities with tight housing markets, their risk to remain homeless after having lost their homes by fleeing the war is high despite their privileged position in comparison to many other third-country migrants.

#### 4.5.3. Irregular migrants

Another group of homeless migrants are third-country migrants with an irregular status, who no longer have a legal residence status for various reasons (e.g., through overstaying their visa, divorce from a spouse with permanent residence without having acquired an independent residence status yet, or unauthorised entry into the country). No reliable figures are available about this group and an estimate is problematic, as persons without valid papers do not identify themselves anywhere in order to avoid becoming identified as irregular with the possibility of deportation. In 2008, 1.9 to 3.8 million migrants were estimated to be living irregularly in Europe – less than 1% of the EU27 population at the time. This group is diverse in many ways including country of origin, gender, age, and education. Just as most migrants live in urban regions, those with irregular status also tend to live in cities. Irregular migrants may be employed, living with family or friends, and have few support needs, others live in destitution (Delvino and Spencer, 2019). Research shows, “that insecure or irregular status creates an imbalance of power that puts people at greater risk of exploitation in the workplace, in personal relationships, and other settings” (PICUM, 2023, p.2). In general, legally and practically irregular migrants have the most limited access to social rights and services (Homburger et al., 2022; Hermans et al., 2020).

#### 4.5.4. EU mobile citizens

According to the latest data from 2023, in 2021, 10.2 million EU citizens have been residing in an EU country other than the country of their citizenship - usually because of work. Among them, Romanian citizens were the largest group (24% or 3.1 million people), followed by Polish and Italian citizens (11% or 1.5 million people each), and Portuguese citizens (7% or 1.0 million people) (European Commission, 2023). Based on the employment rate of mobile EU citizens, which stood at 72.7% in 2020, it can be assumed that only a small minority of this group has become homeless at some stage (Eurostat, 2021). For Germany, some data about the extent of homelessness among EU mobile citizens exist from the aforementioned studies. Taking sheltered people experiencing homelessness, street-based sleepers, and couch surfers together, and taking into account some double counting, we can assume that around 262,600 persons in Germany were homeless at the end of January 2022. Of these, about 23,100, or 8.8%, were nationals of another EU Member State.

But among those 178,100 people experiencing homelessness who were in temporary accommodation in Germany at the night of 31 January 2022, more than two thirds had a non-German nationality, including a large number of persons who had finished their asylum seeker process and had been granted international protection (BMAS, 2022, p.42). Amongst all sheltered homeless households who lived as couples with children, 91% had a non-German nationality, among single parents the proportion was 79%. This also means that in Germany, and also in many other countries, you still cannot talk about homeless families without talking about migration-specific issues. The proportion of non-nationals might not be as high as in Germany, but there are data, e.g., from Ireland, showing that 22% of people experiencing homelessness in temporary accommodation in September 2023 were EEA/UK citizens (refugees in temporary accommodation are not included in the Irish homelessness statistics), and 17% of new family entries and 21% of single adult entries to emergency accommodation in Dublin were EEA citizens (Department of Housing, 2023a; Dublin Region Homeless Executive, 2023).

Migrants are facing higher risk of exclusion due to language barriers, barriers in the labour market, housing market, and within welfare systems, and also growing discrimination and criminalisation (Consoli, 2023). Moreover, EU migrants, mobile EU citizens, and third-country nationals have differentiated access to services, including low-threshold services, due to national legislation variations (Hermans et al., 2020). In terms of the role of the EU-level legislation and competency, as Kramer (2023) has argued:

“The most elementary overview of the state of EU law relevant to the treatment of homeless EU citizens reveals how complex that law is. EU rights are not equal for all but rather depend on the personal circumstances of individual citizens and in particular on their socio-economic situation. A considerable number of EU citizens might not be entitled to homelessness services and might even be expelled from host Member States for not complying with the residence conditions. However, it is equally clear that the systematic exclusion of EU citizens from homelessness services is a gross violation of EU law.”



## 5. CASE STUDIES: TRENDS IN RECORDED HOMELESSNESS IN DENMARK, FINLAND, AND IRELAND

This section outlines trends in recorded homelessness in Denmark, Finland, and Ireland between 2008 and 2022. These are broadly similar sized Member States, with comparatively unusually regular and detailed homelessness data. They also reflect the wide variation in the experience of homelessness in Member States, with Finland recording a decrease in homelessness over a considerable time frame, Denmark recording a relatively stable number of households experiencing homelessness until recently, with a moderate decrease over the past 4 years, and Ireland recording a comparatively unusually continuous increase in households in emergency accommodation over the past decade. Each country also uses a variety of different methodologies to measure homelessness and it is important that the strengths and limitations of these different approaches are understood, particularly in relation to their comparability, and lessons for best practice in measuring homelessness.

In the case of Denmark, data are derived from the national administrative data on users of homeless shelters (based on client registration systems in homeless shelters) administered by Statistics Denmark, in addition to a biennial count of people experiencing homelessness conducted by VIVE - the Danish Centre for Social Science Research. These two sources provide a robust basis for the measurement of homelessness in Denmark. In the case of Finland, the measurement is based on both administrative data and some estimates, based on a point in time in each year. Such an approach has its limitations, but as it is conducted on a consistent basis, it does allow for the reliable measurement of trends (see Benjaminsen et al., 2020 for further details on measuring homelessness in the Nordic countries). In Ireland, data on homelessness are primarily based on administrative data *via* the Pathway Accommodation & Support System (PASS), a national bed-management system for homelessness services, supplemented by a twice yearly survey of street-based sleepers in Dublin (for further details on the definition of homelessness used and the methodologies deployed in these countries, see Allen et al., 2020; Benjaminsen et al., 2020; O'Sullivan, 2020).

### 5.1. Measuring homelessness and trends in Denmark

In Denmark, there are two main data sources measuring homelessness. Since 1999, administrative data on use of shelters for those experiencing homelessness have been collected nationwide, and national homelessness counts have been conducted every second year since 2007. While the administrative data from homeless shelters are recorded continuously throughout the year, the homelessness count is a point-in-time count based on data collection during a 'count week'. Besides the difference in measurement time, these two data sources have other principal differences as they cover different parts of the ETHOS definition, and also differ in the types of services included in the data collection. While the shelter data only cover shelter users, the measurement of homelessness in the national homelessness count is broader as it includes not only shelter users, but also other ETHOS categories: street-based sleepers, people staying temporarily with family or friends, people in short-term transitional housing, people in hotels due to homelessness, and people awaiting discharge from hospitals or treatment facilities, or release from prison, within a month without a housing solution in place. Accordingly, the data collection for the homelessness count is based on not only data from homeless shelters, but also a wide range of other agencies and services in the welfare system, such as municipal social services, job centres, psychiatric and addiction treatment facilities, and so on.

An important insight from having multiple data sources on homelessness in Denmark is that the different types of data complement each other in understanding the overall pattern of homelessness in terms of both extent and profiles. In the following, we shall examine these differences in more detail,

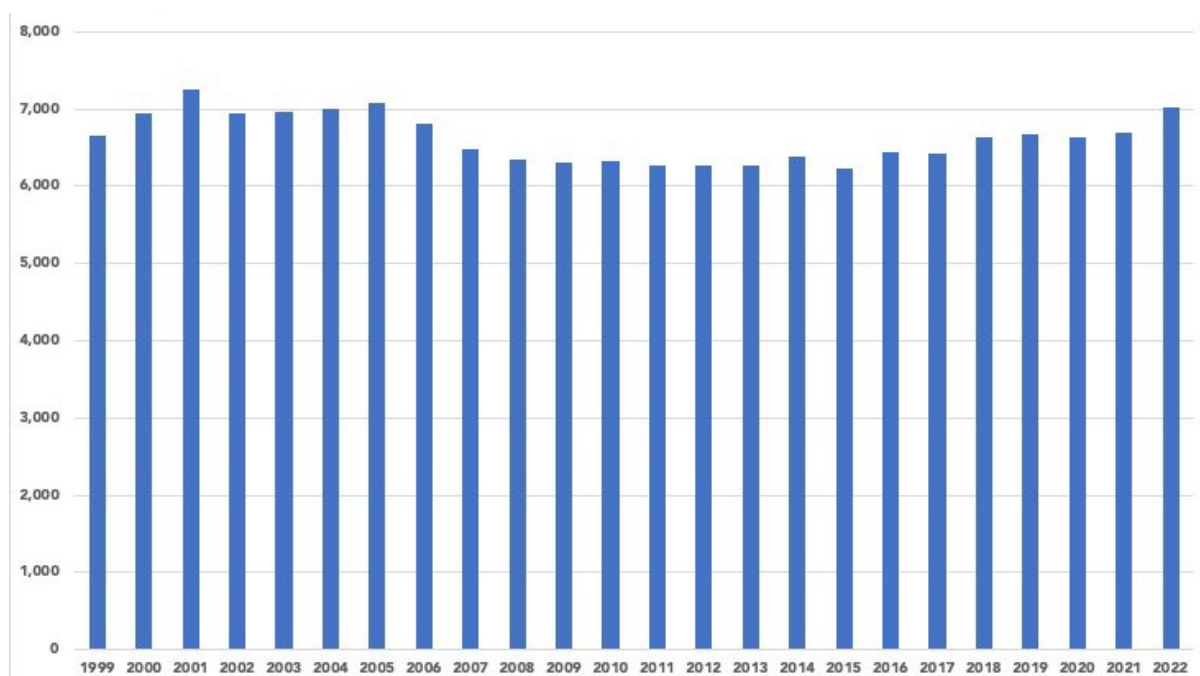
with a focus on trends and patterns over the period from 2009, the onset of the Danish homelessness strategy, to 2022.

### 5.1.1. Shelter data collected since 1999

Since 1999, data from homeless shelters in Denmark have been recorded through client registration systems and collected nationwide from central data authorities. The shelter data cover all homeless shelters operating under section 110 of the Social Assistance Act, which requires local authorities to provide temporary accommodation to people who have no place to live or cannot live in the dwelling that they have due to social problems. Thus, besides people in a homelessness situation, homeless shelters can also be used by people who are 'functionally homeless' despite actually having a dwelling, although this latter group only encompasses a small number of the individuals recorded in the data. When enrolling in a homeless shelter, individuals must give their personal number to the shelter, which enables the identification of unique users in the data. Reporting data for the national database is mandatory for the homeless shelters that operate with public funding under the Social Service Act. Most of these shelters provide emergency accommodation (direct access), as well as temporary accommodation for a longer period. Besides the section 110 shelters, there are also a small number of very basic and low-threshold emergency night shelters, mainly in larger cities, where users can be anonymous and where data for the general database on shelter use are not collected.

Shelter use remained widely constant over the period of the Danish homelessness strategy, and Figure 2 shows the annual number of shelter users in Denmark from 1999 to 2022, giving information on the number of unique (individual) users each year since the data collection started.

Figure 2: Annual estimated number of homeless shelter users in Denmark, 1999-2022



Source: Benjaminsen (2022).

The shelter statistics reveal that the annual number of shelter users in Denmark has been remarkably constant over the entirety of this period, with the highest annual figure recorded in 2001, when 7,286 individuals used a homeless shelter. The lowest figure was recorded in 2015, when 6,223 individuals used a homeless shelter. A moderate decrease appears from about 7,000 people using a shelter

annually in the early 2000s to about 6,000 shelter users annually from about 2007 and until 2015. Then a moderate increase sets in, and in 2022 there were 7,011 people using a shelter.

### 5.1.2. Homelessness counts every second year since 2007

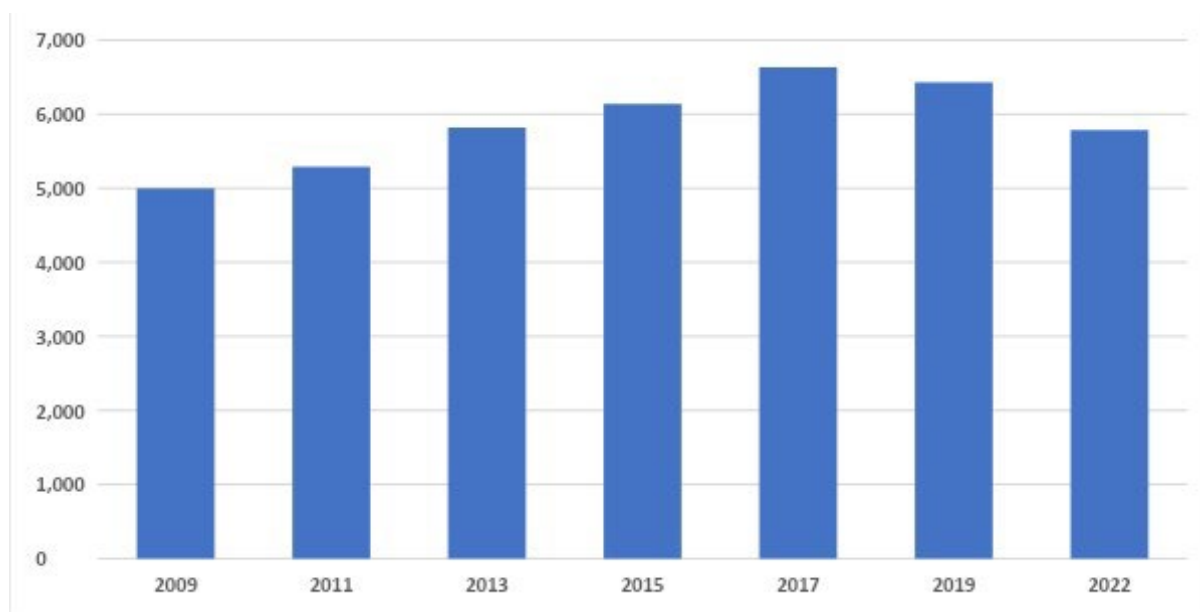
The second major data source on homelessness in Denmark is the national homelessness counts that have been carried out every second year since 2007. These counts are point-in-time counts based on the same methodology as similar counts in Norway and Sweden (Benjaminsen et al., 2020). The homelessness counts not only encompass the categories of street-based sleepers and homeless shelter users, but also aim to include various forms of 'hidden homelessness', most notably, the group of 'sofa surfers', people who stay temporarily with family and friends due to the absence of their own place to live. Moreover, the homelessness counts also include people staying in, for instance, hotels, caravans, and garden allotment houses due to homelessness, people in short-term transitional housing, and people about to be discharged from hospitals or other treatment facilities, or released from prisons, without a housing solution in place.

In order to include these broader categories of homelessness, the counts collect data not only from homelessness services, but also from a wide range of other services and agencies in the Danish welfare system, such as municipal social centres, employment offices, and addiction and psychiatric treatment facilities. In particular, people in hidden homelessness are often in contact with such services and many of the sofa surfers recorded in the count are reported from these broader types of welfare services outside the homelessness sector. The count is conducted by asking this broad range of services to fill out a two-page questionnaire for each person experiencing homelessness that they are in contact with, or who are otherwise known by the services to be in a homelessness situation, during the count week. Individual data are collected for each person and a control for double counting (the use of multiple services) is performed using personal numbers, initials, birth dates, and so on.

The count takes place in week six of every second year. During this cold winter-time in February, a high share of people experiencing homelessness are assumed to be indoors and in contact with services compared to the warmer summer time. However, as being recorded in the count depends on being in contact with some form of services, there will always be people in a homelessness situation who are not included in the counts. Although there may be people with very complex support needs who have fallen completely through the welfare safety net, in the context of the extensive Danish welfare system, the most likely group to be underrepresented in the count are people in hidden homelessness: those who are in precarious and unstable housing arrangements trying to get by without the involvement of social services. Thus, in practice, people in hidden homelessness are counted insofar as they are in contact with some kind of social or health services. As a wide range of services take part in the count, we can be reasonably confident that the count provides a relatively comprehensive and consistent snapshot of the extent and profile of homelessness in Denmark in the count week.

Figure 3 shows the number of people experiencing homelessness recorded in the Danish homelessness counts from 2009 to 2022. As the definition was adapted slightly following the first count in 2007, data from 2009 are used as a baseline. An overall increase in homelessness was observed over the period as 4,998 individuals were recorded as being in a homelessness situation in week six of 2009, increasing to 5,290 in 2011 and to 5,820 in 2013, when the period of the homelessness strategy ended. A further increase was observed to 6,138 people experiencing homelessness in 2015, and to 6,635 people experiencing homelessness recorded in 2017. Thus, homelessness in Denmark measured by the point-in-time homelessness counts continued to increase until 2017, but decreased to 6,431 in 2019 and to 5,789 in 2022.

Figure 3: Homeless people recorded in the Danish homelessness counts, 2009-2022



Source: Benjaminsen (2022).

As the data from the homelessness count are a *point-in-time* measure, and the shelter data are *flow data* collected throughout the year, these figures cannot be directly compared with the annual shelter statistics. In Table 1 the results from the homelessness count are delineated by homelessness categories. About one out of 10 of those recorded in the counts were sleeping on the street. A person experiencing homelessness who was recorded as a street-based sleeper at any time during the count week was placed in this category, although they might have been recorded in other homelessness situations as well during the count week. The count data also show that during the latest count, about 2,700 people were recorded during the count week in the category 'shelter/hostel', which are the section 110 shelters that are included in the annual shelter statistics, compared to the 7,000 people that use the shelters on an annual basis in the same year. Thus, there were approximately three times as many people using homeless shelters over the year than during the count week. This shows the importance of being precise about the periodisation when comparing homelessness figures and shelter statistics among different countries.

Table 1: Individuals by homelessness situation, Danish homelessness counts, 2009-2022

	2009	2011	2013	2015	2017	2019	2022
Rough sleeping	506	426	595	609	648	732	535
Emergency night shelter	355	283	349	345	305	313	248
Shelter/hostel	1,952	1,874	2,015	2,102	2,217	2,290	2,736

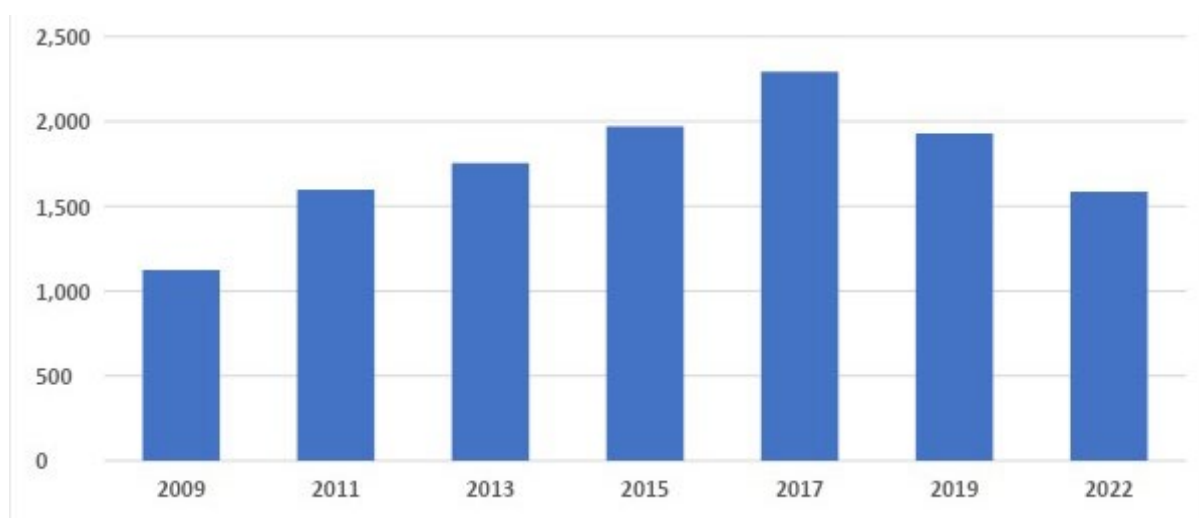
Hotel	88	68	70	113	165	191	121
Family and friends	1,086	1,433	1,653	1,876	2,177	1,630	1,152
Short-term transitional	164	227	211	178	169	121	98
Release from prison	86	88	64	90	68	72	49
Discharge from hospital	172	173	119	138	149	148	146
Other or unknown	589	718	744	687	737	934	704
<b>Total</b>	<b>4,998</b>	<b>5,290</b>	<b>5,820</b>	<b>6,138</b>	<b>6,635</b>	<b>6,431</b>	<b>5,789</b>

Source: Benjaminsen (2022).

The table shows that the second-largest group recorded in the count, besides shelter users, is the group staying temporarily with family or friends. This is also the category that has shown the largest growth over the period, from 1,086 recorded as sofa surfers in 2009 to 2,177 people in 2017. In 2017, this group was almost the same size as the group of shelter users, although it fell considerably in 2019 and 2022 when the number of young people experiencing homelessness fell over this period, and since young people experiencing homelessness are those who most frequently stay temporarily with family or friends.

Figure 4 shows how a dramatic increase in homelessness among young people aged 18–29 occurred in Denmark from 2009 to 2017. While 1,123 individuals aged 18–29 were recorded in the count in 2009, this figure had more than doubled in 2017, when 2,292 young people aged 18–29 were recorded during the count week. In the most recent count from 2022, this number decreased to 1,586 young people experiencing homelessness, which was still higher than in 2009.

Figure 4: Young homeless people, 18-29 years old in the Danish homelessness counts, 2009-2022



Source: Benjaminsen (2022).

While the annual number of shelter users in Denmark has remained broadly unchanged since 2009, the figures from the homelessness count imply an upward trend in homelessness in Denmark over the period from 2009 to 2017, before decreasing in 2019 and 2022. Whilst the main reason for this discrepancy can be explained by the initial increase in youth homelessness, followed by a decrease, and by the fact that many young people are 'sofa surfers', the discrepancy between rising numbers of people in homelessness and constant numbers of shelter users may also indicate a shelter system running at full capacity or even a lack of beds locally.

## 5.2. Measuring homelessness and trends in Finland

Data in Finland are less extensive than those collected in Denmark and, as will be seen, in Ireland. Information is centred on an annual survey that has been undertaken since 1987 within the Housing Market Survey conducted by the Housing Finance and Development Centre of Finland (Asumisen rahoitus- ja kehittämiskeskus [ARA]). This survey collects a set of data on different forms of homelessness in each municipality (local authority) in Finland. Counts of the different forms of homelessness in some municipalities are combined with estimates from others in the same reports. The survey is conducted at the same point (15 November) in each year. Response rates are typically high. On average, 93% of municipalities responded to the survey over the course of 2012–2022, with levels never falling below 92%. Again, the range of data collected is narrower than in Ireland or Denmark, being centred on headcounts of specific groups within the homeless population. As of 2022 count (ARA, 2023), these can be summarised as follows:

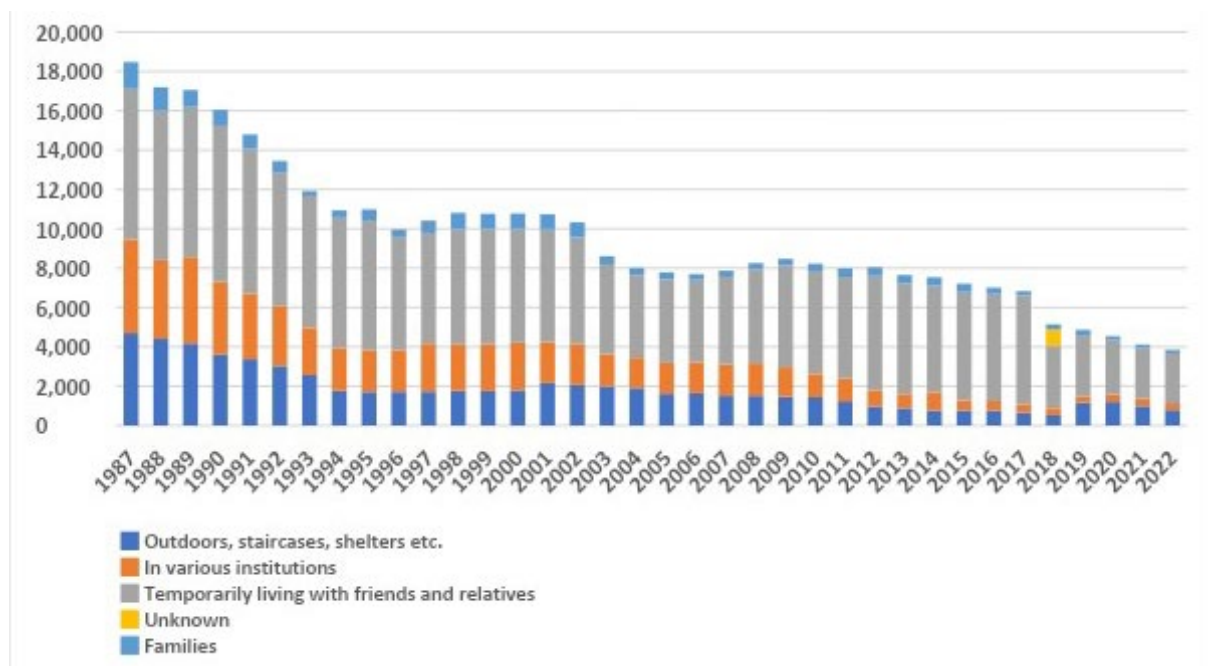
- homeless people living outside, in staircases, in larger structures and shelters;
- homeless people in dormitories and boarding houses;
- homeless people in institutional units (including prisons and hospitals);
- homeless people living temporarily with friends or relatives (because they have nowhere else to go);
- lone homeless adults;
- homeless women;
- homeless young people (aged under 25);
- immigrants who are homeless;

- homeless families with children;
- homeless immigrant families; and
- long-term homeless people (homeless for at least one year or several times in the last three years).

The Finnish data have been collected in a broadly consistent manner since 1987, which allows for the long-term tracking of trends in homelessness levels due to their more comprehensive, more recently adopted, practices in administrative data collection and survey methodology. There are a number of limitations with this data set that centre on the inability to record the flows within, alongside the flows into and out of, the homeless population. The Finnish data cannot record whether someone has been homeless, exited homelessness, and returned to homelessness sometime later. There are data on whether someone has been homeless for a long time, which includes people who have been resident in homelessness services and situations defined as homelessness for a year or more, or on a recurrent basis in the last three years, but the patterns of their service use cannot be tracked in the same way as in Denmark or, to a lesser extent (because data are time limited), in Ireland.

Equally, it is not possible to accurately measure the extent of ‘transitional’ homelessness: homelessness that begins, is experienced, and finishes between one annual count and the next. Finland also lacks detailed data on the needs, characteristics, experiences, and trajectories of its homeless population (Place et al., 2015; Place, 2017). Further, while response rates are high, not every municipality answers the survey and others provide estimates, which means that groups like hidden homeless and some people living on the street might be missed. There are inherent limits to any point-in-time count. These limitations can be summarised very simply: it is likely that at least some people will be missed.

Figure 5: Homelessness in Finland, 1987-2022



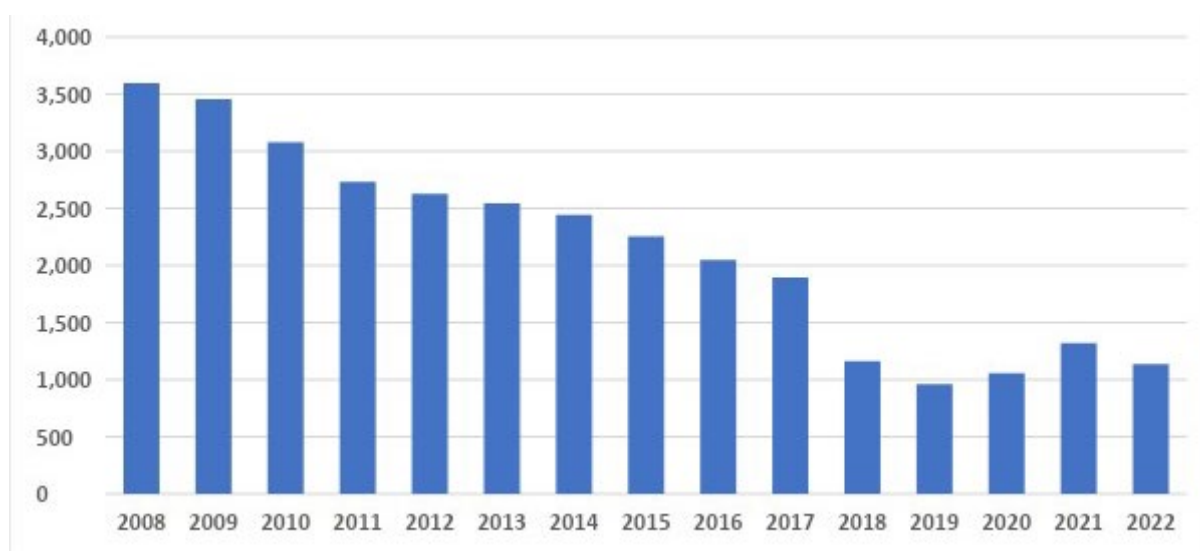
Source: ARA (2023).

According to the annual ARA surveys, total homelessness fell significantly over the period 1987–2022. The two trends were changes in the locations in which homelessness was experienced, and in the forms of homelessness being experienced. There was a significant fall in the level of people living in hostels or boarding houses, the reduction reflecting the effective replacement of older models of shared or

communal supported housing with Housing First and Housing-led models, as well as the greatly reduced use of emergency accommodation as shown in Figure 5.

Alongside this, there were marked falls in the number of people defined as homeless in various institutional settings, including prison and long stays in hospitals. While in line with ETHOS, the idea that someone can be 'homeless' while in an institutional setting (on the basis that there is no home available for them to move into when they leave that institution) is contentious, with many other countries only defining someone as homeless at the point at which they leave an institution if they still have no home to go to. Between 2008 and 2022, there was a significant fall in the population recorded as homeless in institutional settings, reflecting the impacts of the sustained focus on creating a 'Housing First' (housing-led) integrated and preventative national homelessness strategy, which saw many congregate and communal homelessness services replaced by supported and scatter housing (Pleace et al., 2015; Kaakinen, 2023).

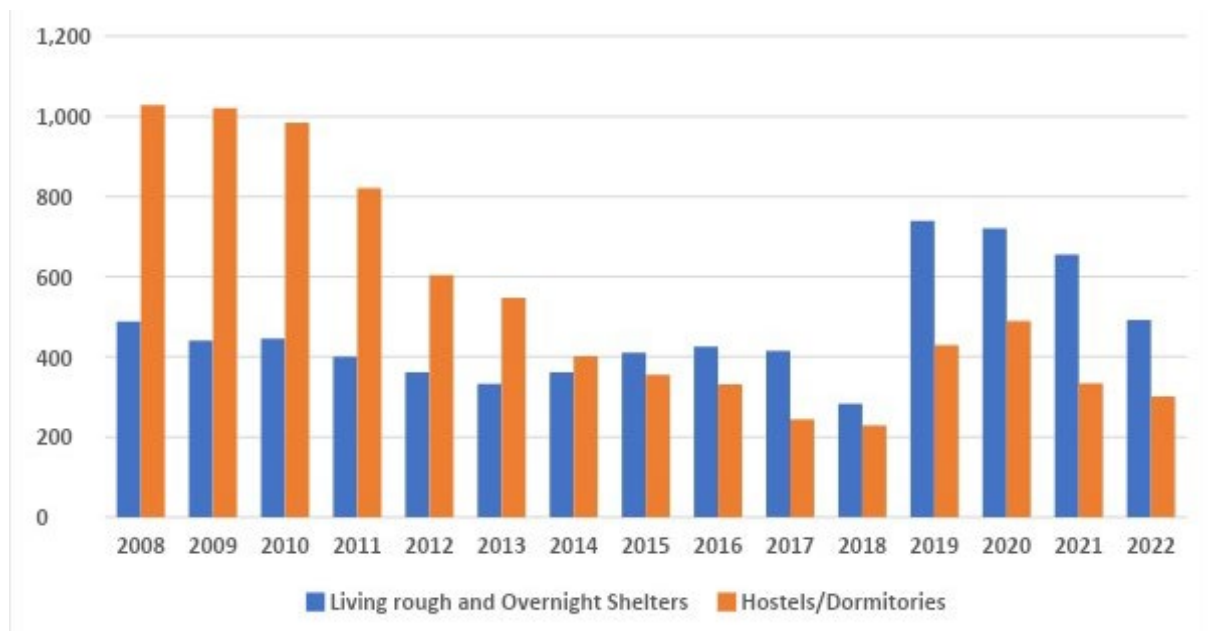
Figure 6: Long-term homelessness in Finland, 2008-2022



Source: ARA (2023).



Figure 7: Living rough and in shelters/accommodation for homeless people in Finland, 2008-2022

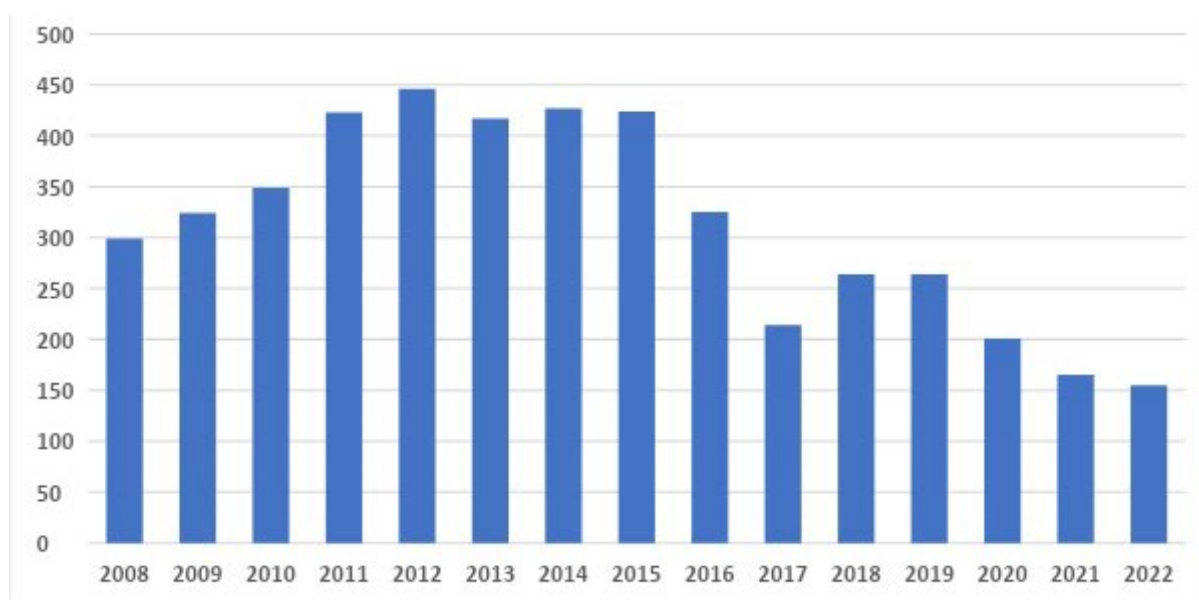


Source: ARA (2023).

Levels of people living on the street remained fairly constant during the 2008–2022 period, and the same was true with respect to the level of hidden homelessness recorded by the annual ARA survey. According to the survey data, most of the population recorded as homeless in Finland were experiencing hidden homelessness over the course of 2008–2022. With the caveats about the Finnish data collection through the annual ARA survey, these figures need to be seen in the context of the total levels of homelessness. During the 2008–2022 period, recorded single homelessness peaked at 8,150 in 2009 and dropped to 3,686 by 2022.

As harsh and damaging as homelessness is for the people who experience it, Finland took what was, from a wider European perspective, a residual social problem in terms of scale and reduced that problem still further by 2022. Looking at the ARA data in detail, and considering some of the limitations of those data, the complexities underlying the headline success of Finland in reducing and preventing homelessness become evident. Total levels of lone adult homelessness, long-term homelessness, and the use of temporary accommodation were brought down, but street-based sleeping and hidden homelessness, while not occurring at a scale relative to the population level and experience elsewhere in Western Europe, remained at similar levels. According to the ARA statistics (see Figure 8), family homelessness exists at only a small scale in Finland. An increase over the period 2008–2012 has been followed by marked falls in reported levels over the period 2016–2022.

Figure 8: Homeless families in Finland, 2008-2022



Source: ARA (2023).

One of the key lessons from Finnish experience of counting homelessness is that the statistical data have, while being limited in some respects, been influential in policy development. Evidence that, despite significant expenditure, homelessness had seemingly reached a fixed level in Finland during the 1990s, and that a core reason for that was services and strategy were seemingly unable to sufficiently address long-term homelessness, was important in encouraging the shift toward a broad 'Housing First' strategy. The annual survey was also important in registering that, while the early goals in reducing long-term homelessness were missed, significant progress was nevertheless being made. In some senses, while possessing the weakest data among the three Member States being compared here, the Finnish data, which conveyed simple messages around trends in homelessness very clearly and simply, has arguably also been the most influential (Pleace et al., 2015). A recent change in the Finnish government has provoked some concerns within the homelessness sector that some elements of homelessness may increase, although funding for the core programmes to reduce street-based sleeping remain in place, other safety nets and support systems, including the relatively generous welfare system and social housing programmes, may be subject to deep cuts (Kaakinen, 2023). It will be interesting to see how shifts in the ARA annual count are interpreted and responded to if they begin to register upward spikes in homelessness following changes in key social and housing policies.

### 5.3. Measuring homelessness and trends in Ireland

In the case of Ireland, reasonably consistent point-in-time data, albeit with some minor limitations, on adults and child dependents in temporary and emergency accommodation have been available on a monthly basis since April 2014. Flow data on entries and exits from temporary and emergency accommodation, as well as data on the number of households prevented from entering emergency accommodation in the case of Dublin, have also been available on a quarterly basis since 2014. Unlike the cases of Denmark and Finland, data sources for those households in overcrowded or inadequate accommodation, such as the hidden homeless in Ireland are more limited.

The PASS (Pathway Accommodation & Support System), established in Dublin as a bed management and client support system in 2011, was rolled out nationally in 2013, and this development allowed for data on the number of adult individuals with accompanying child dependents experiencing

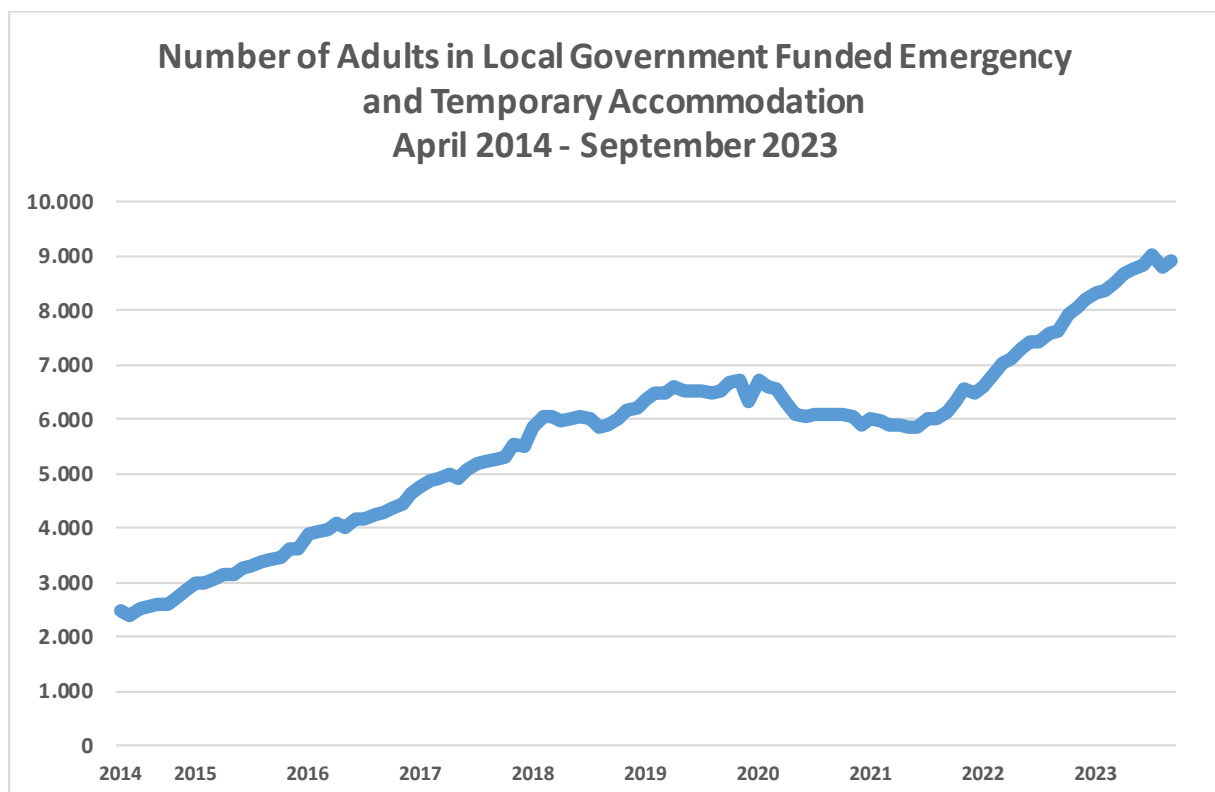
homelessness and residing in designated emergency accommodation funded by Central and Local Government contributions (referred to as Section 10 funding – from Section 10 of the Housing Act, 1988) during the third week of every month in each county to be generated on a monthly basis. The publication of these Monthly Reports commenced in April 2014 on a trial basis, and from June 2014, with some modifications, has been produced on a continuous monthly basis. Data is generated from PASS on the profile of households in the designated services by household composition, gender, age, and nature of accommodation provided for adults and the number of accompanying child dependents. From April 2022, data on the citizenship of those in emergency accommodation is also published in the monthly reports.

Prior to 2014, the only national-level data on the extent of homelessness came from the, at the time, periodic assessments of social housing need as homelessness was one of the categories of need. Data from the 2008, 2011, and 2013 assessments showed an increase in the number of households recorded as homeless, from 1,394 in 2008 to 2,348 in 2011 and increasing further to 2,808 in 2013. Although criticised for its methodological limitations, the fact that the 2013 assessments of social housing need figure is broadly similar to the more methodologically robust PASS data suggests that the data prior to 2014 provide a reasonably accurate point-in-time count of adult homelessness in Ireland.

### 5.3.1. Monthly point-in-time reports

These data show a 260% increase nationally in the number of adults in emergency and temporary accommodation services in a given week each month between April 2014 and September 2023, and a 437% increase in the number of accompanying child dependants, from 2,477 adults and 727 accompanying child dependants to 8,923 adults and 3,904 accompanying child dependants.

Figure 9: Adults in emergency/temporary accommodation in Ireland, 2014-2023



Source: Department of Housing, Local Government and Heritage (2023a).

In terms of household composition, by mid-2023, two-thirds were single without accompanying child dependants, 22% were couples with accompanying dependent children, and the remaining just under 12% were single adults with accompanying dependent children, the majority of whom were female-headed.

Rates of homelessness are also important as they take into account population growth and demographic change. The rate per 1,000 population aged over 18 increased from 0.71 in April 2014 to 1.73 in April 2019, dropping slightly in 2020 and again in 2021, before rising to 2.14 in 2023. Thus, the overall increase in the rate of adults experiencing homelessness in emergency shelters between 2014 and 2023 was not due only to population changes, but also other factors that brought about this increase.

At mid-2023, 38% of adults in emergency services were in what is termed 'supported temporary accommodation', that is, usually purpose-built or re-provisioned congregate shelter-type accommodation, managed exclusively by NGOs, who are funded by local authorities to provide these services. A very small number are accommodated in 'temporary emergency accommodation', also managed by NGOs, but as the number of new presentations to homeless services, particularly among families, grew over the past number of years, they were increasingly placed in overflow accommodation, that is 'private emergency accommodations' (PEAs), usually hotels or 'bed and breakfasts' (B&Bs). Nationally, the numbers in PEAs increased from 32 to 60% of all adults in emergency accommodation between April 2014 and July 2023. While the increase in the number of adults in emergency accommodation at a point in time can be seen across all age groups, those in the age category 25–44 have consistently accounted for 60% of all adults.

The number of adults in emergency accommodation has increased in both urban and rural areas. Since the commencement of the production of the monthly data in mid-2014, two-thirds of adults in emergency accommodation are consistently in Dublin, with between 15-16% in the four other major urban areas of Galway, Limerick, Waterford, and Cork.

In contrast to the increase in the number of adults in temporary and emergency accommodation, the numbers of street-based sleepers – and we only have reasonably accurate and consistent *one-night* and later *one-week* point-in-time data for Dublin – have remained relatively low and stable, with a fluctuating minimum of between 90 and 150 individuals based on a bi-annual count over the past nine years. Of individuals sleeping on the street at a point in time, a majority (70–80%) were also accessing emergency accommodation at some point during that quarter.

Neither the monthly reports nor the quarterly reports capture the 'hidden homeless': that is, households in insecure, overcrowded, or inadequate accommodation, but not in designated emergency accommodation for those experiencing homelessness. However, data are collected *via* a *housing needs assessment*, which has been carried out by local authorities on an annual basis since 2016 and provide a useful proxy for measuring 'hidden homelessness'. Among the categories of need for social housing supports are unsuitable, overcrowded, and unfit accommodation, and involuntarily sharing. The results from these assessments are shown in Table 2. However, these data only include 'qualified households', and exclude a range of households that do not fulfil certain criteria in relation to income or citizenship status, or had rent arrears or behavioural issues in relation to a previous social housing tenancy that disqualified them from further social housing supports. Thus, it does not mean that they do not have a housing need, but rather means that they do not qualify for social housing support.

As discussed in section 3 and 4 of the study, it is often the case that when moving beyond enumerating those in emergency accommodation, women, for example, tend to appear in greater numbers and this

to a degree borne out in Table 3 with more female headed households in hidden homelessness than male headed households in each of the social housing needs assessments between 2016 and 2022.

Table 2: Social housing needs – Households in unsuitable, overcrowded, unfit accommodation or involuntarily sharing accommodation

	2016	2017	2018	2019	2020	2021	2022
Unsuitable accommodation	21,100	21,130	18,920	19,422	18,750	18,306	19,100
Involuntary sharing	11,476	11,914	11,108	12,045	11,445	11,890	10,557
Overcrowded accommodation	3,517	3,544	3,465	3,649	3,551	3,451	3,442
Unfit accommodation	2,304	948	648	511	544	836	897
<b>Total</b>	<b>38,397</b>	<b>37,536</b>	<b>34,141</b>	<b>35,627</b>	<b>34,290</b>	<b>34,483</b>	<b>33,996</b>

Table 3: Social housing needs – Households in unsuitable, overcrowded, unfit accommodation or involuntarily sharing accommodation by gender

	2016		2017		2018		2019		2020		2021		2022	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M
N	21,037	17,360	20,599	16,937	18,756	15,385	19,390	16,237	18,490	15,800	18,369	16,114	18,195	15,801
%	54.8	45.2	54.9	45.1	54.9	45.1	54.4	45.6	53.9	46.1	53.3	46.7	53.5	46.5

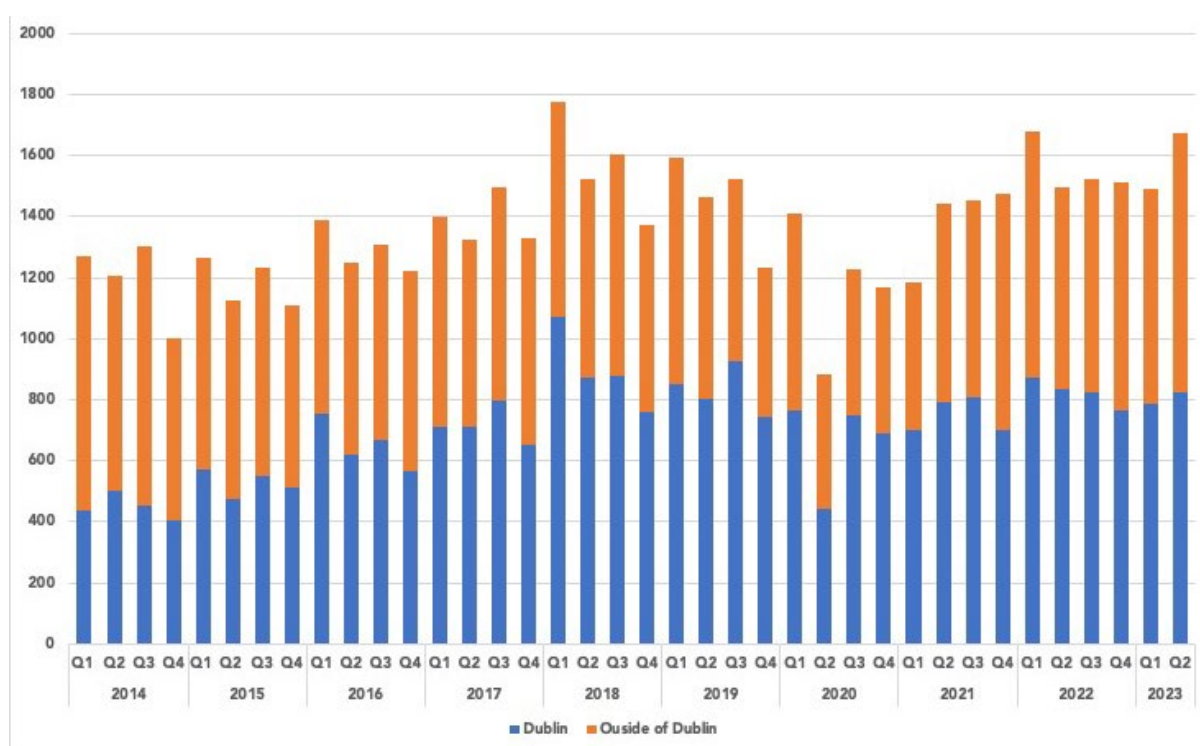
### 5.3.2. Entries, exits, and duration

As noted in the introduction, the experience of homelessness is a dynamic process and point-in-time data such as described above may not offer much assistance in understanding homelessness and the public policies to prevent and resolve homelessness. In addition to the production of the monthly reports described above, local authorities are also responsible for producing what are referred to as *Performance Reports* every quarter since the beginning of 2014. These reports provide data on the number of adults entering and exiting emergency accommodation, in addition to the length of the spell in emergency accommodation.

The first key set of data in these reports are the number of unique adult *entries* to emergency accommodation for the first time over the period 2014–2023 as shown in figure 10 – that is, adults who were not previously recorded on the PASS system in the previous two years, and although they may have accessed services previously, they are recorded as new if their episode(s) of accessing homeless services was more than two years prior. This set of data show a different pattern than observed in the monthly data.

Firstly, nearly 52,000 unique adults experienced a spell in emergency accommodation for the first time over the period 2014–2023 (Q2); thus, considerably more adults experienced a spell in emergency accommodation than suggested by the headline monthly figure. Second, the flow of adults into emergency accommodation for the first time has remained broadly constant over this period, with the exception of Q1 2020 (when Ireland was in lockdown due to COVID-19). Third, at a point in time, on average, 70% of those in emergency accommodation are in Dublin. However, the flow data shows that a broadly equal number of adults entered emergency accommodation for the first time in Dublin and outside Dublin. The reason why the point-in-time figure shows 70% of all adults in emergency accommodation in Ireland are in Dublin is that adults are more likely to get 'stuck' in emergency accommodation in Dublin than outside of Dublin. In Q2 2023, 15.7% of adult-only households and 17.8% of families were in emergency accommodation for 24+ months in Dublin compared 10.6% and 4.5% outside of Dublin.

Figure 10: Ireland: New adult presentations to homeless services, Q1 2014 – Q2 2023



Source: Department of Housing, Local Government and Heritage (2023b).

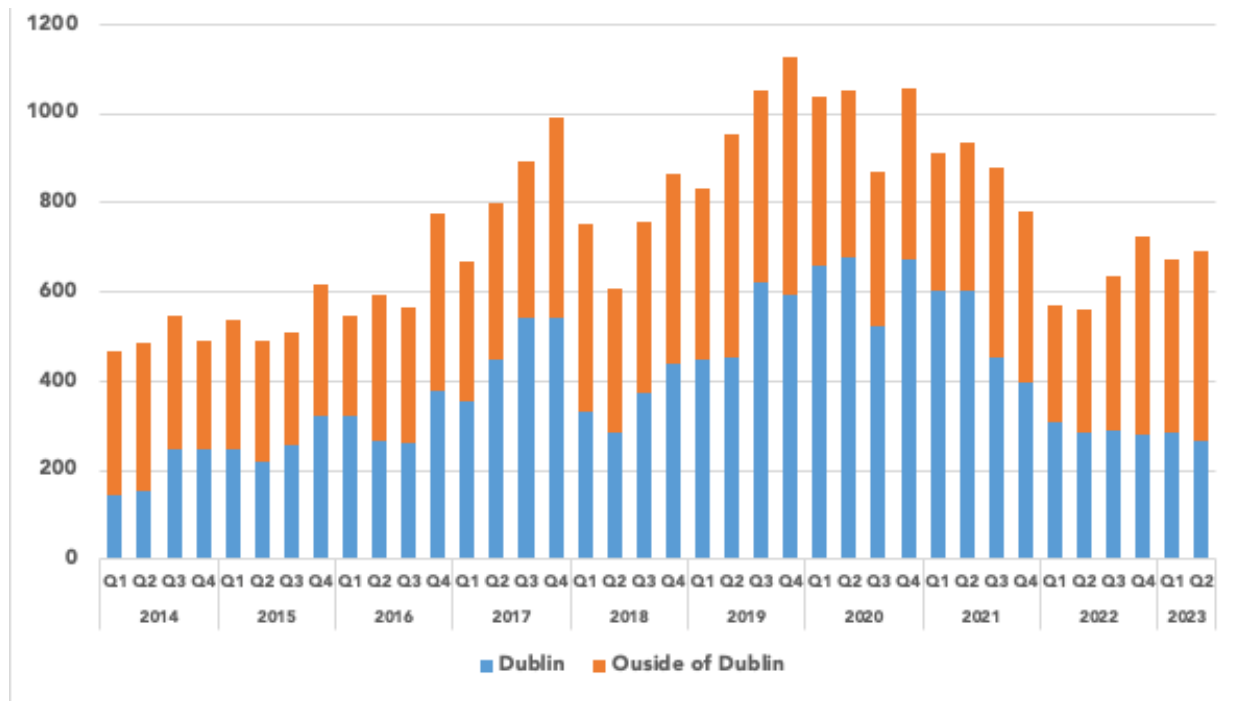
### 5.3.3. Exits from homelessness

The data shows that just over 28,000 adults exited emergency accommodation to state subsidised housing in the period between 2014 and Q2 2023 – with 13,500 exits outside Dublin and just under 15,000 in Dublin. Others exited to various insecure forms of accommodation or to other institutions such as prison or a hospital, often in a long-standing institutional circuit of repeated episodes of homelessness (Hopper et al., 1997; Daly et al., 2018). In Dublin, where detailed data is available on these non-housing exits from emergency accommodation, there were just under 6,400 such exits between 2014 and Q2 2023.

The numbers of adults who exited to housing peaked in Q4 2019 at over 1,100 adult exits, but dropped to less than 600 adult exits in Q1 and Q2 2022, before increasing slightly in the subsequent four quarters as shown in figure 11. The majority of the adults who exited to housing over this period did so without any support other than income supports and the provision of an affordable unit of housing. Only those

exiting *via* the dedicated Housing First programme, and there were 945 Housing First tenancies in place at Q3 2023 (Department of Housing, Local Government and Heritage, 2023), required intensive supports to exit emergency accommodation and maintain their tenancies. In Dublin, approximately 30% of those exiting to housing received some low level of support, primarily a degree of visiting support.

Figure 11: Exits from emergency accommodation to housing, Q1 2014 – Q2 2023



Source: Department of Housing, Local Government and Heritage (2023b).

The flow data outlining the entries to and exits from emergency accommodation offers a very different interpretation of the nature of and responses to homelessness than does the point-in-time data. Given the scale of the entries, it seems likely that entries to emergency accommodation are driven more by structural factors interacting with individual level vulnerabilities rather than by individual level vulnerabilities only. The dramatic increase in the number in emergency accommodation at a monthly point in time is not driven by an ever increasing rate of entry to emergency accommodation, as this figure has remained steady over the past decade, but rather the rate of exit has slowed resulting in more people spending longer spells in emergency accommodation.

## 5.4. Comparison

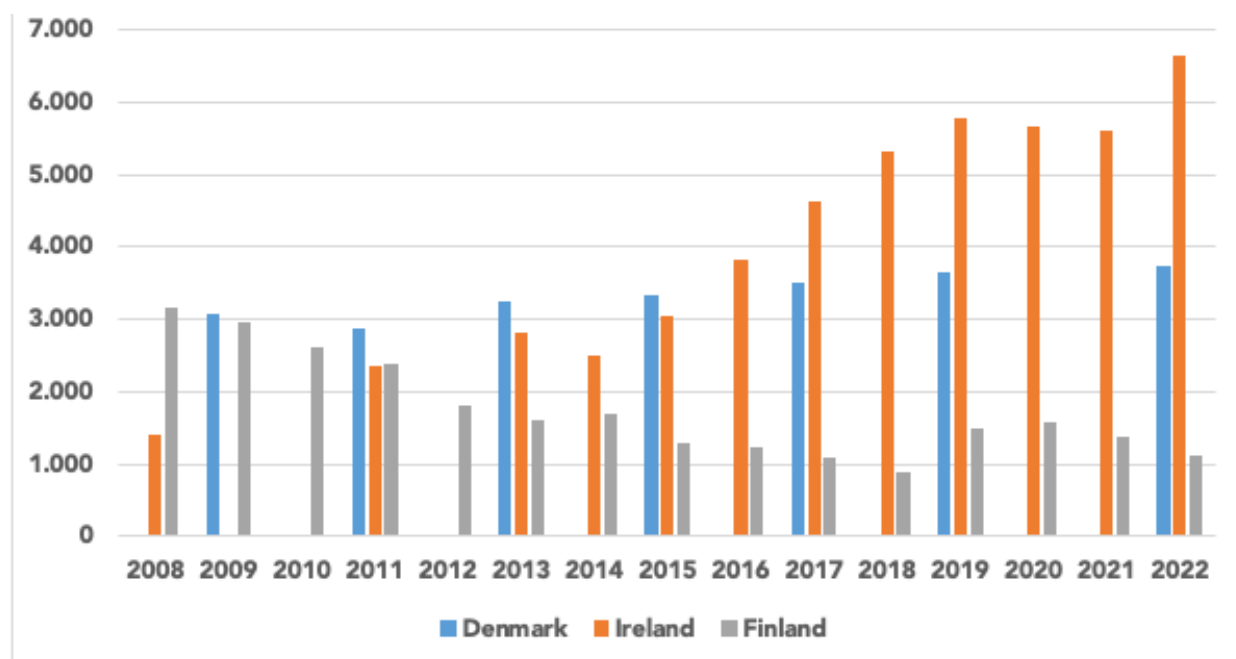
For the purpose of this comparison, *households rather than individuals* are the unit of analysis. In the case of Denmark and Finland, the difference between the number of *households* and *individuals* is relatively slight as most households in temporary and emergency accommodation are single-person households. For example, in Finland in 2022, 3,686 households were single-person households, with only 155 households comprising families and couples, but when we exclude those households staying with family and friends, all households in emergency and temporary accommodation in Finland are single-person households. This is also widely the case in Denmark as there are only relatively few households with children among shelter users, where they reside in a few designated homeless shelters/hostels for this group. However, in the case of Ireland, the number of individuals experiencing homelessness is significantly higher than the number of households, due to the large number of

families in emergency accommodation at any point in time. In July 2023, there were 9,018 adult individuals in temporary and emergency accommodation, comprising 7,855 households, of whom 5,993, or 76%, were single-person households.

These outcomes are comparatively highlighted in Figure 12 which provides data on the first three operational categories of ETHOS. Figure 12 expresses the numbers per 1,000 households. In all three countries, the numbers experiencing homelessness are strongly concentrated in the capital cities of Helsinki, Dublin, and Copenhagen, as shown in Figure 13. Danish homelessness, in the sense of households staying in temporary and emergency accommodation, was relatively stable, while the downward trend in Finland and the upward trend in Ireland are both evident in comparison. The relative increases in Ireland, illustrated in Figure 12, are perhaps the most striking finding from this analysis, showing the severity of the increases being experienced, while both Denmark and Finland did not show the same pattern. The Finnish data again highlight that while great progress was made with respect to long-term homelessness under Paavo I, Paavo II, and subsequent strategy – the mix of political acumen, coordination, service innovation, and investment that has made the discussion of the near eradication of homelessness sound like a viable prospect – the Finnish strategy was directed at what was, proportionately, already something that was close to being a residual social problem in 2008 (Allen et al., 2020).

In brief, Denmark has a residual but complex social problem that it is having some trouble fully targeting, despite spending considerable amounts on an integrated strategy. Ireland has seen systemic drivers overwhelm conventional responses as its housing market overheated in unprecedented ways, and Finland, using what data it had, was able to pinpoint the single element of homelessness that was keeping numbers up and create a strategy to pursue it.

Figure 12: Households experiencing homelessness and staying in temporary and emergency accommodation in Ireland, Denmark and Finland, 2008-2022 (excluding households staying with family and friends)



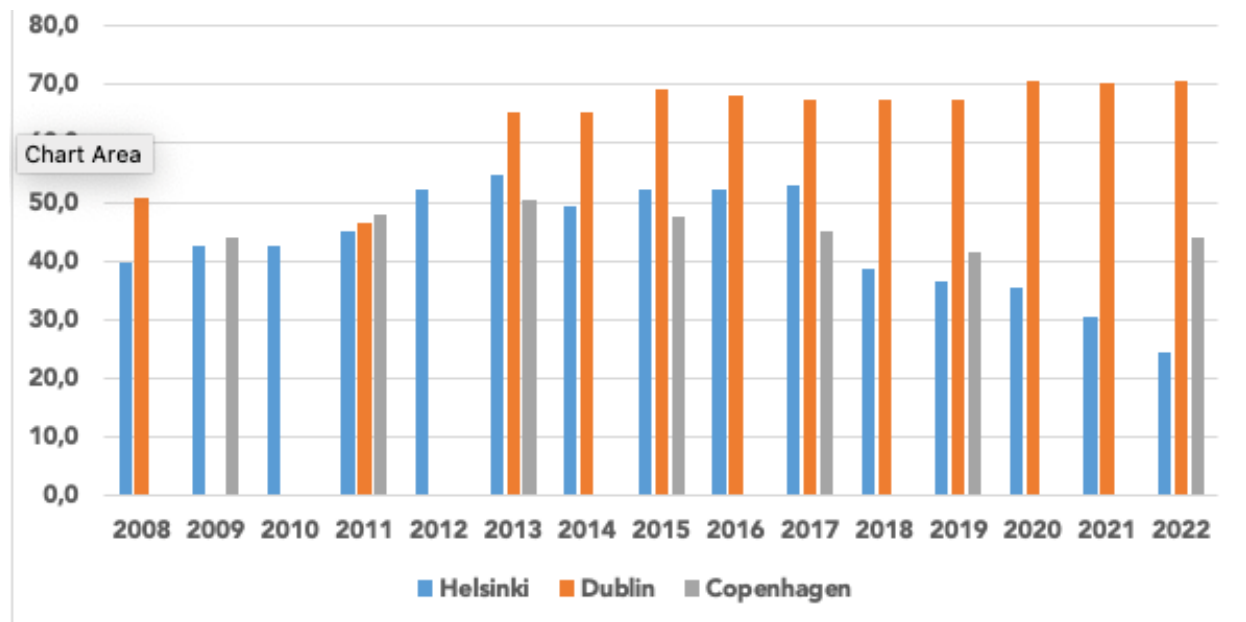
Source: ARA (2023); Benjaminsen, 2023, Department of Housing, Local Government and Heritage, 2023a).

Figure 13 highlights what appears to be a widespread experience: the relative concentration of homelessness in capital and major cities, which are characterised by higher levels of prosperity and



higher rates of economic growth than is the case for many other areas in the same country. In essence, the effects shown here almost certainly reflect a high degree of housing stress, demand, and need for adequate, affordable housing outstripping effective supply in all three capitals, just as one would see in Paris, New York, or San Francisco. As debates about the nature and causation of homelessness continue, with arguments around the extent to which people who become homeless may be attracted to capital and major cities, the potential associations between simple shortages of affordable housing and homelessness are highlighted by this comparison.

Figure 13: Households experiencing homelessness and staying in temporary and emergency accommodation in Helsinki, Dublin, and Copenhagen as a percentage of total households experiencing homelessness, 2008-2022



Source: ARA (2023); Benjaminsen, 2023, Department of Housing, Local Government and Heritage, 2023a).

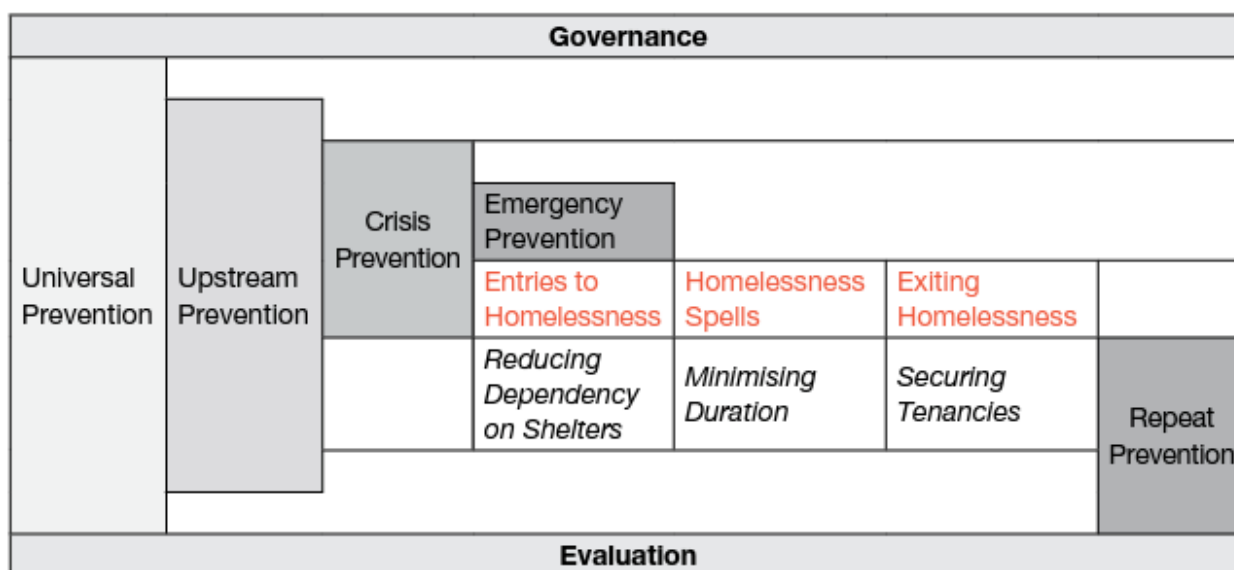
## 6. BEST PRACTICES TO FIGHT HOMELESSNESS IN THE EU MEMBER STATES

As noted in the introduction to this study, social science research has clearly demonstrated that the experience of homelessness is a dynamic process and that those who experience homelessness are not randomly distributed across the population, but are part of a larger population of disadvantaged households, for whom housing precarity and insecurity is omnipresent. Given this understanding of homelessness, effective systems to end homelessness must orientate toward changing the 'homelessness system' (that is the assemblage of services and policies that respond to those experiencing homelessness) rather than 'changing people'. This is driven by an evidence-based understanding that homelessness is solvable, when the appropriate policies and practices are in place, rather than an unresolvable 'wicked problem' as sometimes portrayed, and that crucial to ending homelessness is designing integrated models of service provision, especially housing, and funding.

Equally, a number of reports on the country that has achieved the greatest success in reducing homelessness, Finland, argue that in order to go further and end rather than reduce homelessness "requires a change in culture and thinking: changes in how we work, how we train and support our workforce; changes to funding regimes; changes to the way people access housing; and much more besides" (Jones et al., 2021, p.18; Demos Helsinki, 2021; Kaakinen, 2023).

A *Conceptual Framework*, drawing on contemporary, evidence-based research, is outlined below. The Framework understands homelessness as a dynamic process and identifies where homelessness can be prevented in the first instance, and for those that enter homelessness, to minimise the duration of that experience by ensuring rapid exits to secure accommodation. The governance of responses to homelessness is equally variable across the Member States as the means and methods of evaluating the different inputs into preventing, responding to, and ending homelessness.

Figure 14: Conceptual Framework on homelessness



Adapted from Fitzpatrick et al. (2021) and Lee et al. (2021).

Based on this Framework, the next section of this study explores the key elements that should inform the developments of systems to end homelessness. The study conceptualises the experience of homelessness as a trajectory through these stages, and the objective of *effective homelessness systems*

should be to *prevent entries* to homelessness in the first instance. For those that do experience homelessness, the objective is to *minimise the duration* of that experience by *rapidly exiting* households to secure affordable housing, with support if required, thus reducing the likelihood of a further experience of homelessness and allowing for the *reduction* of costly emergency accommodation and the alleviation of the individual trauma associated with a spell of homelessness.

Allowing homelessness to begin with, particularly allowing it to persist for some people, especially for those in temporary accommodation or experiencing literal homelessness, places extra pressures on emergency mental health, addiction, and hospital services, alongside extra costs for the criminal justice system (the latter around multiple and complex needs).

Baptista and Marlier (2019) identified 16 out of the 28 EU (then) Member States having adopted national (10) or regional/local level policies (6) aiming at the delivery of integrated strategic responses to homelessness. Adopting integrated strategic responses can contribute to more effective evidence-based responses to those experiencing homelessness. For example, in an international review of the Irish homelessness strategy, Baptista et al., (2022) identified a number of systems issues that were critical to successful strategies to end homelessness. These included: that governance structures must be *stable and consistent*, that strategy needs to be *sustained* as well as *comprehensive and integrated*, and that Housing-led and Housing First services are less effective outside an integrated strategy.

As Jones et al. (2021, p.6) note “although scaling up (expanding) Housing First would help address homelessness for people with high and complex needs, homelessness rates will keep rising if it is employed as a standalone solution, without being integrated into wider systemic responses to the homelessness phenomenon.” The Finnish experience has emphasised the importance of a Housing-led ethos within an integrated homelessness strategy, i.e., keeping existing housing where practical and desirable (prevention), minimising use of institutional settings through rapid rehousing for low or no need groups, and using Housing First and specialised services, all of which reflect a Housing-led ethos, for PEH associated with high and complex and/or particular needs (Kaakinen, 2023). Similar issues were identified in a comparative analysis of policymaking in relation to homelessness in Europe, Canada, and the United States, (O’Sullivan et al., 2021; Nelson et al., 2021), which identified the importance of *leadership, stability, and continuity* within relevant homelessness governance structures for evidence-based policymaking.

In terms of the effective systems to end homelessness, there appears to be a consensus that integrated strategic approaches are effective at successfully preventing homelessness and responding rapidly to exit households when it does occur. In contexts where the number of households entering homelessness are rising, having an integrated strategic governance approach can ensure that responses are, at a minimum, *managed in a co-ordinated*, rather than in an *ad-hoc* manner, and the *negative impacts mitigated*. The formulation of national or local strategies should involve all stakeholders and ensure all stakeholders ‘buy in’. A negotiated process of consensus building amongst all stakeholders, in particular those with lived experience (Green, 2021), is crucial to developing and sustaining what can often be difficult and complex journeys of system transformations.

## 6.1. Prevention

In a recent review of the international evidence on the effectiveness of interventions to prevent homelessness, Pleace (2019, p.8) notes that while the evidence base is not perfect, “there is evidence that services that are flexible and which provide support by working to develop the right mix of support for people threatened by homelessness, which are well integrated with homelessness, health, housing and other services, tend to work best.” Thus, prevention is effective when part of an ‘integrated homelessness strategy’. However, effective prevention requires a sufficient level of affordable and

secure housing. In its absence, prevention options may be constrained and operate to 'gatekeep' households from accessing the services required to obtain affordable and secure housing, and hence only temporarily alleviating their housing instability. Given the increasing use of the private rented sector and not-for-profit organisations in meeting the needs of vulnerable households, with a drift away from municipal providers in some countries, recent research in Australia using the unique Panel Dataset, *Journeys Home*, found "public housing to be a very strong protective factor reducing risks of homelessness" (Johnson et al., 2019, p.1106).

Using the same dataset, O'Donnell (2021, p.1722) concurred, noting that "[p]eople who enter social housing are more likely to maintain their tenancy and less likely to experience homelessness or other forms of disadvantage than people living in privately rented housing." This was because not only is public housing affordable, but it also provides a level of security of tenure not found in the private rented sector in many countries, and is more tolerant of rent arrears than for-profit providers, whose primary income source is rent and hence more likely to terminate tenancies if there are rent arrears. However, as noted in the introduction, in countries where there is rent regulation and security of tenure in the private rented sector, the risk of experiencing homelessness from the private rented sector is lessened.

Fitzpatrick et al. (2021) have developed a sophisticated *five-stage typology of homelessness prevention* that provides a temporal dimension to prevention efforts and the public policies that research evidence demonstrates works. The first stage is **Universal Prevention** in which the provision of affordable housing and reducing poverty are the most crucial interventions to preventing homelessness. This is entirely consistent with the conceptual framework above and signifies that *homelessness strategies in Member States must be integrated into housing and anti-poverty strategies*.

The second stage is **Up-Stream Prevention**, which identifies risk-groups rather than the population as a whole in universal prevention. It can be difficult to identify those who are at risk of homelessness from the general disadvantaged population, *but those leaving state institutions such as prisons or out-of-home care are consistently identified as at risk of homelessness*, and a number of evidence-based interventions have successfully reduced the experience of homelessness for these at-risk groups.

**Crisis Prevention** aims to ensure that households that are imminently at risk of having to enter homelessness, often due to the inability to finance increased rent in the private rented sector, have their tenancy protected through financial assistance and/or advocacy and mediation, formally and informally, with the landlord to prevent them entering emergency accommodation. As above, there are a range of evidence-based interventions that have successfully prevented homelessness at this stage.

The fourth stage is **Emergency Prevention** for those who enter homelessness which aims to ensure that the vast majority of those who lose access to housing do not find themselves unsheltered and exposed to the elements by providing them with emergency and temporary accommodation. The type, scale, and providers of this emergency and temporary accommodation varies enormously across Member States, and congregate shelters of various hues have a long-established role in meeting this emergency need. However, as detailed below, the research evidence supports the reducing dependence on the provision of such emergency accommodation in favour of secure housing where possible.

**Repeat Prevention** aims to ensure that those households that have exited homelessness do not experience a further spell of homelessness. Crucial here is the nature of the exit and, in particular, the nature of the security of tenure in housing exits. The majority of households who exit homelessness do

not have a further spell, and there is now a substantial evidence base for the types of supports required to ensure housing retention for those with complex needs.

In brief, there is evidence that there are a range of interventions at the different stages in the typology that have the potential to significantly reduce the flow into homelessness, but all effective interventions require a sufficient level of affordable and secure housing. For example, in the case of Finland, where we have seen substantial decreases in homelessness, a key reason for this decrease is attributed to various prevention measures such as housing advice, but the “most important structural element of prevention has been the increase in affordable social housing supply, especially social housing targeted at young people under the age of 30” (Kaakinen and Turunen, 2021, p.48). We also saw in section 5 of the study that targeted prevention for young people in Denmark brought about a decrease in young people experiencing homelessness, with the examples of Finland and Denmark supporting the view that different age cohorts face different risks of homelessness (Bairéad and Norris, 2023) and hence preventative strategies should be sensitive to those differences.

## 6.2. Entry into homelessness services

The dynamic of entries to homelessness are best understood as the interaction of macro and micro factors, or of individual characteristics and socio-economic structures. For the majority, those who experience homelessness, either do so by *spending a period of time in temporary and emergency accommodation*, usually in shelters and hostels, often congregate in nature, or *living temporarily with family or friends*. In recent years, there has been an increasing use of ‘overflow’ accommodation, that is the use of hotel rooms, sometimes at scale, when existing emergency accommodation has been unable to cope with the flows into homelessness in North-Western European countries, but in countries with less developed homelessness systems, once shelters are full, people end up on the streets or move into informal settlements (Pleace et al., 2021a).

### 6.2.1. Emergency and temporary accommodation

In part, a static, reductionist, individualised understanding of homelessness that neglected the temporal and dynamic nature of homelessness shaped public policy responses, and this is seen in the growth of emergency shelters for both families and adult-only households in the majority of the countries of the Global North from the 1980s onwards. In a recent review of homelessness services in Europe, Pleace et al. (2018, p.12) concluded that: “low intensity services, offering basic non-housing support and emergency/temporary accommodation, probably form the bulk of homelessness service provision in Europe.” With Housing-led and Housing First services centred on immediately providing permanent homes for people experiencing homelessness and the support they need to sustain those homes (Housing-led services), they are probably the least common form of service, although they are present to some degree in most countries and form a significant element of provision in some North-Western EU Member States.

These emergency and temporary accommodation services are provided by a range of agencies, including municipal authorities, private for-profit providers, and non-profit providers, which often have a strong presence of faith-based organisations but “vary substantially in terms of size, client group, type of building, levels and nature of support, behavioural expectations, nature and enforcement of rules, level of ‘professionalization’ and seasonal availability” (Mackie et al., 2017, p.x; 2019). There is also some evidence of concentration of shelter-based systems in the South and East questioning the role of such services, due to the growing influence of the idea, if not the solid reality of Housing First and integrated, Housing-led responses (Pleace et al., 2019).

Despite extensive critiques of the limitations of this form of congregate accommodation as a response to residential instability, and the largely negative experience of those who reside in such facilities, this form of congregate accommodation remains the single most significant intervention in the lives of people experiencing homelessness in a majority of countries in the Global North and are described in a recent report on homelessness in Europe as “oversubscribed, insecure and unsuitable” (Serme-Morin and Coupechoux, 2019).

Research has noted that paternalistic procedures (Parsell and Clarke, 2019), surveillant techniques (Parsell, 2016), and strict rules (Cloke et al., 2010) within shelters can offer support and a sense of safety and security for some shelter residents (Neale, 1997), and shelters can be sites where they can achieve sobriety and abstain from narcotics and other psychopharmacological substances. However, *these positive features can also be provided in secure tenancies with floating support* (Watts and Blenkinsopp, 2021) which also provides a degree of ontological security (Padgett, 2007) and have been successfully delivered in North America and Europe (Padgett et al., 2016).

In brief, there is no convincing evidence that the provision of emergency accommodation, particularly large congregate shelters, for people experiencing homelessness achieves anything other than a temporary, generally unpleasant, sometimes unsafe and traumatic, respite from the elements and the provision of basic sustenance for people experiencing homelessness. This is particularly the case for basic shelter services that simply provide a bed and food (Keenan et al., 2020). Many are also fearful of using such services, resulting in some of the most vulnerable people rejecting entreaties to enter such accommodation (Fahnøe, 2018; McMordie, 2021). COVID-19 added a further layer of critique to the role of shelter-type accommodation in responding to homelessness (Pleace et al., 2021a). For a small minority, emergency accommodation is an extraordinarily expensive and unsuitable long-term response to their inability to access secure, affordable housing (Culhane, 2008; Culhane and An, 2021; O’Sullivan et al., 2023). A minority of shelter users also makes extensive use of other expensive emergency health and criminal justice services as they traverse through an ‘institutional circuit’ (Hopper et al., 1997; Pleace and Culhane, 2016) of short stays in various services without ever resolving their residential instability.

While temporary and emergency accommodation has only a limited role to play in ending homelessness, it can prevent people from experiencing literal homelessness or street-based sleeping. The numbers experiencing street-based sleeping are relatively modest in the majority of countries in the Global North, with the exception of the United States, in comparison with those staying in emergency shelters, temporary accommodation, and those staying temporarily with family and friends. There is a growing body of evidence that demonstrates what does work in ending street-based sleeping, and hence a rationale for not supporting or funding interventions that are not evidence-based. While individual and collective acts of kindness and compassion in assisting those sleeping on the street are well intentioned, they are largely *ineffective*, with research increasingly suggesting that they can be, in fact, *counterproductive*. *Purposeful assertive street outreach, with the provision of suitable accommodation, is an effective means of meeting the needs of long-term street-based sleepers, particularly those with complex needs* (Mackie et al., 2019; Parsell, 2018).

### 6.2.2. Reducing dependency on emergency accommodation

Recent research has indicated that expenditure on homelessness services is increasing across the EU and the United States as a whole as a consequence of rising numbers of households experiencing homelessness, and that the response is still *skewed toward emergency provision with housing-ready assumptions* – that is, a belief that those experiencing homelessness need to address any psycho-social issues they may have before being provided with housing (Pleace et al., 2021b; Culhane and An, 2021).

In part, the European research identified this increase in expenditure on shelter-based services as a *legacy issue*, in that services were largely designed as *reactive responses* to homelessness, centred around the provision of emergency accommodation.

In some countries, particularly Ireland and France, a not insignificant portion of expenditure is on *overflow expenditure*, that is expenditure on hotel rooms and other temporary accommodation not designed to meet the needs of households experiencing homelessness, when existing purpose-built emergency accommodation services have reached their accommodation limits. Thus, a degree of path-dependency is evident, whereby initial investment in emergency accommodation services, can result in generating the provision of further shelter beds when the numbers experiencing homelessness periodically increase, *as this becomes the default response*, and in some cases the use of hotel rooms, when shelters are fully utilised.

This path-dependence is a key reason why robust research evidence is required. For Culhane et al. (2020, p.117): “[g]ood evidence can assist in a constructive change management process that empowers people and institutions to move in a different, more effective direction without engaging in a blame culture. It is critical to enable, as well as challenge, both statutory and third-sector organisations to move away from their ‘institutional stake’ in existing ineffective approaches.”

### 6.2.3. From passive to active services

Much of the current expenditure on homelessness services in the Global North is on *passive services* – e.g., emergency accommodation/day services/street-based subsistence services, etc. – that is, reactive services that manage and mitigate the worst experience of homelessness. De-implementation, that is, ending homelessness interventions that are “detrimental, non-cost effective, or ineffective methods, that lack sufficient scientific basis, some of which are tradition based” (Denvall et al., 2022, p.2), requires further research work, but Denvall et al. highlight examples from other policy domains that have useful lessons for scaling down emergency accommodation. They conclude that the “available evidence indicates that the scientific evidence, together with organized demands from users and favourable financial effects, can constitute driving mechanisms for phasing out programs” (Denvall et al., 2022, p.8). For example, by providing households with long-term housing, the Finns were able to close their emergency shelter bed system, in part by repurposing some large services and converting them into congregate, permanent, and independent homes with onsite and visiting support (Pleace et al., 2015). Currently there is only one shelter with 52 beds, designed to function as a very rapid triage system, rapidly referring people to Housing-led and specialist services to end their homelessness as soon as possible, whereas there were over 2,000 shelter beds in 1985, which effectively concentrated only on keeping people fed and providing a temporary roof over their head (Y-Foundation, 2017). As people experiencing homelessness were moved out of emergency accommodation, some were provided with new purpose-built accommodation and others provided with long-term accommodation in individual units with support in converted hostels and shelters (Kaakinen and Turunen, 2021). The evidence from other domains, such as institutional provision for those with mental health issues or intellectual disabilities, demonstrates that it is possible to successfully close large-scale congregate facilities by providing more effective housing and support-led solutions, lessons that the original model of Housing First drew upon.

### 6.2.4. Homelessness duration

A homelessness spell is typically either *long-term, episodic, or transitory*. First developed by Kuhn and Culhane (1998) utilising longitudinal shelter data, cluster analyses of time-series data on shelter admissions in New York and Philadelphia showed a pattern whereby approximately 80% of shelter users were transitional users, in that they used shelters for very short periods of time or a single episode

and did not return to shelters. A further 10% were episodic users of shelters, and the remaining 10% were termed long-term users of shelter services. Although a relatively small percentage of *single, homeless people*, these long-term users occupied half of all bed nights. Broadly similar findings have been replicated in studies of shelter usage across other parts of the Global North (e.g., Aubry et al., 2013; Bairéad and Norris, 2022; Benjaminsen and Andrade, 2015; Taylor and Johnson, 2019; and Waldron et al., 2019), albeit with some significant differences in the extent of homelessness and the characteristics of those in each cluster in different welfare regimes as discussed earlier in the chapter.

In relation to *families*, Culhane et al. (2007) found broadly similar patterns were evident, with the majority of families, as with singles, experiencing transitional forms of emergency accommodation usage. However, a significantly higher number of families experiencing extensive stays in emergency accommodation was found, but these families did not require high levels of support to exit, nor did they exhibit significant disabilities, with similar findings evident in a large-scale study of families experiencing homelessness in England (Fitzpatrick and Pleace, 2012; Pleace et al., 2008).

A small number of households get 'stuck' in emergency accommodation and a small number experience repeated episodes of homelessness, but most households who experience homelessness *will successfully exit* and *will not* experience further episodes. For those that get 'stuck', explanations centre on the individual characteristics of those in emergency accommodation, or that longer spells of homelessness reduce the likelihood of exiting, or are simply 'bad luck'. Cobb-Clark et al. (2016, p.67) argue that individual risk factors commonly associated with entering homelessness "are completely unrelated to the length of time people are likely to remain without adequate housing." For those households experiencing *long-term* and *episodic* forms of homelessness, *immediate access to housing without preconditions* (except tenancy rules that apply to everyone, like paying rent, etc.), *with* high levels of support in-housing are *effective* in ensuring housing stability. For those households experiencing *transitional* forms of homelessness, *rapid-rehousing* through the provision of rent subsidies, or preferably affordable secure housing tenancies, are *highly effective* in ensuring housing stability. A crucial observation from this research, is that "[a]lmost everyone who will be homeless two years from today is housed now, and almost everybody who is homeless today will be housed two years from now" (O'Flaherty, 2010, p.143).

### 6.2.5. Exits and re-entries from homelessness

Early quantitative work on understanding the likelihood of *re-entering emergency accommodation* after *successfully exiting* noted the importance of whether the exit was a dependent (to transitional accommodation or staying with family and friends) or independent (to private accommodation with supports) one, and how these types of exits interacted with personal characteristics (such as age or employment) to increase the risk of a return (Dworsky and Piliavin, 2000). Qualitative work on exits among young people in Ireland highlighted that the availability of family and/or professional support impacted their exit routes (Mayock et al., 2011). Both O'Flaherty (2012) and Johnson et al. (2019) concur that whatever interaction of personal and structural factors that led to their entry into homelessness by and large does not predict their likelihood of exiting homelessness. More recently, O'Donnell (2021, p.1722) has argued for the "relative importance of tenure and support over personal characteristics" in exiting homelessness.

Exits from homelessness can be conceptualised in the following ways:

1. *Secure exits*, that is, exiting to *social housing tenancies* provided by municipal authorities and, to a lesser degree, not-for-profit housing bodies. Those exiting emergency accommodation to this form of housing are *unlikely* to return to emergency accommodation due to high levels of secure occupancy – that is, where "households who occupy rented



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dwellings can make a home and stay there, to the extent that they wish to do so, subject to meeting their obligations as a tenant” (Hulse and Milligan, 2014, p.643). As noted above, exits to the private rented sector can equally be secure where similar levels of secure occupancy occur, but this is only the case in a small number of countries.

2. *Quasi-secure exits* to tenancies provided in the private rented sector, where security of tenure is weak to moderate (depending on regulation and tenants’ rights legislation which varies substantially by Member State - see Schmid, 2018 for an overview). The market rents are subsidised in part *via* various mechanisms by the State by either subsidising the landlord or the tenant.

3. *Insecure exits*, that is, returning to family, staying with friends or families, or moving to other institutions such as prison or a hospital and, for a minority, to living on the street. These exits are inherently unstable with a *high likelihood* that those who exit *via* this route will *return to emergency accommodation* when their time in prison or the hospital ends, or when a sharing arrangement with family or friends breaks down.

Some households, particularly those with multiple, high, and complex needs, will require supports to maintain their tenancy, but for the majority, no additional supports other than financial ones are necessarily required. For those with complex needs, Housing First has demonstrated a high level of housing retention compared with treatment as usual, as evidenced by Randomised Controlled Trials in, for example, Canada and France (Aubry et al., 2021). As an ethos and general principle, Housing First should inform all dimensions of an effective homelessness strategy, as much as integration with health, social care, welfare, criminal justice systems and prevention should, but that is quite distinct from a specific service model that is designed for long-term and recurrent homelessness associated with high, multiple, and complex needs. However, Housing First as a service model and as an operating principle will fail or at least be challenged by a lack of housing supply, inadequate access to mental health, health and social care systems, and a welfare system that cannot meet the costs of adequate housing and prevent after housing cost poverty.

## 7. CONCLUSIONS

The increasingly sophisticated research on the dynamics of homelessness is gradually filtering through into policymaking in a small number of countries, where a key shift is in understanding the need to change systems that respond to homelessness largely as a matter of individual dysfunction and inadequacy, to systems that end homelessness through addressing the residential instability that characterises the experience of the majority of those who experience homelessness through the provision of integrated housing, welfare, and health services. The objective of public policy should be to *prevent entries* to homelessness in the first instance, and for those who do experience homelessness, to *minimise the duration* of that experience by *rapidly exiting* households to secure, affordable housing, with support if required, thus reducing the likelihood a further experience of homelessness, and allowing for the *reduction* of costly emergency accommodation and the alleviation of the individual trauma associated with a spell of homelessness.

Understanding the *dynamics of homelessness* is crucial to intelligent policy design. In terms of the effective systems to end homelessness, there appears to be a consensus that integrated strategic approaches are effective at successfully preventing homelessness and responding rapidly to exit households when it does occur. In contexts where the number of households entering homelessness are rising, having an integrated strategic governance approach can ensure that responses are at a minimum, *managed in a co-ordinated manner*, rather than in an *ad-hoc* manner, and the *negative impacts mitigated*.

Despite this consensus, integrated homelessness response systems are rare in practice. Key explanations are that developing such systems requires not only a supply of accessible and affordable housing, in addition to universalistic and decommodified welfare services, and few countries have managed to provide both.

Furthermore, even when agreement is reached on, for example, the effectiveness of Housing First as a response to long-term homelessness, different actors in housing, labour, and social affairs, health and care, and criminal justice sectors understand Housing First in diverse ways which “represents a barrier in an integrated policy initiative to end homelessness” as outlined in Flåto’s (2023, pp.938-939) case study of Norway.

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This study, commissioned by the Policy Department for Citizens' Rights and Constitutional Affairs at the request of the Committee on Petitions (PETI), demonstrates the need to change systems that respond to homelessness as an issue of individual dysfunction and inadequacy, to systems that end homelessness. The residential instability felt by the majority of those who are homeless needs to be addressed through the provision of integrated housing, welfare, and health services. Public policy should aim to prevent homelessness in the first instance. For those who experience homelessness, the duration must be minimised by rapidly providing secure, affordable housing, in order to reduce further experiences of homelessness, decrease costly emergency accommodation, and alleviate trauma associated with homelessness.

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