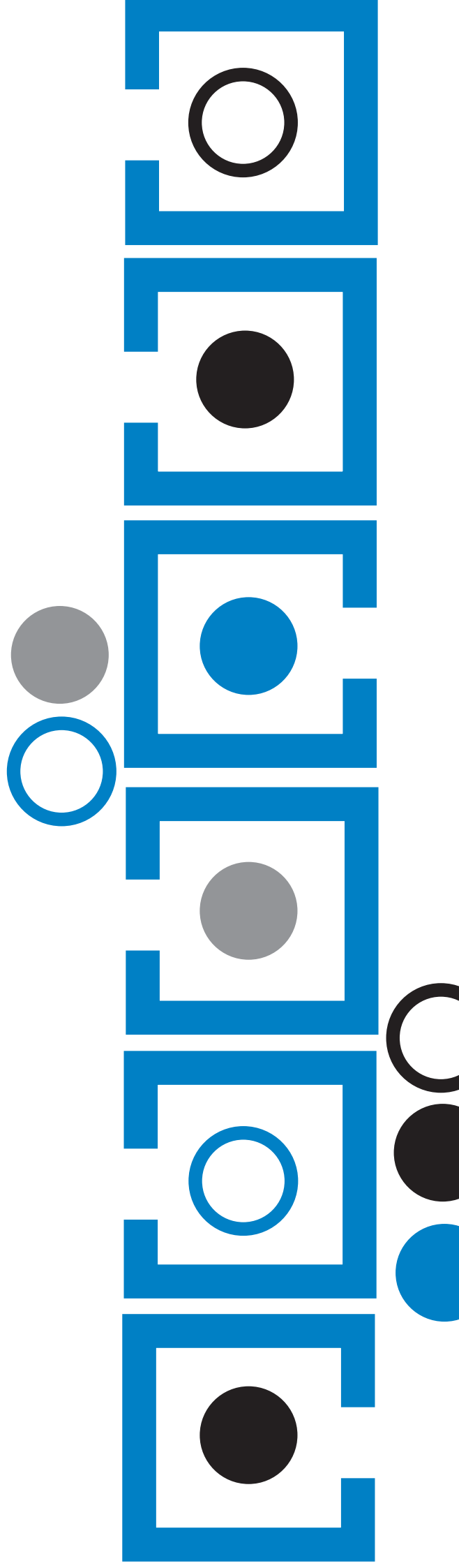


# Homelessness in Sweden 2005

– scale and character



The Board classifies its publications into different types of document. This is a **Situation description**. This means that it contains reports on and analysis of surveys and other forms of follow-up of legislation, activities, resources, etc. conducted by municipalities, county councils and private principals in health care, the social services, public health and infectious diseases prevention. It may constitute background material for the authority's positions and be included as part of broader follow-ups and evaluations of e.g. reforms and the allocation of means for incentives. The Board is responsible for contents and conclusions.

Article number 2006-131-23

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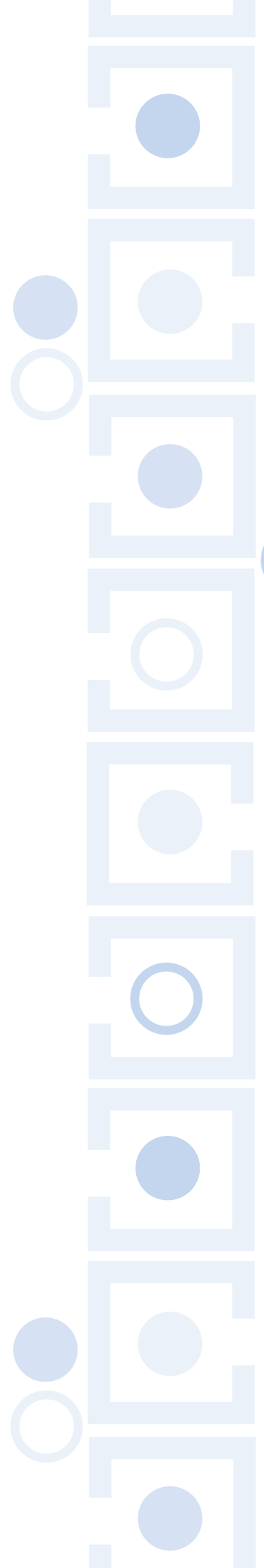
Graphic design Iwa Wasberg

Table and diagram Yra AB

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# Homelessness in Sweden 2005

## – scale and character

The following is a summary of the results from the National Board of Health and Welfare's third national mapping of the scale of homelessness in Sweden carried out in 2005 ([see the Report in Swedish in full text](#)). The previous mappings were carried out in 1993 and 1999. The government has commissioned the National Board of Health and Welfare to carry out a mapping as it acknowledges the fact that updated knowledge of the scale and character of homelessness is an important prerequisite in order to be able to develop effective measures to combat homelessness. The mapping in 2005 was to be designed in such a way as to allow comparisons to be made with the results from the 1999 mapping. A new mapping is planned for spring 2007.

The 290 municipalities of Sweden have primary responsibility for ensuring that the citizens of that municipality receive the help they need, and in that responsibility there is also the responsibility for persons that are homeless. The legal framework of the municipalities' work with homeless persons is the Social Services Act ([The Social Services Act – What are your rights after 1 January 2002](#)), which obliges municipalities to provide social services. This is framework legislation, which allows the municipalities wide latitude to make their own decisions on how to deliver social services. The social services include care of the elderly and the disabled, and services to individuals and families (for an overview of the work of social services in Sweden, see [Social services in Sweden – an overview 2003](#)).

Individual and family services provide service on an individual basis to children, young people, families, substance abusers, those who have difficulty supporting themselves, people with psychosocial problems, women subjected to domestic violence, and others. The services might consist of advice, support and encouragement, care and treatment, and financial assistance. Some care and treatment can be provided without the individual's consent.

There is no explicit right to housing within the Social Services Act but the municipalities do provide different types of accommodation to persons in need.

## The national mapping

### A relatively wide definition of homelessness

In many contexts homelessness is linked to people who in practice have no roof over their heads, e.g. people sleeping rough or in hostels of various kinds. The definition of homelessness used by the National Board of Health and Welfare, however, in this and earlier mappings also

includes an additional group of people. Four situations define the persons categorised as homeless in the 2005 mapping.<sup>1</sup>

1. A person is referred to emergency accommodation, sheltered accommodation/hostel, short-term accommodation or is sleeping rough.

2. A person is admitted to or registered at

- a prison
- a treatment unit

or

- supported accommodation within social services, county council, private care provider, community home or National Board of Institutional Care (SIS) institution  
and **is intended for discharge within three months** after the measurement period but does not have any accommodation arranged before being discharged or moving out.

3. A person is admitted to or registered in

- a treatment unit

or

- supported accommodation within social services, county council, private care provider, community home or National Board of Institutional Care (SIS) institution  
and **is not intended for discharge within three months** but does not have any accommodation arranged in the event that he/she should be discharged or should move out at some future time.

4. A person lives temporarily and without contract with friends, acquaintances, family, relatives or has a temporary (shorter than three months after the measurement period) lodging or subletting contract and on the basis of this situation has **sought help** or **been in contact with** the authority or organisation providing information **during the measurement period**.

This definition is broader than the one used in the previous mapping in 1999 and more closely resembles the definition used in 1993. The breakdown of the definition into four different situations describes more clearly (than previous definitions) the varying degrees of lack of foothold on the housing market. The main change since 1999 is that Situation 3 has been included in the mapping. The reason being that those who are *not* intended for discharge from institutions and supported accommodation also find themselves in an uncertain housing situation that can change rapidly.

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<sup>1</sup> Persons who are asylum seekers are not counted as homeless in this mapping. The main reason is that lack of time and resources have not made it possible for the mapping to be expanded to include this group.

## How did we obtain the information?

In order to gain as much knowledge as possible of the scale and character of homelessness the sources of information chosen were all authorities and organisations which might conceivably come in contact with persons who are homeless. A questionnaire was sent to the sources of information in April 2005.

For many reasons the approach chosen generates a number of unrecorded cases of persons who are not included in the study in spite of the fact that they fulfil the definition of homelessness. This means that the results of the study must be regarded as minimum figures.

The questionnaire was sent to 3,746 sources of information from, among other sources, non-custodial care, prisons, detention centres, municipal social service administrations, community homes, women's refuges, advice centres for young people, addiction clinics, treatment homes for addicts, psychiatric clinics, emergency units and outreach activities for homeless persons. A large number of voluntary organisations were also approached.

The measurement period was limited to a week – Week 17 (25 April–1 May), 2005. The sources of information filled in a questionnaire for each person they knew of who was homeless during this period. Homelessness is a situation in which a person can find him/herself for a long or short period. Persons who are homeless for longer periods are more likely to appear in the mapping whereas the number of people who are homeless for shorter periods will be underestimated. The fact that the study only describes the situation during a specific week cannot be emphasised enough.

The response rate for the questionnaire varies considerably between different sources of information. The highest response rate is for social service administrations, non-custodial care authorities and detention centres (between 97 and 99 per cent). The response frequency is considerably lower, however, among the voluntary organisations (54 per cent).

Not all questions are always answered in the questionnaires. When the record of values appears in tabular or diagram form, the non-response will be shown directly under the table or diagram.

To be able to see how many persons have been categorised as homeless by more than one source of information, the first thing to be taken into account was the personal identification number that every person registered in the Population Register in Sweden has. This approach yields information on 17,834 unique homeless persons.

When many sources of information reported details of the same person, a prioritisation was made of which source of information should be considered the main one. This means that if a person has been reported by several sources of information, it is the answers from the source of information that is first in the priority list that will be primarily noted.

For a more detailed presentation of the methodology of the mapping, see [Appendix 1](#).

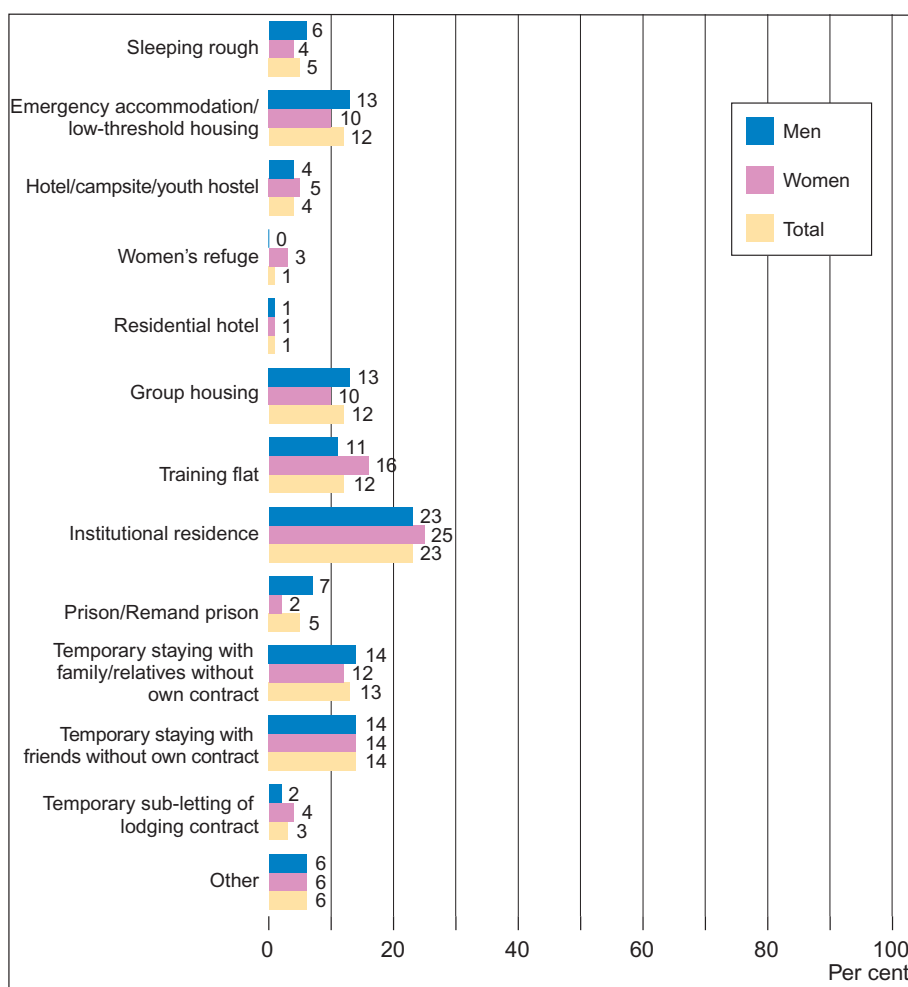
## 17,800 homeless persons

In total around 17,800 persons were reported homeless during Week 17 of 2005. Three-quarters of these persons are men (approximately 13,100) and a quarter are women (approximately 4,500).<sup>2</sup>

The majority of the homeless persons were born in Sweden (around 12,400). There is, however, an over-representation of persons born outside Sweden (around 4,300) in the group, compared with their proportion in the rest of the population (26 per cent in the mapping compared with 12 per cent in the population). A third of the homeless persons (approx 5,000) are parents of children under 18 years of age.

### Many persons are in temporary accommodation or institutions

Diagram 1 below shows where the homeless persons were to be found during Week 17 of 2005.



Non-response 3%

Diagram 1. Percentage distribution of the homeless persons' housing situation in Week 17, 2005, based on sex. Several response alternatives could be given.

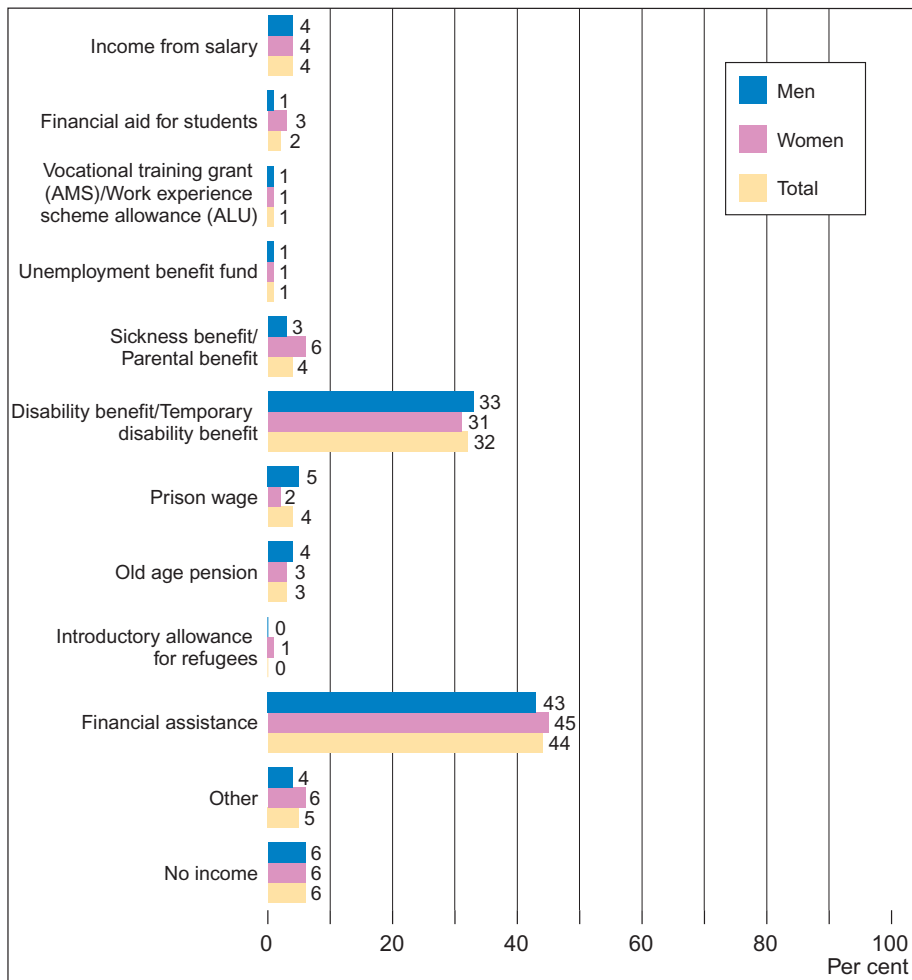
<sup>2</sup> For around 150 persons there is no data on sex.



Most of the persons reported as homeless during Week 17, 2005 are in some type of institutional accommodation. There are also many persons living temporarily with friends or family. Twelve per cent were reported to have stayed in hostels or emergency accommodation during the given week (in absolute figures around 2,100 persons) and five per cent had slept outdoors (in absolute figures around 900 persons). Just over a tenth (in absolute figures around 2,100 persons) found themselves high up on the so-called housing ladder, in training flats (a flat that a person rents from the social services for a certain period) or in social contracts (a flat that a person rents from the social services for a certain period with the possibility of the person taking over the tenancy).

### Few with employment or own income

Very few of the homeless persons had income from a salary and were employed. Many were dependent on financial support.



Non-response 7%

Diagram 2. Percentage distribution of the homeless persons' source of income in Week 17, 2005, based on sex. Several response alternatives could be given.

The diagram shows that just under half of the homeless persons were dependent on social assistance for their personal maintenance and a further third received a disability pension or temporary disability pension as a source of provision. Only four per cent of the persons had income from paid work. Six per cent were stated as having no source of income at all. Bearing in mind that many of the homeless persons have no income from work, it is not surprising to find that many of those listed as homeless, just over half, have no occupation.

*Table 1. Percentage distribution of the homeless persons' employment in Week 17, 2005, based on sex. Several response alternatives could be given.*

Employment	Men	Women	Total
Work in the open market	3	4	3
Sheltered work	3	1	2
Student/school student	4	9	6
Work as part of a treatment programme	19	16	19
Jobseeker/Unemployed	13	10	12
No employment	52	51	51
Other	16	18	16

Non-response 5%

Approximately 10 per cent of the persons were listed as jobseekers. Apart from that, the most common form of employment is employment as part of a treatment programme. Men are more commonly engaged in employment as part of a treatment programme, for instance, whereas women more often study.

### **Lack of housing combined with other social and economic problems**

The questionnaire asked which problems, besides the lack of housing, the homeless persons needed assistance, care or support for. According to the sources of information, many of the homeless persons need support for various types of problem.

Tablez shows that just over 60 per cent of the homeless persons had addiction problems, something reported as clearly more common among the men than among the women. Forty per cent have some form of mental healthproblem. A higher proportion of the women were reported to have such problems.

Sixteen per cent were reported to have family problems, the women in particular. Around 10 per cent have problems with mouth and teeth, and five per cent have some form of disability for which they require support. Six per cent of the homeless persons are reported to have no known problems apart from housing problems.

*Table 2. Percentage distribution of the homeless persons' problems needing assistance, care or support in Week 17, 2005, based on sex. Several response alternatives could be given.*

Problems entailing a need for assistance, treatment, care or support	Men	Women	Total
Persons with no known problem requiring support	6	8	6
Somatic problems	17	18	17
Problems with mouth and teeth	9	10	9
Disabilities leading to a need for support	5	5	5
Mental problems	38	47	40
Addiction problems	67	46	62
Financial problems	28	27	28
Family problems	12	26	16
Lack of employment/work	23	19	22
Other	7	7	7

Non-response 6%

## Homeless persons receive many forms of support

The persons reported as homeless experienced many supportive measures in the last year as can be seen from table 3 below.

*Table 3. Percentage distribution of supportive measures experienced by homeless people during the last year, based on sex. Several response alternatives could be given.*

Support measures	Men	Women	Total
Housing measures	73	76	74
Measures against addiction problems	49	36	46
Measures for mental problems	35	45	37
Measures for somatic problems	42	49	44
Other support	41	51	44
Coercive measures	41	27	38

Non-response: Housing measures 7%, measures against addiction problems 11%, Measures for mental problems 16%, Measures for somatic problems 28%, Other support 13%, Coercive measures 14%

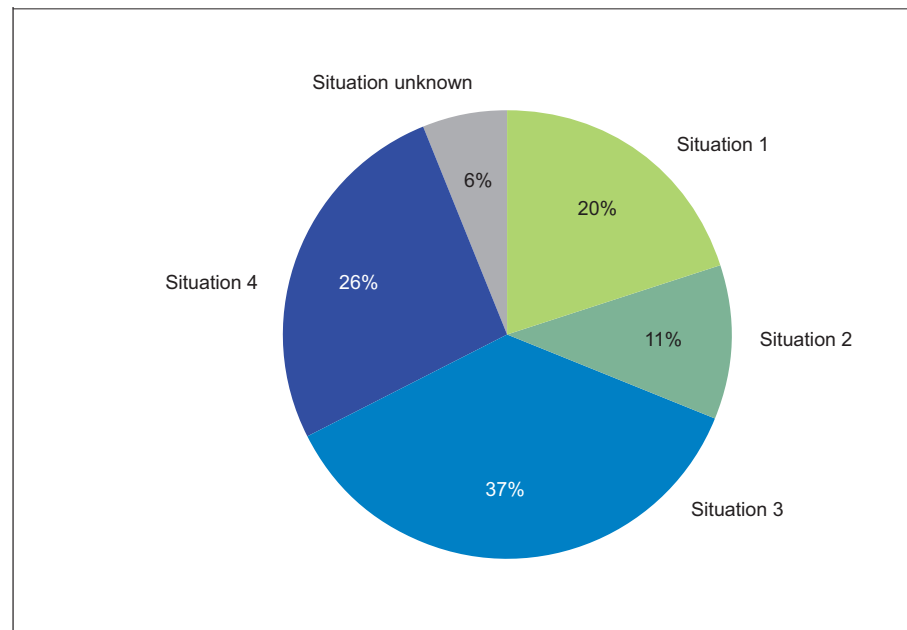
Just over 90 per cent of the men and women reported as homeless have contact with social services, according to the sources of information. Three-quarters have been helped by housing support measures during the last year. Just under half of the persons have had support for addiction problems or somatic problems, while slightly fewer have had support with mental problems.

There are fairly large differences between the support that men receive compared with that of the women. A higher proportion of

women have received support for mental and somatic problems as well as other support. The men have received more support for addiction problems. This tallies with the way the sources of information perceive the problems of the homeless. The men have also been more likely to receive non-voluntary measures such as corrective care or non-custodial care.

### **Differences between persons in different homelessness situations**

This mapping includes, as has already been mentioned, the definition of homeless as seen through four different situations.



*Diagram 3. Percentage distribution of homeless persons in Week 17, 2005, based on situation ( N= 17,834 persons).*

#### **Situation 1**

Just under 3,600 people (20 per cent) in the country found themselves during the measurement period in Situation 1, in other words they were sleeping rough or lived in hostels, women’s refuges, emergency accommodation, hotels, campsites or youth hostels.

#### **Situation 2**

Nearly 2,000 people (11 per cent) found themselves in Situation 2 during the same period. This group consists of people who were intended to be discharged within three months from some kind of institution or supported accommodation.

#### **Situation 3**

Approximately 6,400 people (37 per cent) found themselves during the measurement period in Situation 3, the additional group included in this mapping. There is reason to believe that the number of people in Situa-

tion 3 has been underestimated in the mapping. For example, in Gothenburg in 2000 (Löfstrand, 2005) there were just over 2,000 municipal contracts while the year's mapping records just over 1,700 people with such contracts throughout the whole country. One reason for the underestimation may be that people in this situation have not traditionally been counted as homeless and the sources of information have not always appreciated that these people should also be included in the mapping.

#### Situation 4

A further 4,700 people (26 per cent) lived under uncertain housing conditions (Situation 4) in that they lived temporarily and without contracts with relatives or friends or were temporary lodgers or had subletting contracts shorter than three months.<sup>3 4</sup>

When one considers the position of those who find themselves in different homelessness situations, clear differences become apparent, as can be seen from table 4 below.

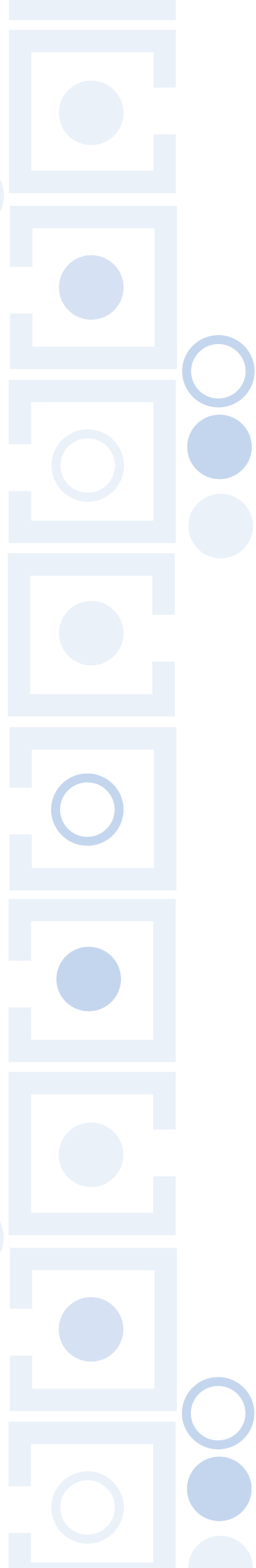
*Table 4. Comprehensive description of persons in the four situations during Week 17, 2005. Percentages unless otherwise stated.*

Description of the homeless persons in different situations	Situation 1	Situation 2	Situation 3	Situation 4
Average age	44 years	38 years	44 years	35 years
Share of women	26	23	27	26
Share born abroad	30	22	22	30
Share of parents of children under 18	36	35	23	38
Share with addiction problems	67	74	59	55
Share with mental problems	37	35	50	30
Share with somatic problems	21	16	19	13
Share who have been homeless for less than a year	40	41	21	56
Share who have been homeless for 7 years or more	16	13	29	6
Share with financial assistance	54	32	33	60
Share with no employment at all	67	40	48	50

No response: Sex 7%, Country of Birth 12%, Parent 16%, Addiction problems 11%, Mental problems 11%, Somatic problems 11%, Homeless for less than a year 24%, Homeless for 7 years or more 24%, Financial assistance 12%, No employment at all 10%

<sup>3</sup> To be included in Situation 4 the person must have been in contact with one of the authorities or organisations acting as sources of information during the measurement period.

<sup>4</sup> The persons in Situations 1, 2, 3 and 4 collectively represent 94 per cent of the total number of homeless persons. The remaining 6 per cent, around 1,100 persons, are described as "situation unknown", since the sources of information have not provided any data on the situation in which these persons find themselves.



In Situation 1 the average age is higher (44 years old) than in the whole group of homeless persons (41 years old). There is a high proportion of foreign-born people in this situation. Addiction problems or mental problems are not most prominent in this situation, but rather somatic problems. There is also the highest proportion in this situation without employment.

In Situation 2 the people are younger, fewer are foreign-born and the proportion of women is lower. In this situation addiction is more common than in the other three situations. It is also the situation where most people have employment.

Situation 3 is the group where it is least common to be the parent of a child under 18 years of age. In this situation it is more common to have mental problems than in the other situations. There is also a higher proportion who have been homeless for more than 10 years compared with persons in the other situations.

Finally, Situation 4 is the situation where the average age is lowest, i.e. 35 years of age. This situation contains the highest proportion of people who have children under 18 years of age. Here there are fewer people with addiction problems or mental problems. In this situation it is more common to be dependent on social assistance compared with the other situations. The highest proportion of people who have been homeless for shorter periods than one year find themselves in this situation.

### **Men and women have different problems**

There are also big differences between the men and women listed as homeless. It is still more common for men to be homeless than women. Previous mappings also record that men are more likely to be sleeping rough or live in hostels.

The women on average are younger and have been homeless for shorter periods than the men. They are more often listed as parents of children under 18 years of age and also live more often with their children. Their problem picture is more often characterised by family problems, for example divorce or violence in the family. The women are more often listed as having mental problems while the men more often have addiction problems.

Women receive far more housing measures in the form of training flats while men are more likely to live in group housing. Men more often receive employment as part of a treatment programme while women more often have gainful employment or study.

### **Persons born outside the Nordic countries have fewer problems than others**

Persons born outside the Nordic countries show a slightly different problem picture compared with persons born in Sweden and the Nordic countries. It is twice as common to find addiction problems with people

born in the Nordic countries whereas it is more common to find mental problems, lack of work, financial problems and family problems with people born outside the Nordic countries. A higher proportion of people born outside the Nordic countries were listed as having no other problem than lack of housing, compared with people from Sweden and the Nordic countries. A higher proportion of people born outside Europe are parents of children under 18 years of age. The persons in this group have also on average been homeless for shorter periods compared with persons born in Europe.

### **The longer the periods of homelessness, the more severe the problems**

Just under 40 per cent of the people have been homeless for shorter periods than one year. Of the men, 35 per cent have been homeless for less than one year; of the women, the corresponding figure is 43 per cent. Twelve per cent have been homeless for 10 years or more. Persons born outside the Nordic countries have been homeless for shorter periods than those born in Sweden or the other Nordic countries. Those people who were born outside Europe are the ones who on average have been homeless for the shortest period.

Persons who have been homeless for a longer period are more likely to have a problem for which they need support. The problems that appear to increase most over time with both homeless women and homeless men are somatic problems, problems with mouth and teeth, and mental problems. However, financial problems, family problems and problems of lack of work appear to diminish after a protracted period of homelessness. It appears that the sources of information have mostly focused in this regard on people's most acute and striking problems, whereas other problems seem to be overlooked the longer the person concerned has been homeless.

### **Homeless persons in 86 per cent of the municipalities**

From 249 of the country's 290 municipalities (86 per cent) information has been sent in about persons who were homeless during Week 17 of 2005. The 41 municipalities who supplied no information about homeless persons are mostly small municipalities. However, all counties report information about homeless persons.

There is a connection between homelessness and the housing market in the sense that municipalities without homelessness rarely have a shortage of accommodation, according to a report from the National Board of Housing, Building and Planning (Bostadsmarknaden 2005 - 2006 - Slutsatser av Bostadsmarknadsenkäten 2005, Karlskrona, Boverket). Municipalities with many homeless persons also state that they find it hard to meet the housing needs of people who are homeless.

Table 5. County-based distribution of number of homeless persons and number per 10,000 inhabitants.

County	No. of homeless	No. of homeless per 10,000 inhabitant
<b>All Sweden</b>	<b>17 834</b>	<b>20</b>
Stockholm	5 900	32
Uppsala	524	17
Södermanland	505	19
Östergötland	742	18
Jönköping	348	11
Kronoberg	105	6
Kalmar	268	11
Gotland	63	11
Blekinge	143	10
Skåne	2 403	21
Halland	480	17
Västra Götaland	3 819	25
Värmland	279	10
Örebro	518	19
Västmanland	306	12
Dalarna	248	9
Gävleborg	302	11
Västernorrland	203	8
Jämtland	154	12
Västerbotten	249	10
Norrbottn	224	9

The municipality was not known for 51 persons.



Table 6. Description of homelessness in big cities and the rest of the country. Number and per cent.

Description of homeless persons	Stockholm	Gothenburg	Malmö	Rest of Sweden
No. of homeless per 10,000 inhabitants	50	54	35	14
No. of homeless	3 863	2 620	945	10 355
Average age	44 years	41 years	41 years	40 years
Share of women	25	27	24	26
Share of parents to children under 18	26	33	38	32
Share born outside the Nordic countries	24	27	32	14
Share with contact with social welfare officer	94	95	95	91
Share with no employment at all	59	56	53	47
Share with earned income	6	5	4	3
Share with disability/temporary disability pension	40	31	24	30
Share with social assistance	41	49	50	43
Share with mental problems	45	37	30	40
Share with addiction problems	57	60	61	63
Share with both mental and addiction problems	23	22	18	23
Share with somatic problems	23	15	17	16
Share with problems with mouth and teeth	11	10	9	8

No response: Average age 3%, Share of women 1%, Share of parents 10%, Share born outside the Nordic countries 6%, Share with contact with social welfare officer 18%, Share with no employment at all 5%, Share with earned income 6%, Share with disability/temporary disability pension 6%, Share with social assistance 6%, Share with mental problems 6%, Share with addiction problems 6%, Share with both mental and addiction problems 6%, Share with somatic problems, Share with problems with mouth and teeth 6%

The greatest number of homeless persons per 10,000 inhabitants were in Gothenburg and Stockholm.

The proportion of persons born outside the Nordic countries is higher in the big cities than in the rest of the country. In Malmö the proportion was 32 per cent as opposed to 14 per cent in the municipalities throughout the rest of the country. Stockholm and the rest of the country recorded a higher proportion of homeless people with mental problems than Gothenburg and Malmö. Addiction problems were roughly equal when comparing the big cities with the rest of the country.

## More people homeless in 2005 than in 1999

More people were reported homeless in 2005 than in 1999. The increase was mostly reported by social services.

*Table 7. Numbers and response frequency for comparable operations in 1999 and 2005, and the difference in the number between the years.*

Activity	No. of activities asked 1999	Response rate 1999	No. of homeless 1999	No. of activities asked 2005	Response rate 2005	No. of homeless 2005	Difference in number (+/-)
Social services	461	99%	3 972	348	100%	7 451	3 479
Women's refuges	109	50%	41	158	64%	93	52
Family care units	15	33%	3	27	63%	13	10
Remand prisons	29	66%	71	29	97%	100	29
Prisons	64	62%	167	54	74%	134	-33
Non-custodial care authorities	50	92%	956	47	98%	1 092	136
Community homes (HVB)	575	65%	1 029	822	65%	631	-398
Psychiatric clinics (including emergency care centers)	105	56%	581	110	76%	406	-175
emergency care centers, somatic	105	55%	7	115	62%	12	6
<b>Total</b>	<b>1 677</b>		<b>6 827</b>	<b>1 710</b>		<b>9 933</b>	<b>+3 106</b>

According to the table, the increase in the number of homeless persons comes to just over 3,000 people. After checking the figures further, the National Board of Health and Welfare has been strengthened in its view that an increase has occurred but that it is not possible to say exactly how great it is. The Board's view is that the increase lies somewhere between 2,000 and 3,000 persons.

- The proportion of women has increased since 1999 (the number has increased from around 1,500 to around 2,400 persons). The proportion of foreign-born people is higher than 1999 (from around 1,700 persons to around 2,650 persons).
- The proportion of those sleeping rough has not changed very much since 1999. In absolute figures the number was around 350 persons in 1999 and around 400 persons in 2005.
- A greater proportion of the persons who are homeless in 2005 live in hostels or other emergency accommodations compared with 1999 (in

absolute figures there is an increase from around 550 to around 1,650 persons). The increase applies to both men and women.

- The proportion of persons living in different types of institution or supported accommodation has fallen since 1999 (a decrease from 1,200 to 800 persons). There has, however, been a big increase between 1999 and 2005 when it comes to those living temporarily with relatives and friends (from around 1,900 to around 3,500 persons).

*Table 8. Number and percentage distribution of homeless persons' problems requiring assistance, treatment, care and support for the years 1999 and 2005.*

Problems entailing need of support	1999		2005	
	Share	Number	Share	Number
Somatic problems	16	1 061	16	1 504
Mental problems	38	2 585	33	3 076
Addiction problems	70	4 745	63	5 859
Both mental and addiction problems	24	1 646	22	1 996
None of problems mentioned	9	632	8	727

Non-response 1999: 0,4%, 2005: 7%

The proportion of persons listed as having addiction problems has fallen since 1999, whereas the number has increased. The same situation applies for persons with mental problems.

As regards support measures during the last year, fewer people have received custodial support for addiction problems. In 1999 around 1,350 persons received voluntary institutional care as compared with around 1,250 in 2005. Compulsory care also saw a reduction, in this case from 380 to 280 persons. As regards voluntary institutional care for mental problems, just under 600 persons received such care in 1999 as compared with just over 450 in 2005.

## Conclusions drawn by the National Board of Health and Welfare

Which of the results require particular attention? The National Board of Health and Welfare highlights the following:

### The problem of homelessness remains

The year's mapping clearly shows that homelessness continues to be a problem in Sweden. A picture emerges from the year's research which to a large extent corroborates the results from 1993 and 1999, notwithstanding certain changes in definitions and arrangements. The situations for people who are homeless is characterised by a strong, social isolation.

## Homelessness has increased and changed

The Board concluded in 1999 that homelessness had not increased between the years 1993 and 1999. It is not possible to draw the same conclusion from this report, which by contrast shows an increase. It is the municipal social services that report practically the whole increase. It is not possible to explain unambiguously what has caused this increase. The following questions need to be asked:

- Is the increase real in the sense that more people are currently falling through the social safety net?
- If so, is this increase the result of problems on the housing market, the labour market or with integration policy? Or is it the care of addicts or people with mental disabilities that is not working satisfactorily? Or a combination of these different factors?
- Is the increase a result of greater awareness of homelessness within social services and thus greater readiness to report the details of persons who are homeless? Or is it the case that an increased secondary housing market<sup>5</sup> makes today's social services responsible for housing people who previously would have been able to obtain their own rental agreements but are now not approved as tenants?

When we compare the 1999 investigation with today's, we find certain differences that need to be highlighted:

- Women and people born outside the Nordic countries are the groups whose proportion of homeless persons continues to increase. This development was noted as early as the 1993 mapping.
- The comparison shows that a higher proportion in 2005 (1,400 people) than was the case in 1999 (just under 500 people) were to be found in hostels or emergency accommodation. However, a lower proportion were to be found in institutions or supported accommodation. The housing situation appears therefore to have worsened for homeless people in 2005 compared with those of 1999. Serious addiction in Sweden has increased but the greater need for social measures to combat addiction has not been accompanied by a corresponding increase in resources (SOU 2005:82). The fact that more homeless persons are referred to short-term housing solutions may be a sign that they are not been granted access to the care and support they need to resolve their addiction or mental problems. This in turn makes it harder for people to sort out their housing situation.

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<sup>5</sup> The term secondary housing market mostly refers to cases where social services rent contracts from housing companies and then sublet the accommodation to clients. Often the contracts for clients are associated with more terms than would be applicable for first-hand letting.

## **Differences among homeless persons – different measures and different solutions are needed**

The result shows that there are big differences between persons in the different situations. There are also big differences between men and women listed as homeless. In addition, there are differences between persons born in different parts of the world.

Questions arise from the fact that there are such big differences between homeless men and women, between persons born in different parts of the world and between persons in the different situations in respect of such things as their housing situation, problems, length of time spent homeless and the support measures they have received. These questions relate to the needs of homeless people, how these can be appreciated and met, and how their problems can be solved.

One conclusion is that to a large extent the complex problem of homelessness influences and is influenced by such things as social policy, health and medical care policy, housing policy, labour market policy and integration policy. There is not just *one* reason why people become and remain homeless, not just *one* universal measure, nor just *one* single solution.

## **Inadequate knowledge of homeless families with children**

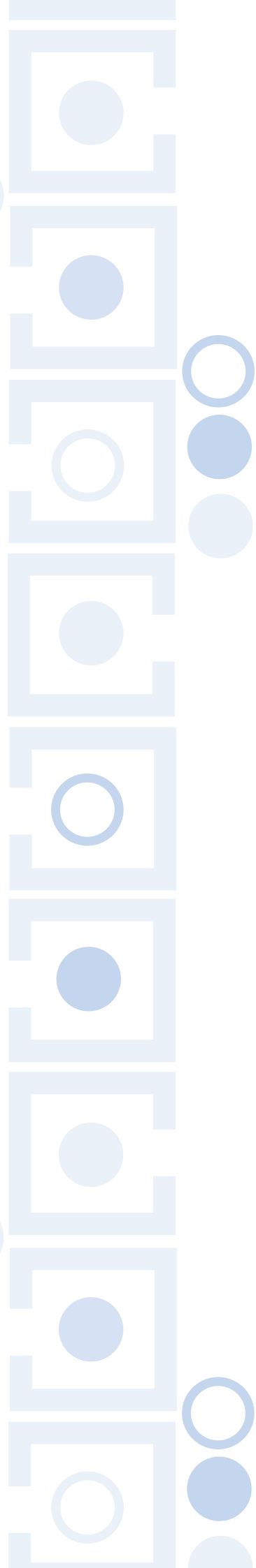
Part of the brief of the mapping was to map the scale of homeless families with children. Despite the fact that the National Board of Health and Welfare has tried to reach sources of information with knowledge of homeless families with children and have asked in the questionnaire about children, the result is unsatisfactory in the sense that there is a very high non-response to these questions.

It is difficult to judge whether this is because it is the first time an effort has been made in this type of study to clarify the situation for homeless families with children, or whether there may be a disinclination on the part of sources of information to define children as homeless, or whether some other factor is behind this result.

The sources of information appear to have knowledge of whether homeless persons are also parents of children under 18 years of age. When it comes to the children and the circumstances under which they live, the knowledge seems to be inadequate – at least according to the way the sources of information have answered the questions in the mapping. Whether the homeless persons are parents and what the situation of the children is like are issues that are not adequately addressed in the everyday work with persons that are homeless.

## **Homelessness – a problem in itself!**

Having no home means, irrespective of what other problems one might have, a huge uncertainty and negatively affects one's chances of a good life in general. The National Board of Health and Welfare believes



therefore that it is important to treat homelessness as a problem in itself.

The 2005 mapping shows that a large proportion of the persons who have been homeless for a long time are listed as having addiction problems. Disabilities, somatic problems and mental problems also increase over time for homeless persons. Irrespective of the problems that caused a person to become homeless, homelessness in itself worsens those problems.

The investigation shows that social services and other players have implemented a broad range of support measures for homeless persons. In spite of this, those who have been homeless for several years still appear to be unable to climb out of that situation. The definition of homelessness that has been used for the mapping, and is in line with ongoing discussions concerning a common European definition, means that persons living in subletting contracts arranged by social services are treated as homeless, irrespective of any other problems these persons may have over and above the lack of a home.

According to the sources of information, only a fifth of homeless persons are homeless as a result of a shortage of housing in the municipality. This shows, among other things, that social services are largely focusing on problems other than lack of housing. If social services and the housing companies decide that more and more people are not capable of having a flat within the ordinary housing market, these persons will continue to be homeless irrespective of how many other types of measures social services and other supportive players give them.

One aspect that the National Board of Health and Welfare wishes to highlight is the fact that social services now have supreme responsibility for persons without a home. Social services, however, cannot single-handedly solve the housing problems. Firstly, it is not social services' principal function to arrange housing for people who have nowhere to live, and secondly social services are not capable of influencing either the housing market or the housing construction industry.

Homelessness should therefore be treated as a problem in itself. A more relevant point to consider is the fact that homelessness is increasingly being seen as a purely social policy problem and less and less as a housing policy problem.

# Appendix 1

## Method of investigation

### A relatively wide definition of homelessness

In many contexts homelessness is linked to persons who in practice lack a roof over their heads, e.g. persons sleeping rough or persons living in hostels of various kinds. The definitions of homelessness used by the National Board of Health and Welfare in this and previous mappings include, however, a wider group of people. Four situations define the persons seen as homeless in the 2005 investigation.<sup>1</sup>

1. A person is referred to emergency accommodation, sheltered accommodation/hostel, short-term accommodation or is sleeping rough.

2. A person is admitted to or registered in

- prison
- a treatment unit

or

- supported accommodation within social services, county council, private care provider, community home or a National Board of Institutional Care (SIS) institution and is **intended for discharge within three months** after the measurement period but does not have any accommodation arranged before being discharged or moving out.

3. A person is admitted to or registered in

- a treatment unit

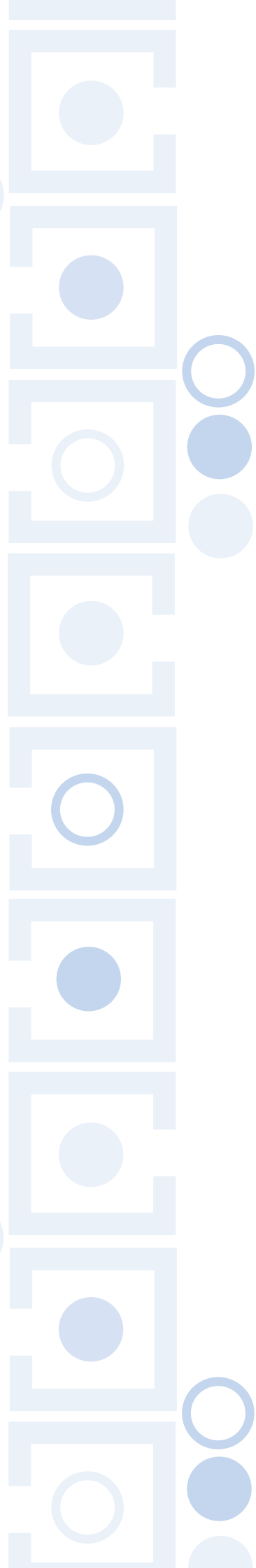
or

- supported accommodation within social services, county council, private care provider, community home or SIS institution and is **not intended for discharge within three months** but does not have any accommodation arranged in the event that he/she should be discharged or should move out at some future time.

4. A person lives temporarily and without contract with friends, acquaintances, family, relatives or has a temporary (shorter than three months after the measurement period) lodging or subletting contract and on the basis of this situation has **sought help** or **been in contact with the authority or organisation providing information during the measurement period**.

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<sup>1</sup> Persons who are asylum seekers are not counted as homeless in this mapping. The main reason is that lack of time and resources have made it impossible for the mapping to be expanded to include this group.



This definition used in 2005 is broader than the one used with the previous mapping in 1999 and more closely resembles the definition used in 1993. The division of the definition into four different situations describes more clearly (than previous definitions) the varying degrees of lack of foothold on the housing market. The main change since 1999 is that Situation 3 has been included in the mapping. The theme is that those who are *not* intended for discharge from institutions and supported accommodation also find themselves in an uncertain housing situation that can change rapidly. The legal protection for persons in these forms of accommodation is also weak. Since there is an underestimation of persons in Situation 3 (see page 13), the hope is that future mappings, perhaps in combination with studies of the availability of housing within the social services, will be able to provide better estimates of the number of people in this situation.

Within FEANTSA (European Federation of National Organisations Working with the Homeless) work is going on to produce common definitions in order to facilitate comparisons between measurements in different countries. FEANTSA has therefore produced a classification called ETHOS (European Typology on Homelessness and Housing Exclusion). The National Board of Health and Welfare has, in the design of the four homelessness situations, thought along similar lines and there is some agreement with FEANTSA's classification. The classification is based on three domains, or areas, which in different ways constitute a home:

- *Physical domain* – purpose-designed home or space that meets the needs of the individual and his/her family.
- *Legal domain* – security of tenure, right of disposal or right of possession in relation to the home.
- *Social domain* – prospect of maintaining private life and social relations.

ETHOS' four main categories, which state the person's or the household's level or type of homelessness or exclusion from the normal housing market, are based on the degree to which the person has access to these domains. Full housing means that the person or household has right of disposal in respect of a physically acceptable home with the prospect of maintaining a private sphere and social relations.

The National Board of Health and Welfare's definition completely agrees with the first two main categories in ETHOS', "Roofless" (persons sleeping rough or in an overnight hostel), and "Houseless" (institutions offering temporary accommodation for homeless people, and other housing for certain groups, supported/supervised accommodation, and institutional accommodation).

The third main category, "Insecure", (housing in flats without a secure subletting contract and living with family or friends due to the



lack of a home), is included to some extent. Housing that is connected with an eviction application or house squatters is not included.

ETHOS has an additional category that is not fully included in the Board's mapping, namely "Inadequate", i.e. poor-quality housing (living in hovels, homes with no sanitation or homes condemned by national legislation, alternative accommodation in caravans, camping cottages not equipped for all-year-round accommodation or overcrowded accommodation). Some of these situations, i.e. living in hovels, caravans or camping cottages, have probably been reported in the mapping, but homes that have no sanitation or are overcrowded are not included since these types of accommodation did not form part of the definition (Edgar & Meert 2005, translation and adaptation by Ingrid Sahlin).

### **Method of investigation**

In order to gain as much knowledge as possible about the scale and character of homelessness, the chosen sources of information – as with the 1993 and 1999 mappings – were all the authorities and organisations that might come in contact with homeless persons. A questionnaire was sent out to the sources of information in April 2005.

The chosen methodology is not without problems. There are homeless persons who are not in contact with any authority or organisation and are thus not covered by the mapping. This means that it is not possible to produce exact figures of how many people are to be treated as homeless according to the above-mentioned definition.

Some sources of information are also unwilling to release information on persons they know to be homeless. Some people who are homeless have expressly refused to be included in the mapping.

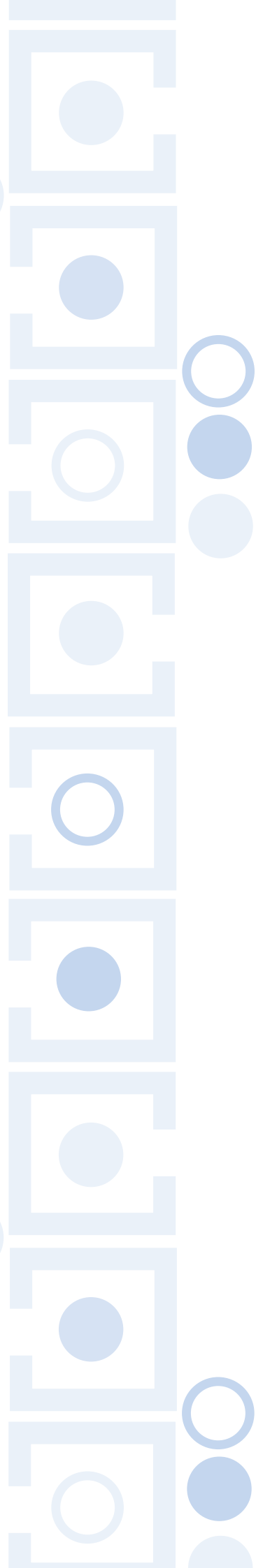
There are also, of course, organisations with knowledge of homeless persons which are not known to the National Board of Health and Welfare and are therefore unable to submit information to the investigation.

Moreover, not all sources of information have reported persons in Situation 3 as homeless, despite the fact that the investigation's definition requires that they should be included.

In conclusion, these factors mean that the results from the investigation must be seen as minimum figures.

### **Sources of information**

The questionnaire was sent to 3,746 sources of information (activities, not individuals) from, among others, non-custodial care authorities, correctional institutions, remand prisons, municipal social services administrations, community homes, women's refuges, youth advice centres, addiction clinics, treatment homes for addicts, psychiatric clinics, emergency units and outreach activities for homeless persons.



A large number of voluntary organisations were also approached, including the City Mission, the Salvation Army and the street newspapers Situation Sthlm, Aluma and Faktum. The number of voluntary organisations approached was considerably more than previously, around 900 in 2005 compared with just over 200 in 1999.

The National Board of Health and Welfare has no knowledge of how municipalities or other organisations have organised their work with regard to homeless persons. The method that has been used for the mailshot is based on the assumption that the person who receives the questionnaire will then send it on to the relevant respondents.

### **Measurement period**

The measurement period is limited to one week – Week 17 (25 April-1 May), 2005.<sup>2</sup> Due to an incomplete address register, around forty sources of information did not receive the questionnaire when the mailshot was sent out. Instead, these had to fill out the questionnaire in Week 21, since we decided that this would not have any substantial effect on the results of the investigation.

Respondents filled in a questionnaire for each person they knew to be homeless during this period. In 1993 the measurement period took place during Week 13, the stated reason being that "occupation of the hostels and other institutions for homeless persons is, from experience, highest during late winter/early spring" (National Board of Health and Welfare, 1993). In the 1999 mapping the situation of the homeless was studied during Week 16 (National Board of Health and Welfare, 2000).

Homelessness is a situation in which persons can be caught for long or short periods. Persons who are homeless for long periods are more likely to appear in the mapping, whereas the number of persons who are homeless for short periods will be underestimated. The fact that the study only describes the situation during a specific week cannot be emphasised enough.

The figure opposite illustrates the effects of a cross-sectional estimate.

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<sup>2</sup> Due to an incomplete address register, around forty sources of information did not receive the questionnaire when the mailshot was sent out. Instead, these had to fill out the questionnaire in Week 21, since we decided that this would not have any substantial effect on the results of the investigation.

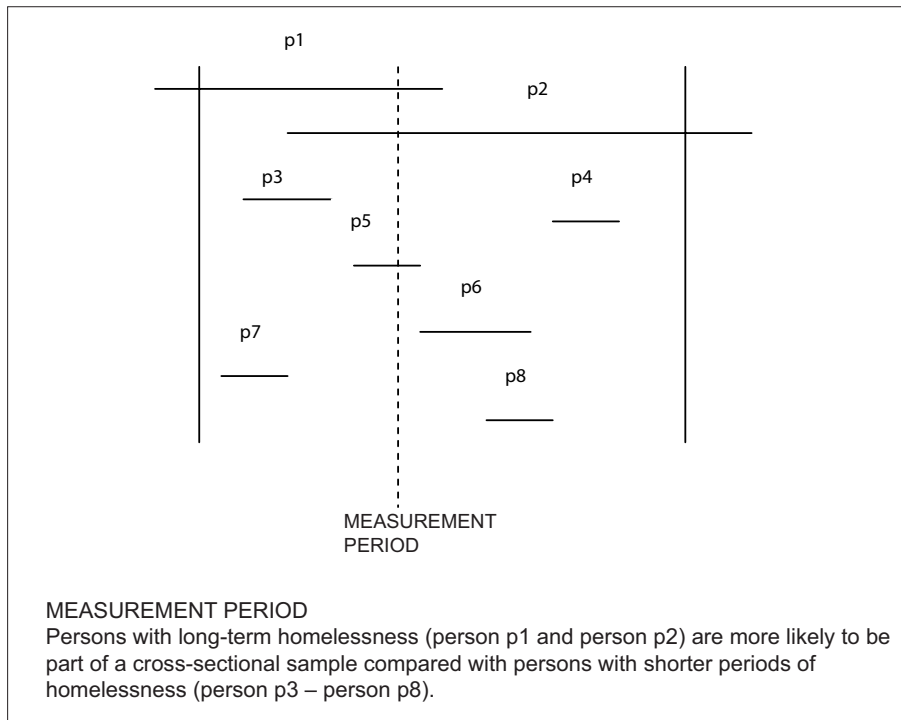


Figure 1. Effects of a cross-sectional estimate.

### Non-response and response rate

To obtain knowledge of persons who are homeless, the National Board of Health and Welfare has, as previously mentioned, turned to the authorities and organisations likely to come in contact with these persons. A response alternative in the questionnaire sent out to the respondents was "The authority or organisation has no knowledge of persons who, according to this definition, are homeless during the measurement period". Of the roughly 3,800 sources of information, 1,115 answered that they had no knowledge of homeless persons during the given week.

The National Board of Health and Welfare does not know whether the sources of information who did not respond to the questionnaire had knowledge of homeless persons or not. It is possible that some sources of information had knowledge of homeless persons but for some reason did not choose to answer the questions. The number of homeless persons not included in the investigation is therefore unknown. What can be recorded, however, is the non-response level among the respondents, i.e. the frequency of response.

Table. Number of organisations questioned and frequency of response for the different sources of information. Per cent.

Source of information	No. of activities asked	Share of respondents (%)
Social service administrations	348	99
Community homes/treatment homes for addicts/ residential forms for mentally disabled	1742	61
Non-custodial care authorities	47	98
Psychiatric clinics	110	76
Voluntary organisations (excluding women's refuges and men's advice centres)	738	54
Prisons	54	74
Addiction clinics	67	61
Remand prisons	29	97
Women's refuges and men's advice centers	164	62
Emergency care centers (somatic health care))	115	62
Family care units	27	63
Child and adolescent psychiatric clinics	51	53
Advice centers for young people	243	70
Hållpunkt Maria (healthcare centre for homeless persons)	1	100
Sheltered housing	1	100
Special housing units	9	33

The table shows that the response rate varies greatly between different sources of information. The highest frequency of response was recorded from social services administrations, non-custodial care authorities and remand prisons. The response rate was considerably lower among the voluntary organisations.

Not all questions in the questionnaires are always answered. When the record of values is shown in tabular or diagrammatic form, this non-response is shown directly under the table or diagram. Usually there is a correlation between several questions (e.g. sex, age, support measures). Only homeless persons about whom the sources of information have provided full information are included in the records for each question. The non-response is therefore calculated by dividing the number of persons for whom there is no response in any of the relevant recorded questions by the total number of all persons in the recorded group in question. If, for example, a table shows the sex and support measures for all homeless persons, and the number of persons about whom nothing of their sex or measures is known totals 1,780, the internal non-response will be  $1,780/17,834$ , i.e. 10 per cent.

## Procedure with double reporting

To ascertain how many persons have been recorded as homeless by more than one source of information, the first thing to be taken into account was the stated personal identity number that every person registered in the Population Register in Sweden has. Where there was no personal identity number, the UNO code<sup>3</sup> was used to discover duplicates. There were 12,222 unique, complete personal identity numbers, and 4,882 unique, complete UNO codes. In the remaining 730 questionnaires where neither UNO code nor the full personal identity number was stated, it was assumed that the information related to a unique person. This procedure therefore provides information on 17,834 unique, homeless persons.

When many sources of information reported details of the same person, a prioritisation was made of which source of information should be considered the main one. This means that if a person has been reported by several sources of information, it is the answers from the source of information that is first in the priority list that will be primarily noted. The priority list is designed to facilitate comparison with the 1999 mapping.

The prioritisation list runs as follows:

1. Social services administrations
2. Community homes, treatment homes for addicts, housing for mentally-handicapped persons
3. Non-custodial care authorities
4. Psychiatric clinics
5. Voluntary organisations (excluding women's refuges and men's advice centres)
6. Prisons
7. Addiction clinics (formerly alcoholism polyclinics)
8. Remand prisons
9. Women's refuges and men's advice centres
10. Emergency care centers (somatic care)
11. Family care units
12. Child/youth psychiatric clinics
13. For young people advice centres
14. Hållpunkt Maria (healthcare centre for homeless people)
15. Sheltered housing/protected accommodation
16. Special housing units

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<sup>3</sup> The UNO code consists of initials, year of birth and birthday.

An example: both a social services administration and a psychiatric clinic report that a person is homeless. The replies from social services will be used first. If no replies from social services are forthcoming in a particular question group but there are responses from the psychiatric clinic, the supplementary information from the clinic will be used. When there are no replies to particular questions in the questionnaire, we have gathered in knowledge, where it exists, from other sources of information according to the order of priority. Sometimes, therefore, the report uses answers from several sources of information concerning the same person.

### Comparability with previous mappings

A comparison between 1999 and 2005 has been possible since there is access to data from both years. The groups who are used in the comparison are included in the definition for both studies. The same order of priority has been used for the answers in both studies. In addition to this, only persons who have been reported by organisations that were part of the 1999 and 2005 mappings are included.

Figure 2 below shows the number of people in comparable groups (marked with lines) and the number of people excluded from the comparison in each respective year.

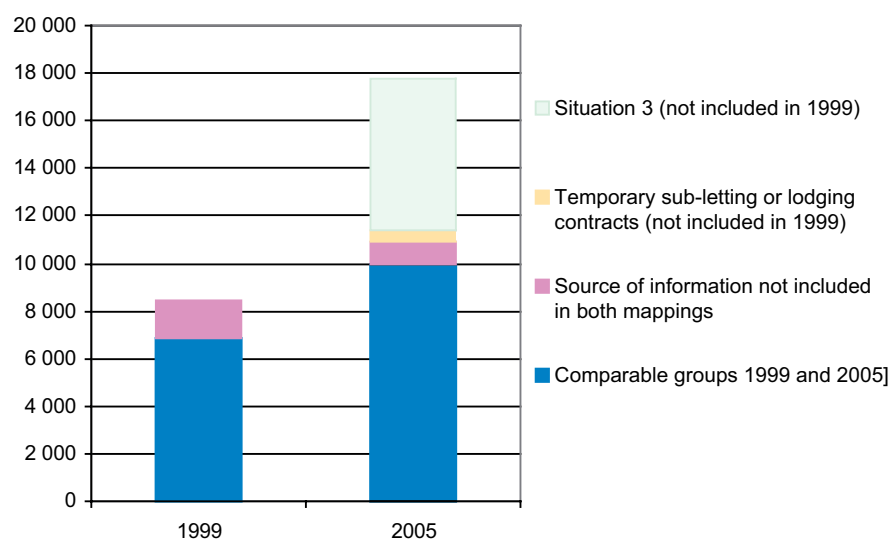


Figure 2. Homeless persons in 1999 and 2005 in groups that are comparable (marked with lines) and groups that are excluded in the respective year.

## Appendix 2

### Group number breakdown of sources of information

No	Activity	Number
1.	Non-custodial care authorities (within the criminal justice system)	47
2.	Prisons	54
3.	Remand prisons	29
4.	Head of social services	346
5.	Special units for homeless persons in Stockholm	3
6.	Women's refuges/men's advice centres	164
7.	Treatment homes	822
8.	Family care units	27
9.	Addiction clinics	67
10.	Treatment homes for addicts	130
11.	Advice centres for young people	243
12.	Housing for persons with psychiatric disabilities	790
13.	Psychiatric clinics	110
14.	Emergency (somatic) care centres	115
15.	Child/youth psychiatric clinics	51
16.	Victim support centres (voluntary organisation)	107
17.	Hela människan – RIA	41
18.	KRIS (organisation for ex-convicts)	28
19.	Levi Petri foundations	58
20.	Fryshuset (activities for young people in Stockholm)	5
21.	Verdandi	12
22.	SIMON (Immigrants against narcotic drugs)	12
23.	Rainbow Sweden	10
24.	The Salvation Army	26
25.	Stadsmissionen	25
26.	Fountain House centres	11
27.	Situation Stockholm, Aluma, Faktum (Street papers)	3
28.	Swedish Parents Anti-Narcotics Association, FMN	32
29.	Riksförbundet Länkarna	40
30.	IOGT Kamratstödsverksamhet	49
31.	Save the Children Sweden Crisis Centre	1

32.	Xist Tjejforum (organisation for young women)	1
33.	Convictus + Ny Gemenskap	2
34.	Bryggan, Solrosen (for children to convicts)	4
35.	Protected housing (for young people exposed to or threatened by honour-related violence)	1
36.	Riksnätverket Nattvandrare i Sverige ("Night Owls" – adult volunteers to make night life on the streets safer for young people)	270
37.	Special housing units in Stockholm	9
38.	Hållpunkt Maria (Medical centre for homeless persons in Stockholm)	1



To sources of information involved in the  
2005 survey of homelessness

## Survey of homelessness in Sweden

The government has commissioned the National Board of Health and Welfare to carry out a mapping of the scale of homelessness in Sweden and record the measures being taken to support homeless persons. The study is a follow-up of the surveys carried out in 1993 and 1999.

The government commission emphasises that homelessness is a multi-faceted problem that can affect many different persons. It can involve individuals or families with financial problems, addiction problems or mental health problems and also people experiencing conflicts and violence within the family. The scale of homeless families with children is a particular area that needs to be recorded.

### Week 17 is the measurement week

The questionnaire intends to record homelessness during Week 17 (25 April – 1 May) 2005. The questions relate to conditions during this week unless otherwise stated.

### It is important to answer even if you do not know anyone who is homeless

We approach many actors in our search for homeless persons. It is therefore important, even if you do not know anyone who is homeless, that you send in an answer to us so that you do not receive reminders. On the first page of the questionnaire there is an alternative response for those of you who do not know any homeless persons.

### We want to have information on all persons who are homeless and who are known to your activity

The government wants to know about all persons who are homeless and who are known by you. It is therefore important that you send in *one form* for *each* person who, during Week 17, is in one of the situations described in the questionnaire. Remember that we also want to have information on children and young people who are homeless.

### If you do not have enough forms, make copies

It is difficult for us to estimate how many questionnaires each unit requires so the simplest procedure is for you to copy forms as you need them. Alternatively you can order more forms by contacting the National Board of Health and Welfare.

### State the information you have available even if it is incomplete

Enter the information you have available. There is a special alternative response in the questionnaire which reads: “The authority/organisation does not ask for this information”, which you may cross if applicable.

## **Personal identity number and UNO code are to check for duplication**

Since the purpose of the survey is to gain a good understanding of the number of homeless persons in Sweden, we are asking for personal identity numbers (every person registered in the Population Register in Sweden has a personal identity number) so that we can know whether a person has been reported as homeless by several different authorities or organisations. If you do not have or do not wish to submit personal identity numbers, a UNO code may be entered. The principles on which this code is based are made clear on the form.

## **Secrecy**

When compiling and analysing the material, it will not be possible to identify individual persons. The material is secrecy-protected by the National Board of Health and Welfare according to Chapter 9, section 4, of the Secrecy Act.

## **Send the questionnaires as one consignment in the enclosed reply envelope**

When the questionnaires have been completed and returned to the person responsible for them at your authority/organisation, they should be sent off as a single consignment in the franked reply envelope/bag which comes with the questionnaires. If you need more reply envelopes/bags, contact the National Board of Health and Welfare.

**Send in the reply envelope no later than 20 May**

The questionnaire has been designed in consultation with the Swedish Association of Local Authorities and Regions and with the Board of Swedish Industry and Commerce for Better Regulation. Participation in the study is voluntary but your contribution is extremely important in helping us to learn how many people are homeless in Sweden.

The National Board of Health and Welfare is happy to answer questions

Annika Remaeus ([annika.remaeus@socialstyrelsen.se](mailto:annika.remaeus@socialstyrelsen.se), 08-555 532 93)

Anna Qvarlander ([anna.qvarlander@socialstyrelsen.se](mailto:anna.qvarlander@socialstyrelsen.se), 08-555 534 82)

Maria Boustedt Hedvall ([maria.boustedt.hedvall@socialstyrelsen.se](mailto:maria.boustedt.hedvall@socialstyrelsen.se), 08-555 531 58)

Thank you very much for your assistance!

Åsa Börjesson  
Deputy Director-General  
National Board of Health and Welfare

Who has answered the questions?

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Addressee:

**The following are the situations that define the people who are classified as homeless in this study. State the situation in which the person concerned finds him/herself.**

*Only one of the alternatives may be chosen*

### **Situation 1**

A person is referred to emergency accommodation, hostel, short-term accommodation or is sleeping rough.

O<sub>1</sub>

### **Situation 2**

A person is admitted to/registered at either: prison, treatment unit or supported accommodation within social services/ county council/ private care provider/ community home/ National Board of Institutional Care institution and **is intended for discharge within three months** after the given period but does not have any accommodation arranged before being discharged or moving out.

O<sub>2</sub>

### **Situation 3**

A person is admitted to/registered at either: treatment unit or supported accommodation within social services / county council / private care provider / community home / National Board of Institutional Care institution and **is not intended for discharge within three months** but does not have any accommodation arranged in the event that he/she should be discharged or should move out at some future time.

O<sub>3</sub>

### **Situation 4**

A person lives temporarily and without contract with friends/acquaintances, family, relatives or has a temporary (shorter than three months after the given period) lodging or subletting contract and on the basis of this situation has **sought help/been in contact with** the authority or organisation providing the information **during the given period.**

O<sub>4</sub>

**The authority/organisation has no knowledge of persons who, according to this definition, are homeless during the given period of Week 17 (25/4 –1/5) in 2005**

## Background information

### 1. Personal identity number OO OO OO — OOOO

If you cannot give the personal identity number, the **UNO code** should be used: the first letter of the first name, the first letter of the first surname, the year of birth and the date of birth.

*EXAMPLE: the UNO code for Anna-Karin Svensson- Larsson born on 7 May 1965 is AS6507*

First letter of first name: \_\_\_\_\_

First letter of first surname: \_\_\_\_\_

Year of birth: OO

Date of birth: OO

O0 Don't know

O00 The authority/organisation does not ask for this information

### 2. Gender: O1 Woman O2 Man

### 3. What is the person's home municipality, if it is other than the one in which the person is staying during Week 17 of 2005?

\_\_\_\_\_municipality

O2 Home municipality and municipality where person is staying in Week 17 are the same

O0 Don't know

O00 The authority/organisation does not ask for this information

### 4. The person lives:

O1 Together with partner

O2 Alone

O0 Don't know

O00 The authority/organisation does not ask for this information

**5a) Is the person a parent of a child under 18 years of age?**

- O1 No, **go to question 6**
- O2 Yes, how many: \_\_\_\_\_ Number unknown O0
- O0 Don't know
- O00 The authority/organisation does not ask for this information

**5b) Does the person also have custody of the child/children?**

- O1 No, **go to question 6**
- O2 Yes, to all children
- O3 Yes, to: \_\_\_\_child/children
- O0 Don't know
- O00 The authority/organisation does not ask for this information

**5c) Does the person live fully or partly with any child or children of his/her under the age of 18?**

- O1 No
- O2 Yes, state UNO code and gender of these children:

		girl	boy
Child 1	OO OO OO	O1	O2
Child 2	OO OO OO	O1	O2
Child 3	OO OO OO	O1	O2

- O0 Don't know
- O00 The authority/organisation does not ask for this information

*If the person lives fully or partly with more than three children, please enter their UNO codes and gender at the end of the questionnaire under "Comments"*

**6a) Person's country of birth:**

- O1 Sweden
- O2 Finland
- O3 Other Nordic country
- O4 Rest of Europe (incl Russia)
- O5 North America
- O6 Asia
- O7 Africa
- O8 South America
- O9 Other, state which: \_\_\_\_\_
- O0 Don't know
- O00 The authority/organisation does not ask for this information

**6b) Was either of the person's parents born outside Sweden?**

- O1 No
- O2 Yes
- O0 Don't know
- O00 The authority/organisation does not ask for this information

**7. For how long has the person been homeless?**

*Round the figure down: 3.5 months becomes 3 months*

- O1 0–3 months
- O2 4–6 months
- O3 7–11 months
- O4 1–3 years
- O5 4–6 years
- O6 7–9 years
- O7 10 years or more
- O0 Don't know
- O00 The authority/organisation does not ask for this information

**8. How old was the person at the start of his/her homelessness, i.e. on the first occasion of homelessness?**

The person was: \_\_\_\_ years old

- O0 Don't know
- O00 The authority/organisation does not ask for this information

**9. Person's accommodation situation during Week 17 in 2005**

*More than one alternative may be given but circle the main accommodation situation*

- O1 Sleeping rough
- O2 Emergency/Low-threshold accommodation (hostel, refuge, short-term lodging)
- O3 Hotel/Campsite/Youth Hostel
- O4 Women's Refuge
- O5 Residential Hotel/Hotel Home
- O6 Group Housing
- O7 Training Flat
- O8 Institutional Care (e.g. treatment unit, community home), Responsible Authority: \_\_\_\_\_
- O9 Prison/Remand prison
- O10 Temporary, non-contract accommodation with family/relatives (incl staying with children)
- O11 Temporary, non-contract accommodation with friends/acquaintances
- O12 Temporary subletting or lodging contract (shorter than three months)
- O13 Other, state details: \_\_\_\_\_
- O0 Don't know
- O00 The authority/organisation does not ask for this information

**10. Person's employment/work during Week 17 in 2005**

*More than one alternative may be given but circle the main employment*

- O1 Work on the open market
- O2 Sheltered employment
- O3 Student/school pupil
- O4 Employment as part of a treatment programme (e.g. daily activity, daily employment, employment/study within a treatment programme/out-patient care or work within prison)
- O5 Job applicant, unemployed

- O6 No employment
- O7 Other, state details: \_\_\_\_\_
- O0 Don't know
- O00 The authority/organisation does not ask for this information

### **11. Person's source of income during Week 17 in 2005**

*More than one alternative may be given but circle the main source of income*

- O1 Salary from regular work
- O2 Salary from temporary jobs
- O3 Student financial aid
- O4 Vocational training (AMS) grant/Work experience scheme (AMU)/ALU allowance, activity support, rehabilitation support
- O5 Unemployment benefit, Alfa fund
- O6 Sickness benefit, parental benefit
- O7 Disability pension/temporary disability pension (sickness compensation, activity compensation)
- O8 Prison wage (allowance when in prison)
- O9 Old age pension
- O10 Introduction allowance for refugees
- O11 Social assistance (social security allowance)
- O12 Other, state details: \_\_\_\_\_
- O13 No source of income
- O0 Don't know
- O00 The authority/organisation does not ask for this information



## Problems that lead to a need for support

### 12. Which problems does the person have which led to a need for assistance, treatment, care or support during Week 17 in 2005?

*More than one alternative may be given*

- O1 The person has no known problem that led to a need for support
- O2 Physical/somatic problems (excluding need for dental care)
- O3 Problems with mouth and teeth
- O4 Disabilities that led to a need for support (excluding psychiatric problems)
- O5 Psychiatric problems
- O6 Addiction problems
- O7 Financial problems (debts etc)
- O8 Family problems (in contact with children, partner or parents)
- O9 Lack of employment/work
- O10 Other, state details: \_\_\_\_\_
- O0 Don't know
- O00 The authority/organisation does not ask for this information

### 13. With what substances has the person abused in the last month?

*More than one alternative may be given but circle the main drug*

- O1 The person does not abuse
- O2 No drug used during the last month
- O3 Alcohol
- O4 Opiates (heroin, morphine, opium, methadone, buprenorphine, etc)
- O5 Stimulants (amphetamines, cocaine, MDMA/ecstasy, etc)
- O6 Hallucinogenes/cannabis (LSD, hasch, marijuana etc)
- O7 Prescription drugs
- O8 Solvents (thinner, glue, gas etc)
- O9 Doping substances (anabolic steroids etc)
- O10 Other, state details: \_\_\_\_\_
- O0 Don't know
- O00 The authority/organisation does not ask for this information

## Information on the person's situation during the last year

**14. Has the person had any contact with a social welfare office during the last year?**

- O1 No
- O2 Yes
- O0 Don't know
- O00 The authority/organisation does not ask for this information

**15. Which of the following voluntary housing measures has the person received during the last year?**

*More than one alternative may be given*

- O1 No measures
- O2 Emergency accommodation/Low-threshold accommodation (hostel, refuge, short-term accommodation)
- O3 Hotel/Campsite/Youth Hostel
- O4 Women's refuge
- O5 Residential Hotel/Hotel Home
- O6 Group Housing
- O7 Training Flat
- O8 Institutional Care (e.g. treatment unit, community home), responsible authority: \_\_\_\_\_
- O9 Housing support in own home
- O10 Other, state details: \_\_\_\_\_
- O0 Don't know
- O00 The authority/organisation does not ask for this information

**16. Which of the following voluntary measures to combat addiction has the person received during the last year?**

*More than one alternative may be given*

- O1 The person is not abusing him/herself with addictive substances
- O2 No measures
- O3 Out-patient care
- O4 Voluntary institutional care/family care
- O5 After-care

- O6 Methadone treatment
- O7 Subutex treatment
- O8 Detoxification
- O9 Other, state details: \_\_\_\_\_
- O0 Don't know
- O00 The authority/organisation does not ask for this information

**17. Which of the following voluntary measures to combat psychiatric problems has the person received during the last year?**

*More than one alternative may be given*

- O1 The person has no psychiatric problems
- O2 No measures
- O3 Psychiatric out-patient care
- O4 Psychiatric in-patient care – voluntary
- O5 Rehabilitation
- O6 Other psychiatric after-care
- O7 Other, state details: \_\_\_\_\_
- O0 Don't know
- O00 The authority/organisation does not ask for this information

**18. Which of the following voluntary measures to combat somatic problems has the person received during the last year?**

*More than one alternative may be given*

- O1 The person has no somatic problems
- O2 No measures
- O3 Somatic out-patient care
- O4 Somatic in-patient care
- O5 Dental care
- O6 Other, state details: \_\_\_\_\_
- O0 Don't know
- O00 The authority/organisation does not ask for this information

**19. Which other forms of voluntary support has the person received during the last year?**

*More than one alternative may be given*

- O1 The person has not received any support measures
- O2 Social assistance under the Social Services Act (social security allowance, maintenance support)
- O3 Family support under the Social Services Act (including support for children/young people)
- O4 Measures under the Act concerning Support and Service for Persons with Certain Functional Impairments (LSS), individual plan
- O5 Personal representation (for persons with psychiatric problems)
- O6 Contact person under the Social Services Act
- O7 Personal representative
- O8 Home help services
- O9 Support from non-governmental/voluntary organisation
- O10 Other, state details: \_\_\_\_\_
- O0 Don't know
- O00 The authority/organisation does not ask for this information

**20. Which measures of a non-voluntary nature has the person received during the last year?**

*More than one alternative may be given*

- O1 No measures
- O2 Psychiatric compulsory care – The Compulsory Mental Care Act (LPT)
- O3 Psychiatric compulsory care – The Forensic Mental Care Act (LRV)
- O4 Addiction care – The Care of Abusers (Special Provisions) Act (LVM)
- O5 Compulsory care under The Care of Young Persons (Special Provisions) Act (LVU)
- O6 Compulsory care under The Young Offenders (Special Provisions) Act (LUL)
- O7 Correctional care for offenders
- O8 Non-custodial care (probation)
- O9 Community service
- O10 Other, state details: \_\_\_\_\_
- O0 Don't know
- O00 The authority/organisation does not ask for this information

## Other questions

**21. State below which factors you believe to be important reasons for the person's homelessness.**

*More than one alternative may be given, but circle the main reason*

- O1 Registrations of non-payment
- O2 Unemployment
- O3 Addiction problems
- O4 Mental health problems
- O5 Divorce/separation
- O6 Family conflict
- O7 Family violence
- O8 Eviction due to financial debts/addiction problems/disruptive behaviour
- O9 Lack of accommodation in the person's home municipality
- O10 Other, state details: \_\_\_\_\_
- O0 Don't know
- O00 The authority/organisation does not ask for this information

**22. Has the person helped you fill out this form?**

- O1 No
- O2 Yes

**Comments:** Please use the space below to add details of children's UNO codes and gender (see question 5c) or your thoughts/views on the questionnaire

*THANK YOU FOR YOUR ASSISTANCE!*

After completing the questionnaire, please hand it to the person in your organisation, who is responsible for sending questionnaires to the National Board of Health and Welfare. If you are the responsible person, please send the completed questionnaires as a single consignment in the enclosed envelope.



