

Appendix 1: Workpackage 3. Longitudinal Studies held in Copenhagen

Summary

FIRST DAY

Thursday, April 29 2004		
Morning		
9: 00 – 9:30	CUPH current status – Maryse Marpsat	
9:30 – 9:50	Strengths and weaknesses of survey based longitudinal studies – the experiences from Spain	
9:50 – 10:50	Comments from other participants	
11:10 – 11:30	Strengths and weaknesses of register based longitudinal studies – the experiences from Denmark	
11:30 – 12:30	Comments from other participants	
Afternoon		
13:30 – 13:50	Strengths and weaknesses of qualitative based longitudinal studies – the experiences from Holland	
13:50 – 14:50	Comments from other participants	
15:10 – 17:00	Short papers	
17:00 – 18:00	General discussion	

‘Follow-up Studies in Spain’, presented by Manuel Muñoz and Carmelo Vázquez, Sonia Panadero and Ana Guillen were also present (Complutense University)

This paper reported on two studies in Madrid. The first study began from the survey described in Workpackage Two, which included 289 street homeless people in Madrid. This study was then used as the basis for a follow-up study which tracked 78 homeless people included in the initial survey and reported on differences between the two samples (e.g. among the 289 homeless people in the initial study the average period of homelessness was 55 months, among the follow up group it was 71 months). The second study was financed by the National Plan of Spain against social exclusion and included a structured questionnaire that used several standardized instruments (Quality of Life interview, General Health Questionnaire, Self esteem scale, Client Satisfaction survey). 130 interviews with 11 organisations, 55 in first follow up interview and 55 at second follow up (not the same people). 59% of the initial sample were interviewed in at least one follow up interview. The study taught that you have to analyse the representativeness of the follow up group and assess the ethical issues of undertaking searches for previously homeless people.

The discussion raised several questions about problems of tracking homeless people, methods, ethics and outcomes of the study.

1. *Problems of contact.* Problems of interviewers becoming involved because students of psychology; problems of movement between summer and winter, and also the differences between refugee/immigrant population and Spanish population – the former are more competent with less personal problems.
2. *Methods of contact.* The team from Complutense University tried to have the same interviewers, but they were using student interviewers, and this was not always possible. Three contacts were tried, very few through phone (perhaps 10 used a phone). Also many homeless people didn't use the services every month. In the first interview they gave us names and phone numbers, and points in the city. Not so many refusals – main problem is the contact.
3. *Ethics:* DK: You have the right to try to follow people, but you don't have the right to follow everyone. It is the same if you involve other people in the tracking. We have definite problems in terms of using the police. UK: We can't use the method of register data that T. Stax is using

because of ethic questions. The database of National Insurance Nos is owned by the Department of Work and Pensions and they have used this to track unemployed people but now think that this may not be ethical.

4. *Outcomes:* The Madrid team reported that the difficulties of the study enabled them to learn more about the homeless than the outcome of the study.

A) One of the main outcomes was that organisations were informed that although they believed they were working with the same client group only 10% were repeat service users. Professionals identify very well the chronic situation, but don't identify very well the least chronic where intervention has a better chance. (Marpsat, INED, it is the difference between stock and flow. At a given point in time, half of the people in a shelter could be long term, but they could be only 10% over a year.)

B) In Spain we don't have a case management approach to homeless people – if there was a key worker then it might be easier to track them.

'Looking from a distance through the lenses of others – researching through registers', by Tobias Borner Stax, The Danish National Institute of Social Research. This session was also attended by Lars Pico Geerdsen and Inger Koch-Nielsen of SFI who are undertaking a new longitudinal study which was also reported.

The reported study drew data from registers (not case records n.b.) created for administrative purposes that induces some bias to the research.

The important base of the study is the unique identifier which follows Danish citizens from birth through to the after-life, after death. For the past 5 years it has been requested of everyone entering a homeless shelter.

1. *Advantages:* (a) There is an enormous amount of data in 'Statistics Denmark'; (b) Less restraints on numbers of respondents; (c) Less drop out/recapturing worries. (d) Can include dead and disappeared (can see trajectories).

2. *Immediate Problems* (a) limitation on the information that is available and this is beyond the control of the researcher; (b) a conversion of information continually takes place and grasping these conversions can be hard. (c) All that is, is already out. (d) There is access (who gets it).

3. *Research Issues:* (a) Raises the question of whether distance from the research is good or bad. (b) Problem of the translation of the administrative question into a research question e.g. The research question 'Does a given respondent have a satisfying place to stay according to her or himself or according to some politically accepted standards?' But the administrative information obtained is: formal address, other people formally living at address, registered type of housing.

But this is not a good answer for the researcher who is interested in real housing situation

4. *Problems with register data:* (a) Are the registers accurate? Information is constructed in many different ways, e.g. from social workers or by questionnaire. (b) When information travels, it changes i.e. between departments. (c) It exists different registers of the same types of institutions. (d) Those who supply information and handle information have interests e.g. some agencies register more people. (e) How do you trace the trajectory of the information. To do this research you must track how it was constructed; you can't change the construction but must follow it. (f) Reliability problems might be significantly larger in regard to homeless e.g. due to distinctions between the formal/official versus the actual. (g) Information is available on the homeless using shelters, excluding those who are not using shelters. (h) We might need to know what is the theoretically relevant information rather than more information.

5. *Strengths of register data:* (a) We are dealing with smaller groups, but register makes it possible to identify them and have further information on top of registration. (b) Mobility doesn't matter, because we have nationally gathered information.

Questions:

FIRDION, FR: There is both a Validity and Reliability problem for Register based research. Reliability – how the information is updated - is old information erased, or is each step in the trajectory included. Validity – major problem is the information in the registers, information relevant to the question.

SOMOGYI, HU: How do you get permission? How do you track? In Hungary, people have a permanent address that they don't use for years, so how do you handle this? What of information about previous life, before they became homeless?

VAN DOORN, NL: In your system you generate information about the changes of individuals- but what about the environment, who helped people to change, what policies are changing. Therefore how can you use it to change services?

STAX, DK: We might be able to see the change but we don't understand what causes it. Biggest gap is what social measures are being enacted in the social welfare offices, but not registered. Also we don't know if they had special measures, in some areas. Seven years after being registered homeless, then 80% have a dwelling. 40% have an address when they are using a shelter – the change in time is important.

Discussion was followed by a report on a new study being undertaken by Lars Pico GEERDSEN and Inger KOCH-NIELSEN (SFI), who were using the Central Personal Register (CPR).

CPR contains some information about where you live, age, gender and every public and private body can draw data from this. Everyone will use this register. You are always asked your CPR number where ever you go. Therefore as soon as go to a shelter have to fill in information sheet and send it in. (This is true of Sweden and Norway as well.)

The study is beginning by setting up a personal register of homeless people based on CPR numbers by working area to area. Final outcomes was 4,000 people who had been in homeless shelters – 60% were registered on their own address, 14% had died. A small percentage re-registered in shelter. There were also false personal numbers and some had moved away. 12% of the homeless population have been asked to be protected from research and they were excluded.

Of the 4,000 there was a probability sample of 50% (excluding dead and 12%) i.e. 1600. Carried out a quantitative pre-coded survey. Interviewers are 50 years old and they are professional interviewers. Interviews should take 45 minutes – tried by phone (only one third have a phone that we can find in directory), most have mobile phone with cards so not traceable. Have a response rate of 50%. Surprisingly high but we don't know much about the sample, they might have just stayed overnight once in their life. Include some centres for battered women (don't give up personal number).

Then interviewed about their recent housing situation because we cannot trust what is in the registers – i.e. do they eat there, use of social networks, self-reported problems related to entrance into shelters and self-reported factors that helped to meet those problems. Traditional poverty problems. Need to also use proxy non-response group. The study is in process.

'Follow-up Studies in the Netherlands' by Lia Van Doorn, Netherlands,

My study has a bias on the chronic homeless unlike the latest Danish study who had people who stayed for 1 or 2 nights – and these are interesting. My study includes long-term homeless through a qualitative follow up study using narrative interviews. Although recently a register based study has started.

The original study included 64 street homeless followed between 1993-2000, of whom 20 former homeless were followed between 1997-2000.

The narrative interview covered the following issues: lives before homelessness, how they landed on the streets, who succeeded in getting off the streets and how was this achieved.

1. Who is going to be tracked? Selection of respondents

The study focussed on the street population, those not guaranteed of shelter for the night.

There was no control group but we did have information about percentage of women, mental health history, so this was used to check the profile of the group e.g. included 15% of women. There was a bias in that, looking back, the ones I interviewed had had a long period of life on the street. When the study started the people I selected were like the rest of the homeless, as the years went on the group was less like the rest. People from Eastern Europe had not been included in the group because not on the streets at the beginning of the study.

2. Tracking strategies

- Collaboration with services and professionals in the city
- Had worked as a volunteer for 5 years before I started the research, - they knew me
- Small gifts and reciprocity: not money but tobacco. I lived in the centre of the city and I would see them on my return home. Personal investment was a kind of small gift. I chose to be involved and that helped
- Data registration in the institutions
- Collected telephone numbers but this was little use
- Rumours from the street: small village and they talk about each other

3. How many people could be tracked., Follow up percentages

1993, out of 64 homeless, 11 people couldn't be tracked, 5 had died.

At 2000, 17 were still on the street and the other 30 were settled – 18 live independently, 12 live with relatives, friends, acquaintances, shelters, or caravan. Of the 30, 10 had completely moved out of homelessness but of these for 20 it is a precarious situation.

1997: 20 former homeless were tracked. 30% of them had relapsed and had gone back to the streets.

4. Outcomes of life trajectories

a) Established that there were phases in the development of homelessness. These are:

- Imminent homeless
- The recent homeless
- The long-term homeless
- The former homeless

b) Therefore services should be grouped around these different phases.

In each phase a critical intervention moment may be distinguished e.g. recent homeless – they are strongly motivated to get off the streets as soon as possible. But often the recent homeless roam about unnoticed. Newcomers are not being picked out by workers, they need to be addressed specifically. *It is a crucial moment for intervention and to use their motivation for change.*

c) Outreach agencies are not very willing to register their clients in the proper way

d) Strengthen social ties with family

e) We need to understand the relationships with institutions.

Overall issues:

a) Qualitative research is frequently based on the relationship with the researcher. Another researcher started in Amsterdam but the researcher gave it up halfway.

b) A question of what is the most relevant research questions: What is the surplus value of this type of research and what questions should we ask? Many of them changed stories. Tell providers the stories they want to hear in order to get what you want out of them. I was confused about what was true at times.

Questions:

QUAGLIA, FR: 1) You say that is not easy to access homeless people, but, nevertheless, you had very few refusals. It is because homeless people are difficult to meet, or is it because of the researchers reticences (ethical problems or others)? 2) The people you met had already known you as a volunteer. Do you think they could have answered very differently with an interviewer they hadn't known before? 3) Did you use tools like textual analysis to have a more precise analysis on the words they used, and how they describe certain aspects of their life.

SOMOGYI, HU: How different would it be if you had finished at 4 or 5 years instead of 7 years?

SMITH, UK: Who are the imminent homeless?

O'SULLIVAN, UK: Homeless people are co-constructing a story with you. What impact did you have on them, as they became the hero of their own story.

FIRDION, FR: How do you choose to make representative some people?

TOSI, IT: 4 phases are interesting as is the question what type of policy or intervention would help at each phase. On the other side if you take Phase 2 it is a set of circumstances that is not always a phase. This is the same as the debate on poverty: marginalisation processes have an intrinsic tendency downwards. It is important to refuse the idea that this is inevitable. This is as important as proving the possibility that there is a way out of long term homeless – it is not impossible to come out of long term homelessness, even though it is difficult.

VÁZQUEZ, SP: 1) The method appears rather as action research. What is the limit you put on yourself to directing people to health services etc? 2) Highly subjective research, as yours, creates the risk to tell more about the researcher than about the populations.

STAX, DK: There are several interesting issues. (a) In this follow up study it is possible to take up issues that are missed the first time, check on what has been said in the past. (Remember the quote from Erving Goffman about getting behind the character. People tell stories from different perspectives and therefore how can you get a 'real' perspective). (b) There is also a distinction between the perspective of action and action research; isn't the study an observation based study i.e. in action, as well as an interview based structure. (c) Is the finding of the Phases an understanding that can be applied to other types of homeless people coming into homelessness – can it be applied to people coming in through mental health? (d) It is difficult to document what you are finding. (e) Giving people money disturbs reciprocity.

VAN DOORN, NL: For some questions there are not yet answers.

a) I didn't expect to do 7 years, it started with 18 months and then found financial means.

b) Interviewed people who became homeless, retrospective as to how they became homeless. Asking questions such as: What could have been done? What could you have done yourself? Other information is based on a combination of interviewing and observation of their daily activities.

c) Methodology used to make this research less precarious: (a) A diary to write all the choices made and the different contexts. (b) A topic list to check when these issues were being covered. Topic list came from literature and from what the homeless said were important to them. Focussing on the 'trigger' points in the life of a homeless person e.g. prison or going to hospital. The homeless people then got used to a bed, or a shower, and met other people who talked about other things than the homeless life. This was a critical point – they didn't want to go back to life on the streets and if there was a carer who could organise a place to stay then it was a critical turning point. They passed through a different stadia in life; young people might say that they had to get off the streets by 21 because then they wanted to be adult. For homeless women it might be pregnancy – idea of who they are started changing. Older homeless thought that age of 40 was a turning point – because they were physically less able to handle it; this could trigger them to come off the streets.

Homeless newcomers can go one of two ways: a) I don't want to be like that or b) learn to be homeless. But their trajectory also depends on whether the service is available.

SMITH, UK: Qualitative studies are rich and their findings can be tested by quantitative studies. Papers in the 4th workpackage discuss the relationship between qualitative and quantitative.

To return to the question of what methods of analysis were used?

VAN DOORN, NL: Qualitatat didn't work for me, so I cut and paste interviews. No textual analysis with a computer programme.

STAX, DK: About the self-presentation (Goffman): do the roles come from the institutions or do they get to pick? Clients use the language of carers to get what they want.

VAN DOORN, NL: The homeless have different groups within them. They prefer those who act like they have chosen the homeless life i.e. are strong, compared with the weak who say that they couldn't do anything about becoming homeless.

VÁZQUEZ: In our studies the homeless don't think they are chronic homeless, they think their future will be better, and they think their health is better than it is.

FINAL SESSION of the 1st Day. General discussion of longitudinal studies and their purpose.

N.B. In previous Workpackages all partners had also presented short papers. At the 2nd Workpackage in Madrid it had been decided to suspend this practice. All partners wrote and circulated papers which were tabled at the Copenhagen meeting. The discussion on longitudinal methods and methods of analysis referred to some of this work but was also more wide-ranging as the time for discussion was greater.

STAX, DK: The major question is what is longitudinal analysis? The French paper includes retrospective studies that reconstructs homeless pathways. Would we strengthen register analysis by including retrospective surveys.

MARPSAT, FR: I included retrospective studies but for me longitudinal is either a qualitative study, panel based, or register based. I didn't include the general survey in France which just asks if they have been homeless at one time in their life.

FIRDION, FR: But we have no information as to whether they used shelters.

MARPSAT, FR: In our paper we wrote about people trying to launch this system in one French region. The difficulty to gather information is the highest in emergency shelters where people can only stay for one night. Culhane's result was more interesting for places where it is more difficult to gather data.

STAX, Dk: While the use of the register number has grown in Copenhagen, the use of the very short term shelters, which accept people not registered, has grown too. We don't know about the use of very short term shelters.

Difference between Copenhagen shelters – which won't accept anyone except local – and the national who accept others.

MARPSAT, FR: A general issue is the way that NGOs are organised and the way they relate to government, and the research that has been done. Denmark compares with USA when they attempted to do this. Dennis Culhane tried to have this record system in New York, Philadelphia. He wanted it to go National, funded by Department of Housing. It was complicated, the NGOs didn't find any interest in doing this. They wanted data for their reports, but not his reports. Private firms built the same kind of software. Nearly every NGO and shelter had a different one and they are not connected. What made the situation different in Denmark? Why is each country different?

Discussion on the role of the NGOs

STAX, DK: We have a co-operative model in this country – 100% funded by municipalities and regions that they are based in. PCD clients developed a programme with 2 NGOs and Minister of Social Affairs. One system and 100% of shelters are on it.

MARPSAT, FR: There is a new list of questions for NGOs. Who is funding the NGOs? Are there places where govt, research and NGOs meet? There are several roles for the NGOs, add to the list and try to answer them for our own country. This tells us the type of research that is possible in another country: It would help the link between the first and second day of each of our workpackages.

There are methodology issues – how are the bases for research created in the co-operation between the state and the NGOs? How does this collaboration fit into the discussion of research? What are the problems that NGOs faced, we need information from their practice, and they need our information.

In France we use shelters and services, and it is important to understand how they are organised. The type of clients change. One year it is migrants, another year it is older homeless. Throughout the survey we include discussions with other researchers, with staff.

STAX, DK: we are going to ask the practitioners about the problems they see, and their response to methodological discussions. It is important to have research questions in mind that we could answer listening to the NGOs.

DAY TWO

Friday, April 30 2004

Morning

09:00 – 09:40	Presentation by INED of the CUHP-network – previous themes, upcoming themes of workshops. The intentions with ‘day two’ interactions.
09:40 – 10:50	New needs and new challenges in the attention to homeless people – in the perspective of the public authorities
11:10 – 12:20	New needs and new challenges in the attention to homeless people – in the perspective of the service providers

Afternoon I

13.30 – 14.40	New needs and challenges in the attention to homeless people – comments, questions and responses from the researchers
14:40 – 15:00	A few last questions? And rounding up the day.

Afternoon II

	<i>Issues for discussions among the research teams</i>
15:30 –16:30	Madrid workshop conclusion
16:30 – 17:00	Website issues
17:00 – 17:30	Financial and administrative issues

On this day the partners of the CUHP network were joined by representatives of NGOs working with the homeless in Denmark.

Maryse Marpsat, INED, introduced the network. Joan Smith explains the intention with ‘day two’ interactions.

The Workpackage then heard of the work undertaken in Denmark by both the official bodies and NGOs working in the field of social exclusion.

Lars JAPPE, Ministry of Social Affairs, with responsibility for Marginalised People.

Estimate that 11,000 people affected over a year; 8,000 use shelters during a year plus an additional 3000 (excluding women and children). In 2004 100 million Euros will be invested.

Major policy framework is the 2000 Homeless Plan; the current government also has a political goal of improving conditions for the socially marginalized – homeless, drug addicts, prostitutes, mentally ill. The aim of programme is to achieve a meaningful life for vulnerable people, and respect their wishes.

The result is 75 new alternative care homes, 300 new special homes and housing assistants aimed at maintaining the home.

This is delivered locally, because Denmark is a localised society with 13 regional and 271 local authorities. Both types of council entitled to raise taxes. We provide the framework, the local and regional authorities fill in the framework.

Our legislation is broad and flexible – we issue guidelines but local and regional are responsible for the services and cash assistance (housing, benefits). There is regional responsibility for – reception centres, shelters, boarding houses – but may leave the running to voluntary organisations – and this happens in 50% of cases under contract.

- Recently local and regional governments finances have been frozen because of a tax stop. Therefore action plan for homelessness had to be implemented through special programme funds, and also through favourable financial grants for building and running costs. Bids for over 1 billion Kroner received.

Success of programme: homeless people with alcohol drugs (Late 40s and 50s), constant care and attention programme has delivered 80 places; The plan for 300 supported dwellings for those leaving institutions has delivered 85.

So far. Support and training in life skills to live in a home.

Ministry of Social Affairs is not responsible for housing, therefore in partnership with agency of Enterprise and Housing. Unconventional small housing, where residents can behave differently without causing problems. Agency builds 300 houses and Ministry of Social Affairs puts in the support. The programme is called Free Housing for Free Existence.

User influence: Denmark has a political consensus on consulting users on policies. Ministry of Social Affairs has supported the association of formerly and currently homeless people – local committees in 13 regions and a national. Have a magazine and access to broadcasting.

Hanne FABRICIUS, Municipality of Copenhagen

We have 36 houses in 3 different places but they are like huts in the mountains. We tried to find targeted people who wanted to live in a house. 70% continue to stay for 2-3 years. But it is difficult to find land to build those houses.

In Copenhagen there are 500,000 inhabitants with 18% privately owned dwellings, 30% co-operative housing and 52% rented apartments – of which 20% is cooperative housing societies, and every 3rd available apartment goes to social housing, therefore people are mixed.

Only 300 are available for homeless persons and 1200 for other social groups.

In Denmark, the law distinguishes between 2 groups

- ordinary people without homes – Municipality is responsible
- homeless people, heavier social or mental and/or abuse problems – State pays half the price of the shelters.

So, in Denmark there is a distinction between normal people who are homeless who work, or are able to work and homeless people who are homeless who can't work.

Copenhagen has half the shelters in Denmark and about 2000 persons through the system, 600 beds and the budget is 19 m euros per year. There are also night cafes and social activity, shelters for family (women and children), Social Pensions. About six are owned by the Municipality, but the rest is run by NGOs.

Of those who are in the homeless sector about 65% are Danish, 3% other Western Europe, 32% rest of the World, including Somalia. After one year in the shelter 42% move into social housing, 18% found their own housing. 21% stay in the same shelter.

In Copenhagen, homelessness is not a problem of poverty, because all Danish citizens has the right to 625 Euros a month. The new aims are that homelessness should be temporary and the challenges concerns drug and alcohol abuse, criminality. 15 street workers try to get people into the social system. There are also 12 resettlement/floating support people, smaller and more specialised centres, possibility of helping with debt, and education of the staff in order to change the shelters (built around 1900, for alcoholics, and young street workers).

Alternative housing; 600-1200 social housing apartments through cooperative housing societies and municipality including. There is a lack of cooperative housing.

Hanne Fabricius added some personal considerations. The definition of homelessness must take in account the Life Modes. She distinguishes between 4 different kinds of praxis:

- A. Work is the mean of what you do, everyday life and this gives you money for the spare time
- B. Work is the aim and the spare time is recreation for being able to work again
- C. Both

D. No need of work to make a living, no logical relation between work, spare time. Capitalists living on income, homeless living on social income. Therefore no connection between work and spare time.

The discussion concerned the distinction between “normal homeless” (without housing, a housing issue) and the “homeless homeless” (chronic homeless). This distinction fits the Danish situation and leads to a discussion of how to get the imminent homeless out of homelessness. The municipality and the Ministry of social affairs thought that they aren’t responsible for the ‘normal homeless’ who have to find their own housing.

The discussion included representatives of the National Council for Socially marginalized and excluded and the Church Army who presented their work in 2 Night Cafes i.e. overnight shelters. There were also representing the shelter *Store Dannesbo* (Peder Larsen), run by the Regional County of Fyn. It was reported that in Odense there is no housing shortage – one month to get re-housed. In Copenhagen – there is a housing shortage and people are staying in the night café. There is a problem of the housing market – if there is housing then they don’t stay overnight. Therefore:

- a) problem of providing housing so that people not driven from the Centre of Copenhagen as in London, housing when people split up, housing for people living on one income. (Debate over whether this is a social responsibility)
- b) problem of providing services to prevent the cycle of homelessness
- c) problem of not being able to collect welfare payments from areas that are not your local area. People give up welfare entitlement when they move.

Tobias STAX reported that in Copenhagen the distinction between the “houseless” and the “homeless homeless” category is not a given. There has been an increasing restriction. There has been an increasing demand to document the social problem of a family; not enough to say that social housing is necessary to prevent homeless homeless. Therefore there is a lack of prevention – now people have to get closer to the shelter before you are assigned to housing. We seem to have three types of homeless:

“Houseless”, “Homeless homeless” and those “assigned to Special housing”.

Robert OLSEN, manager of the Shelter *Mændenes Hjem*, run by an NGO, reported on changes in structure, a diverse system offering different services for different people. Not institutions but sheltered accommodation helping homeless move onwards, to reintegrate. There are new clients from other countries and more multi-diagnostic needs. The new approach is to work on change. But the coming problem is the severe change in drug culture and the drug scene.

Peder LARSEN reported that in the shelter *Store Dannesbo* in Odense, run by the Regional County of Fyn, the typical homeless person is a 40 year old man who has become homeless because of the break-up of his marriage, lives on social security without a stable job and without no contact with family, and who may have drugs and alcohol problems.

The specific targets for this institution. On this small green island, the ‘garden of Denmark’, personal development targets is an action plan – realistic life values. Working in market garden and in the house; encouraged to use the public health service rather than the informal system.

However, a growing number of residents fall into two categories

- a) youth, over 18 years, alcohol users. Never had to take any responsibility for their own lives
- b) middle aged narcotic users, terminal patients need long term. Similar legislation but nowhere else to go; traditional nursing homes cannot manage these people – either their needs or social behaviour.

Further discussion on the special programmes available for migrants from other countries but not for migrants for regions of Denmark outside Copenhagen.

AFTERNOON

In the afternoon the discussion widened to be between the Danish agency representatives and the research teams of CUHP.

- a) Hungarian team asked about the issue of benchmarking e.g. i. the level of problems you might have to have in order to get a service, ii. benchmark the differences in getting accommodation between Copenhagen and the regions
- b) UK team asks - What is the background that has created youth homelessness – family disruption?
- c) UK team asks -What is the connection between two systems; is two systems difficult to bring together? Common to both Danish and UK situations is the distinction between normal homeless and

homeless homeless. Family homeless versus street homeless: drug, alcohol mental health versus those without it.

d) French team reports - It is one thing to classify the situations in which they see themselves, but it is another thing to classify the people as if they were stuck in it for ever. Classification is stigmatising; the number of people in categories may depend on the available stock of housing.

In France the category of "homeless homeless" is not used – the categories in the shelters are the consequence of the way the system functions. An emergency shelter worsens the mental conditions, it cuts social links. Is this the same in Denmark as in France.

e) What of the 'hidden homeless' in Denmark?

f) French team state that in other countries structural effects are very strong; labour market, housing market (gentrification), biographic effects e.g. Divorce, migration policy (illegal migrants) and effect of social welfare – minimum income and restrictions in access to this and retirement pensions. How does this affect Denmark?

The category of 'homeless homeless' (chosen not to work, do drugs, alcohol) is stigmatising and not relevant. A part of the homeless populations now are immigrants, battered women (precarious jobs), young people also precarious jobs. Law against exclusion in France led to the creation of a new network between different institutions – new type of clients are not just drug abusers, alcoholics, biggest part of shelter population are not these. New type of client is the working poor.

If someone is coming to search for a house, what are the criteria to consider them as "houseless homeless", or "homeless homeless"?

Is it the existence of a minimum income sufficient to stop poverty?

g) The Italian team asks about the increase of immigrants.

Even some NGOs have resistance to accepting the new type of targets because they are different profiles of people. Notion of multi-diagnosed individuals: to what extent there is a real change compared with the basis of real theory.

h) According to the Spanish team, we are moving from an old to a new context: from homogeneous populations to heterogeneous; from inactive to active interventions; from single targets to multiple targets; from one culture to multiple ethnicities; and an emphasis on listening to the voice of homeless people. How do you handle this? In Spain – task force for mental health and inclusion. Led to a new outreach service for mental health homeless people. There is an interesting comparison between the homeless homeless in Denmark, Spain and Italy. In Spain they have to work hard to get enough to live.

i) The Dutch team asks what is the effect of the decentralisation of the homeless process from the national to the local level – advantages is that at the local level, better idea of what programme fits, but risks also in that tendency that local institutions have a tendency to exclude homeless that come from other parts of the country.

Free houses for free citizens. In Netherlands we call it sub-standard living for homeless; it might be a step up in the housing career, or it could create ghettos with inferior housing and it could lead to another trap.

Netherlands team reports that the opinion of the client of his own situation versus opinion of the official is important; client and professional have to work together, to come closer together because motivation is important but if there are two opinions it doesn't work.

Netherlands team asks – How do you cope with the people at risk of homelessness, on threshold of losing their home.

j) Danish researchers report: We don't know much about anyone not using shelters. Who is at the night café, who is squatting, or about the Greenland women.

How are people sorted into categories, what are the practices when people are sorted into categories?

Research questions from the NGOs

- Lars JAPPE. We need to clarify thinking between Houseless and Homeless: lack of housing is not homeless.

- Hanna FABRICIUS. If you want to understand the definitions you must understand the welfare system of the county. Tax system is 50% in Denmark, and that goes to the social system. The houseless are being taken care of in different kind of systems, therefore we concentrate on taking care of the homeless homeless.

- Battered women are not defined as homeless, and we won't accept them and we are discussing taking the man out of the flat rather than taking the woman out of the flat.

- The comparison of capital cities could be interesting to estimate the borderline between the houseless and the homeless homeless. How many problems do you need to be homeless?

- Anne Mette NYFOS (Church army). Money is constant although the target groups entering the shelter have become more complex. 10 years ago you couldn't enter a shelter if you were drug users – today they are being targeted. The immigrants are being neglected. It would be interesting to see how this total sum of money floats towards different groups every few years.
- Not just revolving door clients but revolving door type of clients.
- Kurt PEDERSEN (Salvation Army). If it is mental problems that causes homelessness, the experience showed: a closing of bigger institutions and mentally ill persons placed into society didn't function, therefore trying to build small houses.
- Hanna FABRICIUS. Who gets social housing apartments? They have only a special amount of money – profiles for different groups, is it somewhere they can take a heavy problem person or a lighter problem person.
- Vibeke Tornhøj CHRISTENSEN (SFI). Sometimes there is a negative social heritage - you need to understand much better, what are the correlations or the capital that you end up with if you end up being homeless.
- Lene LUND (The Mission among the Homeless). How can we develop preventive methods? Providing knowledge of how to deal with them.
- Arne JACOBSEN (representative of 'the national association of shelters' to FEANTSA). Who is defining the problems? Homeless themselves must have a voice in this forum.
- Holger WIUFF (Work Ennobles). Need to work with the homeless, to pull out their resources; we have to understand the social work done with the homeless to draw forth the competence of the homeless themselves.