

# HOME AND BEING WITHOUT

IN REYKJAVIK ICELAND

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## HOUSING FIRST

EVIDENCE BASED ADVOCACY



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It has been a rewarding journey to step into a community that has previously been alien to me. This journey involved research for knowledge on homelessness and working among the people who provide support to the homeless each and every day, both in the *Dagsetur* Day Shelter and *Konukot* – The Women’s Hut. These people are inspiring and it has been my impression that many of them believe that everyone has the right as a human being to be supported with the hope for a better life – no matter what their situation is.

The objective of this report has been to give an independent and hopefully a fair view of the situation of the homeless people in Iceland, based on research and reports, along with other relevant information. This summary was commissioned by the Salvation Army in Iceland, which is a partner in an international project “Housing First – Evidence based Advocacy”, implemented by the project leader *Ius Medicinae* Foundation and its partner – the *Camillian Mission of Social Assistance* from Poland. These non-governmental organizations together aim at developing a housing support system for people experiencing homelessness in both countries in the spirit of *housing first*, an ideology which emphasizes that each and every person should have secure housing and a home, before any expectation of a recovery or a rehabilitation in daily living should be made.

I would like to thank Rannvá Olsen, a dedicated person in the work for the homeless in Iceland for giving me this opportunity, and Julia Wagnanska our partner in Poland for her good comments on the draft report and her cooperation.

*Matthildur Sigurgeirsdottir*

# INTRODUCTION

This report is on homelessness in Iceland. The objective is to shed light on this social issue in the society and on the political policy regarding the homeless. In Iceland, homeless people have for long been living on the fringes of society, without housing and with limited human rights. Homelessness has thus involved social exclusion. In the last decade, awareness of the homeless situation has increased within the municipal governmental body in Reykjavík. Service provision is under development and expanding. There has been political motivation to improve the living conditions of the homeless and to guard their human rights concerning equal welfare service. This complex issue has also needed to be addressed urgently, especially as the homeless population has been on the rise since the economic crash in Iceland in the year 2008. Nevertheless, development in the service provision is a challenge because of the nature of homelessness and because of discrimination.

This paper is divided into three chapters: I. Social status, II. The Streetwalkers and III. Services for the homeless. The chapter on *Social status* deals with the cultural and social status of the homeless person in a society where the vast majority of people have and keep a home. In the second chapter, *The Streetwalkers*, an attempt is made to give a view on the population of homeless people in Iceland, their social and health situation and the reasons for their homelessness. The last chapter – *Services for the homeless* – is a listing of and information on services for the homeless, which in most instances have been mentioned in the report beforehand. The last chapter outlines ideas on the implementation of Housing First in Iceland by Rannvá Olsen, the manager of The Salvation Army Day Shelter.

## I. SOCIAL STATUS

In analyzing the meaning of homelessness, it is necessary to consider the meaning of the concept of home. Since these concepts are that closely connected that it is impossible to consider one without the other, in this regard they cannot stand alone (Wardhaugh, 2000). Nevertheless, the words home and homelessness may not be considered as simple opposites, since they contain constantly changing experiences which leave their mark on people's identity. This is because the experience of home is diverse and gains meaning in the lives of individuals. The home is of great social importance as it represents both the material and ideal structure of the family and therefore a basis for the individual's socialization into society (Short, 1999). It is an ideal place of privacy, sacredness and family life, an ideal which is, though, far from the everyday life of many (Wardhaugh, 2000).

In western societies the concept has a rich societal meaning and is connected to the cultural ideas of localized residence and sanctuary for the family. It has to be considered that forms of residence are cultural constructs and not all societies have a tradition for localized residence. Some ethnic groups live a life of vagrancy and herding and their family life is not permanently localized. To emphasize the cultural meaning of home, in India for example being without housing or being "roofless" does not have the same social stigma as in western societies (Glasser and Bridgman, 1999). On the other hand, most people in Iceland reside at a certain place, with a home address and the authorities do not expect anything else. The home is therefore a center of the social organization of daily life (Short, 1999) and to have and to keep a home is a major source of identity in Iceland and other western cultures (The Ministry of Welfare, 2005). Nevertheless, some people in Iceland are without housing and therefore take no part in the cultural idea of the home and this central aspect in the social organization of daily life. Consequently, an individual who does not have a home at a certain place is an individual who lives against a general or all inclusive way of organizing one's daily life and

who does not live according to a universal form of residence. He or she lives by very alien circumstances (Wardhaugh, 2000).

In this first section of this report on homelessness in Iceland, the focus is on the social status of the homeless individual, knowledge in Icelandic society on the issue, research, the political awareness and policy, along with the law involving this situation and the attitudes in service provision. The homeless have for long been excluded from society on many levels; they are discriminated against and have received limited welfare services. The Reykjavik municipal government have for the last decade been developing services for the homeless, which take into account their difficult situation and addressing their human rights. The city's government, however, awaits the cooperation of the state authorities in this challenging social and health matter. The following discussion on homelessness is based on two researches from 2009 and 2012, commissioned by the Reykjavik municipality, the work of a committee within the former Ministry of Social Welfare from 2005 on homelessness, and anthropological research from the University of Iceland from 2004. Discussion on human rights and social welfare services, which is later in this section is based on policy reports from the Reykjavik municipal authorities and other relevant documentation.

## RESEARCH ON HOMELESSNESS

An emergency night shelter has been run by the municipal authorities in Reykjavík, the capital of Iceland, since 1969 (Sigurðardóttir, 2012). Homelessness has been recognized as a condition of living for some people and has for long been resolved with an emergency night shelter. Today, there are two night shelters in Iceland and they can both be found in Reykjavík. Recently, an increasing number of people have become homeless and the authorities have given this situation increased attention. This rise in the homeless population has been associated with the economic crises in 2008 and the fall of the banking system in Iceland (The City of Reykjavik, 2014), although political motivation on the homeless issue also gained a certain momentum in and around 2005 with the



work of a committee assigned by the Minister of Social Welfare at that time (The Ministry of Social Welfare, 2005).

Since that time service provision and political interest has been growing. This has been followed by a policy assertion and a developing framework in the service provision for the homeless (The City of Reykjavík, 2014). New ideas in service provision, beyond emergency night shelters, have been developed. As a result of political motivation, the municipal authorities in Reykjavík commissioned two official studies to map the situation of the homeless, in the year of 2009 and in 2012 (Sigurðardóttir, 2012). Such a mapping has the aim of gaining the basic demographics of the homeless population and the general social and health situation as well as reasons for homelessness. The authorities have been interested in acquiring knowledge on the issue in order to develop specialized services. Formal policies in service for the homeless were established for the years of 2008-2012 and now, recently, for the years of 2014-2018 (The City of Reykjavík, 2014).

Both studies are a pioneering effort in this field of social research in Iceland (Sigurðardóttir, 2012). The research in 2009 was the first official study in Iceland on homelessness. Reykjavík was the forum for research since all service for the homeless is in the capital region. Under the act on municipal social services no. 40/1991 and the housing act no. 44/1998, the municipal authorities in Reykjavík have the responsibility to resolve housing issues of the homeless, and therefore all the services for the homeless have been in the capital region (The City of Reykjavík, 2014). No national research on homelessness has been done for Iceland as a whole (Sigurðardóttir, 2012).

A considerable amount of research has been done on the homeless issue by students of The University of Iceland, as a fulfillment of their studies, both B.A. and M.A. projects (Gunnsteinsdóttir and Sigurðardóttir, 2009). One of these projects stands out regarding its fieldwork, namely a research which involved extensive inquiry into and interaction among homeless people in Reykjavík in the year of 2004. This study gives insight into the social wellbeing of the homeless in Reykjavík,

concerning their social status in the society. The research was conducted by the anthropologist Helga Þórey Björnsdóttir and it is named "*We the streetwalkers: Identity in the discourse of homeless people in Reykjavík*" (Björnsdóttir, 2004). This anthropologist was consulted by the state authorities regarding an investigation into the social matter of the homeless in 2005 by a committee in the Ministry of Social Welfare (The Ministry of Social Welfare, 2005).

The focus of the inquiry was the social life of the homeless with regard to identity creation. The objective was to gain insight into how the homeless participants in the research created themselves and their identity, concerning discourse and social structure. Social structure and discourse representing social roles and the exchange of values, complex concepts as they are, are explained here in a simple and an accessible way. Björnsdóttir came to the conclusion that the social existence of being homeless was involved in the creation of a spatial boundary from society and exclusion from participation in public discourse. Thus, the social status of a homeless person involves their exclusion from participation in public discourse, and their identity creation takes, consequently, for the most part, into account their social life and space before they became homeless. This social situation excludes these individuals from developing important aspects of identity with regard to work, their social role, family ties and home (Björnsdóttir, 2012). The status of the homeless person involves social exclusion, whilst homelessness itself has no part in the social structure and is against the dominant value system.

Discourse has been considered as one of the main forces of social life and is always involved in power relations (Smith and Riley, 2009). Discourse may be thought of as a system of dialogue and knowledge exchange in society. It could be explained as those ways chosen in language to categorize, or to explain people and things or even knowledge and objective systems of thought (Smith and Riley, 2009). According to Björnsdóttir (2004), homeless people do not appear to have an existence within the public discourse or in the anthropologist's own words on this social exclusion:

*“Homeless people belong to a group of people with very limited power and without a defined social role within society and appear in the public discourse as a faceless mass who most people know of, but few talk about, and hardly anybody cares to know about” (Björnsdóttir, 2004).*

At the time of the research it was the opinion of Björnsdóttir (2004) that the discussion in the media about the homeless in Reykjavík encouraged their limited power, with the discussion on the homeless being presented as misfortunate and disregarding their personal stories. The misfortune was put forward as an overall explanation for the homelessness and the homeless are seen as alienated. Such a discussion enforces their powerlessness, yet makes it even more difficult for the homeless to improve their situation (Björnsdóttir, 2004). According to this view on homelessness, it is not difficult to imagine that the situation takes away a certain foundation for their social existence, and for their being valued and respected as a member of society.

In order to give an even clearer picture of the social exclusion the homeless person lives with, it may be pointed out that many minorities in Icelandic society have battled against prejudices but have a voice within society, as for example homosexuals and immigrants. Many groups or minorities stand in a certain regard against the dominant value system but still have a point a view in the public discourse. Homeless people on the other hand do not have a point of view or a spokesperson. Their voice does not have a being, in the sense that they are indeed a faceless objectified mass of unfortunate people. The perspective of the homeless is though important and it is vital that the homeless have a spokesperson in the future, as is mentioned in a strategy draft on the situation (The City of Reykjavík, 2014).

## **THE PEOPLE “OUTSIDE THE GARDEN”**

Finally, the social status of the homeless is echoed in the word Icelanders use when referring to the homeless and other people on the fringes of society. The word that more than anything else illustrates their social position is the word: “utangarðsmaður”. This word can be divided into

three meaningful parts: “utan-garðs-maður”, where “utan” means “outside”, “garðs”, which means “related to a garden”, and “maður” – which stands for “man”. Thus the word means a man who stands or is placed outside the garden. In Icelandic a garden may also mean a farm or a house, as it does in this respect. In earlier times it was the farm, the farmyard and its boundary that outlined the borders of the community of man in Iceland (Hastrup, 1990). The garden in this sense was both the home and its boundary, the farmer’s honour and his kin. The wilderness between farmsteads was a space which was outside the garden or “utangarðs” and beyond the jurisdiction of the community and the law. Those who broke the law of the community were condemned to lay outside, outside the garden. They stayed out in the wilderness of nature and spirits, beyond the boundaries of the community. They were “utangarðsmenn” (Hastrup, 1990).

Nowadays, homeless people in Reykjavík in the year 2014 are “utangarðsmenn”: people who stand or are placed outside the garden. The services for the homeless in Reykjavík are categorized as the matters of the “utangarðsfólk” – as may be viewed on the city’s official website<sup>1</sup>. “Utangarðsfólk” is the category people are pointed towards in connection to services attaining to this subject matter. This categorization of being outside the garden has a long tradition in the Icelandic language. In reality, it depicts a clear picture of the social status of the homeless. Nevertheless, recently the municipal government in Reykjavík has been enabling the human rights of the homeless by guarding their right to equal social service (The City of Reykjavík, 2012). Human rights and equal rights in the social welfare service are valued as being of importance in the municipal administration of Reykjavík city (The City of Reykjavík, 2014; The City of Reykjavík, 2012). The concept of “utangarðsfólk/menn” and it’s usage is, though, in conflict with the basic ideology of human rights.

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1 [www.reykjavik.is/utangardsfolk](http://www.reykjavik.is/utangardsfolk)

## SOCIAL WELFARE AND HUMAN RIGHTS

The United Nations Universal Declaration of Human Rights establishes expectations for equal human rights worldwide (The United Nations, n.d.). Human beings live with varied standards of living and uneven positions of power. Nevertheless, fundamental human rights emphasize the equal rights of being in communion with others, so that no social distinction restricts basic dignity and rights as a human being (The United Nations, n.d.). Gender, nationality, or sexual orientation are examples of social distinction. Thus, human rights work in principle against social exclusion. The folk outside the garden (*utangarðsfólk*) are categorized in public discourse in Iceland as a group of people who do not belong to the community, and by not belonging they are excluded. This categorization limits their dignity and human rights and gives insight into a dominant view towards the homeless. In spite of the strong tradition in the language and meaning rooted in culture, the municipal government in Reykjavík has focused its attention on human rights with regard to social welfare service and has fought against exclusion in this domain (The City of Reykjavik, 2012). In order to fulfil their obligation by law to prevent social problems and to protect the human right to equal services of all citizens, it is considered necessary to specialize services for the homeless whilst taking into account their difficult social situation, and oftentimes limited mental and physical health (The City of Reykjavík, 2014; The City of Reykjavík, 2012; The Ministry of Social Welfare, 2005).

The ideology of equal human rights of people as a protection against discrimination has increasingly shaped the ideas of democracy and the political administration in Iceland. Human rights are now protected by the Constitution of Iceland and other international human rights covenants, which Iceland is a part of (The City of Reykjavik, 2006). Nowadays, a human rights council and offices are part of the administration system of the state and of the Reykjavik municipality, where human rights are safeguarded. The Office of Human Rights in Iceland is an independent institution that monitors human rights and promotes discussion on human rights (The Office of Human Rights in Iceland, n.d.).

The municipality of Reykjavík has a human rights council and an office of human rights within its system of administration (The City of Reykjavik, n.d.). In Reykjavík, the human rights of the homeless have been especially defined (The City of Reykjavik, 2012), for these folk outside the garden are believed to be living with limited human rights and unequal welfare services in Iceland.

"People without housing or a home, are first and foremost people of the street in the eyes of the general public, not disabled people with significant mental health difficulties" (Ministry of Social Welfare, 2005). This was the assessment of a committee, appointed by the former Ministry of Social Welfare, on the attitude towards the homeless in Reykjavík in 2005. Today it is a part of The Ministry of Welfare, along with The former Ministry of Health (The Ministry of Welfare, 2012). The committee concluded that although a homeless way of life was at odds with the general way of living, it was unlikely that this way of living was a matter of choice. The members of the committee contended that it was, then, not unlikely that here lay to some extent the nature of the problem. There was a need in their view, for extraordinary means to achieve cooperation with the homeless in order to ensure that social and health services were of use to them. There was a need for a new vision in the service and more collaboration between the social service and health care (The Ministry of Social Welfare, 2005).

This work within the Ministry of Social Welfare in 2005 was a certain initiative in sentiment and orientation. The committee had the task to assess the situation, come up with a definition of homelessness (*see: Definition and general information*) and to make suggestions how to prevent homelessness in the city (The Ministry of Social Welfare, 2005). The committee proposed the establishment of a group of specialists to monitor the homeless situation and service provision. The committee also proposed that two new residences for the homeless would be founded and developed with specialized social welfare and health care service, where the homeless people would be offered housing without demanding sobriety. One residence for homeless individuals was already operating at that time on the philosophy of such a



flexibility in its service. That orientation in service provision was estimated by the committee to have been successful and to have improved the quality of life for the residents. Since this time, two more homes have been opened and a team of specialists in housing meets regularly in one of the social service centers in the city, one that specializes in homelessness and addiction. (The Ministry of Social Welfare, 2005).

The Ministry of Welfare governs and monitors the social welfare service, although the municipalities supply the service and develop according to the laws governing this area (The Parliament of Iceland, 1991). The Reykjavik municipalities have had the initiative to frame this issue of service provision for the homeless within human rights. According to the 1.) act of the human rights policy of The City of Reykjavik, the municipal authorities are committed to leadership in human rights. The *rule of equality* in social service is the foundation of that policy (City of Reykjavik, 2006). In 2011, the human rights council in Reykjavik established a working group with the task of defining the human rights of people outside the garden and addicts among the homeless. Subsequently, a covenant of human rights for this group was made (City of Reykjavik, 2012).

The concept of "the people outside the garden" (utangarðsfólk) applies to both homeless people and addicts among them. This report focuses on homelessness, but there is an unclear distinction between homelessness and the concept??? [Which concept???] which is more general. Nevertheless, most services for the "people outside the garden", are aimed at their lack of secure shelter and home. Homelessness is therefore a substantial factor in their situation.

Research indicates that a great majority of the homeless are people with alcohol and/or drug addiction and people with psychiatric illnesses (Sigurðardóttir, 2012; Gunnsteinsdóttir and Sigurðardóttir, 2009). Services for these groups may go together because many addicts suffer from mental disorders as a result of drug addiction (The City of Reykjavik, 2014). According to the mapping research from 2012, homelessness was estimated to be the result of alcoholic and drug abuse for 62.6% percent of the population in the study and

mental illnesses for 31.3%. Research also indicates that the homeless are not a homogenous group. Nevertheless, there is a common threat. All are obviously homeless, most suffer from generally bad health, mental difficulties and many have addictions. A great majority or 75% are individuals with severed ties with their original family, have difficult social standing, and a difficult history. Their financial status is poor (Sigurðardóttir, 2012). Homelessness is thus a situation which may not be explained solely by addiction. In western societies homelessness has, though, frequently been associated with addiction (Glasser and Bridgman, 1999). Homelessness is a result of complex social and health situations, as may be viewed in the covenant on human rights for the folk outside the garden (*more on demographics in Chapter 2: Streetwalkers*).

In the covenant on human rights, the problem of the folk outside the garden is defined as "*an assorted health difficulty, with severe social consequences*" (The City of Reykjavik, 2012). This definition was approved by the city council in the spring of 2012. The limited human rights of these people are viewed in the context of an assortment of health difficulties which leads to severe social consequences. The lack in services and general discrimination against them is therefore believed to be rooted in the nature of the problem as an assorted health problem (The City of Reykjavik, 2012). The City's general human rights policy stipulates that it should ensure:

*"...access to services regardless of people's **health situation**" and "all citizens shall enjoy equal rights, irrespective of their origin, nationality, color, religion, political affiliation, sex, sexual orientation, age, economic status, birth, disability, **health** or other status"*

*The City of Reykjavik, 2012*

In reports on policy formation and in the covenant on human rights, it has been pointed out that no separate law in Iceland applies especially to these people outside the garden, thus all laws apply to this group just as to any other group of people (The City of Reykjavik, 2014; The City of Reykjavik, 2012). Reference is made to legislation on social welfare

services and the objective of social services in the community with these words:

*“The goal of social services provided by local municipal authorities is to ensure financial and social security and promote the welfare of the people on the basis of mutual agreement on communal assistance for all. This shall be done, among others by:*

- *improving living conditions of the disadvantaged*
- *taking action to prevent social problems.”*

*The City of Reykjavik, 2012*

A few points in the covenant are valued of essence (The City of Reykjavik, 2012). It is considered necessary to guard the human dignity and moral rights of everyone to equal services. The service needs to take into account the nature of the homeless problem being due to an assortment of health difficulties. Hence the need to increase personalized services, find ways to inform people of their rights and to bring services to people if they do not seek welfare services on their own initiative (The City of Reykjavik, 2012). People outside the garden have therefore lived with limited social welfare services and limited communal rights, which have been interpreted as limited human rights.

In 2005, the committee formed by the former Ministry of Social Welfare set ambitious goals and worked out a "plan of concerted actions to prevent homelessness in the metropolitan area" (The Ministry of Social Welfare, 2005). Considering the law and the role of the social services in Iceland, it is the obligation and ambition of municipalities and their welfare services to “prevent serious social problems” such as homelessness. In consideration of a definition of a problem and recognized limited human rights of the folk outside the garden, a new policy has been approved for the years 2014-2018 in this matter (The City of Reykjavík, 2014). Four aims in policy are suggested by the task group behind this development in the social welfare service for homeless people:

**“1. Prevention strategies will be increased in order to prevent the situation that people will find themselves without a shelter, with, among other**

**things, increasing housing provisions, cooperation between stakeholders and an individualized service plan.**

**2. To Respond to the situation** in this matter as it is today, with among other things, cooperative projects between state and other municipalities (see paragraph nr. 4). In order to make it possible to expand and develop available services to respond to problems that may arise at any time in sensitive services such as this one – for example increasing numbers of users or others changes in the user group.

**3. Mapping of opportunities in long term improvements in housing provision**, such as analysis on housing needs and specialized services to assist people to keep a home.

**4. Development of projects that involve cooperation between state and municipalities in the capital region.** The City of Reykjavik is obligated by law on social welfare services nr. 40/1991 and laws on housing nr. 44/1998 to supervise the situation of the homeless. However, whereas this issue is a health difficulty with severe social consequences, it is necessary that the folk outside the garden (*utangarðsfólk*) will get a holistic service, such as healthcare service, and therefore the involvement of the state authorities is emphasized. It is also necessary to increase cooperation with other municipalities in order to prevent homelessness, which unavoidably draws people to Reykjavik with associated costs for the city.”

*The City of Reykjavík, 2014*

The situation of the homeless regarding service provision has changed considerably in Iceland in the last decade. In 2002, there was one housing provision available for homeless people. Now there are three long term housing provisions in Reykjavik, and according to the policy the city of Reykjavik has issued, the authorities aim at expanding that housing service provision further (The City of Reykjavik, 2014). There are also available small mobile houses in the city, for those who have severe alcoholic and drug addiction, available since 2008. These houses are supervised by a specialist in housing provision for the homeless, who also gives support with regular visits. Mobile team of social

workers are now working in the city to assist the homeless on the street. This is an experimental project and has been operating since 2012. Social workers are also available at a day shelter for the homeless. (Sigurðardóttir, 2012). Service provision for the homeless has expanded and further expansion and specialization in services is under development (The City of Reykjavik, 2014; Sigtryggur Jónsson, Managing Director in The Welfare Service Center of Reykjavik City Center and Hlidar<sup>2</sup>). Prevention is at the core of this policy for the “folk outside the garden”.

Its aim is to increase and develop prevention strategies and cooperation between stakeholders, in order to identify those individuals who are in danger of becoming marginalized and to respond to their needs. This is along with increased support for those who are already homeless (The City of Reykjavik, 2014). The objective is centered on more personalized and flexible services in the social welfare and health care, along with a general prevention strategy in housing and housing support.

One suggestion in this policy report is to establish a team of specialists in housing support to assist people in keeping their home. This would be an interdisciplinary mobile community team, as is known to operate in Canada and Holland, which, according to the report, supplies support to people in danger of losing their home as a prevention strategy (The City of Reykjavik, 2014). The members of such a team are experts in the general health care services, dealing with such issues as mental health care, social welfare, homelessness and assorted difficulties associated with drug abuse. Today, in September 2014, this kind of community team is being developed in the center for social welfare in Reykjavik, which supervises the welfare services for the homeless. This team will in the nearest future start to operate in housing support (Sigtryggur Jónsson, Managing Director in The Welfare Service Center of Reykjavik City Center and Hlidar<sup>3</sup>).

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2 Oral communication on 17<sup>th</sup> of September, 2014

3 Oral communication on 17<sup>th</sup> of September, 2014

In the report, it is also stated that there is a need for a specialized health care center for the homeless and the drug addicts among them (The City of Reykjavik, 2014). Research has indicated that these people receive limited health care service and are often discriminated against in health care centers. In a few incidences??? they have been prohibited access to a health care center altogether (Sigurðardóttir, 2012). Such specialized services in health and social service are known about and offered in many European countries in the ideology of harm reduction, according to the policy report (The City of Reykjavik, 2014). Harm reduction is a political policy, programme or practice which aims at reducing the harm of drug abuse. Emphasis is on a reduction of harm instead of limiting or stopping drug usage (IHRA, e.d.) These kinds of services have to be developed in cooperation with the state authorities, that is, the Ministry of Welfare. Other models in service are not mentioned in the policy report (The City of Reykjavik, 2014). According to the general health policy of the state, no specific or specialized health policy has been formed or is aimed at homeless people. Nevertheless, the general health policy of the Ministry of Welfare aims at combining both health care and social welfare service in a holistic policy of welfare (The Ministry of Welfare, 2012). Currently, a project operated by the Red Cross in Iceland supplies health care to the marginalized, in a redecorated ambulance, with volunteers. The focus is on a harm reduction ideology according to the Red Cross’s website. This ambulance goes on regular rounds to places that the homeless people attend (The Red Cross, n.d.).

The role of the social welfare service in Reykjavik, according to a committee of the former Ministry of social welfare and the Reykjavik municipality, is to supply services without discrimination to all citizens, and prevent serious social situations such as homelessness. It has also been estimated that the social services have not reached homeless people and addicts among them. Therefore, the authorities in the Reykjavik municipality are responding to this lack in services and needs with specializing services in order for the services to be of use to the homeless. Long term policy in this field aims at a holistic welfare service, combining the

social welfare service and health care. In general, this policy is in line with the health policy of the Ministry of Welfare.

## HEALTH POLICY

The municipal authorities in Reykjavík have defined the problem of homeless people as a health difficulty, but no health policy for the homeless has been formed by the state authorities (The City of Reykjavik, 2014). Discrimination and limited human rights is estimated to be rooted in their assorted health difficulties (The City of Reykjavik, 2012). It may be viewed as a challenge to implement these assorted health difficulties into a health policy, or it may be considered that the state government does not view the problem of the homeless as a health issue (The City of Reykjavik, 2014). Currently, the state authorities are in the process of developing an action plan for a holistic health policy till 2020. One aspect of this policy is a holistic welfare action plan in alcoholic and drug prevention (The Ministry of Welfare, 2013).

The state health authorities have put forward a draft policy in health that aims at a holistic welfare policy, although homelessness is not addressed in this policy (The City of Reykjavik, 2014; The Ministry of Welfare, 2012 ). In January , 2011, The Health Ministry and the former Ministry of Social Welfare were combined in one large ministry of Welfare. This act is in compliance with the health policy of the government till 2020, which involves a development of a holistic welfare policy in Iceland (The Ministry of Welfare, 2012). It is estimated that this holistic policy will be fully formed in 2015, and will entail an action plan on general welfare in family matters, youth, health issues, housing, employment and equality. In a draft strategy on this policy in the making, it is stressed that according to the first article of the act on the health service, all citizens should be supplied with the best available health care service at any time, to protect their mental, physical and social health. The answers to these demands on the service are supplied with a view on the health service in a wider context, a holistic context toward general health. The draft policy in health care issued by The Ministry of Welfare is an overview in policy and the first stage

in developing a grand Welfare policy (The Ministry of Welfare, 2012). In this draft, it is stated that it is necessary to secure equal access to appropriate welfare service and to establish a formal cooperation between the health care and social welfare services (The Ministry of Welfare, 2012). In accord with the interpretation of law and human rights by the municipal authorities in Reykjavik, this should apply to the homeless as to other groups of people.

In December, 2013, The Ministry of Welfare issued their policy on alcoholic and drug harm prevention, providing an overview of the objectives (The Ministry of Welfare, 2013). This policy pledges to consider the recommendation of the World Health Organization for a policy to reduce the harmful use of alcohol. This concept of the harmful use of alcohol is broad and encompasses the harmful health and social consequences for the drinker, but also people around the drinker and the society at large (WHO, 2010). This is in accord with the general harm reduction ideology, which, as mentioned, stresses the reduction of harm instead of prohibition. The general aim is to meet people where they are, and to estimate where the greatest harm to their welfare is in a given situation, and to reduce harm through support (IHRA, n.d). How the Icelandic health authorities intend to implement this orientation in reducing harm in alcoholic addiction in the Icelandic context is yet unknown. However, the authorities express their intention to model their policy according to what has been done in Norway and Sweden – that is, to apply one holistic policy for alcohol and other drugs, considering prevention, coordination in service, quality in service and equality (The Ministry of Social Welfare, 2013).

In July, 2014, the Minister of Health appointed a committee which has the task to explore a formation of a health policy for addicts in order to reduce the harmful effects and side effects of drug abuse. This is in line with the general commitment and recommendations of the World Health Organization and general objectives presented in their report. The objective is the formation of a humane policy in accordance with human rights, and to research regulations in this domain in other



nations. The work of this committee is pending (The Ministry of Social Welfare, e.d.).

However, there are challenges in the policy formation. One is that drugs other than alcohol are illegal in Iceland (The Parliament of Iceland, 1974). According to the research, 26% of homeless people use illegal drugs and many combine alcohol use with other drugs. (Gunnsteinsdóttir and Sigurðardóttir, 2009). Iceland has also a history of having a policy on alcohol and drug abuse that has emphasized prohibition and limiting access to alcohol. There is also a strong tradition of recovery programmes, which is often considered to be in conflict with harm reduction (Hunt, 2012). Considering the law on narcotics and the general aims in limiting access to alcohol, it may be a challenge to incorporate a policy in accord with harm reduction. The Minister of Health, who is one of two ministers in The Ministry of Welfare, maintains that the prohibition policy has failed with regard to drug addiction. The drug problem has increased among the younger generation, even though meanwhile alcoholic consumption has decreased with young people because of prevention strategies. He encourages open discussion about this matter and the reviewing of other possibilities in the battle against illegal drugs and addiction (The Ministry of Welfare, 2014).

One example of harm reduction can be found within the circle of recovery institutions for heroin addicts. Multiple recovery programmes are available in Iceland and the great majority is governed by a non-governmental organization by the name of SÁÁ (SÁÁ, n.d.) This is an abbreviation which stands for an organization of people devoted to the alcoholic and narcotic problem. The organization has a service contract with the state about the operation of recovery programmes in Iceland. In these programmes alcoholic consumption or any drug use is prohibited. Sobriety is therefore a condition for admission into such a recovery programme. There is, though, an exception to the rule of sobriety – which applies to the users of heroin. These addicts are supplied with methadone or bupreorphine, along with social and mental rehabilitation in a recovery programme. This service has been available in the emergency ward in the recovery hospital Vogur since 1999 and it has

been estimated to have been successful. This amenity is not included in the service contract with the state health authorities, according to the SÁÁ official website (SÁÁ, n.d.) The recovery treatment for heroin users is in accordance with harm reduction in the service for drug addicts. Recovery programmes which demand sobriety and harm reduction do not need to be in conflict with each other, according to an assessment of the progress in this field of services in Britain, where these resolutions have been increasingly combined in general rehabilitation (Hunt, 2012).

The Ministry of Welfare is committed to incorporating the harm reduction approach in alcoholic and drug addiction and a general drug prevention policy (The Ministry of Social Welfare, 2013). How this harm reduction commitment will be implemented or interpreted is unknown at this time. One thing is clear, however, homelessness is not mentioned in this holistic welfare policy, although housing is considered as a major factor in the holistic Welfare in Iceland.

## **WELFARE SYSTEM AND HARM REDUCTION**

The municipal authorities in Reykjavik have developed services in order to improve the general welfare of the homeless, in spite of this lack in welfare policy for the homeless on a national level and unclear intention in the implementation of harm reduction in service for addicts. Homeless people are increasingly approached and supported where they are in the situation they are, hence the specialized and flexible services. Harm reduction is not presented as a model in service provision, although municipal authorities confirm having awareness of this approach in service in their policy report without though stating an adherence to this ideology (The City of Reykjavik, 2014). This is perhaps due to the lack of policy at the state level. The harm reduction approach has also been applied to housing for the homeless in many countries, by emphasizing inclusion into society with secure housing as a basis for their overall welfare (Pleace, 2012)

Non-governmental institutions in Reykjavik, however, officially adhere to this policy in harm reduction as the Red Cross with the health care



service project Mrs. Ragnheiður and SÁÁ for addicts using heroin. It is though estimated necessary to state specifically that this approach is outside the contract with the state (SÁÁ, n.d.). In harm reduction the general aim is to reduce harm, considering the overall welfare by addressing the most urgent harm first (IHRA, n.d.). In the homeless situation this is done with supplying housing first without conditions, such as not requiring abstinence for a homeless person. For a homeless person, housing is therefore considered a priority in harm reduction – that is, from the perspective of the harm. This has indeed been the model in service for housing provision in Reykjavik for the homeless and addicts among them, one not requiring abstinence (Sigurðardóttir, 2012). Flexibility has been stated as the philosophy in the service approach (The City of Reykjavik, 2014; The Ministry of Social Welfare, 2005).

The project operated by The Red Cross in Reykjavík offers new needles and syringes for the homeless and addicts and officially connects its resolve for addicts and the homeless with harm reduction ideology (The Red Cross, n.d.). This is a protection against the harm of communicable diseases, such as HIV/aids. The women's hut, an emergency night shelter for women operated by the Red Cross, also supplies new needles and syringes for addicts. The Day Shelter run by the Salvation Army does also supply new needles and syringes to their visitors (Rannvá Olsen, Managing Director, The Dayshelter<sup>4</sup>). Both the Day Shelter and The Women's Hut are operated by non-governmental organizations, although in a partnership with the municipal authorities in Reykjavík in their service provision for the homeless (Sigurðardóttir, 2012). Other specialized services may also be viewed in the context of harm reduction, although not officially connected to this ideology. This applies to the project of the city guards and the extended services of social workers, which have the task to reduce harm with assistance in the places where homeless people attend. Services are increasingly brought to the homeless since they do not reach for them

themselves, (see further information in *Services for the homeless*), (Sigurðardóttir, 2012).

Homelessness is a condition of living that has a substantial effect on health and the quality of life. The life expectancy of the homeless is known to be much lower than that of the general population in western countries according to research (Glasser and Bridgman, 1999). Providing shelter alone is therefore a reduction of harm. Furthermore, the provision of a home provides a reduction of harm with regard to general health or social welfare too. According to such an approach for the homeless, all welfare services should be founded on a secure housing. Other welfare services may be applied after housing is secured (Pleace, 2012; Tsemberis, Gulcur and Nakae, 2004). This policy has been called *housing first* and was founded in The United States. Harm reduction is used in these housing provisions towards residents' addictions. This system of welfare service for the homeless has been successful for those who have been homeless for a long time and it has a twofold diagnosis, that is, with regard to mental illness and addiction (Stefancic and Tsemberis, 2007). Most residents of long term housing programmes for the homeless in Reykjavík also have a twofold diagnosis. They live with addiction and battle with mental difficulties (Sigurðardóttir, 2012). No model in service or provision is mentioned in reports regarding people with mental illness and addictions, other than those philosophies already mentioned.

Ideologies aside, the municipal government in Reykjavík has been developing housing services for the homeless which may be viewed in the context of reducing general harm. The first housing provision which focused on providing flexibility was established in Reykjavík in 2002 – through a housing provision which is still operated at Miklabraut in Reykjavik. Now there are three specialized housing provisions available in accordance with such flexible policies. They were developed further according to the successful service provision and development of the first housing provision at Miklabraut. Housing provisions for the homeless in Denmark were also a model in development (Ellý Alda Thorsteinsdóttir, member of the committee on homelessness, The former Ministry of Social Welfare, oral communication, 25<sup>th</sup> of September, 2014).

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4 Oral Communication 9<sup>th</sup> of August, 2014

However, further developments are in sight (The City of Reykjavik, 2014).

Professionals have not been required at these residences but new provision in housing is opening in Reykjavik in October, 2014, with an in house professional service and a mobile support team (Sigtryggur Jónsson, managing director in The welfare service center of Reykjavik city center and Hlidar, oral communication, 17. September, 2014). The mobile team will be similar to those teams operating in Canada and Holland, according to the Reykjavik municipal policy report (The City of Reykjavik, 2014). This new housing provision in the making was accepted by the city council in June, 2014. It is an independent housing in a building that has been providing social housing by the municipality, an apartment building with twelve apartments. Residents will have their own apartment and one apartment will be an in house office for staff.

Other housing provisions for the homeless in the city are communal housing where residents have their own separate bedrooms but share other living quarters (Sigurðardóttir, 2012). Professionals behind the development in the housing provision for homeless people are aware of the ideology of housing first. Indeed, this new form of housing is inspired by housing first, according to Sigtryggur Jónsson, managing director in The Welfare Service Center in Reykjavik, which administers service for the homeless. This is the first housing provision in Iceland that gives the homeless a chance for independent living with professional support by the social welfare services. Mýrin, a housing provision for women, will be closed and residents will move into this new provision. The Mýrin communal housing provision was deemed unsuccessful and hope is placed on this new service for the women from Mýrin (Sigtryggur Jónsson, managing director in The welfare service center of Reykjavik city center and Hlidar, oral communication, 17. September, 2014).

Discussion and policy generation on housing provisions for the homeless is a focal point in the development of services for the people outside the garden (i. utangarðsfólk). Most services focus on the fact that these people are homeless, and live

according to that insecurity in housing. Such a living condition is a threat to their overall welfare and without a home they do not participate in an important aspect of the culture (The Ministry of Social Welfare, 2005). The housing first ideology starts with this aspect of welfare, by stressing inclusion into society (Stefancic and Tsemberis, 2007). According to the committee appointed by the former Ministry of Social Welfare in 2005, the home is the basis of all the social participation in human society.

Knowledge of the assorted health difficulties faced by the homeless together with homelessness' severe social consequences has grown, along with the awareness of a need for prevention strategies and coordination in services (The City of Reykjavik, 2014). This development in services provision considers human rights and appears to take harm reduction into account and to prioritize according to the overall welfare of the homeless. There is political incentive within the municipality, as there was within the former Ministry of Social Welfare in 2005, to address this issue holistically. At this point in time, however, the state welfare authorities have not addressed this difficult health and social issue in their policy for holistic welfare (The City of Reykjavik, 2014; The Ministry of Welfare, 2012). The municipal authorities will be faced with a challenge in further developments in service provision for the homeless without a policy in these matters on the part of the Welfare Ministry. The homeless people in Reykjavik will keep on standing outside the garden and be discriminated against in overall welfare if their social and health situation will not be address in a holistic policy on welfare in Iceland as a whole.

## CONCLUSION

The folk outside the garden have for long been excluded from society, hence the concept generally used in Iceland to categorize the homeless and the addicts among them. The homeless do indeed stand both objectively and subjectively outside society. Their voices are not heard and they do not participate in a basic element of social life which is keeping a home. This difficult social situation makes

it hard for the homeless to improve their situation in society.

The authorities in Reykjavik have followed the lead from the former Ministry of Social Welfare and stressed their commitment to take action to prevent social problems, as they are responsible for this by law – along with emphasizing their commitment towards an equal social welfare service, which has been framed within the ideology of human rights. There is uncertainty about the state's commitment in the matters of the homeless. However, they have pledged their resolve in a holistic policy in alcohol and drug addiction, which considers harm reduction and human rights.

## II. THE STREETWALKERS

In this section the objective is to shed light on the reality of the homelessness in Reykjavík, the people and their situation. Light is shed on this reality with the various research that has been done on the behalf of the municipal authorities in Reykjavík. The research is thought to provide a mere glimpse into an issue which is a part of the everyday life in Reykjavík and constantly evolving.

Political interest in the welfare and social situation of people who are categorized as homeless or “utangarðsfólk” is recent considering that a night shelter has been in the city of Reykjavík for 45 years. A certain initiative was put forward in the year of 2005 within the Ministry of Social Welfare in Reykjavík as has been mentioned. Since then the municipal authorities in Reykjavík have lead the development in service provision for the homeless (The City of Reykjavík, 2012a; The City of Reykjavík, 2014). The Reykjavik Municipality commissioned two studies in 2009 and in 2012. The research conducted in 2009 was a mapping exercise along with a field research among the homeless on health and social issues (Gunnsteinsdóttir and Sigurðardóttir, 2009). In 2012, along with the later mapping of the homeless situation, a separate research was also conducted on the needs and the opinions of the homeless (Sigurðardóttir, 2012; Gunnsteinsdóttir and Sigurðardóttir, 2012). The goal was to obtain knowledge on the perspectives the homeless people have on available services and facilities, in order to develop a more user friendly welfare service, in compliance with their needs. The present chapter gives an overview of the two studies, although more emphasis has been placed on more recent research from 2012.

### DEFINITION OF HOMELESSNESS

Defining homelessness, including decisions on what should be included and excluded, is of major importance in the gathering of knowledge and an essential starting point for any investigation or research (Glasser and Bridgman, 1999). In 2005 the Committee within the former Ministry of Social

Welfare defined homelessness and this definition was used in the research in Reykjavík in 2009 and 2012 (Sigurðardóttir, 2012). Members of that committee estimated it to be of major importance in defining homelessness to separate those with insecure housing, or financial insecurity, and those who indeed were without housing – in order to apply and develop specialized services toward those in the gravest of need (The Ministry of Social Welfare, 2005). In fact, the definition does not consider the concept of the home but rather is intended to apply to those without any housing, and that person is therefore also homeless. The definition of who is homeless in Iceland is therefore narrow. The categorization is as follows:

*“A person without housing is someone who does not have an access to traditional housing, habitually he/she is without any permanent housing at the same place and therefore stays where shelter is available each and every night, in emergency shelter, in a guesthouse or at other people’s residences. Those who come from a temporary housing, as from prison or a recovery programme, have a long history of varied housing and social difficulties and have no secure housing at one place, one or two months before they leave the temporary housing are here included (The Ministry of Social Welfare, 2005).”*

Any information of the homeless population in Reykjavík, health care services, social and welfare policy, has to be viewed considering a few essential facts. Iceland is scarcely populated compared to other Nordic or European countries. Icelanders numbered 325,671 residents on the 1st January, 2014. The majority of the population lives in Reykjavík and the capitol region or 208,752 people. The rest of the population resides in smaller towns around the coastline (Statistics Iceland, 2014). Over the course of the year weather conditions in Iceland are much milder than the location would imply. A branch of the Gulf Stream flows along the southern and the western coast greatly moderating the climate, and temperatures vary from -3 Celsius to 14 degrees Celsius. The temperature rarely goes below -9 or above 17 degrees, resulting in cool summers and moderate winters (Icelandic Met Office, n.d.).

The welfare system has a long history of providing an egalitarianist system of social service, education and health care, though with increased prosperity an increased divide has developed between people with regard to financial status. Following the collapse of the banking system in Iceland in 2008, poverty has been on the rise. For instance, there has been a 49% increase in financial support to families and individuals by the social welfare services in Reykjavik (The City of Reykjavík, 2014). Still, according to the OECD (2013) and the economic survey of Iceland in 2013, the economic situation is on a secure path to recovery:

*“Iceland’s economy is recovering at a moderate pace and is now more balanced than before the crisis, although more remains to be done in private-sector deleveraging, reducing non-performing loans and lowering external indebtedness. Economic growth should gain momentum in 2014, led by a large increase in energy-intensive investment...”*

OECD, 2013

In this context, the homeless population has grown (The city of Reykjavík, 2014). Although it is difficult to explain the real source of this rise, it may nevertheless be assessed with regard to the available research that the explanation lies in a complex interaction of health, social and economic factors. Since the authorities in Reykjavík have the responsibility by law to resolve the lack of housing of those in need, all social service for the homeless has been and is in Reykjavík, as mentioned before. People who have been registered with a home address in another municipal district in the capital region nevertheless receive service in Reykjavík (Sigurðardóttir, 2012). It is now part of the approved policy formation that the homeless situation should be regarded as a part of basic social services within all municipal districts. The objective is therefore to increase cooperation and to involve other municipal districts in services for the homeless population, both with regard to prevention and housing provision (The City of Reykjavík, 2014).

In the following section some information is given on the homeless people in Reykjavík including an account of the research methods, demographics, housing and social situation, health issues, and an

opinion by professionals on the reason for homelessness.

## RESEARCH METHODOLOGY

Quantitative research methods were used in the mapping of 2012. This was a survey research based on retrospective data. A number of questionnaires were sent to stakeholders and service providers for the homeless, regarding individuals who were categorized as homeless according to the definition of homelessness. Professionals were asked to give information on these individuals (gender, age, housing, alcoholic and drug consumption) and an estimate on the reasons for their homelessness. All was conducted in accordance with the ethics and protocol in social science research (Sigurðardóttir, 2012). Along with the mapping of the demographics and reasons for homelessness a qualitative research was also performed based on interviews with 18 individuals who were homeless, on attitudes toward social welfare service provisions for the homeless and other general health care services (Gunnsteinsdóttir and Sigurðardóttir, 2012).

The same kind of research methods were used for the mapping in 2009, that is, a quantitative survey to acquire the basic demographics and general situation of the homeless at that time. This research in 2009 was also a qualitative research on the social situation and health issues of homeless individuals gathered through interviews with them. This part of the study therefore so far constitutes the only research done in Iceland on the social background and health condition obtained by interviews with homeless individuals in this country (Gunnsteinsdóttir and Sigurðardóttir, 2009).

## RESEARCH RESULTS

Homelessness has increased in Reykjavik. The increase was significant from the first mapping of the homeless in 2009 to the second mapping in 2012 (Sigurðardóttir, 2012). In the research from 2012 it is pointed out that when the studies are compared the increase in numbers was highest among women as well as among immigrants. A considerable increase was also in the youngest age group, 18 to 30 years old. Men in both researches



formed a majority of the homeless population (Sigurðardóttir, 2012).

According to the mapping research from 2012, the number of homeless in Reykjavik was **179** individuals (Sigurðardóttir, 2012). According to the first mapping of the homeless from 2009, **121** individuals were homeless in Reykjavik (Gunnsteinsdóttir and Sigurðardóttir, 2009). In percentage terms when compared the increase in homeless people was **32.41%** over the three years. A committee in The Ministry of Social Welfare (2005) also conducted an informal inspection on the number of homeless in 2004-2005. This study indicated that about 45 to 55 individuals were homeless at the time, in 2005. This was not a formal research, but only an observation on the status of this topic (Ministry of Social Welfare, 2005). The increase in homeless people could therefore have been considerable in recent years.

The mapping from 2012 (Sigurðardóttir, 2012) revealed that these individuals ranged in age from 18 to 75 years old. The largest group was between 21 and 30 years old or 43 individuals (24%), 36 individuals were between 31 and 40 years old (20.1%), 35 individuals were between the ages of 41 and 50 years old (19.6%), and 40 individuals were between 51 and 60 years old (22.3%). Few were between the ages of 71 and 80 years old, 4 individuals (2.2%), and in the group younger than 20 years old there was a total of 5 individuals (2.8%). The age was not known for 1.7% of the participants. The increase was highest among the youngest age group, between 18 and 30 years old. In 2009, 17% was in this age group and this increased to 26.8% in 2012 (Sigurðardóttir, 2012). Women comprised 24% of the total number in 2009 and 35.8% in 2012 – showing a distinct increase. Men were therefore in the majority in both studies. The men were mostly between the ages of 51 and 60 years or 30 individuals, the next biggest group was 25 men aged 31 to 40 years. Women were mostly between the ages of 21 and 30 years or 21 women, with the next biggest group of 18 women between the ages of 41 and 50 years. However, although the age groups were somewhat equally large, few were under twenty and over sixty (Sigurðardóttir, 2012).

There was some increase in homelessness among immigrants (Sigurðardóttir, 2012). In 2009, immigrants were 4.9% of the homeless but in 2012 they had increased to **10.6%** or a total of 19 individuals, from 6 in 2009. The majority were, however, Icelanders – or 89.4%. Poles were the most numerous of these, 6.7% or 12 individuals were Polish, two were from Latvia, and one each from Denmark, the UK, Lithuania, Latvia and Portugal (Sigurðardóttir, 2012).

The homeless in Reykjavik live with great insecurity regarding shelter. Living conditions were researched three months back in time (Sigurðardóttir, 2012). Most participants lived with insecure housing, or 93 individuals (52%) from day to day for shelter. Uncertainty centered every night around finding accommodation. The second largest group, 60 (33.5%), lived in temporary shelters during this time. There was also a fair number in long term housing provisions or 29 (16.2%) due to homelessness. A total of 22 individuals (12.3%) remained on the street to some extent, or slept outside. Some, or a group of 21 (11.7%) had been in institutions and had had within the last three months no permanent residence in sight. The group was in danger of being homeless. One woman (0.6%) lived in a woman's shelter and was without a home (Sigurðardóttir, 2012).

There had been a considerable increase and change between the years studied for those who had been homeless for shorter periods. The number decreased in the group that had been homeless for more than two years. In 2009, 11.8% had been homeless for 4 to 11 months compared to **28.5%** in 2012. In 2009, 11.8% had been homeless for 1 to 2 years but **17.3%** in 2012. In 2009, 64.5% had been homeless for more than 2 years but this figure was **38%** in 2012. Those who had been homeless for a shorter period or 0 to 3 months, however, was approximately the same in both studies or 11.8% in 2009 and 10.6% in 2012. Social Status, Health and Perspectives

Research indicates that the homeless are not a homogeneous group, although they do have several things in common such as their homelessness (Gunnsteinsdóttir and Sigurðardóttir, 2009). Their general health situation is often difficult, their

financial status poor, family ties are severed or limited and mental health problems are experienced with most of the research participants. There are, however, both younger and older people, both males and females, they are not all Icelandic and attitudes to service provision were very variable (Gunnsteinsdóttir and Sigurðardóttir, 2012). The components of both of these studies were based on interviews with participants or direct questions.

The mapping of the needs and wants of the homeless in Reykjavik, was gathered through user consultation, and these wants and needs were diverse with regards to the services that were available (Gunnsteinsdóttir and Sigurðardóttir, 2012). Recommendations for improvements in the services were diverse and reflect different needs and beliefs. Many felt, however, there was missing a housing service that was open day and night. In this context, researchers felt it interesting to note what different perceptions the homeless had toward long-term residence provisions and considered the challenges inherent in finding housing solutions that suited each and every one of them, as the willingness and attitudes of the homeless is varied (Gunnsteinsdóttir and Sigurðardóttir, 2012). On average, the attitude was positive towards staff and services for the homeless. However, the attitudes of the homeless towards service personnel in state healthcare centers were often negative (Gunnsteinsdóttir and Sigurðardóttir, 2012).

Although this is a case of a group of people who have different wants and needs, there are certain social conditions and health related factors that many people have in common. The dominating factors were alcohol and drug addiction, poor physical and mental health, as well as severed or limited relationships with their family of origin (Gunnsteinsdóttir and Sigurðardóttir, 2009). Over **75%** of the subjects in the field research from 2009 were single, with severed or limited family ties – indicating that a large group of those people who are homeless are in little or no connection with their original family. When asked about drug use, close to **60%** used alcohol regularly, **26%** said they used drugs on a regular basis and **16%** said they

used illegal prescription drugs regularly (Gunnsteinsdóttir and Sigurðardóttir, 2009).

General health was poor. A total of **68.4%** had been diagnosed with a disease. Most of the group had arthritis or gastrointestinal disease, whilst other diseases mentioned were hepatitis C, pneumonia, heart disease, cancer and hepatitis B. A total of **47.4%** had been diagnosed with a mental illness, most with bipolar disorder or anxiety. A total of **73.7%** had considered suicide and 31.6% said that they had attempted suicide in their lifetime (Gunnsteinsdóttir and Sigurðardóttir, 2009).

The study from 2009 also examined the financial, employment and educational status. None of the participants had employment at the time of the study but had disability benefits, financial assistance, pensions or unemployment benefits. Most, or **80%**, were on disability benefits or accepted financial assistance from social services. Only one was on unemployment benefits. A total of 55% had not completed upper secondary school education, neither matriculated nor vocational education, whilst 36% had completed their matriculation examination or vocational studies. Only three had completed further education. Two had completed their matriculation examination and one had a university degree.

Other data from this study comes from the professionals and their assessment on the circumstances, health and the causes of homelessness. The main reason for homelessness was estimated in both studies to be alcohol and drug addiction for 62.6% (Erla Bjorg Sigurdardottir, 2012), followed by mental illnesses considered to be the cause for their homelessness or **31.3%**. Numerous other factors were considered as reasons for homelessness but in substantially lower rates (Sigurðardóttir, 2012). The study of 2009 also gave the impression that the main reasons for homelessness were alcohol and drug use along with psychiatric problems. It shows that the underlying mental health problems may be a precursor to drug use and its consequences (Gunnsteinsdóttir and Sigurðardóttir, 2009).

## CONCLUSION

The overall health and social situation of the homeless in Reykjavik shows an assortment of health difficulties along with severe social consequences. Although addiction is a contributing factor for a large number of the homeless population, it is not the only reason for their homelessness. There is not a clear causality between addiction and homelessness. Homelessness thus may not be explained by any single factor according to the research, but has to be viewed as a holistic phenomenon in service provision in social welfare.

### III. SERVICES FOR THE HOMELESS

Numerous institutions and non-governmental organizations offer services for the homeless and addicts among them or “utangarðsfolk”. These are either specialized services for the homeless or general municipal or state health and welfare institutions. Hospitals, the psychiatric ward, health care centers in the city, social services, the unemployment agency, the police, and prison institutions supply services to the homeless (The City of Reykjavík, 2012) just as for other citizens. The department of the Red Cross in Reykjavík also offers services, as does The SÁÁ (an organization of people devoted to the alcoholic and narcotic problem) with alcoholic recovery programmes, and Samhjálp (an ngo, assisting those in need). Some organizations offer various provisions autonomously and other non-governmental organizations have a service contract with the city or state for their services – either with financial support for part of their service or in totality (Sigurðardóttir, 2012; The City of Reykjavik, 2012).

The municipal authorities in Reykjavík are responsible for the social welfare services in the city which are managed for citizens in six welfare service centers in Reykjavík. One of these administers specialized services for the homeless. Social welfare services are, though, governed by the city’s department of welfare services (Reykjavik, n.d.). Health care service centers in the municipality of Reykjavík and other general health service in Iceland, on the other hand, are under the authority of The Ministry of Welfare.

Facilities and welfare services in Reykjavík have a history of being shaped around the situation of being homeless and supplying basic needs and refuge, and thus supplied shelter overnight and day shelter during street walking. Increased awareness of the social exclusion of the homeless population concerning social welfare services has shaped the administration of services in Reykjavík. Thus, a certain reversal in orientation has taken place towards amenities for the people with an emphasis on prevention and coordination in view of general welfare. (The City of Reykjavik. 2014). This section

lists the services available in Reykjavik, both shelters and newer provisions. Following is a chapter on the housing situation of the homeless, housing provisions and some information on migration between services. Migration between services

In the previous chapter the housing situation for the homeless population in Reykjavik in 2012 (Sigurðardóttir, 2012) was outlined. Homeless people are either: on the street, which **12.3%** were (or dwell in an abandoned building, considered unfit for dwelling), and **52%** live in an insecure situation regarding housing each and every night (housed with relatives ,friends, in an abandoned building that is considered unfit for dwelling). A large majority of the homeless population therefore are either on the street or living in an unsecure situation in housing every night. Provisions in housing do not reach a large majority of the homeless or **64.3%** of those who were defined homeless in 2012.

However, **33.5%** stayed in shelters at that time, **16.2%** in long term housing provisions for the homeless and **11.7%** dwelled in institutions and did not have secure housing when leaving the institution (in prison, hospital, recovery programme). As mentioned before, the municipal authorities intend to increase housing provisions for the homeless and general prevention strategies regarding housing for people in danger of being without a home or a shelter (The City of Reykjavik, 2014).

Although no official study has been done on the pattern of usage between the service provision in Reykjavik by municipal authorities, for example regarding recovery programmes, halfway houses and homelessness, the mapping research from 2012 gives a view on the usage of services. According to this research (Erla Björg Sigurðardóttir, 2012) most of the homeless participants (**69.3%**) had used various recovery and rehabilitation programmes by LSH (The state hospital; The psychiatric and addiction ward ), SÁÁ, Samhjálp, or Krýsuvík (State and municipal recovery institution). Still, many homeless individuals, and hence addicts among them, express a need for better access to recovery provisions. Ten out of 18 homeless participants in

the research on wants and needs of the homeless had visited their social welfare service center and all of those eight were requesting housing and financial support (Gunnsteinsdóttir and Sigurðardóttir, 2012). Supportive interviews and social counseling was given to **31.8%** of those who were defined as homeless by the social welfare service center administering the services for the homeless, **24.5%** of that same group had received financial aid and **19%** received support or counselling in housing.

A small proportion of the homeless population come with the city guards from The Shelter (emergency night shelter) to The Dayshelter (a day refuge as the name implies) on weekdays. The city guards take this route every morning, some homeless request their assistance and transport, and many are satisfied with their services (Gunnsteinsdóttir and Sigurðardóttir, 2012). This is an example of a pattern in behaviour from one provision to another. The Dayshelter has on average 28 visitors per day (Rannvá Olsen, managing director, The Dayshelter, oral communication, 10th August, 2014), which is in accord with the research from 2012, where 22.9% of the participants said they had visited The Dayshelter (Sigurðardóttir, 2012). However, the number of people travelling with the city guards only accounts for the small proportion of the estimated number of people who are homeless in Reykjavik. This applies also to those who visit The Dayshelter and the emergency shelters in Reykjavik, who are a minority of the homeless population. The Shelter may accommodate 20 to 25 individuals each night, and The Women's shelter accommodates 8 to 9 individuals each night (Sigurðardóttir, 2012). As mentioned the various research commissioned by the municipality in Reykjavik does not investigate patterns in migration patterns between institutions. These studies indicate that the services supplied do only reach a minority of the population, in spite of the severe situation of the homeless or even as emphasized because of their severe situation. Hence, the need for extraordinary means to reach the homeless and addicts among them.

## Emergency shelter

Reykjavík's municipal government have offered an emergency shelter in the center of Reykjavík since 1969 (Sigurðardóttir, 2012). Now there are two shelters in the city: The Shelter and the Women's hut. Emergency shelters supply a refuge overnight, free of charge. People may not expect a certain bed on a revisit, or book a stay in advance. Both shelters open late in the afternoon and close late in the morning. Visitors are offered dinner and breakfast. These shelters are run by non-governmental organizations which have a service contract with the department of welfare services of Reykjavík city. *Requirements:* In these emergency shelters the only demand placed upon the visitors is that no verbal or physical violence is tolerated. If visitors break that rule, they are expelled for one day up to a week (Sigurðarsdóttir, 2012).

*The Shelter:* This shelter is for homeless men and can facilitate up to twenty individuals in six bedrooms, two with two beds and four with four beds. The non-governmental organization Samhjálp<sup>5</sup> runs this housing facility and has a service contract with the department of welfare services. This shelter will be moved into a larger and better suited building for this kind of service (The City of Reykjavik, 2014).

*The Women's hut:* This shelter is for homeless women and can facilitate eight women overnight, in two bedrooms with four beds in each room. The Reykjavík department of the Red Cross in Iceland run this facility and has a service contract with the department of social welfare services. Social workers from the city visit this shelter every week (Sigurðardóttir, 2012). This facility is being reviewed and service providers are considering improvements in services in this shelter, regarding the building and accommodation (The City of Reykjavik, 2012).

## Long term housing programmes

Reykjavík's municipal authorities offer three long term separate residences for those people who have a long history of health difficulties and homelessness. Most of the residents have been

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5 [www.samhjalp.is](http://www.samhjalp.is)



diagnosed with alcoholic and narcotic addictions and psychiatric illnesses. Sobriety is not a requirement. Residents have separate bedrooms but share other living quarters, the kitchen and laundry facilities. Two meals are offered everyday: breakfast and one hot meal. A new form of housing provision for the homeless, an independent housing, will open in Reykjavik in the fall of 2014.

*Requirements:* Residents are expected to work towards goals in daily living in cooperation with a social worker. Residents pay a dwelling fee. (Sigurðardóttir, 2012). There is uncertainty about the expectations and requirements in the new independent housing on Hringbraut.

*Miklabraut:* This housing provision was opened in 2002 and is for 8 men.

*Mýrin:* This housing provision was opened in 2010 and is for 5 women (this facility is closing – residents will move to Hringbraut).

*Njálsgata:* This housing provision is for 8 men.

*Hringbraut:* This is an independent housing provision which will accommodate 12 individuals in 12 apartments.

### Mobile small-houses

Reykjavík's municipal authorities offer housing in small mobile houses for those individuals who have been difficult to supply service to with housing because of alcoholic and narcotic addiction, other illnesses or special needs. There are four small-houses available and these are intended for individuals or couples. The intention is to offer secure long term shelter for these individuals.

*Requirements:* Residents are required to accept support in regular visits and pay a dwelling fee (Erla Björg Sigurðardóttir, 2012).

### Halfway-houses

These residences are intended for those who have finished an alcoholic and narcotic recovery programme and who are in rehabilitation. Therefore, this housing is not permanent, but rather is intended as an intermediate housing. These

halfway-houses are therefore a precursor to an independent housing outside an institution. Most of these houses offer housing and board, with separate individual bedrooms. There are seven half-way houses in Reykjavik which offer together housing facilities for 103 individuals (Sigurðardóttir, 2012).

*Requirements:* Sobriety.

### Day-shelters

With respect to the fact that service provisions have for long been focused on night shelters, there has been a need for a day-refuge for these individuals. Two are available in Reykjavík and both are run by non-governmental organizations but supported financially by the department of social welfare services. These shelters are open from the mid morning till late afternoon and offer refuge and food, free of charge during the daytime.

*Samhjalp's coffeeshop.* This coffee shop has been open since 1982 and is operated by Samhjalp, which is a non-governmental organization. The state has financially supported this enterprise along with the department of social welfare services in Reykjavík (The City of Reykjavík, 2012). Social workers from the city come for regular visits. It is open from 10 to 4 during weekdays and from 11 to 4 during the weekend. At three o'clock visitors are offered soup or a hot meal, and coffee and sandwiches are also offered.

*The Dayshelter.* This facility has been run by the Salvation Army since 2007. A social worker from the city's service center is located at this facility among the homeless in a full-time position offering information and support. It is open from nine to five. Lunch is offered from twelve to three. Sandwiches, coffee, tea and pastries are also available during opening hours. Visitors are offered a place to rest, watch television, take a shower, and have their clothes cleaned and kept in a locked room. They are also offered new clothes if they request them (Sigurðardóttir, 2012).

*Requirements:* In the Day shelter the demands placed upon the visitors are two; one is that no verbal or physical violence is tolerated. If visitors break that rule, they are expelled for one day up to a week; and secondly alcohol and drugs

consumption is not allowed on the premises (Rannvá Olsen, managing director in The Day Shelter, oral communication, 9<sup>th</sup> of August, 2014).

### **Mobile social services**

Employees from the city's service center have offered their services at the places homeless people attend. The object is to mediate information to the people regarding the services available (Sigurðardóttir, 2012).

### **The City's Guards**

These guards are a mobile team of specialists in this field of service and social work for the homeless and addicts among them, or "utangarðsfolk". This project is an experimental cooperation between the city's welfare services and the police in Reykjavík. The service is involved in general care, driving people between night and day shelters, searching for people and prevention work, along with general assistance to those in need (Sigurðardóttir, 2012). The city's guards "are intended to assist people who because of their intoxication and/or psychiatric illness are in a situation they cannot manage or who are disturbing other people". This is the concern the city's guards are involved with according to the city's official website (Reykjavík, n.d.). Their task is therefore to provide care but also guard other citizens from homeless people when necessary.

### **Mrs. Ragnheiður**

Ragnheiður is a common Icelandic name, here used by The Red Cross as a name for a project in harm reduction. According to the website of the Red Cross in Iceland, the project is a harm reduction effort to support people on the outer reaches of society such as the streetwalkers, the homeless and the addicts (Red Cross, n. d.). Services are offered in a redecorated ambulance by volunteers who are mainly nurses (Sigurðardóttir, 2012). The goal is to provide harm reducing health services in order to lessen the harm associated with the lifestyles of addicts and homeless people, for example infections in wounds and the transmission of diseases. Volunteers offer information, wound care as well as syringes and needles (The Red Cross, n.d.).

## BIBLIOGRAPHY

- Gunnsteinsdóttir, E.S., Sigurðardóttir, E.G. (2009). *The folk outside the garden (i. utangarðsfólk) in Reykjavik: Mapping and research*. Reykjavík: The Department of Welfare, in Reykjavik municipality.
- Gunnsteinsdóttir, E.S., Sigurðardóttir T.B. (2012). *Mapping of needs and wants of the folk outside the garden*. Reykjavík: The Department of Welfare, in Reykjavik municipality.
- Sigurðardóttir, E.B. (2012) *Mapping of numbers and situation of the folk outside the garden in Reykjavik*: The Department of Welfare, in Reykjavik Municipality.
- Glasser, I., Bridgman, R. (1999). *Braving the Street: The Anthropology of Homelessness*. New York: Berghahn Books.
- Hastrup, K. (1990). *Island of anthropology: Studies in past and present Iceland*. Odense: Odense University Press.
- The Healthcare (n.d.). *Law and regulations*. Downloaded 19<sup>th</sup> of August, 2014 from [http://althingi.is/lagas/\\_199797074.html](http://althingi.is/lagas/_199797074.html).
- Björnsdóttir, H.P. (2004). "We the streetwalkers": *Identity in the discourse of homeless people in Reykjavík*". Reykjavík: The University of Iceland.
- Hunt, N. (2012). *Recovery and harm reduction: Time for shared, development oriented programmatic approach*. Downloaded 2<sup>nd</sup> of July, 2014 from [http://futuremoves.worldpress.com/2012/10/12/recovery\\_and\\_harm\\_reduction\\_time\\_for\\_shared\\_development\\_oriented\\_programmatic\\_approach/](http://futuremoves.worldpress.com/2012/10/12/recovery_and_harm_reduction_time_for_shared_development_oriented_programmatic_approach/)
- Icelandic Met Office (n.d.) Icelandic climate. Downloaded, 30<sup>th</sup> of September, 2014 from [http://en.vedur.is/weather/climate\\_in\\_iceland/](http://en.vedur.is/weather/climate_in_iceland/)
- IHRA (n.d). *What is Harm Reduction? A position statement from the International Harm Reduction Association*. Downloaded 5<sup>th</sup> of July, 2014 from: [http://ihra.net/files/2010/08/10/Briefing\\_](http://ihra.net/files/2010/08/10/Briefing_)
- OECD (2013). *Economic survey of Iceland, 2013: Overview*. Downloaded 26<sup>th</sup> of August from <http://oecd.org/eco/surveys/economic-survey-iceland.html>.
- Pleace, N. (2012). *Housing first: European observatory on homelessness*. Brussels: FEANTSA.
- Icelandic Met Office (n.d.) Icelandic climate. Downloaded, 30<sup>th</sup> of September, 2014 from Reykjavik (n.d). *Service*. Downloaded 19<sup>th</sup> of August, 2014 from <http://reykjavik.is/thjonusta>
- SAA (n.d.). *Harm reduction (i. viðhaldsmeðferð)*. Downloaded 15<sup>th</sup> of August, 2014 from <http://saa.is/islenski-vefurinn/felagsstarf/pistlar/nr/11293>.
- Short, J.R. (1999). Preface. In I. Cieraad (Ed.) *At Home: An Anthropology of Domestic Space* (p.ix-x). New York: Syracuse University Press.
- Smith, P., Riley, A. (2009). *Cultural Theory: An Introduction, (Second edition)*. Malden: Blackwell Publishing.
- Statistics Iceland (2014). *Iceland in figures*. Reykjavik: Statistics Iceland.
- Stefancic, A., Tsemberis, S. (2007). *Housing First for Long-Term Shelter Dwellers with Psychiatric Disabilities in a Suburban Country: A Four-Year Study of Housing Access and Retention*. Downloaded 15<sup>th</sup> of July, 2014 from [http://download.springer.com/static/pdf/557/art%253A10.1007%252Fs10935-007-0093-9pdf?auth66=1412763073\\_62a54b](http://download.springer.com/static/pdf/557/art%253A10.1007%252Fs10935-007-0093-9pdf?auth66=1412763073_62a54b)
- The Healthcare (n.d.). *Law and regulations*. Downloaded 19<sup>th</sup> of August, 2014 from [http://althingi.is/lagas/\\_199797074.html](http://althingi.is/lagas/_199797074.html).
- OECD (2013). *Economic survey of Iceland, 2013: Overview*. Downloaded 26<sup>th</sup> of August from <http://oecd.org/eco/surveys/economic-survey-iceland.html>.
- Pleace, N. (2012). *Housing first: European observatory on homelessness*. Brussels: FEANTSA.
- The Office of Human Rights in Iceland (n.d.). *About us*. Downloaded 20<sup>th</sup> of September, 2014 from <http://humanrights.is/is/um-okkur>
- The Red Cross (n.d). *Mrs. Ragnheiður*. Downloaded 15<sup>th</sup> of July, 2014 from [http://raudikrossinn.is/page/rki\\_reykjavikurdeild\\_fru\\_ragnheiður](http://raudikrossinn.is/page/rki_reykjavikurdeild_fru_ragnheiður)

The City of Reykjavik (n.d). *Office of human rights: Assignments*. Downloaded on the 20<sup>th</sup> of September, 2014 from <http://reykjavik.is/skrifstofaogsvið/mannrettindaskrifstofa>

The City of Reykjavik (2006). *The human rights policy of the city of Reykjavík*. Reykjavík: The Council of Human Rights.

The City of Reykjavik (2012). *A definition on the human rights of the folk outside the garden (i. utangarðsfólk): A task group on the definition on human rights for the folk outside the garden*. Reykjavík: The Council of Human Rights.

The City of Reykjavik (2014). *Policy in the matters concerning the folk outside the garden, 2014-2018 (Agreed policy)*. Reykjavik: The Department of Welfare, in Reykjavik municipality.

The City of Reykjavik (2014b). *Policy in the matters concerning the folk outside the garden, 2014-2018*. Reykjavik: The Department of Welfare, in Reykjavik municipality.

The United Nations (n.d).

The Ministry of Social Welfare (2005). *A committee's report on the homeless: The situation in Reykjavik and suggestions for improvement*. Reykjavík: The Ministry of Social Welfare.

The Ministry of Welfare (2014). *The law on narcotics and options in policy making: Policy in punishment or decriminalization?* Downloaded 19<sup>th</sup> of September, 2014 from <http://velferdaraduneyti.is/raedur-og-greinar-KTHJ-radherra/nr/34560>

The Ministry of Welfare (2013). *Policy in alcoholic and drugs harm prevention*. Reykjavik: The Ministry of Welfare.

The Ministry of Welfare (2012). *Welfare policy: Health policy to 2020 (Draft)*. Reykjavik: The Ministry of Welfare.

The Ministry of Welfare (n.d.). *Task group on formation of a policy to reduce harm in drug use, to assist and protect users and their social rights, their family and society in whole*. Downloaded 15<sup>th</sup> of August, 2014 from <http://velferdarraduneyti.is/raduneyti/nefndir-rad-stjornir/nr/34750>.

The Parliament of Iceland (1991). *The laws on social service of municipalities (no. 40)*. Downloaded 21<sup>th</sup> of September, 2014 from <http://althingi.is/lagas/134/1991040.html>

The Parliament of Iceland (1974). *The laws on narcotics (no. 65)*. Downloaded 19<sup>th</sup> September, 2014 from <http://althingi.is/lagas/nuna/1974065.html>

The United Nations (n.d). *The Universal Declaration of Human Rights*. Downloaded 17<sup>th</sup> of August, 2014 from <http://un.org/en/documents/ddnr/>.

Tsemberis, S., Gulcur, L. and Nakae, M. (2004). *Housing First, Consumer choice and harm reduction for homeless individuals with a dual diagnosis*. Downloaded 15<sup>th</sup> of July, 2014 from <http://ncbi.nlm.nih.gov/m/pmc/articles/PMC1448313/>

Wardhaugh J. (2000). *Sub city: Young people, homelessness and crime*. England: Ashgate.

WHO (2010). *Global strategy to reduce the harmful use of alcohol*: Geneva: World Health Organization.

**HOUSING FIRST**  
**EVIDENCE BASED ADVOCACY**



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