

STREET SUPPORT PROJECT

européan report

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executive summary

1. More info at:
www.streetsupport.eu

Municipalities throughout Europe as well as neighbours, shopkeepers and other users of public space often consider public drug and alcohol use as anti-social behaviour or nuisance. The Street Support project¹ wants to change this perspective and suggests approaching public drug and alcohol use from a social inclusion perspective instead. Promoting the social inclusion of people engaged in public drug / alcohol use, of whom many experience homelessness, (re-) engaging them with support services, makes a great difference both to people who use drugs and the local community. The provision of low-threshold social support, harm-reduction services and meaningful activity should stay at the heart of interventions.

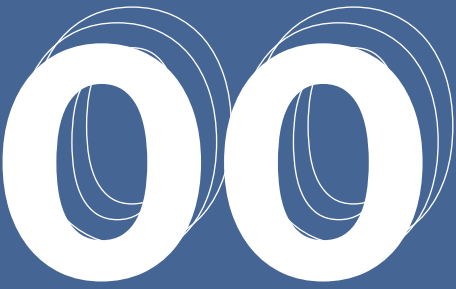
Discussions on homelessness and public drug / alcohol use should start from the understanding that both conditions exacerbate each other. People who experience homelessness face significant barriers to accessing health care, detox and rehabilitation services, which further hinders their chances to get housed. Getting on detox while being in an unstable housing situation jeopardizes recovery. Homeless people are particularly affected by longer waiting times and reductions in service provision which are part of austerity policies that have been implemented in many Member States due to the economic crisis.

The Street Support project aims at promoting good practices for (re-) including people experiencing homelessness and using alcohol and/or drugs. This report outlines good practices which have been evidenced to improve the situation of this population. Center-staging rehousing and accompanying service support, Housing First contributes to both health recovery and social inclusion by 'embedding' people who formerly experienced homelessness in a community.

The strength of education- and employment-led programmes as well as arts-based initiatives and peer work lies in providing a space for positive experiences which improve self-esteem and promote meaning. They also contribute greatly to people's sense of belonging and to community inclusion. Psychologically- and trauma-informed approaches are evidenced to work particularly well for people

who use drugs (PWUD) or alcohol as they address the underlying trauma, which is highly prevalent among PWUD and those who experience homelessness. Key elements of good practice are the promotion of harm reduction, providing services in a person-centered and integrated way, taking on a tolerant and accepting attitude, giving clients full control of the treatment process and paying special attention to their resources and aspirations. Support should be provided 24/7, including drop-in and outreach services.

The European dimension has become increasingly important in supporting the fight against homelessness in the past 20 years. Whilst European cooperation on homelessness could be improved, the EU delivers added value to homelessness, poverty and social inclusion policies by supporting the development of evidence-based policy, promoting good practices, monitoring and providing political leadership and common objectives. The Social Investment Package provided the first ever detailed European policy framework on homelessness, requesting Member States to report on homelessness. Attributing central importance to poverty and social exclusion and introducing a poverty-specific target, the 2020 Strategy is a political milestone for European social policy. Although austerity measures still undermine inclusion policies, the European Semester allows for ongoing analyses of how Member States perform on homelessness, making it a key mechanism for policy coordination in the EU. Homelessness also figures as one of the 20 priorities of the European Pillar of Social Rights. The Social Open Method of Co-ordination has been an important forum for exchange on homelessness over the past decade. It allows Member States to identify current social problems, with homelessness being one of the thematic priorities that have specifically emerged through it. Finally, the Sustainable Development Goals' (SDG) general mission to "leave nobody behind" is particularly relevant for people who use alcohol and/or other drugs and who experience homelessness, one of the most vulnerable populations. Remarkable is also the SDG enlarged focus, going beyond the target of reducing the number of people experiencing homelessness by calling for safe and decent housing for all.



introduction & context

This European report is drafted within the frame of the Street Support Project (Erasmus+). This project addresses drug- and alcohol-related nuisance, which has become an issue for many European cities, in an inclusive way. Experience and research have shown that drug- and alcohol-related nuisance is a pan-European problem, which many local and municipal authorities in small, medium-sized and big cities are struggling to address in an effective way.

A range of participatory interventions and prevention activities have been developed in the last years to prevent nuisance among youngsters. However, intervention targeting adults is limited and mainly based on repressive and sanctionary acts, including arrests, restraining orders and fines.

Less is known about inclusive strategies and adult learning opportunities which provide daily structure and support people who experience homelessness and those who use alcohol or other drugs in public spaces.

Experience shows that strategies tackling wider economic and social exclusion such as education, training and employment can play a vital role in the (re) integration and recovery of people experiencing homelessness and other marginalized groups.²

The main objective of the Street Support project is to offer adult learning providers, organizations and local governments tools and models of good practice. This in turn can result in effective and inclusive adult learning and working opportunities for PWUD as well as in the reduction of alcohol and drug related nuisance in the public space.

The objective will be achieved through the following activities:

- Develop a good practice collection featuring programmes and initiatives from all over Europe, showcasing effective adult learning and work integration opportunities;

2. Busch-Geertsema, Volker et al.: Homelessness and Homeless Policies in Europe: Lessons from Research, 2010. A Report prepared for the European Consensus Conference on Homelessness.

- A toolbox for service providers and local governments, including guidance and support for the development and implementation of inclusive adult learning and work integration opportunities;
- Produce country reports describing the situation with regard to homelessness and alcohol- and drug related nuisance in five European countries (The Netherlands, Check Republic, Spain, Germany and Ireland);
- Draft a European report providing an assessment of European social policies which are relevant for public alcohol- and drug related nuisance, homelessness and inclusion as well as the European drug strategy, including recommendations for local and European-level policy makers;
- Develop and implement local pilot interventions and validate them with the Self-Sufficiency Matrix, an assessment tool used to evaluate a service user's situation along different life areas. Pilot interventions will also be showcased as case studies.

REPORT STRUCTURE

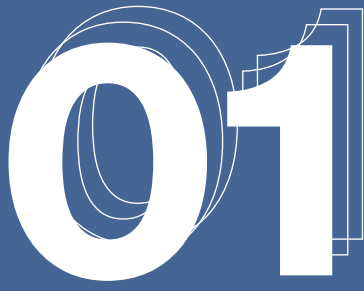
This report features five chapters of which this chapter outlines the context of the European report and provides useful information about the Street Support project.

Chapter 1 provides contains a short outline of the addressed problems: drug and/or alcohol use among people experiencing homelessness, the relationship between homelessness and substance use, and the role of trauma. This chapter also presents effective strategies and approaches to foster social integration of people experiencing homelessness and using alcohol and other drugs. Among these strategies are Housing First, employment and arts-based approaches, trauma and psychologically informed approaches and peer work. Chapter 2.3 provides a list of key characteristics of good practice which are very helpful to assess and design effective projects targeting PWUD experiencing homelessness.

Chapter 2 provides a critical review of relevant European social inclusion policies that relate to homelessness, drugs and alcohol, and which target PWUD (in public spaces) and those who experience homelessness.

Chapter 3 discusses how European policies and policy mechanisms (European semester, Social OMC etc.) are relevant for tackling public drug / alcohol consumption as well as consumption in a situation of homelessness. What progress has been made in the last years in terms of policy development and implementation? What can and should the EU do to assist Member States in improving support for people who experience homelessness and who use drugs / alcohol?

The final and **fourth chapter** provides concrete recommendations for policy makers at local, national and European levels. Recommendations point out concrete possibilities for action which improve the situation of PWUD experiencing homelessness and reduce drug- and alcohol-related public nuisance.



review of relevant reports

with an European perspective on
homelessness, drug use & social inclusion

3. FEANTSA (2017a)
*Good Practice Guidance for
Working with People who are
Homeless and Use Drugs.*

FEANTSA (2017b)
*Recognizing the Link
between Trauma and
Homelessness.*

The present chapter gives a short outline of drug and/or alcohol use among people experiencing homelessness based on relevant FEANTSA materials³. Existing evidence shows that drug and alcohol use are often considered as anti-social / nuisance behavior instead of being approached from a social inclusion and harm reduction perspective.

After giving a short outline of the relationship between homelessness and drug / alcohol use, this report will be dedicated to present innovative approaches to foster social (re-) inclusion of people who experience homelessness and who use or have used alcohol and other drugs.

2.1. Short outline of the relationship between homelessness and drug/ alcohol use

Drugs and alcohol use – unless recreational and non-dependent – can put people at an increased risk of homelessness. The problematic use of substances can also be caused or exacerbated by traumatic experiences such as homelessness. Homelessness, on the other hand, can lead to an increase in drugs or alcohol consumption, since substance consumption can be a coping mechanism for the physical and psychological strains associated with homelessness and the traumatic experiences which might occur during a period of homelessness.

In this context, the numbing effect of alcohol and drugs is key to understand the higher rates of drug use among people experiencing homelessness when compared to the general population. Numbing may serve both as a way of dealing with (past) traumas and the current strains of homelessness.

Rough sleepers and persons in emergency accommodation are particularly vulnerable groups for dependent drug use.⁴ "Problem drug use"⁵ is far more prevalent than recreational use among people experiencing homelessness: Drug use among this population usually involves more frequent substance use in increased quantities and in less safe ways.

Finally, it should be emphasized that most people experiencing homelessness do not have a problematic substance use. Research also suggests that most PWUD never become homeless.⁶

ACCESS TO HEALTH AND DETOX / REHABILITATION SERVICES

What exacerbates the use of Alcohol and other drugs among people experiencing homelessness is the fact that they face significant barriers to accessing health care, drug treatment and support towards recovery.

Restricted access to health care and treatment further hinders their chances to get housed.⁷ PWUD and who experience homelessness are particularly affected by shortages in treatment places and long waiting times for treatment.

A recent interview with the policy spokesperson of the Irish Simon Communities confirms that PWUD experiencing homelessness are particularly affected by cuts in drug and alcohol detox and rehabilitation services as part of general austerity policies.

The concurrence of insufficient detox and rehabilitation services with the lack of housing makes it even more difficult for PWUD who experience homelessness to improve their health and general situation. A considerable number will have to start detox or rehabilitation while still living in emergency or temporary accommodation, a context which can delay the person's general recovery.

In terms of service delivery, the above-mentioned interview points out that a broad range of services should be provided to PWUD who experience homelessness to respond to their often complex needs. Ideally, this population should be supported by different services within a coordinated service response.

Given their complex problems, PWUD who experience homelessness often struggle to keep in touch with the different services involved.

TRAUMA AND DRUGS / ALCOHOL USE

Another key factor that comes into play for many PWUD and who experience homelessness is trauma. The FEANTSA paper *Recognizing the Link between Trauma and Homelessness*⁸ (2017) emphasizes the clear link between traumatic experiences and maladaptive behaviors such as dependent drug and alcohol use, alongside personality disorders.

4. Cox and Lawless, 1999, cited in FEANTSA position 2017, referred to in footnote 2.

5. 'Problem drug use' is defined by the EMCDDA as 'injecting drug use or long duration or regular use of opioids, cocaine and/or amphetamines'. This definition specifically includes regular or long-term use of prescribed opioids such as methadone but does not include their rare or irregular use or the use of ecstasy or cannabis. The Street Support project decided to use the terminology "people who use drugs (PWUD) and/or alcohol" which is less judgmental.

6. FEANTSA POSITION: Good Practice Guidance for Working with People who are Homeless and Use Drugs 2017, pg. 2.

7. FEANTSA POSITION: Good Practice Guidance for Working with People who are Homeless and Use Drugs 2017, pg. 2.

8. Available at: <http://www.feantsa.org/en/feantsa-position/2017/02/28/recognising-the-link-between-trauma-and-homelessness?bcParent=27>

This is to say that the very experience of homelessness can be the consequence of earlier traumatic experiences but also the cause of trauma resulting from the situation of homelessness itself. Women who experience(d) homelessness often have experienced violence too, and violence can both lead to female homelessness or be a consequence of it.

2.2. Effective strategies and approaches to foster social integration of PWUD who experience homelessness

In this section we present four different strategies which have a positive impact on the overall life situation and social (re-) inclusion of people who experience homelessness and who use alcohol or other drugs.

Strategies have been selected for their evidence-base and their relevance for fostering social integration of people experiencing homelessness and who are involved in public nuisance issues due to public alcohol and/or drugs use.

The selected approaches are:

1. **Housing First** as a strategy with a strong housing focus and hence highly relevant for people who use substances and are in a situation of homelessness;
2. **Employment-related and arts-based approaches** which aim at providing meaningful and low-threshold occupation;
3. **Psychologically- and trauma-related approaches** addressing trauma as a common experience of people living in homelessness;
4. **Peer work** which facilitates service take-up by involving support workers who went through the same or very similar experiences as service users.

Harm reduction is an approach which nowadays is considered “state of the art” and also underpins the above-mentioned strategies. Harm reduction means to reduce drug-use related harm as much as possible by providing PWUD with a variety of services such as 24/7 needle provision, access to drug consumption rooms, medical treatment, and opioid substitution treatment.

Services are delivered in a non-judgmental way and are centered around users' needs. Support services provided along Housing First, for instance, are usually based on a harm reduction approach.

2.2.1.HOUSING FIRST

Housing First emphasizes, as its name indicates, housing a person who finds herself in a situation of homelessness. “Housing First uses housing as a starting point rather than an end goal”.⁹ Providing housing is hence the first and most important objective of any Housing First service. Unlike staircase homelessness services, Housing First builds on the principles of housing as a human right, is user-led and emphasizes service user’s autonomy and choice. Support services are organized around housing, through assertive community treatment or intensive case management.¹⁰ Within Housing First, medical support follows a harm reduction approach.

POSITIVE EFFECTS OF HOUSING AND HOUSING FIRST ON THE RECOVERY PROCESS AND OVERALL SOCIAL INCLUSION OF PWUD AND EXPERIENCE HOMELESSNESS¹

The research paper from Pleace and Quilgars (2015)¹² summarizes several evaluation studies of Housing First projects focusing on their contribution to the improvement of social and economic inclusion and health of housed persons. According to the paper, Housing First has shown positive effects for PWUD who are experiencing homelessness in the following ways:

- **Community integration and participation.**

Housing is always the necessary first step to normalization and integration: “Accommodation remains the essential ingredient in the social integration process because of the ‘power of ‘normality’ associated with it”¹³.

Accompanying social support is crucial though, particularly with regards to social inclusion, to prevent isolation in the new tenancy (social isolation, by the way, also raises the risk of permanent economic inactivity). Social inclusion is to be presented as an “option” and a possibility to enhance personal well-being. By no means, the formerly homeless person should receive pressure to ‘make themselves’ socially integrated.¹⁴

The common stereotype that former homeless people are difficult to house and easily cause problems has to be definitely refuted. Behavior is not a major problem in most HF projects and, where it is the case, projects are effective in addressing issues.

With regards to the positive correlation of HF and **community integration and participation**, HF has proven to enable housed persons to participate in the community and access opportunities to take part in the community as any other resident, by embedding them in a community.

9. Cf. Housing First Europe Guide. Available at: http://housingfirstguide.eu/website/the_guide/unit-1-what-is-housing-first/.

10. **Assertive community treatment (ACT)** is used for service users with very high support needs. ACT is provided through a multidisciplinary team that directly provides treatment for many needs, including mental health problems, drug/alcohol problems and poor physical health. ACT provides the case management needed to help the person access treatment from other services as required. **Intensive case management (ICM)** is a form of high-intensity case management, provides some support and links up service users with other health, support and social work services.

11. Pleace and Quilgars (2015) Improving Health and Social Integration through Housing First: A Review. Available at: https://www.york.ac.uk/media/chp/documents/2013/improving_health_and_social_integration_through_housing_first_a_review.pdf

12. Tosi, A. (2005) Re-housing and Social Reintegration of Homeless People: A Case Study from Milan, Innovation: the European Journal of Social Sciences 18 (2), pp.183-203. Cited in: Improving Health and Social Integration through Housing First: A Review (2015), p 207.

13. Hopper, K. (2012) The Counter Reformation that Failed? A Commentary on the Mixed Legacy of Supported Housing, Psychiatric Services 63(5), pp.461-463. Cited in: Improving Health and Social Integration through Housing First: A Review (2015), p 45.

14. For more evidence see Pleace and Quilgars (2015): Improving Health and Social Integration through Housing First: A Review, p 45 and following.

For instance, housing enables the person to participate in daily-life interactions in spaces as shops, coffee shops, parks or laundromats. Evidence from the US shows that Housing First also contributes to community acceptance ("passing"). HF also has a positive impact on ending criminal activities what then furthers community integration. Possible social "barriers" on the part of neighbors, but also by the rehoused person himself, are to be considered.

Studies in Europe and the US give clear evidence for the positive impact of housing in terms of community belonging: for instance, 71% of interviewed participants from a HF project in Lisbon stated that they felt at home in their neighborhood and just over half (56%) reported a sense of belonging to their community.¹⁵

15. Improving Health and Social Integration through Housing First: A Review (2015).

The more Housing First resembles "normal" housing, the better. Scatter-site housing is preferable to single site. As Housing First emphasizes independent housing and individual choice, single site housing is more likely to contribute to community integration than other housing models, hence studies emphasize that an "increased sense of autonomy leads to a greater sense of belonging."¹⁶

16. Ontological security is defined as a stable mental state derived from a sense of continuity and order in regard to the events in one's life

▪ "Ontological security" or finding a safe place:

By focusing on exiting homelessness by providing stable long-term housing, Housing First achieves to give the individual what is called "**ontological security**"¹⁷, a stable base from which to consider other aspects of one's life (also referred to as "normalizing effects" of Housing First).

17. Improving Health and Social Integration through Housing First: A Review (2015), p.41.

Ontological security breaks with the precarious housing situation and rough sleeping and allows the person to envision a future. Shifting the person's focus from a load of urgent problems that are to be dealt with, as in a situation of homelessness, to a perspective which allows projection into the future, is life-changing.

Ontological security increases a person's feeling of control over their lives and hence allows the individual to critically reflect on their drug and/or alcohol use. From this new situation of stability, the individual is more able to realize and take up support services and to bring about a positive change in their lives. Housing First hence also comprises support services which prevent people from losing their accommodation.

Support networks and befriending services are not always recommendable and have shown to be counterproductive for those housed persons with a history of drug / alcohol use, getting them back into contact with other PWUD.

Transition to training, education and work

HF showed to have positive effects on **training, education** and the engagement in other meaningful activities. For instance, 28% of participants of a Housing First project in Amsterdam were engaged in voluntary work and 32% of a Lisbon Housing First participants were involved in job site training, educational courses or other meaningful activities.¹⁸

18. See also European Housing First Guide: Health and Well-being. Available at: <http://housingfirsteurope.eu/guide/delivering-support-housing-first/health-and-well-being/>

There is less evidence for positive effects on employment which is mainly due to the fact that employment is often a long-term goal in Housing First projects. However, existing evidence shows that the general community inclusion, furthered through Housing First, is a predictor of work inclusion.

Public nuisance

HF has positive impact on reducing public nuisance as it takes people off the street. Evidence suggests that **public nuisance or disruptive behaviour** are not major problems in most HF projects, despite concerns that this might be the case.

Stabilization of drug and alcohol consumption

Rather than significant reductions in drug and alcohol use, there is **mixed evidence on alcohol and drug consumption** of people who have been rather recently rehoused. Evidence suggests that drug and alcohol consumption does not necessarily decrease after rehousing. Consistent alcohol or drug consumption can be explained by the possibility to consume substances at any time at home.

However, it should be emphasized that some evidence points out a stabilization of drug and alcohol consumption after rehousing. Staircase housing services can also lead to a stabilization of consumption but do not lead to housing stability at the same high rates as HF.

HOW HOUSING FIRST CONTRIBUTES TO THE OVERALL TREATMENT PROCESS

HF greatly contributes to the recovery of people experiencing homelessness and using alcohol or other drugs. Stable housing is central to achieve treatment goals and to end unsafe and harmful substance consumption. Secure housing is to be considered a fundamental part of alcohol and drug treatment but should never be a condition to access treatment.

Within HF, treatment services are always organized around housing, either as assertive community treatment (ACT) or through intensive case management (ICM). People with high support needs, such as drug / alcohol use, mental health problems and poor physical health, are provided with ACT, delivered by a multidisciplinary team that directly provides treatment. Access to other treatment services is facilitated, particularly in ICM.¹⁹ Housing First projects usually collaborate with other local services through referrals.

To be avoided in any case is discharge from treatment into an unstable housing situation which is particularly harmful and counterproductive to recovery. Such a discharge brings people back into a situation of extreme material poverty, possibly (re-) exposes them to environments where other PWUD are present and may even lead to preventable relapses.

2.2.2. EMPLOYMENT-LED & ARTS-BASED APPROACHES

Talking about highly vulnerable groups, such as people experiencing homelessness and using drugs and/or alcohol, training and employment-oriented approaches should be organized in a low-threshold way.

Low-threshold opportunities usually leave space for users to individually choose their level of engagement on a weekly or even daily basis. Service users can choose, for instance, the number of hours or days they feel able to commit to a certain activity and then, step by step and based on the person's wish and capacity, engage in more intensive work.

Some projects / organizations even set up a complete training which qualifies trainees for specific professions (e.g. Norte Vida in Porto offers a complete one-year training in catering for people who have formerly experienced homelessness and used drugs). Another core characteristic of low-threshold services is the attitude support workers adopt for building their relationship with service users: support staff is required to take on a respectful, non-judgmental and strength based approach.

Nicholas Pleace, director of the Centre for Housing Policy at the University of York and member of the European Observatory on Homelessness, points out the value of arts-based approaches. They are a very effective way of providing low-threshold activities and successfully establish an ongoing relationship with people who formerly experienced homelessness.

To provide a concrete example: The evaluation of the Skylight project showed extensive participation of people experiencing homelessness in arts-based activities: 40.6 % of the total service users had participated in creative and

performing arts. Skylight provides services with the aim of promoting social integration primarily for single persons currently experiencing homelessness, and for those with a recent history of or at risk of homelessness.²⁰ Skylight aims at improving service users' health and wellbeing, housing stability, good relationships and social networks as well as employment and financial stability.

Between 2013-2015, 14,922 people joined the six Crisis Skylight services of which 27 % reported dependent drug/alcohol use. Of the 14,922 total users, 3,773 participated in creative arts and 2,289 in performing arts.²¹

Regular attendance gives service users a feeling of safety and can grow a wish for more intense engagement. Decisive for the success of such low-threshold interventions is to give users maximum choice and control, including to what extent and at what pace to engage. Interventions should offer structured activities and, ideally, also open spaces for exploring individual strengths and interests. Such initiatives often contribute to linking the target group to the local community and to foster their social inclusion.

An additional advantage of art-based approaches is transferability and easy adaptiveness to the local context. Art-based interventions are even more successful when accompanied by advocacy work mainstreaming the idea that "homelessness is not dangerous", contributing to challenge societal stereotypes around homelessness and drug consumption.

Evidence is, for instance, available from the "Arts at the Old Fire Station" programme which aims at delivering inclusive artistic and cultural public work, engaging with all types of people, including those experiencing homelessness, and bringing them together with artists.

The 2015 evaluation report emphasizes that "exposure to work created by and with marginalized people challenges stereotypes". This is one of the main outcomes of the "Arts at the Old Fire Station" activities.²²

Apart from arts-based activities, there are programmes that offer service users the possibility to engage in low-threshold work, for instance, the Finish HF programme.²³ There, low-threshold work is part of the support residents receive. "Work activities often include cooking, maintenance work on the property or in the neighbourhood, or handicrafts. Low-threshold work activity aims to make use of the residents' skills and interests: an avid gardener can take care of the property's plants, and an IT wizard can give lessons for the other residents."²⁴

Residents (service users) develop a plan together with their support workers to define the type and extent of work. They get paid on a monthly basis for the hours they have done (what is monitored very closely). In the Finish context, work activities have shown to provide structure to residents' daily lives, connecting them to society. At individual level, work activities supported people in developing personal commitment and perseverance while getting the experience of being

20. Evaluation report of Skylight programme by University of York, p. 10.

21. Evaluation report 2015 "Arts at the Old Fire Station", p. 20. Available at: <https://oldfirestation.org.uk/about/reviews-reports/>

22. A Home of Your Own. Housing First and Ending Homelessness in Finland. Y-Foundation 2017. Available at: <https://ysaatio.fi/en/housing-first-finland/a-home-of-your-own-handbook>

23. See A Home of Your Own. Housing First and Ending Homelessness in Finland. Y-Foundation 2017, p 85.

24. Expert interviews with Nicholas Pleace, 22nd, May 2017. N. Pleace is the director of the Centre for Housing Policy at the University of York, and a member of the European Observatory on Homelessness.

part of something and having meaningful tasks to do.

Another way of offering work-related activities is through supported employment. The major limitation is that people can become “stuck” with little prospect of integration into the mainstream labour market. There are initiatives and projects which explicitly aim to go beyond supported employment, setting integration in the regular labour market as (one of) its main goals. The following box briefly presents four good practice employment projects that focus on transition into regular employment.

GOOD PRACTICE EMPLOYMENT PROJECTS WHICH AIM AT INTEGRATION INTO THE MAINSTREAM LABOUR MARKET

SIMON COMMUNITIES [CORK]

Cooperation with 50+ local businesses to accompany participants into regular employment.

Simon Communities work with people with all kinds of experiences, notably people with experience of homelessness, mental illness, and dependent alcohol or substance use. Based on participants' interests and desires, they choose from a wide range of education, training and employment options including specific workplace qualifications such as fire safety or operating a fork lift. Simon also provides a work transition programme. They work with 250+ trainees each year and cooperate with over 50 local businesses.

TAPAJ [BOURDEAUX]

Accompanying young people with experience of homelessness step by step towards employment.

Tapaj offers young people a range of options for a gradual transition to employment. Youngsters can sign up for short-term work (e.g. 4 hours on 1 day per week), building up to an engagement of 3 days a week until work hours slowly increase towards full time employment. The project aims at the transition to regular employment, which 45% of the young people achieve.

CONNECTION CREW [LONDON]

Demanding but highly resourced 10-week training programme for young people with experience of homelessness.

Connection Crew specializes in building events. It offers young people a 10-week training, during which youngsters do work shadowing with manual handlers, specialist drivers and other event-related professionals. Youngsters receive support through mentor and peer support programmes. The Crew also gets trainees to meet potential employers.

NORTE VIDA [PORTO]

"We work with the person as a whole" - High-level gastronomy as an exit.

Trainees do a 15-month service training in a high-level restaurant and catering service. Integration into the regular labour market is an explicit objective. 90% of the trainees have experiences of homelessness and 80% have ever experienced dependant drugs/alcohol use. Most trainees stopt consumption once they started the training or quit meanwhile. A few started training while still consuming drugs/alcohol.

It should be emphasized that employment integration projects have a substantial positive impact on trainees' self-esteem and sense of meaning, even if participants do not manage to transfer straight into regular employment or need several additional steps to get there (such as different types of training or supported employment).

For many participants with experiences of homelessness, poverty and exclusion, the opportunity to contribute, learn and engage in a meaningful occupation mark a turnaround. However, today's labour markets are indeed very competitive and it is more and more difficult for less qualified and less "labour-fit" persons to find and keep stable employment. As a consequence, employment-led interventions which mainly focus on labour market integration run the risk of failing due to their dependency on the general labour market situation.²⁵

25. Cockersell, P., 2016: "PIEs five years on", Mental Health and Social Inclusion, Vol. 20 Iss: 4, pp.221 – 230.

People who formerly used drugs or experienced homelessness face particular problems to find employment, due to their usually discontinuous biography (such as longer periods of unemployment, 'gaps' in the CV without any documented activity), often lower resilience to work-related stress, and, of course, because of strong prejudices associated with former homelessness and alcohol / drug consumption among employers. Labour market integration might be an unachievable goal for many service users.

Organizations should hence be very careful to define labour market integration as a (or even as the main) project goal, as this could mean to set up many people to fail.

2.2.3. TRAUMA AND PSYCHOLOGICALLY-INFORMED APPROACHES

As it has been discussed before, a considerable number of people experiencing homelessness have experiences of trauma too which can be both a consequence and a cause of homelessness. Drug / alcohol use can be a way of numbing

distressing experiences and feelings during homelessness and can be a way to endure a situation of bad mental health.

Given the considerable prevalence of mental health issues among people who use drugs or alcohol and who experience homelessness, Trauma Informed Care is an innovative approach. Trauma Informed Care aims at creating an environment for recovery where service users can rebuild a sense of control and empowerment.

Successful trauma-related support cultivates the following:

- Ability to identify and appropriately respond to symptoms and behaviours which stem from traumatic experiences;
- Avoid possible re-traumatisation of service users;
- Offer opportunities to rebuild control, for instance by giving maximum choice over service use and, more generally, any decision that impact the users' life situation.;
- Adopt a strengths-based approach, instead of a deficit-oriented approach.

A similar approach, more common in the UK and in Europe, is the "PIE" which stands for Psychologically Informed Environments. PIE was developed by a group of homelessness service providers, psychotherapists and psychologists, and the national advisor on rough sleeping in Britain, who observed a high number of persons with trauma experience among service users.

PIE has been implemented for various service user groups, including homeless women (a group particularly affected by violence), children, young adults, persons with schizophrenia and dual diagnosis (mental health diagnosis and drug / alcohol use).

The effectiveness of PIE has been evidenced in terms of housing inclusion, improved mental health and staff wellbeing.²⁶ The following principles need to be respected for successfully implementing PIE:

- Create a shared understanding among the staff of how trauma impacts people and affects their behaviour (instead of "labelling" or pathologizing services users);
- Create environments which support positive (or supportive) social interactions;
- Build relationships to service users which support and encourage self-development and recovery from trauma;
- Recognize that staff is particularly challenged when working with people with trauma experience and provides necessary support (e.g. regular supervision, reflection groups);

26. Dr. Sharon Lambert
& Graham Gill-Emerson:
Moving Towards Trauma
Informed Care: A Model
of Research and Practice.
Cork Simon Community
& University College Cork
(2017)

- Ongoing evaluation and outcome measurement to ensure learning and service improvement.

Simon Communities Cork, partner in the Street Support Project, did a first staff training on trauma-informed care, including trauma assessment among service users (Cork Simon Communities mainly support homeless persons).

Data shows the high prevalence of childhood trauma among service users²⁷:

*"The results of the ACEs²⁸ (Adverse Childhood Experiences) study revealed that there are significant levels of childhood trauma in the Service Users who participated in the research and that service users were experiencing a range of negative health related behaviours as a result of substance misuse, homelessness and associated behaviours."*²⁹

Of a total of 49 service users, 38 (77.6 %) had reported 4 or more ACEs on a self-report tool, 7 persons reported 3 ACEs, 3 persons reported 2 ACEs and 1 person reported 1 ACE. Despite the rather small sample size, this first count proves the high prevalence of ACEs and hence trauma among homeless service users.

The qualitative evaluation following up staff's training on trauma showed that staff felt very positive about the training. The high relevance of the training for the job was particularly emphasized as it can be seen in the following staff quotes: "I gained a great amount of learning that will benefit my future work"; "excellent training, very relevant to my job"; "very applicable to my job – will improve my relationship with service users".³⁰

2.2.4. PEER WORK APPROACHES

Peer work approaches are widely used in mental health care and drug treatment services; nowadays, more and more homeless service providers have been using it too.³¹ Peer work allows for a supportive relationship between people who share a lived experience, for instance of homelessness and drug / alcohol use. Peer work is based on the belief that people who have faced, endured, and overcome adversity can provide useful support and encouragement to those facing similar situations. Peer workers can be either paid or work on a voluntary basis.

Peer work may lay groundwork to social inclusion by helping peer workers to develop a sense of achievement and positive self-image, eventually leading to a more structured engagement with an organization and hence contributing to employability. From the service user perspective, especially people experiencing homelessness, peer support can help settling into permanent housing and

27. ACEs usually englobe the following 7 categories: psychological, physical, or sexual abuse; violence against mother; or living with household members who experience dependent substance use, mentally illnesses, suicide, or imprisonment. Felitti, V. J. et al.: Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American journal of preventive medicine, 14(4), 245-258, 1998.

28. Dr Sharon Lambert & Graham Gill-Emerson: Moving Towards Trauma Informed Care. A Model of Research and Practice. Cork Simon Community & University

29. Dr Sharon Lambert & Graham Gill-Emerson: Moving Towards Trauma Informed Care. A Model of Research and Practice. Cork Simon Community & University College Cork 2017, p. 22.

30. Peer Support: A Tool for Recovery in Homelessness Services; FEANTSA policy paper 2015. per2951723577548485776.pdf

31. Useful guidance is provided in the FEANTSA toolkit Peer Support: A Tool for Recovery in Homelessness Services mentioned above, as well as on this European website dedicated to peer involvement of drug users -<http://www.peerinvolvement.eu/>

support integration into the local community by acting as a bridge.

Participation showed to be crucial in peer support work. By involving clients and peer support workers in service planning and delivery, organizations start to take on a service user's perspective. It is worth mentioning that real participation implies involvement also in decision-making. Tokenism is to be avoided.³²

32. The FEANTSA POSITION papers Good Practice Guidance for Working with People who are Homeless and Use Drugs (2017) and Health and Well-being for All – Holistic Health Services for People Who Are Homeless (2013) are key sources on this.

2.3. Characteristics of good practice

In the previous subchapter we described a variety of interventions to support the social inclusion of people who use alcohol and other drugs and who experience homelessness.

To conclude chapter one, we will now summarize these approaches by emphasizing its core good practice principles, so to enable interested organizations to adapt their practices.³³ The FEANTSA POSITION papers Good Practice Guidance for Working with People who are Homeless and Use Drugs (2017) and Health and Well-being for All – Holistic Health Services for People Who Are Homeless (2013) are key sources.

33. Harm reduction is also endorsed by the United Nations and the EU drugs strategies (cf. FEANTSA POSITION 2017).

CORE PRINCIPLES & APPROACHES FOR WORKING WITH PEOPLE EXPERIENCING HOMELESSNESS AND DRUG OR ALCOHOL USE

- **Harm reduction** has proven far more effective than abstinence-based or detoxification services and must stand at the heart of homelessness and drug service provision.³⁴ Harm reduction should also ensure that a variety of services is provided to cover the different needs of users such as needle distribution, drug consumption rooms, and opioid substitution treatment. Harm reduction includes low threshold and non-judgmental service delivery and have a strong orientation towards users' needs;

34. FEANTSA POSITION: Good Practice Guidance for Working with People who are Homeless and Use Drugs 2017, pg. 7.

- **Community integration** is a core element of any treatment processes of people who use drugs / alcohol in a dependent way. Community integration refers to interventions which aim at integrating former or current users into local communities, being particularly aware of the specific barriers faced by this population.³⁵ Activities should focus on education, training and employment and should avoid making abstinence conditional for receiving integration support;

35. See, for instance, the Wheel of Change model, Available at: <http://www.fsn.ie/resources/process-of-addiction/>

- Provision of **stable housing** is a key aspect of the treatment and recovery process. Moving back to or staying in a situation of homelessness during treatment increases the probability of relapses. Housing First is a good practice approach which focuses on moving people into permanent housing while providing necessary support in a user-orientated way without making treatment or abstinence conditional for access to housing, Housing is considered a human

right, and a secure housing situation allows people to critically reflect upon their drugs and alcohol use;

- **Specialist services** have an important role to help people who are experiencing homelessness to make the transition to mainstream services.

THE RELATIONSHIP BETWEEN SERVICE USERS AND SUPPORT WORKERS

- **Services** should be provided in a **person-centered, holistic, and integrated way** to avoid that individuals “fall through the cracks”. Efficient support needs to **address underlying risk factors** of/for drug / alcohol use such as trauma, violence or poverty. Support should be adapted to the user and consider characteristics such as gender, age, and the type of drugs consumed. Many women who have experienced homelessness, for instance, experience violence too, and need to be provided with trauma-informed care and support;

- **Clients should have full control of their treatment process**, and the power imbalance between service users and providers should be minimized. One of the primary tasks of the support worker in this sense, is to listen to the client. Client involvement can also take the form of peer support, through people with the same lived experiences. User-led organizations may take user involvement even further by having services controlled by users, who are accountable for them;

- Once a treatment process has been initiated, users are supported by **“care navigators”** (nurses, social workers or peer workers). They assist users in coordinating all aspects of health care and in navigating in the health care system. Assistance is important as many persons with experience of homelessness distrust medical services, due to previous negative experiences;

- Support should take account of and promote users' **individual dreams and aspirations**;

- Support staff should adopt a **tolerant and accepting approach** towards service users;

- People who experience homelessness and use drugs face multiple **stigmas**, both related to dependent drug use and homelessness. Day-to-day stigmatization produces feelings of isolation and demoralization and, in many cases, becomes internalized as **self-stigma**;

- Health care professionals need to have a good understanding of the **complex and interdependent nature of health needs** of people who experience homelessness;

- **Relapse** is very common and should be considered **part of the recovery process** instead of a failure.³⁶ Support workers should focus on helping people to learn from and to prevent future relapses and to encourage them to stay

engaged in treatment;

- Support services should foster users' skills to maintain a tenancy (e.g. budgeting, food shopping, cooking).

SERVICE SET-UP SHOULD:

- Provide **24/7 support**;
- Provide **outreach support** is particularly important when working with hard-to-reach groups (e.g. migrants, sex workers);
- Provide **drop-in health services** which are accessible without appointment, ideally at the shelter/ housing site to enhance accessibility, ideally both general health services (GPs, nurses) and specific mental health services;
- Be **flexible, user-orientated**, and **individually tailored**.

DISCHARGE FROM INSTITUTIONAL SETTINGS & LEGAL CONTEXT

- Develop **effective hospital discharge protocols** to avoid leaving into rough sleeping or insecure accommodation;
- **Expunge criminal record for minor crimes**, as these are a strong trigger for anxiety and fear in PWUD which potentially jeopardizes **recovery** (besides straining the legal system).

02

review
of relevant policies
at European level

35. See, for instance, the FEANTSA report *Confronting Homelessness in the Framework of the European Semester*, 2014.

Homelessness has received growing attention from European policy makers in recent years. European social policies and policy frameworks currently address homelessness as an extreme form of poverty and social exclusion. EU policies have played an increasingly important role in shaping policies related to homelessness, social exclusion and poverty in recent years.³⁵ Social policies are a shared competence of the EU and the Member States which means that the EU does not have legislative competence in this field. However, EU policies and policy frameworks still can impact and shape national policies.

This chapter outlines European social inclusion policies which relate to homelessness and dependent drug use. It also presents a brief description of European funding programmes which aim at the development, exchange and implementation of best practices, creation of evidence and knowledge building and sharing. The most relevant European policy frameworks with regards to homelessness, social exclusion and poverty are discussed below.

Chapter 2.1 describes the Europe 2020 Strategy which, launched in 2010, set up the overall goal to turn the EU into a smart, sustainable and inclusive economy. The Strategy does not follow a purely economic focus but also addresses social issues.

To promote progress towards the Europe 2020 Strategy and its targets, the European Commission launched the Social Investment Package (SIP) in 2013. What makes the SIP particularly relevant is that it included the first ever detailed EU policy guidance on homelessness.

The framework for steering and monitoring Member States' economic and social reforms to reach the Europe 2020 targets is provided through the European Semester (discussed in chapter 2.2) as well through the European Pillar of Social Rights (see chapter 2.3).

The goals mapped out in the Europe 2020 Strategy are founded in the UN 2030 Agenda and the Sustainable Development Goals (SDGs). The 2030 Agenda is a commitment to eradicate poverty and achieve sustainable development in developed and less developed countries alike.

The EU was instrumental in shaping the 2030 Agenda and has an important role to play in its delivery, together with its Member States. The 2030 Agenda consists of 17 Sustainable Development Goals and 169 concrete, measurable targets. The SDGs most relevant to homelessness are discussed in chapter 2.4.

Chapter 2.5 maps out the European Drug Strategy and the most recent New European Action Plan on Drugs for the period 2017 - 2020. Of particular relevance is the Strategy's emphasis on the "reduction of the health and social risks and harms caused by drugs" as a policy objective which should guide any drug-related intervention.

3.1. The Europe 2020 Strategy

The Europe 2020 Strategy³⁶ was conceived as a partnership to turn the EU into a smart, sustainable and inclusive economy. Launched in 2010, it set quantitative headline targets in five key policy areas: poverty and social exclusion, employment, research and development, climate and environment, and education.

36. This paragraph is based on the FEANTSA report *Confronting Homelessness in the Framework of the European Semester 2014*, available at: http://www.feantsa.org/download/confronting_homelessness_european_semester

The 2020 Strategy does not only aim for economic but also for social progress. For instance, the Strategy set the goal to reduce the number of people at risk of poverty and social exclusion by 20 million persons. The introduction of this target was a political milestone because it put poverty and social exclusion at the core of the EU's agenda. However, implementation of measures to achieve the poverty target has so far been disappointingly weak.

Firstly, its translation into national targets has reflected limited ambition, shared ownership and strategic prioritization. Even if all Member States reached their national targets by 2020, the overall EU target would not be achieved. Secondly, poverty actually has been increasing since the launch of Europe 2020.

THE SOCIAL INVESTMENT PACKAGE & THE SOCIAL OMC³⁷

In 2013, the European Commission launched the Social Investment Package (SIP). The SIP urged Member States to prioritize better performing active inclusion strategies and a more efficient and effective use of social budgets to manage the social impact of the crisis and **enhance progress towards the Europe 2020 targets**. The SIP included the first ever detailed EU policy guidance on confronting homelessness. Member States were asked to report on homelessness as part of the National Reform Programmes whilst the Commission committed to "further integrating homelessness into the Europe 2020 governance process, possibly complementing the efforts of the Member States with Country Specific Recommendations".³⁸

37. Social OMC is the open method of coordination for social protection and social inclusion.

Most significantly, the Commission called on Member States to "confront homelessness through comprehensive strategies based on prevention, housing-led approaches and reviewing regulations and practices on eviction".³⁹ The SIP

38. SWD(2013) 042 final

39. COM(2013) 083 final

also reiterated the supporting role of the EU in terms of **data collection, analysis and monitoring, transnational exchange**, and use of EU funding instruments, particularly the **structural funds**.

40. More info at: <http://ec.europa.eu/social/main.jsp?catId=1081>

Homelessness has also emerged as a key topic in the EU Programme for Employment and Social Innovation (EaSI)⁴⁰ which aims at combating social exclusion and poverty by supporting adequate and decent social protection through considerable funding. SIP is also supported through funding by the European Programme for Social Change and Innovation and by the Horizon 2020 programme.

For the specific context of this report, the SIP's contribution to putting forward the European Semester as a key mechanism for policy coordination on homelessness should be emphasized (the European Semester is further described below under 3.2.).

Widening the policy scope towards social protection, the main policy framework, alongside the Europe 2020 Strategy is the **open method of coordination for social protection and social inclusion** (Social OMC). Through the Social OMC – and in collaboration with the Social Protection Committee – the EU provides a **framework for national strategy development** for social protection and social investment to address poverty, social exclusion, health and long-term care.

The Social OMC aims to promote social cohesion and equality through adequate, accessible and financially sustainable protection systems and inclusion policies. It was also through the Social OMC that homelessness gradually emerged as a thematic priority. The Social OMC has facilitated voluntary cooperation between Member States via benchmarking, mutual learning and transnational exchange.

Although the social OMC has been very much diluted since 2010, it has continued to provide a forum for joint working on homelessness through, for example, Peer Reviews and reports of the Social Protection Committee.

Five Peer Reviews have taken place since 2009, addressing different issues related to homelessness such as developing strategies on homelessness prevention, reduction strategies tackling long-term homelessness as well as a review of the Housing First implementation in nine Belgian cities.⁴¹

41. Detailed information and relevant reports on all Peer Reviews is available at: <http://ec.europa.eu/social/main.jsp?year=0&country=0&theme=4&catId=1024&langId=en&mode=searchSubmit#search-Div>.

3.2. The European Semester

The European Semester is the EU's annual cycle of economic and social policy coordination. It aims to ensure that Member States avert and correct excessive deficits and macroeconomic imbalances, carry out structural reforms and pursue progress towards the goals of the Europe 2020 Strategy. The Semester will be the main instrument for delivering the European Pillar of Social Rights, which is discussed further below.

Health, poverty, social protection and housing are all, at least to some extent, covered by the Semester.⁴² FEANTSA positively points out that homelessness has been flagged as a concern in several Country Reports which reflect an understanding of the urgency of the issue and a willingness to engage. However, the identification of poverty and social exclusion as a priority does not appear to have a consistent basis across countries.

42. For more information on this, see also: FEANTSA position THE GOOD, THE BAD & THE UGLY A HOUSING & HOMELESSNESS PERSPECTIVE ON THE 2017 EUROPEAN SEMESTER. 27 October 2017. Available at: <https://www.feantsa.org/download/feantsa-position-tem->

The fiscal pressure on many Member States in the context of the Stability and Growth Pact often has social consequences, which are insufficiently dealt with in the Semester. The imbalance between macroeconomic requirements and social consequences frequently leads to ambiguous recommendations.

For example, given the severe housing crisis and related homelessness that is ongoing in many Member States, Country Specific Recommendations on homelessness and housing exclusion would be warranted in several countries. Housing continues being considered predominantly a “privilege” rather than a right. Referring once again to the European Pillar of Social Rights, for which the Semester is to become the main mechanism for delivery, this raises serious issues of credibility and objectivity of the process.

In their analysis, Jonathan Zeitlin (University of Amsterdam) and Amy Verdun (European Social Observatory) describe the “socialization” of the Semester which has taken place between 2011 and 2016, referring to “a growing emphasis on social objectives in the Semester’s policy orientation”.⁴³

43. Zeitlin and Verdun: EU Socio-Economic Governance since the Crisis: The European Semester in Theory and Practice, 30 August 2017. Available at: <http://www.tandfonline.com/doi/full/10.1080/13501763.2017.1363269>.

The “socialization” becomes visible in the growing emphasis on social objectives in the Country Specific Recommendations. These grew considerably in scope and ambition, emphasizing the Member States’ responsibility of ensuring adequate and effective social security, pension and healthcare coverage; ensuring to combat poverty and social exclusion; and to improve their education, training, childcare, employment and social services, especially for vulnerable groups.

Although the analysis points out that a considerable number of the social recommendations was counterbalanced by the Country Specific Recommendations on fiscal consolidation and competitiveness, an overall assessment shows that most Recommendations rather promote social investment than fiscal consolidation.

After all, the Semester has gradually developed a more social focus but it still has a lot of weaknesses as an instrument for promoting inclusion, especially of specific groups like PWUD who experience homelessness, who are not a priority in macro processes. The main problem with the Semester is that it pushes austerity and reform agendas that directly undermine inclusion and health measures in many instances.

3.2. European Pillar of Social Rights [EPSR]

The EPSR is a new framework for social policy at European level. It allows the European Commission to monitor Member States' employment and social performance and their ability to drive reforms at national level, in order to overcome the effects of the economic crisis. The Pillar was proclaimed in November 2017 by European Parliament, Council and Commission.

The EPSR has three priority areas of which social protection and inclusion is the relevant one for the context of this report. The EPSR addresses homelessness and housing rights in priority 19 "housing and assistance for the homeless".⁴⁴

Priority 19 includes three provisions:

- Access to social housing or housing assistance of good quality for those in need;
- Appropriate assistance and protection against forced eviction for vulnerable people;
- The provision of adequate shelter and services to people experiencing homelessness in order to promote their social inclusion.

FEANTSA welcomed the EPSR as a tool that "could help improve the living conditions of people who have frequently been left behind by EU policy efforts in the social field"⁴⁵ and expressed confidence that, having all three provisions enforced by Member States, a decent home for all in the EU can be attainable.⁴⁶

FEANTSA do hopes that the Pillar will serve as an actionable framework for real progress in the fight against homelessness in Europe. To make the most of the implementation of the EPSR, FEANTSA formulated 5 concrete suggestions:

- Use international and European jurisprudence on housing rights to develop benchmarks which allow monitoring Member States' performance on housing;
- Create a forum for structured exchange on homelessness and housing exclusion, to foster mutual learning on homelessness and housing exclusion at EU level (main target group policy makers);
- Scale up social innovation to deliver on housing rights though cross-border training, capacity building and knowledge sharing. European Structural and Development Funds could be used to deliver housing;
- Use a composite housing exclusion index, based on existing data from the European Union Statistics on Income and Living Conditions (EU SILC);
- Monitor homelessness and related policies in the MS and

44. The 20 priorities of the EPSR are available at: https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en.

45. A Pillar Supporting Housing Rights? FEANTSA Response to the Commission's Proposal for a European Pillar of Social Rights, 08/ 2016. Available at: <http://www.feantsa.org/download/social-rights-pillar204142172546461161.pdf>.

46. FEANTSA press release Welcomes the EPSCO's Agreement on the Text of the European Pillar of Social Rights, press release October 24th, 2017. Available at: <http://www.feantsa.org/download/feantsa-press-release-european-pillar-of-so>

support MS in eliminating homelessness, prevent criminalization of homelessness.

In addition to Priority 19, several other priorities of the Pillar are highly relevant to homelessness as access to essential services, inclusion of people with disabilities, social protection, minimum income, etc.⁴⁷

At the same time, the EPSR leaves several important questions unanswered: given that social policy is a Member State competence, how will it be implemented?

The European Commission has been emphasizing that making the Pillar a reality for citizens is a joint responsibility with much competence lying with the countries. The possible difficulty to capture progress on homelessness, having the Pillar featuring only one priority on housing, has been pointed out by FEANTSA.

Another remaining key question is the extent to which the commitment to use the Pillar as a basis to set future priorities in the European Commission's annual Work Programme and future allocation of EU funding will be undertaken.⁴⁸

47. FEANTSA press release Response to the European Pillar of Social Rights, April 27th, 2017. Available at: <http://www.feantsa.org/download/feantsa-response-to-epsr8795824572830158861.pdf>.

48. See previous footnote.

3.4. Homelessness and the Sustainable Development Goals

The EU was instrumental in shaping the 2030 Agenda for Sustainable Development and has an important role to play in delivery, together with the Member States. The SDGs will shape the European Commission's future 10 plan for the period 2020 – 2030.

At the heart of the 2030 Agenda stands a pledge to leave no-one behind, making special efforts to reach the poorest and most vulnerable. FEANTSA called for the EU and its Member States to ensure to not leave people who experience homelessness behind.⁴⁹ Three Sustainable Development Goals are particularly relevant to combat homelessness:

- **SDG1 Eradicating poverty in all its forms:** Extreme poverty manifests in Europe as persistent and increasing homelessness. SDG1 calls for reducing by at least half the proportion of people living in poverty which also includes those in lack of a decent home;
- **SDG 3 Ensuring healthy lives and promoting well-being for all at all ages:** Those in lack of decent housing are more vulnerable to non-communicable diseases (i.e. cardiovascular diseases, cancers, chronic respiratory diseases, diabetes), mental health issues and face barriers to health care and basic medical services. People experiencing homelessness are a key target group for the prevention and treatment of substance use, including narcotic drug use and harmful use of alcohol (SDG 3.5);

49. FEANTSA position To Deliver on the 2030 Agenda, Let's Leave Homelessness Behind, Not Homeless People! January 11th, 2017. [na15902006649287983435](https://www.feantsa.org/download/na15902006649287983435).

- **SDG11 Making cities and human settlements inclusive, safe, resilient and sustainable** calls on policy makers to ensure access for all to adequate, safe and affordable housing (SDG11.1). By definition, this includes preventing and addressing homelessness.

Altogether, the three SDGs cover the necessary to make a difference in the lives of people experiencing or at risk of experiencing homelessness. They do not only call for the provision of specific homeless services but also address housing which lacks in a considerable number of Member States where a persisting housing crisis has been experienced in recent years. Countries will have to make significant effort in building new housing and improving access to health services for everybody to meet these SDGs.

3.5. European Drug Strategy 2013-2020

As the European Monitoring Center for Drugs and Drug Addiction (EMCCDA) outlines, “the EU drugs strategies and action plans direct collective action in the field of drugs both within the European Union and at international level. They do not impose legal obligations on EU Member States but promote a shared model with defined priorities, objectives, actions and metrics for measuring performance.”⁵⁰ Member States' national policies are increasingly synchronized with the EU strategy which, however, leaves Member States free to emphasize national priorities.

50. Available at: http://www.emcdda.europa.eu/topics/pods/eu-drugs-strategy-2013-20_en

From an international perspective, the EU drug strategies promote the EU's approach to tackling the drugs problem, play an important role in the definition of tasks for EU institutions and agencies, and serve the European Commission to set funding priorities for the drugs field. Its overall objectives are the reduction of drug demand, dependence, supply, as well as related health and social harms.

The “reduction of the health and social risks and harms caused by drugs” is to be considered an innovative policy objective which is also highly relevant for the scope of the Street Support Project. Drug treatment services are expected to take on the social reintegration and recovery of all PWUD as their ultimate goal.

Social harms are not only caused by drug use but also by alcohol use as the assessment of the European alcohol strategy emphasizes: “Harmful and hazardous alcohol use is associated with a wide range of physical, psychological and social harms and the costs to individuals, communities and society.”⁵¹

51. Assessment of the added value of the EU strategy to support Member States in reducing alcohol-related harm. Final Report 2012. Available at: https://ec.europa.eu/health/sites/health/files/alcohol/docs/alcohol_key-doc_progress_report_2012.pdf

Another distinctive feature of the 2013–20 drug strategy is its emphasis on the need for an empirical and evidence-based approach in drug policy development. Considering recent developments on drug consumption and

supply, also relevant in the Street Support project countries, the strategy aims at addressing the rapid increase in number of new psychoactive substances which have become available on drug markets.

The current drug strategy 2013–20 is being implemented through two consecutive four-year action plans which translate the strategic priorities into specific actions with a timetable, responsible parties, indicators and assessment sources, drafted by the corresponding EU Presidencies. We are currently under action plan 2017–20 (January 2018)

NEW EUROPEAN ACTION PLAN ON DRUGS 2017-2020

Based on the evidence from the 2016 evaluation of the European drug strategy, a new action plan was decided for the remaining years of the current European drug strategy (2017 – 2020).⁵² With regards to the Street Support target group, homeless people who use drugs and/or alcohol, the following objectives are the most relevant:

- Supporting the **social (re-)integration of PWUD, including employability and housing**;
- Reaching out to **vulnerable communities**, including children and teenagers, ethnic minorities, migrants and asylum seekers, LGBTI, commercial sex workers and prisoners, people living with HIV/AIDS and **people experiencing homelessness**;
- Particularly relevant, given the discussed correlation between homelessness, drug / alcohol use and mental health problems, is the objective to **strengthen the diagnostic process and the treatment of psychiatric and physical comorbidity involving drug use**;
- **Scaling up access to harm reduction services** such as needle and syringe distribution programmes, opioid substitution treatment, take home naloxone programmes.

An independent evaluation of the previous drug strategy (2005–12) had shown that harm reduction programmes remain largely under-implemented in many Member States, although they represent the majority of services provided alongside treatment and social reintegration services.⁵³

Eleven of 15 participating Member States have implemented employment support interventions which specifically target people in drug treatment and those who completed treatment; social reintegration is often conceived in terms of employability.

However, efforts are compromised by the current competitive labor market situation in the EU as well as by austerity measures which affect investment in training and education initiatives.

52. Evaluation of the implementation of the EU Drugs Strategy 2013-2020 and of the EU Action Plan on Drugs 2013-2016 (Communication from Commission to EP and Council).

Available at: https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/20170315_evaluation_communication_en.pdf

53. Evaluation of the implementation of the EU Drugs Strategy 2013-2020 and of the EU Action Plan on Drugs 2013-2016: a continuous need for an EU Action Plan on Drugs 2017-2020. 03/2017.

Available at: https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/20170315_evaluation_communication_en.pdf.

FEANTSA, who has many years' experience working on drug and alcohol use among people experiencing homelessness, promotes evidence-based approach such as harm reduction, also as part of the Housing First approach and accompanying support services.

54. Available at: http://www.feantsa.org/download/feantsa_drugser-

FEANTSA has contributed to build evidence on homelessness and health issues, for example in its publication "Good Practice Guidance for Working with People Who Are Homeless and Use Drugs" (2017)⁵⁴ which provides information about interventions for this specific target group.

The paper outlines the importance of low-threshold access to harm-reduction services for PWUD who experience homelessness, making the point that many mainstream services are not low-threshold. Low-threshold services particularly target the most vulnerable and marginalized. A lack or even absence of low-threshold services implies that the most in need will not be reached. Stable housing, as described in the Good Practice Guidance, needs to be considered part of the treatment and recovery process.

Taking the person off the street and providing a safe environment creates a safe space in which underlying risk factors, causes or motivations of dependent substance use can be addressed. Drug treatment should be based on individual choices, giving space to agency.

Agency and self-confidence can be enhanced by users' involvement which emphasizes the users' individual strengths, taking into account their experiences. Any drug and alcohol treatment needs to address and promote community integration by offering users meaningful occupation and, further along the way, education, training and employment opportunities while, at the same time, challenging negative stereotypes about drug / alcohol use in mainstream society.

55. Available at: <http://www.unaids.org/en/resources/documents/2017/90-90-90>

Another relevant strategy is the UN strategy 90-90-90⁵⁵ which aims at ending AIDS by 2030 and pursues three ambitious goals to be reached by 2020: 90% of all people living with HIV should know their HIV status by then, 90% of all people with diagnosed HIV infection should receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy should have viral suppression.

3.6. Relevant European funds

The most relevant funding programmes in the social field, aiming for more social inclusion 'on the ground' as well as better education and employment opportunities and combatting poverty are:

56. Available at: <http://ec.europa.eu/social/main.jsp?catId=325&langId=en>

▪ **ESF – European Social Fund⁵⁶**: The ESF is Europe's main tool for promoting employment and social inclusion by helping people get a (better) job, integrating disadvantaged people into society. The ESF funding objectives for 2014-20⁵⁷ center stage work, education and training as means of social inclusion;

57. Available at: <http://ec.europa.eu/esf/main.jsp?catId=62&langId=en>

- **ERDF - European Regional Development Fund**⁵⁸: The ERDF aims at strengthening economic and social cohesion in the EU by correcting imbalances between its regions. Its purpose is to transfer money from richer regions, not countries, to underdeveloped regions, allowing for more private sector investments, supporting the creation of jobs and promoting the general economic development;

58. Available at: http://ec.europa.eu/regional_policy/en/funding/erdf/

- **FEAD - Fund for European Aid to the Most Deprived**⁵⁹ funds material assistance as well as actions that provide guidance and support to people in a situation of poverty and social exclusion in the Member States. FEAD also features a network with focus on knowledge and good practice sharing, which is open to EU-level NGOs, EU institutions and organizations and national Managing Authorities.

59. Available at: <http://ec.europa.eu/social/main.jsp?catId=1089&langId=en>

The following funding programmes mainly aim at supporting development of evidence, testing of social innovation and exchange of best practices as well as training:

- As the European Commission's most prominent funding programme in the field of education, **Erasmus+**⁶⁰ funds learning exchanges, for instance for social workers, as well as projects with multiple activities. Eligible actions are the identification, collection and implementation of good practices as well as of innovative pilot projects, knowledge-sharing and transfer between partners, development of learning materials and implementation of training activities. Erasmus+ features a specific funding stream for projects that target young people (e.g. reducing youth unemployment);

60. Available at: <http://ec.europa.eu/programmes/erasmus-plus/>

- **EaSI - EU Programme for Employment and Social Innovation**⁶¹: EaSI aims at strengthening ownership of EU objectives and coordination of action between the EU and national levels in the areas of employment, social affairs and inclusion. Most relevant is the EaSI PROGRESS axis which addresses issues in the field of social protection and inclusion as well as the reduction and prevention of poverty;

61. Available at: <http://ec.europa.eu/social/main.jsp?catId=1081>

- **Horizon 2020**⁶² is the biggest EU research & innovation programme and a Europe 2020 flagship initiative. Beyond promoting economic growth and job creation, Horizon2020 addresses societal challenges by coupling research and innovation. It is highly competitive;

62. Available at: <https://ec.europa.eu/programmes/horizon2020/>

- **REC - Rights, Equality and Citizenship Programme**⁶³: The REC programme aims at defending the rights that people are entitled to under EU law. REC funds projects which promote gender equality and gender mainstreaming and prevent violence against children, women and other groups at risk (e.g. minorities). It also supports projects that promote non-discrimination, combat racism, xenophobia, homophobia and other forms of intolerance.

63. Available at: http://ec.europa.eu/justice/grants1/programmes-2014-2020/rec/index_en.htm

03

policy analysis

How are European social policies relevant for homelessness and the Street Support Project target groups?

When it comes to analyzing the impact of European policies, evidence is quite challenging. However, EU policies have played an increasing role in recent years. The EU delivers added value on homelessness by supporting the development of evidence-based policy, supporting the development and promotion of good practices, monitoring and benchmarking (albeit currently under-developed), as well as through providing some political leadership and common objectives.

Whilst European cooperation on homelessness could undoubtedly be improved, there is little doubt that the European dimension has become increasingly important in supporting the fight against homelessness in the past twenty years.

The Social Investment Package provided the first ever detailed European policy guidance framework on confronting homelessness. Requesting Member States to report on homelessness in the National Reform Programmes, the SIP could monitor progress made and call on countries to adapt and improve national inclusion strategies.

This process helped the EU to move towards an implementation of the targets of the Europe 2020 Strategy. Attributing central importance to poverty and social exclusion and introducing a poverty-specific target, the 2020 Strategy is a political milestone in European social policy development.

The European Semester has emerged as a key mechanism for policy coordination at EU-level. Although the Semester has progressed towards a stronger social focus, austerity measures and tight economic monitoring under the Stability and Growth Pact still undermine inclusion policies.

Nonetheless, the Semester increasingly analyses how Member States perform on homelessness, raising concern in some cases. The European Pillar of Social Rights aims to provide a new political framework for social policy at EU level. The fact that homelessness is one of the 20 priorities that Member States are encouraged to address in the field of social rights is an important milestone.

While the Pillar shows political will to address social problems, it remains unclear how progress will be measured as social policies are a Member States' competence. With regards to housing, for example, FEANTSA suggested to design a housing exclusion index to facilitate monitoring.

The Social OMC (Open Method of Co-ordination) is the EU's "soft law" mechanism for social policy coordination. It addresses poverty and social exclusion, health care, housing, unemployment and other socially relevant issues.

Though the OMC has been diluted in more recent years, it has been an important forum for exchange and dialogue on homelessness in the European Union over the past decade. Many Member States have organized Peer Reviews of their homelessness policies: Austria worked on improving its strategy for counting people experiencing homelessness (Peer Review 2009), Portugal did a review on building a comprehensive and participative strategy on homelessness, Finland rolled out a transition process converting all traditional short-term shelters into long-term supported housing units (both in 2010). Denmark, furthermore, organized a review around sustainable strategies of homelessness prevention (in 2013) and Belgium introduced the 'Housing First' model in eight cities to support people experiencing homelessness and who have special needs (2016).

The Social OMC allows Member States to identify current social problems, with homelessness being one of the thematic priorities that have specifically emerged through it. By facilitating cooperation, mutual learning and transnational exchange, the OMC has allowed national policy makers to learn from other countries' strategies and policies which have already been evidenced. The scope for mutual learning and transnational exchange to support better homelessness policies in the future is considerable, although the mechanisms to deliver this could undoubtedly be strengthened and made more effective.

Looking forward, the SDG's general mission to "leave nobody behind" is particularly relevant for the Street Support target groups: people experiencing homelessness, people who use drugs and/or alcohol, being among the most vulnerable populations. Remarkable is also the SDGs enlarged focus, going beyond the target of reducing the number of people living in homelessness by calling for safe and decent housing for all, addressing the often difficult access to harm reduction, prevention and general health services for people in a situation of homelessness.

04

recommendations

for policy makers at national & European levels

The final chapter of this report will provide guidance for policy makers who work on social exclusion, poverty and homelessness. Recommendations address policy makers who work at local, national and European levels.

LOCAL LEVEL POLICY MAKERS & LOCAL GOVERNMENTS

Ensure low-threshold health & mental health services as well as social support for people who use alcohol and other drugs and who experience homelessness

- **Scale up harm reduction services** such as needle and syringe distribution programmes, opioid substitution treatment, and take-home naloxone programmes⁶⁴;
- Ensure that harm-reduction, health care and social support services, which target people who are dependent on drugs or alcohol and who experience homelessness, are **low-threshold**;
- Make sure services efficiently **address mental health problems and specific psychiatric and physical health problems** among this target group;
- Make sure **social and medical support** services are delivered within **Housing First** projects;
- **Make patients key actors** in delivery of health services, including those who are currently unable to access services.

64. An independent evaluation of the previous drug strategy (2005–12) from 2017 shows that harm reduction programs remain largely under-implemented in many Member States.

Source accessible at: https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/20170315_evaluation_communication_en.pdf.

NATIONAL LEVEL POLICY MAKERS:

Assess policies & ensure appropriate services are in place & effective

Make sure national policies & strategies address homelessness and health care access:

- **Assess policies** related to homelessness and access to social support

and health which reaches the intended target groups, more specifically people who experience homelessness (or are present in public spaces) and use drugs and alcohol;

- **Benchmark and monitor access** to and affordability of housing;
- Recognize poverty and social exclusion as major social determinants of **health inequality**. Individuals and families facing poverty are less able to take care of their health needs as they constantly struggle to make ends meet. This favors chronic illnesses and general poor health which often lead to chronic illnesses and needs for long-term care.

Make sure PWUD and those who experience homelessness can access housing:

- Ensure **stable housing** also during and after detox. Stable housing has proved to be conditional for successful treatment and recovery⁶⁵;

65. FEANTSA Position Paper Good Practice Guidance for Working with People Who Are Homeless and Use Drugs (2017). vies6378371585620331663.pdf

Make sure PWUD and those who experience homelessness can access basic services and ensure minimum service standards

- **Detox treatments should be based on individual choice**, emphasizing users' agency and setting community integration as long-term goal. Such standards can be made conditional for state funding;
- **Ensure specialist services are in place** and reach out to specific, particularly difficult to reach and/or vulnerable communities such as people experiencing homelessness, migrants, LGBTI and sex workers.

EUROPEAN LEVEL POLICY MAKERS:

Make better use of existing policy frameworks & funds to end homelessness and push Member States to decriminalize homelessness

Set ending homelessness on the 2030 agenda & ensure coherence with other international policy frameworks

- Be coherent with the **SDG agenda**: Ensure access to income support, health services and housing as key rights against poverty.⁶⁶

66. 3 SDGs - Sustainable Development Goals – are relevant:
SDG 1: Eradicating poverty in all its forms;
SDG 3: Ensuring healthy lives and promote well-being for all ages;
SDG 11: Making cities and human settlements inclusive, safe, resilient and sustainable.

Monitor homelessness using European mechanisms


- Use the **European Semester** to make Country-Specific Recommendations which support the increase of adequate and affordable housing;
- **Monitor homelessness** using EU SILC data and introduce a composite housing exclusion indicator.

Defend the rights of people who experience homelessness

- **Enforce fundamental human and social rights for all EU citizens** which are frequently violated and worse still, criminalized in different Member States;
- **Push Member States to decriminalize homelessness.** More and more cities in Europe have banned begging and installed defensive' street furniture to keep people experiencing homelessness from public areas. Such policies restrict and deny these people's basic rights. FEANTSA and Housing Rights Watch jointly launched the Homeless Bill of Rights in 2017, inviting cities in the EU to endorse the Bill and uphold the rights of people who experience homelessness.

Invest EU funds in ending homelessness

- **Make better use of existing EU funds** to foster social investment and particularly social housing to address homelessness (European Fund for Strategic Investment, EaSi and Structural Funds); scale up innovative housing solutions such as Housing First.



Drug- and alcohol-related nuisance is an important policy issue in nearly all smaller, medium-sized and bigger cities. Experience and research has shown that this is a pan-European problem which many local and municipal authorities are struggling to address in an effective manner.

A broad range of participatory interventions and prevention activities have been developed to prevent nuisance among youngsters. Intervention, targeting adults however, are limited and mainly based on repressive and sanctionary acts, including arrests, restraining orders and fines. Less is known about inclusive strategies and adult learning opportunities, which provide daily structure and support to this specific group.

The Street Support Project is built on the idea that each person has the potential to learn and to do something meaningful. Adult learning, work and other activities can play a vital role in this context, as long as it is adapted to the specific needs and living conditions of the target group.

