

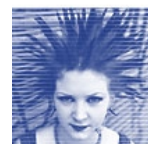


Denmark 2005

Imbi Eemets / Triin Raag

Preventing and Tackling Homelessness

Comment Paper, Estonia



on behalf of

 European Commission
DG Employment, Social Affairs and Equal Opportunities





Background in Estonia

Recent years have brought many changes to Estonia, as they have to the other quickly developing post-socialist countries.

Society is being divided into layers, based on income and consumption habits as well as lifestyle. One part of the population has already developed specific behavioural traits characteristic of a welfare society; at the same time there have emerged a lot of people who have no income or home and who live in lodgings and shelters for the homeless.

The Estonian population's social status and needs vary quite significantly by region. The differences result from the income base of the rural municipality or local government area, the historically developed demographic pattern and the development potential.

Marginal lifestyles are especially conspicuous in all the bigger towns like Pärnu, Tartu and Narva, but above all in Tallinn, which as a real magnet attracts successful and well-off people as well as the criminal contingent.

Welfare services and subsidies in Estonia are laid down in the Social Welfare Act, which obliges local governments to render the necessary welfare services to the population and to pay various allowances and subsidies. But the higher expectations of the population as regards aid provided by society exceed the ability of the public sector to meet them.

Who is homeless?

There are various alternative definitions of homelessness, but basically it can be defined as follows: a homeless person is a person who has no legal relationship (ownership, rental agreement, agreement for permanent accommodation) covering any building or room defined as residential premises.

Owning housing depends on income, and thus employment, but also on health and the existence and support of a close network (family). The causes of homelessness are closely inter-related and their sequence varies. The main circumstances, which have an impact on losing residential premises, are: unemployment, alcoholism, antisocial way of life (crime), loss of support of the close network (family), deterioration of health.



Thus homeless people who have been on the streets for a long time generally have various health problems, including mental health damage as well as physical disabilities. There is a lot of alcoholism and drug addiction and the consumption of their substitutes.

A person who has lost his or her home has a wide range of needs from food, clothing and medication up to specific medical assistance.

Taking into account the fact that in Tallinn in recent years the number of people with rent arrears has been counted at over 10,000 – among them 4,000 with a debt exceeding 10,000 kroons – the estimated number of people in constant risk of becoming homeless can be imagined.

Services for homeless people

The Tallinna Hoolekande Keskus, which renders services to the homeless, has currently mapped information on nearly 2,000 persons, who are homeless or in great risk of becoming homeless (evicted from the apartment owing to rent arrears, sold their apartment themselves owing to rent arrears, lost their residential premises during a prison sentence, or long-term unemployed people whose financial position does not enable them to buy or rent residential premises).

In addition to professional counselling (from a lawyer, doctor or social worker) such people very often need training in coping with daily life, i.e. social skills. Often they cannot plan a budget, determine the relation between expenses and necessities, or set priorities.

Thus the people at risk of homelessness need both preventive aid, which would comprise services of various types (counselling psychologist, social worker, debt counsellor) as well as practical help in the form of temporary residential premises, domestic supplies and emergency work.

Estonia's Social Welfare Act imposes the obligation of rendering indispensable social aid on local government. The local authority renders this aid according to its capabilities, buying in some of the services from private companies or non-profit associations (shelters for homeless, free soup, second-hand clothing, other rehabilitation services like support people, social counselling, temporary housing in rehabilitation centres).



The homeless as a target group do not yet have priority within Estonia's NAP and therefore financial resources are limited and depend heavily on political negotiations and compromises. Liberal housing policy has minimised the role of governmental means and the housing needs of at-risk groups are not yet set as a priority.

Government strategy

Government strategy to prevent social exclusion and poverty comprises three general principles according to the National Action Plan for Social Inclusion 2004-2006:

- To enlarge labour market services for long-term jobseekers and other at-risk groups (lowly educated young people, people with disabilities);
- To offer integrated services for target groups, especially to link labour market and social services so as to create permanent employment for different subgroups;
- To develop a more universal system of services and allowances for all people, not only for marginalised subgroups. This method has its positive side in avoiding stigmatisation, but there are numerous problems that are still unsolved, connected with the severe and multiple problems of the homeless target group (bad physical and mental health, criminal attitude, lack of social skills, low education).

The Danish experience and practice of offering a wide range of services for marginalised people is very valuable knowledge for Estonia right now.

Having different types of possible establishments for different types of homeless people will be the appropriate approach in Estonia too.

Creating a variety of housing possibilities for marginalised people and structuring social and labour market services are the principal ways of preventing the social exclusion process and homelessness in Estonia.



There are some problematic issues in Estonia that are tightly connected with homelessness – such as medical services and treating addictions.

In my opinion (as the service provider) the field of medicine has to take more responsibility to offer services for those who are not able to pay for them. Finding the appropriate answer in Estonia to the question of who will pay for one's health and medical services needs new approaches and discussion.



Additional Comments Estonia by the Peer Country Official

My reaction after reading the discussion paper was that if our other support services worked as well as they probably do in Denmark, it could be a challenge to try to put this approach into practice. But below are some of the reasons why we are not currently ready for the transfer of this measure.

- 1) Low income is one of the main factors creating vulnerability in the housing market in Estonia. Unemployment, age, disability, and the make-up of households are additional factors. One specific group in need is people who rent apartments in restored houses, which means that they do not have the opportunity to purchase the apartments they live in. Almost one-third of the population has difficulty paying their housing expenses. There are approximately 3 500 homeless people, which is almost 0.3% of the population. Homeless people are frequently seen in Tallinn and in other big cities. Men aged 50 and over make up more than three-quarters of homeless people. As in Denmark, the main reasons for homelessness are unemployment and alcohol and drug abuse.

According to the National Action Plan, the main challenges for preventing and reducing poverty are:

- making more effective support system for victims of torture and crime;
- extending active labour market and social welfare measures, as well as preventing alcohol and drug abuse.

- 2) There are no legal obstacles to the potential transfer of the measure. According to the Social Welfare Act, local governments should offer social services, including housing (shelters, apartments). In some municipalities the problem of homeless people has also had an impact at the political level. Shelters and daily care centres have been established for homeless people. But at the same time the network of municipal and social housing has not developed fast enough, and there are inadequate support services for homeless people.



So the factors inhibiting the potential transferability of the measure are the lack of support services, political interest, and large divisions in society. But we could introduce Denmark's approach to homeless people. In other words, we should start to design services for homeless people that address their main problem. At the moment, specialised rehabilitation services (with housing) exist only for people who have recently emerged from prison. All other homeless people are seen as one homogeneous group. We know that many of them have alcohol, drug abuse, or mental health problems, but they do not have always access to the necessary services.

- 3) The discussion paper and background papers are very clear, so I would like to raise only a few questions:
 - Medical treatment. Who – the government or municipality – arranges medical treatment for homeless people, especially with chronic diseases?