

Quality standards in social services  
from the perspective of services working with homeless people  
- presentation of five services for homeless citizens in Denmark.

## 1. Summary

This report is prepared for FEANTSA (the European Federation of National Organisations Working with the Homeless). The ambition is to make a Danish contribution to a general stocktaking across Europe on definitions, legislation, standards, methods of measuring and implementing quality in homeless services.

The Danish contribution presents five services to homeless citizens in Denmark, including description of the service and interviews with the professional service providers.

The five initiatives are

- Support- and contact person scheme - outreach work with marginalized citizens
- Outreach work by project UDENFOR - focused on homeless citizens with mental problems
- Alternative housing, so-called freak houses - housing for excluded citizens
- Health Team for Homeless - health care on the street
- Social Nurse at hospital - bridge building between hospitalized addicts and staff

The interviewees stated that the EU regulations have little or no influence on their work, apart from having resulted in more non-Danish citizens on the street. The informants generally expressed scepticism towards the idea of making common EU-standards for working with homeless people, based on the substantial differences between the countries, concerning culture, politics, economy, public services etc. All respondents report working towards meeting each individual on his or her own terms without predefined strategies and action plans. Flexibility, both on a personal and organizational level is put forward as the key to successfully meeting the needs of homeless people.

This report has been produced on behalf of the Danish FEANTSA members by project UDENFOR.

Project UDENFOR is a private foundation which combines active social street work with training and research in approaches to homelessness and marginalisation.

## Content

1. Summary.....	2
2. Introduktion - Homelessness in Denmark .....	4
3. Support- and Contact Person scheme.....	7
4. Outreach work at projekt UDENFOR.....	10
5. Alternative housing.....	13
6. Health Team for Homeless .....	15
7. Social Nurses at hospitals.....	18
8. Conclusions.....	20

## 2. Introduction - Homelessness in Denmark

DK started counting the homeless citizens in February, 2007. The first census showed that 5000 - 6000 citizens were homeless. About 500 of these were rough-sleepers. The results of the next census in 2009 were similar to 2007: 5000 - 6000 homeless citizens.

Project UDENFOR assumes that 2 out of every 1000 male citizens are homeless, corresponding to 4800 homeless men. In relative terms we then calculate that the homeless men constitute 0,2% of the total population. A similar estimate based on female figures shows that the homeless women constitute 0,05% of the population.

The total Danish population: 5.200.000.

A greater part of the homeless are younger or middle-aged men.  $\frac{1}{4}$  are aged 18-29 and very few are attached to the labour market.

Homelessness in Denmark is highly concentrated among extremely vulnerable groups, many of whom are mentally ill, drug- or alcohol addicts or dual diagnosed. A greater part of the homeless citizens indicate these problems as significant causes of homelessness. In this context it seems worth mentioning that only half of the homeless citizens receive treatment for their specific problems such as addiction or mental illness.

Persons with ethnic background other than Danish seem to face homelessness more often than ethnic Danes. They represent 5% of the total population but constitute 25% of all homeless persons.

According to the national census about half of the registered homeless citizens stay in or near Copenhagen i.e. app 2500 persons. The proportion of homeless women in Copenhagen is estimated to  $\frac{1}{4}$  and the women seldom use the homeless services.

The total population in Copenhagen/the metropolitan area: 530.000/1.300.000.

An increasing number of service users in project UDENFOR have ethnic background other than Danish. We assess that about 500 foreigners are homeless in Copenhagen and 50 of these are rough-sleepers. This development causes certain challenges due to the fact that the access to help according to the Danish Act on Social Services is very restricted.

### Focus of report

FEANTSA, the European Federation of National Organisations Working with the Homeless, has decided to focus on the theme of quality in homeless services in 2010-2011. In order to facilitate exchange and develop toolkits to support the development of quality management at local levels FEANTSA members wish to carry out a general stocktaking across Europe on definitions, legislation, standards, methods of measuring and implementing quality in homeless services.

The Danish contribution to the report focuses on five different initiatives established to meet the needs of homeless citizens in Denmark:

- Support and Contact Person scheme
- Outreach work by project UDENFOR
- Alternative housing, so-called 'freak houses'
- Health Team for Homeless
- Social Nurse at hospital

The five initiatives in question represent only a few of the total range of services offered to homeless and marginalized citizens in Denmark. Nevertheless, the initiatives are illustrative of the services offered to homeless and marginalized citizens and the problems which workers within these fields are facing.

The five services selected represent a range of innovative services many of which are meeting the needs of the user 'on location' i.e. they are delivered directly to the user and characterized by:

- Low-practice
- Meeting basic needs
- Harm reduction
- Preventive measures
- Presence and personal contact
- No hidden agenda
- No formal nor strategic demands

The Support and Contact Person scheme as well as alternative housing are nationwide services whereas HealthTeam for Homeless and Social Nurse at hospital are located in the metropolitan area like Outreach work by project UDENFOR - running a project in the North of Jutland and solving specific or local homeless problems all over Denmark.

The five initiatives will be investigated based on interviews with professionals from the specific services. The interviews reflect the interviewees experience, knowledge and views on the current conditions and the legislation framing the homeless services. The interviews also reflect constructive criticism of issues and factors which should undergo improvement in order to meet the needs of the homeless in a more appropriate and holistic way.

## Short presentation of the five services

Support- and contact person scheme (SKP-ordningen)	Outreach work targeted at social marginalized individuals who themselves are not able to seek help. The service includes practical help and personal support.
Outreach work by project UDENFOR	Outreach work targeted at homeless and marginalized individuals who either cannot or do not wish to receive the help they need and should receive. The street work is focused on harm reduction and on improving living conditions for the target group.
Alternative housing, so-called freak houses (Skaeve Huse)	Skaeve Huse are alternative housing units for very excluded homeless citizens with ongoing drug and alcohol problems.
Health Team for Homeless (Sundhedsteam)	Health team offers health service on the street to citizens who need help for complex problems but who themselves are not able to seek the help. This service is part of the outreach work in the municipality of Copenhagen.
Social Nurse at hospitals (Socialsygeplejerske)	The Social Nurse offers personal support and bridge building to hospitalized homeless and marginalized patients and she is a guide and a supervisor for the staff as well.

## Legislation

The five homeless services described in this report refer to different legislation and strategies.

### Act on Social Services

Most homeless issues in Denmark are covered by the Act on Social Services (Serviceloven), the objects of which are:

- To offer counselling and support so as to prevent social problems.
- To offer a number of general services designed to serve as preventive measures.
- To satisfy needs resulting from impaired physical or mental function or special social problems.

Any person who is lawfully resident in Denmark is entitled to assistance under the Act on Social Services. The needs of individuals with limited physical or mental abilities, or special social problems, are met by taking measures to prevent their situation from getting worse. This is done by focusing on improving social and personal abilities of the individual, and by improving life-quality through personal contact, activities, treatment, care and by providing services created to meet the needs of the individual.

According to Act on Social Services, Section 110, homeless services are offered to individuals with special social problems, who do not have or can not stay in their own home and who need housing and active support, care and help. The municipalities have to provide the necessary offer of temporary housing for homeless citizens with special needs.

Any homeless citizen may contact any reception centre or shelter in Denmark in order to check in (the principle of so-called self referring). This implies that referral from the authorities is a possibility, but is not required when applying for temporary shelter.

### The General Housing Act

The General Housing Act<sup>1</sup> (Almenboligloven) in 1999 opened up the possibility of providing financial support for establishing of permanent housing for vulnerable or marginalized citizens with behavioural problems, addiction or mental illnesses, which demands alternative regulations and arrangements than in traditional housing estates. The establishing of alternative housing mentioned in this report refers to The General Housing Act.

The General Housing Act, Section 149 a, states: to promote the development of housing for marginalized groups the Minister of Social Affairs can provide subsidy to establish housing for marginalized groups. The Minister of Social Affairs determines the regulations of conditions concerning the obligations for subsidy to establishment and operation of the housing.

### The National Homeless Strategy

The homeless strategy was an initiative started by the government in 2008, allocating 500 million DKK in the periode from 2008-2011, to reduce and ultimately eliminate homelessness in Denmark. The strategy was implemented in 8 cities and had these objectives:

- to reduce the number of homeless people living on the street;
- to find solutions for young people other than a place in a reception centre;
- to limit stays at reception centres to 3-4 months; and
- to solve homeless peoples' housing problems before they are discharged from treatment institutions/hospital or released from prison.

## 3. Support- and Contact Person scheme

The Support- and Contact Person scheme (Støtte- og kontaktperson ordningen) became a permanent service as part of the legislative review in 2005/2006 and refers to Act on Social Services, Section 99, which says that the municipality is responsible for providing support and contact persons to citizens with mental disorders, drug- and alcohol addictions or citizens with special social problems

<sup>1</sup> <https://www.retsinformation.dk/Forms/R0710.aspx?id=135348>

who do not have or cannot live in their own housing. The service is based on the idea of help to self-help and functions as an active bridge-builder between the marginalized citizens and the established system of social services.

The Act on Social Services states that the purpose of the Support- and Contact Person scheme is to strengthen the ability of the individual to obtain and keep contact with the established system based on his or hers own wishes and needs. Thereby supporting his or hers capabilities of profiting from the established services offered by the community. As such the Support and Contact Person scheme is an additional service to the already existing services.

There are no quality standards or specific criteria for the output of the Support- and Contact Person scheme. The role of the support and contact person is described as actively doing outreach work to build and create contact to socially marginalized and isolated citizens, who are not capable of contacting and using the established services. The Support- and Contact Person scheme is anonymous and does not require registration of personal data. Furthermore, the Support- and Contact Person scheme is characterized by a separation of the professional duties attached to the municipal authority and the professional tasks attached to care and personal support; the latter representing the core services of the support- and contact person.

Some municipalities in Denmark have outsourced the Support- and Contact Person scheme to private organisations; Kirkens Korshær (The Church Army) is a typical partner in this area.

In the next section the interview with Kirsten, a support- and contact person working in city of Albertslund, will be presented. Albertslund is a smaller city located 15 km west of Copenhagen. Kirsten is the only interviewee presented in this report, who is not working in Copenhagen. As such, this presentation is not only reflecting some of the problems and views which a support and contact person deals with, but also the specific problems and issues which a professional is facing in a smaller town in Denmark.

## Support- and contact person

Kirsten Knudsen<sup>2</sup> is the only Support- and contact person in the municipality of Albertslund. Her focus is homeless people and addicts. In Albertslund there are 30-40 registered citizens without a permanent address. Most of them grew up in the area and have some sort of network, which means that most of them find places to sleep for the night among friends and relatives. Four of Kirstens users have no shelter currently.

## Relation based on trust, respect and sincerity

Kirstens most important task is to create and maintain a relation, based on trust, respect and sincerity. People who have experienced neglect throughout life might have difficulties believing that things can get better and often do not trust the social system of the municipality. Kirsten strives to overcome this barrier by emphasizing that she is not part of the municipal authorities, and by stating that it is essential that she does not write reports and that she keeps her professional secrecy. Her lack of municipal authority and the fact that she cannot promise the user anything is sometimes frustrating, but also essential to obtain and keep an open and sincere relation to the user.

There is no specific way of measuring quality, and there are no specific goals of her work apart from the overall aim of supporting the individual towards a better quality of life. There is no right answers or ways to accomplish this, it all depends on the individual and his/her wishes, needs and the relevant circumstances.

## Barriers

Her experience is that the municipality of Albertslund is helpful when her users apply for housing. Some users want to move to another town, often in order to get out of current habits and in order to avoid relapse by staying in their usual local environments. This, however, is practically impossible today. An 'exchange' agreement or a collaboration between cities could make this possible.

The services available to homeless people in Albertslund include making a future personal plan, undergo treatment for addiction, move into temporary housing etc. But not everyone wants this, and unless they want to find a place to live, there are not that many services available for them apart from the contact with Kirsten.

Also it is difficult to help homeless people who have dogs, as no reception centres or treatment centers allow dogs. However the user will not give up on their dogs and in some cases the dog end up being a barrier to the future progress of the individual.

## Homeless strategy and the 'invisible' citizens

The municipality of Albertslund is part of the homeless strategy (see page 6 for more information about this strategy). This has lead to an increased focus on homeless people and more procedures have been developed. As a result the services to homeless people have improved. But from Kirstens

<sup>2</sup> Interview June 6, 2011.

point of view the homeless strategy mainly focus on citizens staying in reception centres, while citizens who do not have a permanent address are 'invisible' to the system.

Several of Kirsten's users fall outside the homeless strategy, and a large part of her work involves making this group of citizens visible to the authorities and also make sure that they go to the registration office every 14th day in order to avoid being reported as missing, and as a consequence of this lose the social benefit.

#### Common initiatives in the biggest EU cities

Kirsten does not experience EU-legislation having any impact on her work and she points out cultural differences as a difficult barrier to implement EU standards. Instead she suggests implementing initiatives focusing on the larger cities, where the problems related to homeless people are of a different scale and character than those in the smaller cities. The problems they are facing in the bigger cities within EU might be of a similar character.

#### National networks, conferences and common guidelines

From Kirstens point of view FEANTSA has hardly any influence on the work with homeless citizens in Albertslund. She asks for a network for people working with homeless people, focusing on the practical work, both for inspiration and exchange of experiences. She suggests a conference which should include professionals from different municipalities working with homeless citizens and preferably also their leaders, to keep them updated on what is being done and the problems which the outreach workers are facing on the street.

In Denmark there should be guidelines on what the municipality should offer homeless people, as the services vary a lot in the different cities. The guidelines could for example be based on the size of the city and include a certain number of alternative housing, based on the number of citizens.

## 4. Outreach work at project UDENFOR

Project UDENFOR<sup>3</sup> combines outreach and outgoing activities (gadeplansarbejde) among homeless citizens with training and research in approaches to homelessness and marginalisation. The project was established in 1997 as a private initiative by Mr. Preben Brandt, MD and specialist in psychiatry, in order to provide support for mentally ill homeless citizens, the so-called bag people.

The outreach and outgoing activities in project UDENFOR consist of practical, social street work in the Copenhagen area. Outreach activities focus on finding and establishing contact and trust with the target group, while outgoing activities focus on maintaining contact with each homeless person. The target group is homeless people with mental illnesses, people who for one reason or another have lost contact with the official social security system and/or have lost their personal network.

3 <http://www.udenfor.dk>

Often they do not have any mentionable addiction. Many of them do not have a personal network and therefore feel very lonely and isolated. Most of them do not recognise that they are mentally ill, and they seldom seek help through the social security or health system. They have also lost confidence in the surrounding society and have either no contact or little contact with the established system.

Outreach and outgoing support, contact and caring activities are carried out continuously, at different times during the day and night, and are done by two regular project employees and their trainees. The group holds approximately 30-50 individuals. Mental illness is a common denominator for this group, but the nature of their conditions varies considerably.

In order to be able to offer correct help it is necessary to work across systems. Project UDENFOR coordinates the work with the public social security system as well as other non-governmental organisations in Copenhagen, other Danish cities and cities outside of Denmark. Some of the homeless in the project are not Danish citizens, and it is often necessary to co-operate with authorities in neighbouring countries.

In the next section the interview with Ann Dorte Lunde, an outreach worker at project UDENFOR, will be presented.

### Outreach worker

Ann Dorte Lunde<sup>4</sup> has worked as a Social worker in project UDENFOR since 2008, and has been especially assigned to work with homeless people with mental disorders. She has a regular contact with a number of citizens, but also actively seeks contact with other persons she observes on the street. It is up to the persons what they need: just talk, have a cup of coffee or get in contact with specific public services or others. Her most important role is to create contact and a relation to people on the street. If they need more than she can offer, she provides contact to other instances, which would typically be the municipality where more services are available.

According to Ann Dorte the municipality of Copenhagen has a large variety of services. Especially after the municipality established the Homeless Unit in 2010 as part of the Homeless strategy, the quality has improved. It is no longer the responsibility of the worker on the street to find out who to talk to when someone needs help. The Homeless Unit generally takes responsibility and deals with the individual cases, when the outreach workers approach them with a problem. It is Ann Dorthes point of view that the outreach workers and the Homeless Unit are complementary in meeting the needs of homeless people.

### The process is the key - not the results

Working with people on the street is time-consuming and demands patience, and it is essential that

4 Interview May 26, 2011.

the work is not being measured by results, rather by the process. We are dealing with people, and change takes time, stresses Ann Dorte. In cases where people do not want to change anything, we also need to respect this attitude and to recognize that this result is not a failure. Results are important, but as it is the process which leads to results we should always focus on the process. Homelessness is itself a consequence of something else, and the complex situation is very important when helping someone. To summarize: quality of services to socially marginalized or excluded has to be based on flexibility, patience and time.

### The humanistic view

The outreach group works with a holistic, humanistic view on people. This means that we work towards meeting the needs and wishes of the individual, and focus on all aspects of the person's life such as living conditions, health, economy, social network etc. The outreach group strives to accomplish this by focusing on creating and sustaining a personal relation.

We are a small organization, which implies that we have less regulations and are not organized from the top. We come from different professional backgrounds which gives great dynamics in the group. We do not have any set standards and regulations on how to do our work, but as we teach each other, we share the same understandings and views.

The outreach workers continuously reflect on the moral and ethical dilemmas they encounter in their work. It is fundamental that they show respect for each homeless person they meet in all activities, and that they always make sure that each person receives help without compromising his or her personal dignity.

### Standards

Ann Dorte does not have the impression that EU-regulations have any impact on her work, and most of her contact persons on the streets are Danes. Ann Dorte expresses concern that standards might jeopardize the flexibility. She is generally not a big fan of guidelines and regulations - and if there are some, it should always be possible to bend them. All in all, she doubts whether it would be possible to do outreach work like she does, with the interference of standards.

Nevertheless, if standards should be made, she stresses the necessity of making them based on the needs and wishes of homeless people and others which will be affected by the standards. Instead of talking about standards, she stresses the necessity of focusing on the Declaration of Human Rights. Especially concerning the migrants, who in Denmark are not allowed to stay in shelters or get medical care. Ann Dorte suggests that these citizens could get help from a collective EU-organization, rather than from organizations at the local, national level.

### Bureaucratic problems

Some of her contact persons have been registered as missing. She has been in contact with various instances to solve the problem, but no one seems to know how to fix it, due to current procedures and systems. The problem occurs when people do not have a permanent address. In these cases the

systems should be more flexible, states Ann Dorte.

## 5. Alternative housing

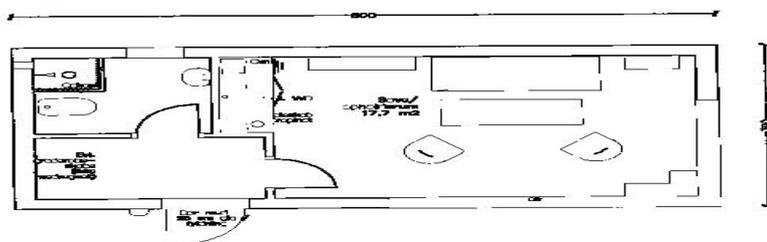
Alternative housing (Skaeve boliger) is an important initiative in the Danish strategy to combat homelessness, where the main goal is to get homeless people away from the streets, as part of a 'Housing first' strategy. Based on this strategy the Ministry of Social Affairs has provided financial support to establishing of permanent housing for homeless people and people with special needs.

In December 2000 the municipality offered a group of homeless people 12 old caravans at a location in Copenhagen, on the condition that the area was tidied up and delivered back to the municipality the following year. This was part of an experimental arrangement to support the establishment of alternative housing to homeless people, based on the General Housing Act. The project turned out successfully and the caravans were replaced by small houses the following year. The estate was named On the Tracks (På Sporet -described below) and became the first established alternative housing in Denmark.

The following years more alternative housing was established in different places in Denmark, and by January 2009 the initiative was established as a permanent service.

On the Tracks (På Sporet) consist of a common house comprising a kitchen, dinner table, TV and washing facilities, and 12 independent houses of 27 m<sup>2</sup>, containing a small entrance, a living room and a bathroom. 'On the tracks' works as general housing communities, apart from having less rules and regulations,

as well as there being a social worker (a social landlord) employed, which takes part, supports and helps the residents in their everyday life. The rent in 2011 is 2750 DKK, which is subtracted directly from the individual social benefit or pension. Despite having a permanent house, the inhabitants still have access to homeless services, such as free veterinaries, soup kitchens, dental services etc.



Evaluations made in 2004 and 2006 show that the residents who for years have not had permanent housing, are satisfied and their quality of life and life situations have improved.<sup>5</sup> Regular evaluations are made of the alternative housing, which generally show that this housing are a well-suited option for homeless people who might have difficulties fitting into regular housing<sup>6</sup>.

5 Evaluations can be found here: <http://www.sm.dk/Temaer/sociale-omraader/Udsatte-voksne/hjemloese/Skaeve-boliger/Sider/Start.aspx>

6 Evaluations can be found here: [www.sm.dk/Temaer/sociale-omraader/Udsatte-voksne/hjemloese/Skaeve-](http://www.sm.dk/Temaer/sociale-omraader/Udsatte-voksne/hjemloese/Skaeve-)

In the next section the interview with Henning Kristensen, the social worker at On the Tracks, will be presented.

### Social worker at On the Tracks

Henning Kristensen<sup>7</sup> has worked as a social worker at On the Tracks (På Sporet) since it was established in 2000. The project is a success, states Henning. People who move in, live here for years. After moving in, they are generally less involved with criminal activities, they more frequently interact with family members, they live a more peaceful life, show more self esteem and they often resumes old interests.

Henning is the main contact person of the residents. His knowledge of them, their situation, the bureaucratic system etc. is essential to the success of the housing project. His roles are diverse, and his working day very much depends on the residents and their needs. He does not have any specific guidelines or criterion's for how to do his job or for the quality of the service which he provides, and he does not see the need or wish for having this. Most problems and concerns are handled as they occur and flexibility is the key to meet the needs of the individual and the everyday life at On the Tracks (På Sporet).

### Standards for quality of Alternative housing

If there were to be made standards for services Henning mentions the physical appearance and function of the houses. Since the houses were built in 2000, the standards for alternative housing have increased and new houses built today are at least 40 sqm and contains 2 rooms. This is important, states Henning, as the houses at On the Tracks are generally considered too primitive, too small, kitchen facilities are scarce, lack of ventilation systems etc. Henning should welcome minimum requirements for the standards of this housing.

### Money for activities

Currently there is a lack of overview and knowledge of possibilities to apply for financial support for activities, or, as Henning points out, it is not clear where and how they can apply for funding. As On the Tracks is organized under the municipality and the residents are - at the same time - homeless and residents it is not clear what funds they can apply for. Also, Henning states that he lacks the experience and knowledge of applying for funds.

Activities which Henning would like to organize for the residents at On the Tracks include fishing trips, barbecues and dinners in the common house. But also more permanent activities such as workshops and a Petanque court.

### Build more alternative housing

[boliger/Documents/Erfaringsopsamling%20skæve%20boliger%20november%202010.pdf](#)

<sup>7</sup> Interviewed May 23. 2011.

Henning feels that the general services to homeless people in Denmark are good. Stating that there are a large number of initiatives being made for the homeless, including providing food, medical care for the dogs and providing sleeping bags. However Henning states that when it comes to housing and shelters, there are limited options.

Alternative housing is a success. It provides stability in the residents' life, a place to call home and generally well-organized conditions. As such there should be more alternative housing available. Henning generally experiences a great deal of benevolence from the authorities, but he blames political forces for hindering the development of new alternative housing, by not providing and helping developers find new building sites.

Henning does not experience EU having any influence on his work. As for standards for quality there is currently no fixed guidelines concerning his role or work, which he regards as positive and somewhat necessary in order to meet the unique needs and situations in his work.

## 6. HealthTeam for Homeless

The HealthTeam<sup>8</sup> (Sundhedsteam) is part of the outreach work in the municipality of Copenhagen, offering joint social and health services directed at homeless citizens. The initiative was started in 2004 after prior studies of 100 homeless people, showing that several had chronic diseases, they typically stayed only one day in addict centres and had none or only sporadic contact with public health services. The objective of the HealthTeam is not to work in parallel to existing health services, but to meet and treat people who do not have, or cannot go to their own doctor, and make them more fit in their daily life on the street.

The HealthTeam consists of 4 nurses and a physician. They have no clinic facilities and therefore meet the patients on the street or wherever they are staying. The team covers the Copenhagen area, typically by bikes. The team treats more than 250 people each year, and the average contact with each patient lasts for a couple of years.

In the next section the interview with the nurses Lene Tanderup and Bodil Stavad, and the physician Henrik Thiesen from the HealthTeam, will be presented.

8 [www.hjemlosesundhed.dk/](http://www.hjemlosesundhed.dk/)

## HealthTeam workers

Lene Tanderup and Bodil Stavad<sup>9</sup> and Henrik Thiesen<sup>10</sup> have been part of the HealthTeam since it was established in 2004.

The relation to the individual is essential, and their main task is to treat the patients based on what they want HealthTeam look at and help them with. The HealthTeam works as a regular medical service and as such their main priority is harm reduction. In cases where the patient need further treatment they make all necessary tests and preparations before referring to the specialists. As a result less people are being referred to hospitals, and the barriers concerning time schedules, prejudices and not getting the right treatment, are reduced.

## Alcohol and changing trends

From Health team's point of view alcohol is the main problem among homeless people in Denmark. But the trends are slowly shifting, according to the HealthTeam. Generally they see very few heroin users. Instead they meet more people who use cocaine and mix this with various other drugs. There is an increasing number of young addicts, and existing services have difficulties meeting the needs of this group. The treatment centers are lagging behind when it comes to detecting these new trends. This might also be a result of this new group not considering themselves drug addicts, and they are consequently not seeking help at the treatment centers.

## Flexibility is the key

The members of the team has developed manualized treatment procedures for most daily work which gives the individual nurse the competence to initiate treatment on the spot. Conferences concerning individual patients are held weekly and there is a daily talk with each other about how they are doing things and how procedures can be changed and improved. As such they change their procedures and routines if necessary and on-going.

There are general rules concerning their work as health personal, but apart from this their workday is organized on a daily basis. They emphasize that it is essential that they keep organized and structured internally, especially when it comes to documenting their patients, amounts of medicin given etc., to keep the flexibility and make it possible to constantly adjust to the needs of their patients.

In services to homeless people it is quite common to use exclusions and quarantines, as a punishment for certain behaviour. This is by the HealthTeam regarded a very old fashioned way of thinking and treating people. Instead, one should focus on working actively with a conflict, defusing conflict-behavior and generally there should be more knowledge of the impact of addiction on human cognitive functions, to create more understanding and flexibility towards certain behaviour and reactions. Ideally there should be no bureaucratic barriers in the form of unnecessary paper

<sup>9</sup> Interviewed May 26, 2011.

<sup>10</sup> Interviewed June 9, 2011.

work, registrations, specific procedures etc. when working with homeless people. The public system, however, have many of these bureaucratic barriers and this makes it very difficult to get people in alcohol treatment, argues Henrik.

Earlier, Henrik could get a patient in alcohol treatment in a weeks time by referring a patient. Now the patient have to go through three interviews with a caseworker, which not everyone are capable of, even though they would be capable of completing the treatment. Generally it is necessary to minimize procedures, and rather focus on the individual to find solutions based on his and her needs and capabilities.

### The need for nursing homes and services for men

When it comes to services the HealthTeam runs constantly into problems when they try to help people who need in-patient treatment. This has become very difficult, especially after the local municipality reform, where payment for treatment was transferred from the regional to the municipal level. Most of their patients struggle with alcohol addiction and the HealthTeam can provide them with medical alcohol treatment and treatment for co-morbid conditions on the street. But in severe cases this is by no means optimal. Before regular in-patient treatment there is a need for a sort of nursing beds, where health-staff can take care of homeless in a stabilization period of 1-3 weeks. The rules there have to be more loose, so if a person have to go drinking one night, its ok as long as they come back the day after. Rigid rules where nothing is allowed is a barrier in this context.

Generally there is also a need for places based on masculine values. The institutions in Copenhagen are typically based on very soft and feminine values. There is a need for places where there are some physical activities which can be used as starting point or a base to get on with life. Generally there should be a place where people could stay, where there were different options of what to do. Alcohol treatment could be a part of it, but not necessarily. The focus should be on how people ended up there, and how they could get on with their life.

### Non-Danish citizens

EU policies do not have any direct influence on the work of the HealthTeam, as such. However, they regularly meet EU citizens, and especially migrants from Eastern Europe, who are not Danish citizens. It is perceived as a difficult problem to give sufficient health-service to the migrants, especially as some of the EU citizens stay in Denmark for years.

As the borders are open, the countries should also have some minimum obligations to help people crossing the boarders. The HealthTeam helps migrants as much as they can, even though they from the political level are being encouraged not to do anything.

Non-danish citizens only have the right to acute help. This means that no money is spent on harm reduction and preventive treatment, focusing on somatic and mental treatment at an early stage. This sometimes leads to more serious problems, resulting in longer stays at hospital and institutions.

The problem is generally not being recognized, and nothing is currently being done to deal with this issue.

The different conditions, political systems and problems in EU-countries gives the team serious doubt of the possibility to make a common standard for all EU-citizens living as migrants. The services that the HealthTeam provides is a result of the health-system in Denmark, where free medical care is provided to all citizens. The provision of medicine on the street is possible due to funding from the local social services in Copenhagen. Finally HealthTeam claims that regarding EU-migrants, Denmark is also much more homogenous compared to southern Europe where most homeless people are migrants.

## 7. Social Nurses at hospitals

The role of the social nurse is to support the communication between patients with drug addiction and the hospital staff to avoid potential conflicts and also to provide a plan for the patients, after being discharged from the hospital. The overall aim is to create a positive experience for addicts admitted to the hospital. The initiative started based on the fact that addicts often had problematic and short stays when admitted to the hospital. This was partly a result of the patient being considered difficult to handle and partly due to the lack of knowledge among the staff of how to deal with the complex problems of the addicts. The initiative was launched as an experiment between project UDENFOR and Bispebjerg Hospital in 2006-2007 and turned out successful<sup>11</sup>.

By February 1st 2010 there is a Social Nurse at Bispebjerg Hospital, Hvidovre Hospital, Psychiatric Center Glostrup and Psychiatric Center Hillerød, all financially supported for a 3- year period by the National Board of Health.

### Social Nurse at Bispebjerg Hospital

Ingelise Rasmussen<sup>12</sup> is a nurse having worked with addicts since 2006. She has worked as a socialnurse at Bispebjerg Hospital since February 2010<sup>13</sup>. Her primary focus is addicts who are admitted at the hospital. Her role is loosely defined, and she has to make the different sections at the hospital aware of what she can contribute with. Essentially, any section can call her when they receive a patient with addiction. Her primary role is to work as a mediator between the patient and the hospital, but also includes contacting necessary public services, guiding staff in pain relief, obtain contact and talk to the patient etc.

11 The experiment is documented and evaluated in the report 'Fra indlagt stofmisbruger til indlagt patient 2006-2007', <http://www.kabs.dk/media/26107/fra%20indlagt%20stofmisbruger%20til%20indlagt%20patient%202007.pdf>

12 Interview May 27, 2011.

13 Socialnurses was initially started by project UDENFOR. Report describing the initial socialnurse project: [www.udenfor.dk/dk/Materiale/Files/Gadeplan/Projekt+Socialsygeplejerske.pdf](http://www.udenfor.dk/dk/Materiale/Files/Gadeplan/Projekt+Socialsygeplejerske.pdf)

Ingelise is the only social nurse at Bispebjerg hospital, and states that more social nurses would be preferable f.i. in order to extend this service at night, evenings etc.

### Pain relief

Pain relief is often an important issue when it comes to addicts. Some sections of the hospital are still sceptical towards the large amount of medicine given to patients with drug addiction, despite studies showing that this group of patients generally needs larger doses to obtain the same pain relief as other patients. More knowledge about addicts among the hospital staff is needed, states Ingelise, suggesting that nurses learn about addicts and their needs during their training. For preventive reasons and in order to reduce some of the prejudices against addicts and marginalized citizens.

Physicians, and especially younger physicians, are sometimes confused by the larger doses of painkillers which are prescribed to addicts. Often it is a matter of common sense - looking at the patient, talking to them and looking for signs of abstinences indicating what the patient needs for medication. Ingelise finds that younger physicians, however, sometimes forget common sense and only focus on standards and regulations.

### Need for a nursing home

Ingelise thinks that the mindset in the hospital is that everything has to go fast and everything is measured in money, although addicts generally need longer recuperation time. She suggests establishing a sort of recuperation house or nursing home, where the patients could go after the hospitalization. There is one place like this, Specialinstitutionen Forchammersvej<sup>14</sup>, where they have 8 beds. This is a good service where the patient also gets contact to counseling centers. But the institution never have beds disposable and the patients cannot stay longer than 14 days. More places like this are needed, and it should be possible to stay for longer if necessary.

14 <http://www.forchammersvej.dk/>

## Non-Danish citizens

Ingelise does not experience the EU regulation having any impact on her work. Also she does not have in-depth knowledge about EU regulations, which she does not consider part of her job. On the other hand she does experience problems concerning non-Danish citizens at the hospital. These patients get acute treatment, but no following check-ups. Some sections however, are more flexible than others. In the case of non-Danish citizens Ingelise typically contacts other homeless teams, to hear if they know the person and to let them know what the person has gone through.

## EU standards

There is no set of standards or structures to measure the quality of services to addicts at this hospital.

If EU would start making standards Ingelise fears that this will involve finding the lowest common point possible, which consequently could decrease the quality of services in Denmark. The welfare state of Denmark is not what is used to be, but it is still better than in so many other countries, Ingelise ends.

## 8. Conclusions

The report presents five services for homeless people in Denmark. Each service is described and presented based on interviews with the service providers. The outcome of the interviews will here be presented in short.

All interviewees experience that EU regulations have little or no influence on their work, apart from having resulted in more non-Danish citizens on the street. The informants generally expressed scepticism towards the idea of making common EU-standards for working with homeless people, based on the substantial differences between the countries, concerning culture, politics, economy, public services etc. Some expressed concern that standards could jeopardize the necessary flexibility when working with marginalized and homeless citizens and that it potentially could lead to lowering the quality of services in Denmark, by making minimum standards in EU.

All respondents report working towards meeting each individual on his or her own terms without predefined strategies and action plans. Moreover, they sometimes mention problematic borders between respecting the individuals wishes and demands, and trying to guide each individual without compromising his personal dignity. Flexibility, both on a personal and organizational level is put forward as the key to successfully meeting the needs of homeless people and social outcasts.

## Support- and contact person scheme

The Support and contact person Kirsten, from the city Albertslund, states that the relation and personal contact to the individual user is essential, and she stresses that support must be based on the individuals own wishes. A large part of working as a Support- and contact person involves

making the users visible to the established system and avoid having them registered as 'missing'. Kirsten argues that it should be possible for homeless people to get housing in other cities in Denmark, and that there should be a solution for people with dogs, who are currently being excluded from services, due to having a dog. Generally there should be more services available, also for people who do not want housing. She suggests that FEANTSA could be responsible for arranging conferences/networks for inspiration and exchange of experiences among outreach workers. This however, would primarily be relevant on a national scale. Albertslund is a smaller city and the problems they are facing related to homeless people are of a different scale and character, than those in the bigger cities. As such, she suggests that initiatives on a European scale should focus on the larger cities in EU.

### Outreach work at project UDENFOR

The social worker, Ann Dorte is an outreach worker at project UDENFOR. She stresses that flexibility, patience and time is essential when doing outreach work. The relation is the main aim, and the process, not the end result, is the key when working with homeless people. People who do not have a permanent address sometimes end up in unnecessary problems, where they are being registered as 'missing', due to procedures and systems within the municipality. The system should be more flexible when dealing with homeless people. If one is to implement standards it is essential that it does not jeopardize the necessary flexibility. Furthermore standards should first and foremost build on the needs and wishes of people living on the street.

### Alternative housing

Henning works as a social worker at the alternative housing 'On the Tracks'. He states that flexibility and a certain autonomy is necessary to meet the shifting needs of the residents and the housing community as a whole. Alternative housing is a success and more houses should be established. There should be minimum requirements and standards for the quality and layout of the alternative housing. Furthermore it is crucial that the residents have access to services for homeless people, despite having a home. There should be allocated money/funding for activities for homeless people, as well as transparency of available funding.

### HealthTeam for Homeless People

The nurses Lene and Bodil, and the doctor Henrik are all part of the HealthTeam. Their main role is to meet and treat homeless people in their own environment, where the overall aim is to make them more fit for a life on the street. The relation to the patients and a flexible system is regarded essential when working with homeless people. Exclusions and quarantines from services should be used with caution and considering the individual situation. Especially men have a tendency to fall between chairs when offered services that tend to be based on soft, feminine values. Generally it is essential to focus on the individual, and find solutions based on his or her needs and capabilities, rather than using standardized procedures and bureaucratic systems, which are often seen in the public system. The number of non-Danish citizens living on the streets is increasing. This group of homeless do not have access to the public health services, but the HealthTeam strives to help them as much as they can. This is an increasing problem which is generally being ignored, and it needs to

be addressed.

### Social Nurse at Bispebjerg hospital

Ingelise works as a social nurse at Bispebjerg Hospital, where her main role is to work as a mediator between patients with drug addiction and the hospital staff, as well as supporting the patient during his or her stay at the hospital. Pain relief and the amount of medicine to addicts is a recurring issue, where Ingelise guides the staff. Preferably this issue would be an integrated part of the professional training of the nurses and the physicians. Ingelise argues that there is a need for nursing houses, where addicts can stay while recovering after being discharged from the hospital. If EU-standards are implemented it is important that that this will not result in lowering the quality of services in Denmark, by making standards based on the lowest common denominator among the EU member states.