

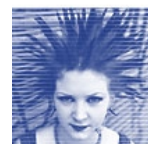


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## **Preventing and Tackling Homelessness**

Comment Paper,  
Czech Republic



on behalf of

 European Commission  
DG Employment, Social Affairs and Equal Opportunities





## Part 1

The programme *Our common responsibility* is based, in our view, on five pillars:

- 1) Persuading local authorities of the importance of their involvement in this programme, particularly in taking part in its implementation, including co-financing;
- 2) Ensuring long-term co-financing for needs as they become evident, not only in the social area, but also more widely – e.g. housing, health care);
- 3) Involving the public in solving problems and giving information about putting solutions into practice;
- 4) Involving users in the decision-making process and gaining individual access to each client;
- 5) Post-evaluation of activities undertaken and analysis of further possible developments.

All five pillars are undoubtedly great steps towards creating a system that could reduce and eliminate the problems of homeless people. Some of these principles (but not all of them) are included in our national policy. First of all, the definition of cooperation between departments in searching for possible ways to resolve homelessness is missing in our NAP/incl and there is no clear indication of what each department should do.

Unfortunately, transfer of the programme as a whole would be unsuccessful in the Czech Republic (CR) because it conflicts with the reform of public administration in the country, which transferred the duty of delivering social services for this target group to the level of municipalities and regions, whereas the state only supervises the general principles of social service provision. Because of the negative attitude of local authorities to this issue and because of the fact that most social services are supplied by NGOs, the MoLSA provides financial support to NGOs to ensure that social services are available throughout the whole CR.

Below is a comparison of some of the issues in relation to conditions in the CR (three areas):



### 1) **Partnership**

The principle of communication (partnership) between all participating actors is at present implemented through community planning, i.e. co-operation between users, providers and commissioners of social services in the decision-making process. This has appeared to work effectively in the past. Unfortunately we were not successful, as Denmark was, in achieving the development of a self-contained programme based on this principle at the national level – decisions are made only at regional and local level. But in the regions with high rates of homelessness, community planning is not yet functioning as it should. This is mainly due to the negative attitude of the public and local authorities to the issue.

### 2) **Financing**

Ensuring long-term financing is one of the main conditions for the effective provision of any services. NGOs, making up about 80% of providers of social services for the target group in the CR, do not know if they will be able to provide the service or not in light of their annual budgets, and so planning and delivering services is difficult in itself. Since you managed to ensure long-term financing for your providers, you enabled them to plan for delivery of the service in the future and also achieved improvement in the services provided.

### 3) **More services for more target groups in one facility**

First, it is necessary to look at the huge range of target groups involved in the programme in Denmark. Because of this, it is evident that the services to be provided in these facilities (e.g. 'Alternative residential care places') will be complex (including social services, housing and health care).

Such access is not available in the CR. There are not many facilities offering common services (social, housing, health), due mainly to the different sources of funding for these services. We have strictly separated financing for social services, health services and housing, and meeting all these needs in one facility is therefore rather complicated. Already, now, we would exclude drug-addicted people from the target group if the programme were transferred to the CR. Drug addicts use social services for homeless people, but special services are available to resolve their specific problems. Nevertheless, providing a range of social services in one facility should contribute to their faster and easier social integration.



## **Part 2**

### **A brief assessment of particular parts of the programme regarding application in the CR.**

#### **What could *not* be applied in the CR:**

Generally - development of a cohesive strategy with the participation of all actors including local authorities is in practice impossible because the CR concentrates more on prevention of homelessness than on restrictive measures. The CR would rather develop and implement a homelessness prevention strategy.

#### **What *could* be applied in the CR (parts of the programme which can be used):**

- 1) methods for involving the public and local authorities in the decision-making process;
- 2) some of the types of Danish facilities providing a range of services;
- 3) designation of a portion of the budget for monitoring and evaluation;
- 4) establishment of long-term financing with the support of European structural funds;
- 5) promotion of individual access to the client.

## **Part 3**

### **Current questions discussed in the CR**

First of all, the public's attitude to homeless people is a problem. Homelessness is still a new phenomenon in our society (it has been present for around 15 years). The public still believes that homeless people get themselves into trouble and therefore there is no need to help them to become integrated. More and more local authorities maintain the view that widening and financing facilities for these people is counterproductive, and does not solve the problem itself. Czech society is neither prepared to be interested in their problems nor to offer services such as freak houses for the homeless, which are in its view more liberal. Moreover, there are other questions to be addressed in connection with this type of approach, such as the risk of building up ghettos of homeless people. In the CR, we are trying to contact the homeless and to deliver social services to them on the spot, in the places where they live, such as periphery shacks, empty train carriages, caliduct pipes or shelters. Such hous-



ing arrangements are the source of a multiple variety of other problems such as infections, diseases, drug distribution and alcohol consumption. Living in these conditions causes further social exclusion and often leads to the total isolation of individuals.

One of the points under discussion is the facilities that in Denmark are called hostels for the homeless with special care. This type of social service would be very helpful in the CR. As I mentioned before, it implies a dialogue between social and health departments and that is why all facilities providing both services have a financial problem. For your information: there used to be just one residential facility for alcohol-addicted people, run by an NGO. This project ended last year and a new one is in the pipeline. At present, psychiatric institutions provide treatment.

## Questions

From the Czech perspective, it would be interesting if the following issues could be discussed during the peer review meeting:

- How do you inform the public and how do you involve them in the decision-making process?
- How did the government persuade the particular departments and local authorities to participate in the programme?
- What is the rate of co-financing by local authorities?
- What measures are taken to prevent the build-up of ghettos?
- Who pays for property for building such shelters?
- Are the basic rules of hygiene (sanitation), fire safety etc. kept?
- Do you also need to pass through the process of building approval if you want to draw down state subsidies, as is the case in the CR?