



Homeless assistance and housing integration of the city of Zürich

**History
Services
Basics**

Contents

Foreword	4
Introduction	8
Homelessness and homeless assistance in Zürich after 1945	10
The Office for Emergency Housing	11
Establishment of night shelters	13
Youth, addiction and homelessness	14
Drug policy turnaround	17
Administrative reform and strategic realignment	18
Homelessness in transition	19
Development of supply after 2000	19
Outlook: Fight against usury and run-down houses	20
“Wohnen und Obdach”: Services	22
Special service registration and clarification	24
Night shelter and night pension	25
Outpatient residential integration	26
“I want to be accompanied, but not looked after”	27
Inpatient residential integration	29
“I only eat breakfast if there’s meat and cheese”	30
Supervised residential integration	32
“You can hang up a toilet roll, and when you come back, it’s still there!”	33
Transitional housing for families	35
Portrait: “It’s a super apartment, but it does not go on forever”.	36
Emergency shelter for families	38
Transitional housing for individuals and couples	39
Transitional housing for young adults	40
Special Service Space and Infrastructure	41
Basics	42
Homeless and homelessness – a clarification	43
Ordinance of the municipal council: mission, goals, significance	45
Imprint	48

Foreword

Dear Reader

All who are in need and cannot provide for themselves are entitled to help and to the appropriate resources that are essential for a dignified existence. This is what the Swiss Federal Constitution says and thus formulates the fundamental social policy mandate for the cantons and municipalities. I think it goes without saying that dignified and permanent housing is also essential for a dignified existence. After all, a home is much more than just a roof over one's head. It is an important place of retreat, offers security and stability, and is a central element of a functioning way of coping with everyday life. However, it is an unfortunate fact that in the city of Zürich women, men and families also lose their homes who have hardly any chance of finding new accommodation on the housing market. If they become homeless or even without shelter, a social downward spiral is set in motion that must be stopped. This is a challenge for the city: Those affected must be supported and protected.



The need for sustainable residential integration is politically undisputed in the city of Zürich. There are also historical reasons for this: The mass homelessness of young drug addicts in the late 1980s and early 1990s was a shock that triggered a lasting learning process. To this day, residential integration in the city of Zürich is characterized by a high degree of flexibility. The services are continuously developed and adapt to the changing conditions and challenges of a changing city. Where new problems arise, new services provide a remedy. For example, two houses in Zürich's Langstrasse district, once famous and notorious throughout the country as "Gammelhäuser" (run-down properties) are now part of the city's residential integration program. They are home to people who were so far unable to live permanently in the existing facilities because they find even the most basic rules of behavior in living together a barely surmountable obstacle. The newly created supervised residential integration takes this into account by tailoring the demands on the residents to their capabilities.

This is precisely the asset of the City of Zürich's residential integration: we gear our services to the needs of the target groups. And not to the standards that apply to the majority of the society. To this end, we are always ready to break new ground and test innovative approaches in practice. Always with the aim of adapting the framework conditions of the accommodation to the needs of the residents, so that they can live permanently in our facilities. This is the only way to stabilize their living situation in the long term. And only in this way can these people lead a dignified life in our city.

Raphael Golta, City Council
Head of the Department of Social Affairs

Dear Reader

Homelessness leaves no one cold. Particularly in winter, we receive inquiries almost daily from concerned citizens of Zürich, committed politicians and media representatives about what the city is doing to prevent people from having to spend the night outdoors. The answer is quickly given: it is doing a lot. The night shelter, which is open year-round, is probably the best-known city facility for the homeless. But the “Wohnen und Obdach” (housing and shelter) division, which is responsible for homeless assistance and housing integration, offers much more, such as “Emergency Shelter for Families” or “Outpatient Housing Integration” for socially impaired men and women who have little chance on the housing market. “Wohnen und Obdach” accommodates and cares for more than 2,000 people every year.



Experience shows that in the background of precarious housing situations there are always serious financial problems, but often also psychological impairments, addictions, communication difficulties and a lack of knowledge of the expectations that are placed on tenants in Zürich. “Wohnen und Obdach” therefore does not limit itself to mere accommodation, but accompanies the clients in their everyday living. In this way, practically all families with children achieve the goal of returning to a regular tenancy as quickly as possible; severely impaired individuals find a home in the services of “Wohnen und Obdach”, in which they often live for many years.

For some years now, we have been noticing a steady increase in the number of seriously mentally ill persons who can hardly be accommodated in the existing municipal and private facilities. Thanks to interdisciplinary cooperation with specialized services such as the Psychiatric Polyclinic of the Municipal Medical Service and the Social Services, we succeed in most cases in stabilizing these clients and improving their living situation.

Kaspar Niederberger
Head of “Wohnen und Obdach”

Introduction

There is great interest in the city of Zürich's housing integration, and inquiries and visits from experts, media representatives and students from Switzerland and abroad are the order of the day. This documentation is intended to provide all interested parties with a compact overview of the history, current status and fundamentals of municipal housing integration and assistance for the homeless. It is designed as a reader; the individual contributions and chapters can be read individually according to interest.

The city's homeless assistance can look back on a long and eventful history. It reflects the social conditions and values of the time and shows how politics and authorities deal with one of the the worst forms of poverty, homelessness.

The first municipal facility to house the homeless was the "Im Berg" detention center in today's University Quarter, which opened in 1831. However, those brought here were not called homeless but "vagrants". They were considered "dissolute, work-shy persons" and were persecuted. The "Verhaftsanstalt" was, as the name suggests, a police institution. In 1909 the "Verhaftsanstalt" was moved to the Schipfe and in 1914, when the detention cells were abolished, it was renamed the "Bürgerstube". As a supplement, the "Institution for Men" was opened in 1913 in the agricultural estate "Zur Weid" in Rossau-Mettmenstetten, where city residents were "cared for" "who, as a result of their ineradicable tendency to vagrancy", according to the city council, "permanently prove unable to be useful members of society".

The way the city authorities dealt with the homeless was often brutal; helping the homeless as a charitable activity was left to private charities. The city of Zürich resisted playing a more active role until World War II and intervened only in times of crises. For example, in 1918, when the war and the Spanish flu caused a great housing shortage and numerous families had to be housed in guesthouses. As late as 1931, the city council rejected the city parliament's demand for a larger shelter for the homeless, arguing, among other things, that it did not want to compete with the shelters run by the charitable associations.

1945 brought the turning point. The extreme housing shortage throughout Switzerland, caused by **population growth** and wartime housing shortages, prompted politicians and authorities to make a fundamental change of direction. In 1946, the city council formulated a strategy for the first time in the fight against homelessness; municipal emergency shelters with several hundred places were set up and the "Office for Emergency Housing" was created. From then on, the city of Zürich took on a leading role. The chapter "Homelessness and Municipal Assistance to the Homeless after 1945" traces the development of municipal assistance to the homeless towards the housing integration of the present and shows how the city of Zürich faced the changing demands and challenges – such as the mass homelessness of drug addicts in the 1990s, and currently the rent-seeking against socially disadvantaged people in run-down houses.

The chapter "Services" provides an insight into all the facilities and their development history. In order to make the different target groups tangible, portraits of residents are attached to the descriptions of services.

The last chapter "Basics" describes in brief the "theory" of municipal housing integration and the legal basis. The legal bases are of great importance for the practice, because the municipal homeless assistance and housing integration is a municipal matter, which is financed with tax money. They are based on political decisions; those responsible for housing integration are accountable to the authorities and parliament.

Homelessness and homeless assistance in Zürich after 1945.

Families are accommodated in school rooms because they have no roof over their heads. Homeless people seek the warmth of brickyard ovens during the nights. City councillors, in their desperation, appeal to the population to provide housing. Such scenes are unimaginable in the city of Zürich today. But they happened in the years after the Second World War. The trigger was the housing shortage that had set in toward the end of the war. The crisis made the city of Zürich around 1945 lay the foundation for housing integration and homeless assistance as it is practiced today.

Wartime housing shortages had led to extreme housing shortages and homelessness throughout Switzerland from 1942 onward. In the city of Zürich, the existing homeless shelters – the municipal Bürgerstube on the Schipfe and the men’s home of the Salvation Army in the Langstrasse district – were filled to capacity. To alleviate the situation, the city council¹ established the “Office for the Welfare of the Homeless” in 1943, which was supposed to improve the situation of socially weak individuals. However, in addition to “single people”, families with children were increasingly affected by homelessness. Thus, families had to be accommodated in school rooms while school was taking place.

The Office for Emergency Housing

As the situation worsened, the Zürich municipal council² approved the construction of 18 emergency barracks for homeless families in the outskirts of Altstetten and at Bucheggplatz in 1945. However, the situation remained so precarious that in February 1946 the city council issued an appeal to the population to provide housing. The effect of this “housing procurement campaign” was modest: it resulted in barely 100 usable accommodations. In despair, the city of Zürich also looked outside the city limits and bought 16 single-family houses in Rümlang to house homeless families. At the same time, the “Office for the Care of the Homeless” was transformed into the “Office for Emergency Housing” and attached to the city’s real estate administration. Its task was to mediate between those seeking housing and those renting, property owners and official agencies, and thus to contribute to the alleviation of need. The target groups were families, the elderly and the disabled.

In the spring of 1946, the City Council formulated the strategy in the fight against homelessness: “It must be the goal of future housing policy to create a reserve of permanent housing in order to get out of the undignified makeshift with emergency housing as quickly as possible.” With these considerations in mind, he entered into negotiations with the building cooperatives³ and succeeded in having 5 to 15 percent of the new apartments built with subsidy money made available to the office for emergency housing. But demand far exceeded supply. In 1947 alone, 6000 people registered with the Office for Emergency Housing. Once again, families had to be temporarily housed in school rooms.

The number of apartments managed by the Office of Emergency Housing increased rapidly to 500 apartments by 1949. In the 1950s, an average of 550 apartments were available. But the situation remained critical. In the quarterly report of the Office for Emergency Housing of April 1957, the situation was described drastically: “We have already described in earlier reports how things are in the Office for Emergency Housing before and after a regular moving date. But what we experienced in the last three months seriously shook our Pestalozzian motto ‘It is a pleasure to believe in the good in people over and over again, even if one is wrong every day’. To swallow uninterruptedly for three months the reproach, often degenerating into insults: ‘You do have proper apartments, but only for Hungarians, Swabians, Italians and Jews.....’ requires not only healthy nerves, but also great indulgence in the face of human inadequacy.” Just how dramatic the situation was became evident even before the relocation date in October 1958: 150 families were acutely threatened with homelessness at that time.

1
City Council: executive branch
(city government)

2
Municipal Council: Legislative
(city parliament)

3
Building cooperatives: not-for-
profit housing developers



Barracks of the "Office for Emergency Housing", Neue Zürcher Zeitung, No. 502, 21.3.1956

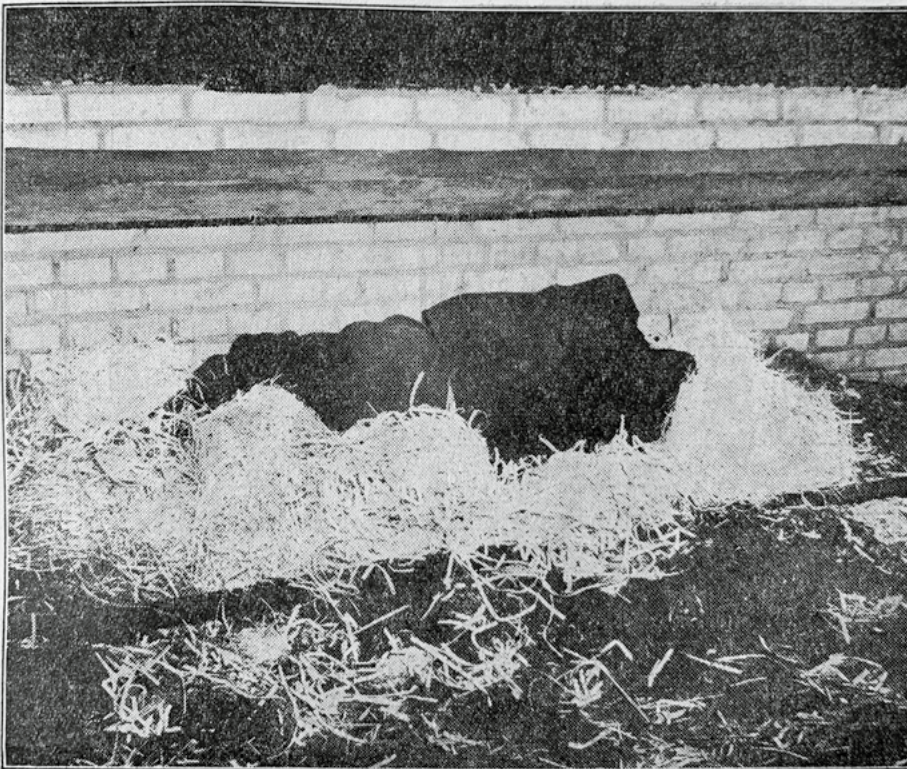
The situation remained tense and did not ease until the mid-1960s. Discussions now arose about who was allowed to live in emergency housing and for how long – there was no clear regulation. After reports of abuses appeared in the media, the city responded in 1971 with an external investigation. In 1972, this investigation came to the conclusion that there were numerous unjustified permanent tenants in municipal emergency houses. Furthermore, it was criticized that the care of the tenants was insufficient. The city council therefore passed the "Regulations on Emergency Housing" act at the end of 1975. Article 1 stated: "The city of Zürich strives to prevent the imminent homelessness of resident families, the elderly and the disabled in cases of emergency. For this purpose, it provides emergency housing and assists in finding permanent housing." It was stipulated that emergency housing "shall in principle be given to the individual tenant only on a temporary basis." The property management office under the umbrella of the tax office remained responsible. The Office of Emergency Housing was responsible for providing, managing, and monitoring the apartments. Cooperation with the Social Welfare Office was newly organized and the "Social Counseling Office for Emergency Housing Tenants" was created. The counseling office acted as a link between the tax office, the social welfare office and non-profit organizations, assisted the tenants of the emergency apartments and supported them in finding permanent tenancies and places in homes.

Establishment of night shelters

In addition to the housing shortage, which mostly affected families, there was also a pronounced "room shortage" among single people in 1945. Single people without accommodation who could not find a place in the Bürgerstube or the home of the Salvation Army looked for niches in the public space. The brick factories in Wiedikon were a particularly popular place to spend the night because of the warm kiln houses where bricks were baked. The city medical service sought out the homeless there, examined them and subjected them to "powdering with DDT preparations" in the fight against vermin.

The extent of the problem of open homelessness in the city of Zürich is shown by a demand from the local council in 1947: The city council had to take urgent measures so that the homeless seeking shelter in brickworks, tram shelters, underpasses, etc., could spend the night in hygienically impeccable localities without bureaucratic measures". The city council responded by building a 105-bed night shelter in a former medical bunker under the City indoor swimming pool. In the same year, the city opened two more emergency sleeping facilities on Schulhausstrasse and in Hardau, the latter explicitly for "those spending the night in the Zürich brickworks". In 1949, the emergency sleeping facilities were completed with beds in the Niederdorf. By the end of the 1940s, there were more than 300 places in a total of four emergency sleeping facilities in the city of Zürich. The offer was immediately put to active use, and the facilities were full to capacity almost every night. An interim report by the office for emergency housing in the summer of 1947 stated that there were many permanent residents who stayed there because they could not afford the rent for a room in advance. It was gratifying, it said, "that the vast majority of the sleepers consisted of decent elements". In 1963, the average length of stay in the emergency sleeping quarters under the indoor swimming pool was nearly two years. The majority of users were employed and benefited from the city's not very comfortable but cheap offer. The first night cost 4 francs, each additional night 1.70 francs. The Tages-Anzeiger therefore ran the following headline in 1964: "Zürich's cheapest 'Hotel Garni'".

Die Zürcher Woche,
No. 59, 8.12.1954



Weil dieses arme Häuflein Elend schrecklich hustet, haben ihm seine Genossen verboten, bei ihnen — zwischen den Ziegelbeigen oder in der Holzwolle — zu schlafen.



Emergency sleeping facility indoor swimming pool, Tages-Anzeiger, No. 291, 14.11.1964

While the city's emergency shelters counted more than 100,000 overnight stays per year in the early 1950s, the figure had fallen to 40,000 by the mid-1970s. The decline was also linked to the development and expansion of private services. In December 1963 for example, the "Verein Inselhütte Zürich" opened a homeless shelter with 60 places in the disused civil defense bunker on Helvetiaplatz. With the "Bunker", pastor Ernst Sieber made his first appearance. Sieber took over the management of "the kingdom of heaven under the earth", as he himself called it. Other private facilities for single homeless people followed. On the organizational level, the "Arbeitsgemeinschaft für Alleinstehende und Obdachlose" AAO was formed in 1966 with the aim of strengthening the exchange between private and public institutions. A first product of the exchange in 1966 was a leaflet with addresses and opening hours of all ten emergency sleeping spaces, hostels and shelters of the city and churches with 700 spaces.

Youth, addiction and homelessness

Until the 1960s, the discussion on addiction and drugs had focused on alcohol, including in homeless services. Many homeless people were "trunksüchtig" (addicted to drink), as it was called at the time. With the social upheavals and new youth cultures in the 1960s, other drugs became the focus of attention, first hashish and LSD later amphetamines, cocaine and heroin. The first victim of a heroin overdose in the city of Zürich was in 1972.

In 1971 the "Zürcher Arbeitsgemeinschaft für Jugendprobleme", ZAGJP, was founded. The goal and purpose of the association was to provide assistance and cooperation in solving current youth problems. This help

consisted mainly of street work and help for the homeless. Behind the association, with pastor Ernst Sieber as its president, stood the Protestant Church. However, the ZAGJP emphasized its confessional independence and was also financially supported by the municipal and cantonal authorities. At the end of 1971, the working group opened a reception center for 15 homeless youths in the old Wollishofen parish hall. In October 1976, the center moved to the Tiefenbrunnen streetcar depot with 18 spaces.

In 1980, the Autonomous Youth Center AJZ on Limmatstrasse was put into operation. The AJZ was open 24 hours a day and offered a sleep-in where people could spend the night. Very quickly, the AJZ was frequented by drug addicts as well, because they were tolerated there, unlike in the public places. In 1981, the world's first room for junkies was set up illegally in the AJZ. However, the operators were soon overwhelmed by the increasing presence of homeless people and drug addicts. In October 1981, they closed the AJZ in protest against the repression of drug users, but also as a signal to AJZ users who used the AJZ as a "temple of consumerism" and a "homeless asylum". After the closure, many homeless drug addicts ran into the ZAGJP reception center in the Tiefenbrunnen streetcar depot. The reception center reached its limits and had to be closed temporarily. It was reopened in February 1982. To relieve the situation, the Youth Welfare Office of the City of Zürich had set up a night shelter with 20 spaces for 16- to 30-year-olds on Zollstrasse in Kreis 5. After unsuccessful attempts to reopen the AJZ, the sponsors resigned in March 1982. A few days after the keys were returned, the city council had the buildings on Limmatstrasse demolished. The drug scene moved to the nearby Platzspitz park.

In the 1970s, the estimated number of heroin addicts in the city of Zürich ranged between 100 and 300 people. At the beginning of the 1980s, the number of addicts rose sharply. In 1982, about 3000 people were injecting heroin in Zürich and the agglomeration. With the spread of the open drug scene and its concentration on the Platzspitz, the problem of homelessness

Tiefenbrunnen reception center
1987, Gertrud Vogler, Swiss Social
Archives,
Sozarch_F_5107-Na-15-048-013





"Containerdorf Letten, December 1989", Gertrud Vogler, Sozarch_F_5107-Na-15-024-011

intensified. At the end of 1987, pastor Sieber launched "Aktion Bettwärme", which was supported by the city of Zürich. In construction barracks at various locations, 40 spaces could be created at short notice for the winter. After the experiences of the winter of 1987/1988, however, it was clear that there were too few night shelters in the city. For the winter of 1988/1989, the city provided two temporary night shelters with a total of 60 spaces in newly built barracks in the Gessnerallee and on the Kronenwiese. Pastor Sieber repeated his "Aktion Bettwärme" with the "Hügeldörfli", a temporary barrack village in Altstetten, which was mainly used by young people from Platzspitz. As the situation continued to worsen, the head of the social department took the offensive in 1989. Her goal of creating 200 spaces in night shelters throughout the year was supported by the city and municipal councils. However, the target could not be reached due to a lack of real estate and objections from the population. For the winter of 1989/1990, it was at least possible to provide almost 150 temporary spaces, including in three civil defense facilities. In the Unterer Letten baths, pastor Sieber built the "Letten-dörfli" by spring 1990.

The situation in the area of night shelters remained tense in the early 1990s. In 1991, the Welfare Office stated in a report on emergency sleeping facilities: "Municipal as well as private night shelters are hopelessly overcrowded, as the outflow of those seeking help is not guaranteed." The majority of users stayed longer than a month and did not reside in the city of Zürich. For the welfare office it was clear: "The extremely precarious financial situation of the city of Zürich on the one hand and the fact that the operation of night shelters is very cost-intensive, make a fundamental rethinking of the situation necessary." In 1992, therefore, it was decreed that only persons residing in the city of Zürich were entitled to spend the night in the night shelters.

Drug policy turnaround

The city of Zürich relied on repression in its drug policy until the 1980s. Junkies were expelled from public places; they received medical and social assistance only on condition that they refrained from drug use. Until 1986, the city police even confiscated sterile injection material distributed by private parties to drug addicts for HIV prevention. Toward the end of the 1980s, the realization that this policy had failed also reached political stakeholders who had long seen repression as the means of choice. The misery in the spreading so-called open drug scene, aggravated by AIDS, had become conspicuous; drug-related crime was rampant, gangs of dealers were engaged in shootouts on Limmatplatz, homeless drug addicts were sleeping en masse in the station arcade “Shopville”, in building entrances and telephone booths, the population and the trade suffered, and the pictures went around the world.

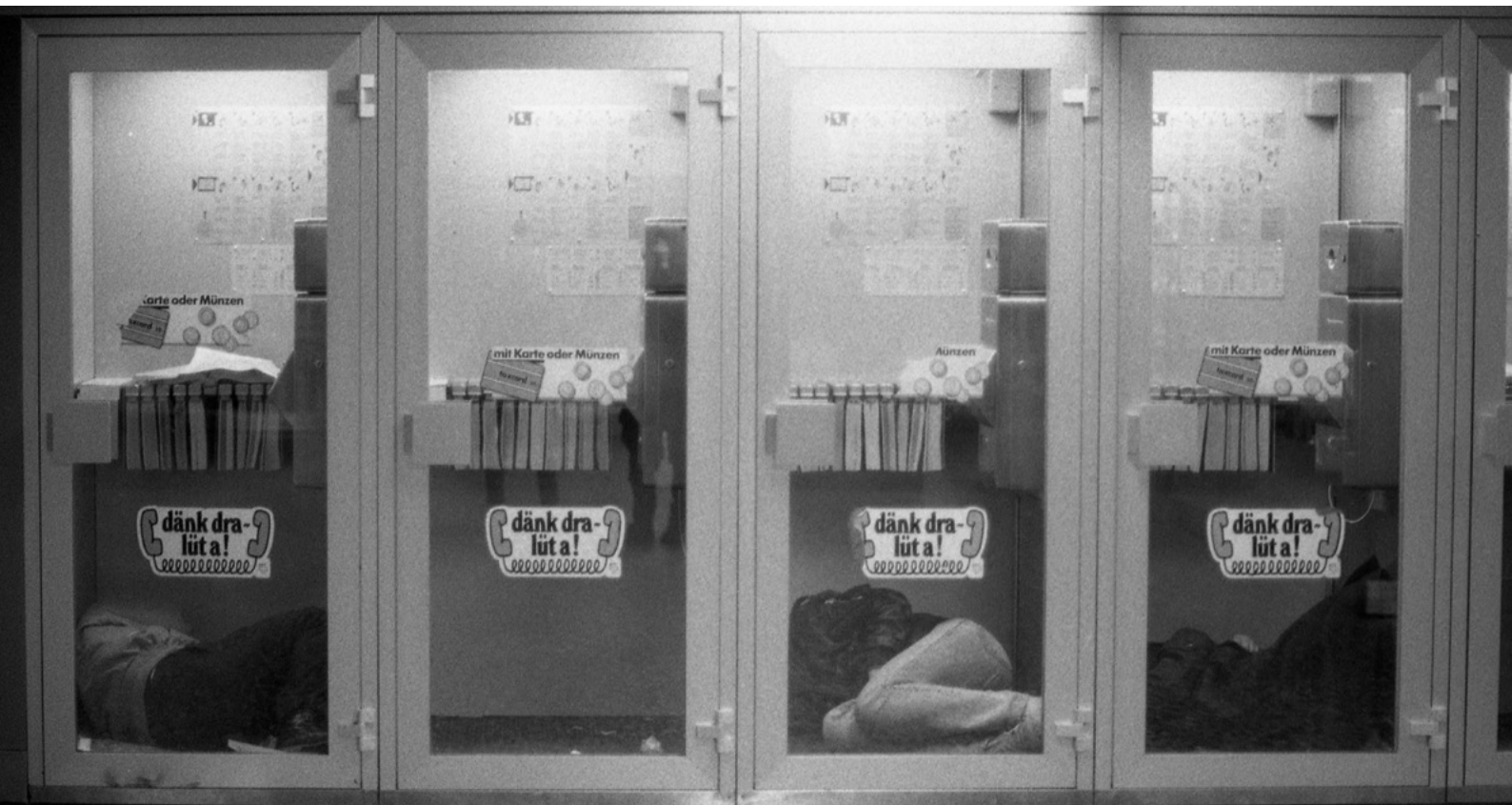
The paradigm shift in drug policy took place gradually over several years, starting in 1987. In 1989, the city council still rejected the strategy paper of the head of the social welfare office, which called for, among other things, the medically controlled distribution of heroin. A year later, however, it adopted the “Ten Principles of Drug Policy”, which paved the way for the “four-pillar model” with its levels of action: Prevention, repression, harm-reduction and therapy.

An essential element of the new strategy was the rapid placement of drug addicts in night shelters and in the newly established accompanied housing. Accompanied housing for the “socially disadvantaged” – Bewo for short – was launched by the Social Welfare Office in 1988. The two-year trial was intended to relieve the night shelters and replace “Aktion Bettwärme”. A new feature of Bewo was that drugs could be consumed. To obtain a Bewo room – Housing First⁴ – no requirements such as abstinence, withdrawal, substitution or therapy had to be met. All that was required was that the residents observe the simplest rules in dealing with fellow human beings and that no drug deals or prostitution take place in their own room. Care was limited to crisis intervention and outpatient home visits by social workers.

4

In the Housing First approach, housing is not seen as a reward for abstinence or consent to psychiatric treatment, but as a harm reduction measure and a starting point for successful reintegration. The approach originated in the early 1980s in the United States.

“Night in Shopville” 1988, Gertrud Vogler,
Sozarch_F_5107-Na-18-052-020



In 1990, Zürich's voters approved the comprehensive social welfare package that authorized the city council to implement survival assistance and harm reduction measures. The "90s Resolution" formed the legal basis for the establishment and expansion of assisted living, contact and drop-in centers for drug users, heroin-assisted treatment and day-structuring employment programs. The goal was no longer a drug-free society, but rather tolerance of drug use. The "four-pillar model" played a decisive role in ensuring that no new open drug scenes formed after the police broke up the drug scene on Letten in 1995.

Supported living proved its worth. In contrast to living in changing night shelters, drug addicts were offered a secure form of living in which integration could be "practiced gradually and realistically", as the welfare office put it. The number of spaces was quickly increased. In 1990, 200 residential spaces were available; two years later, the number had risen to 400, and in 1993, it was already 600. At the same time, the number of beds in the night shelters was reduced to 120 at the beginning of 1993.

Administrative reform and strategic realignment

In the 1990s, the city administration underwent a fundamental reform. It was the time of New Public Management and the management approach of "impact-oriented administration" with its demands for customer orientation and impact measurement. The city council justified the reform of the social department in the 1996 annual report as follows: "Since the formation of the welfare office in 1929, the current social department had a largely unchanged structure. Many of today's processes and division of tasks had to be considered outdated. They were no longer convincing in view of the findings of management and organizational theory, modern administrative management and information technology. The use of public funds to cover the not inconsiderable net burden caused by social welfare and the extremely tight financial situation of the city of Zürich also made it necessary to constantly and consistently look for and realize possibilities for further savings in expenses and increases in income."

With the administrative reform in 1997, offices such as the Senior Citizens Office, the Youth Office or the Welfare Office were dissolved and their facilities were merged into new organizational units. The city's night shelters, assisted living, emergency housing office and homes for marginalized people, which had previously been located in different offices, were organizationally merged into the Housing and Homeless Assistance Department (WOH) of the new Office for Social Institutions (ASE). Social housing counseling played an important role in the newly established municipal homeless assistance. It had already been established in 1990 in the former Welfare Office and functioned as a contact point for emergency housing tenants and for assisted living. However, according to the first WOH market strategy of 1998, it was to take on much greater significance in the WOH: "The WOH ensures basic services with the Social Housing Counseling Service. As the only counseling center open to all target groups, it has a central function in terms of triage and overview of the social housing market. It is a clarification, counseling and mediation center for all those affected."

The Social Housing Counseling Service was dissolved in 2002 because its services were to be provided locally by the social centers in the neighborhoods in the future. The social centers, which were set up as part of the reorganization of the Department of Social Affairs, were intended to provide easy and rapid access to information, advice and economic assistance thanks to their proximity to the population, and also to offer support to people in precarious housing situations.

Homelessness in transition

The characteristics of persons in precarious housing situations have changed significantly since 1945. Until the late 1960s, the “classic” homeless person was male and a “chronic drinker”. The 1970s heralded what was to become the catastrophe of the open drug scene on Platzspitz in the late 1980s and in Letten in the 1990s: The appearance of the new subculture of “junkies” and the proliferation of heroin use among a majority of young people. Accompanying symptoms were neglect, festering wounds from unsterile injection material, HIV and hepatitis infections, procurement prostitution, mass homelessness. Thanks to the turnaround in drug policy, which made possible the expansion of harm-reduction facilities, the numerous homeless drug users gradually disappeared from the cityscape. A good number of them were now housed in municipal and private residential integration services.

While drug addiction was an important characteristic of homeless individuals in the 1990s, since the 2000s it has increasingly been severe psychiatric disorders such as personality or anxiety disorders. The age structure has also changed. Both in the night shelter and in accompanied living, the proportion of users under 30 has fallen significantly; the average age has risen steadily and is now 50. Excessive alcohol consumption is still widespread, while cocaine and psychotropic drugs are the main drugs used.

Development of supply after 2000

The success of the “four-pillar model” of drug policy had meant that people suffering from addiction were able to become stable in the long term thanks to harm-reducing services. With increasing age, however, the health consequences of the years “on the street” became apparent. The question arose as to how to deal with older, frail drug users who were resistant to treatment and unwilling to abstain. The city of Zürich responded with the new service of inpatient residential integration, in which alcohol and drug use is explicitly permitted. The service is aimed at chronically ill persons who do not (or cannot) comply with the residence conditions of medical or social institutions and are therefore most at risk of becoming homeless. Inpatient residential integration attempts here to close the supply gap between medically oriented nursing homes and socially supervised forms of housing.

The constant adaptation of services was also necessary because the number of mentally ill people in private and municipal homeless facilities increased sharply. The City Medical Service sees one reason for this development in the de-hospitalization efforts of psychiatry with the new principle of “outpatient instead of inpatient”. In its 2013 study “The Prevalence of Mentally Ill Persons in Residential Facilities for Adults in the City of Zürich” the City Medical Service states, “Residential facilities, which are designed as social institutions to prevent homelessness, de facto take over the long-term care of chronically mentally ill people in the city of Zürich. The individuals involved are difficult to care for and often significantly impair operations through their behavior.” This behavior includes vandalism, threats and violence against caregivers and fellow residents. The “Supervised Residential Integration” was designed specifically for these individuals and has been operational since 2019.

Outlook: Fight against exorbitant rents and run-down houses

The city of Zürich does a lot in cooperation with private organizations to catch people directly affected by homelessness. However, in addition to this “classic” target group, another group of people appeared on the radar of the Social Department from 2010 at the latest. These are socially weak persons, often welfare recipients, who live in hygienically questionable and unsafe accommodations at exorbitant prices. They live in so-called “run-down houses” whose owners have made it their business model to rent shabby rooms and apartments to people in need at exorbitant prices.

In 2014, the media took up the issue and reported on the untenable conditions in the properties at Neufrankengasse 6 and 14 and Magnusstrasse 28 in the Langstrasse district. At least 120 people were living in cramped quarters in the houses, some without functioning water, electricity or heating supplies, windows were leaking, toilet bowls were smashed or clogged, the stairwells reeked of vomit, drug addicts and dealers were going in and out. The properties all belonged to the same owner, who charged 1100 francs per month for the much too small run-down apartments – exactly the maximum amount that social welfare grants to individuals for rent.

The head of the Department of Social Affairs announced that the city would do everything in its power to change this situation. For the time being, however, the city refrained from bringing charges against the owner for exorbitant rents, because the chances of success of legal action were considered low based on previous experience. But the city did call in the fire police and the Office of Environmental and Health Protection, which drew the owner’s attention to deficiencies. But the owner hardly reacted. Finally, in October 2015, the cantonal police and the Zürich city police carried out a large-scale operation in the properties with 150 officers and questioned the residents; the public prosecutor’s office opened criminal charges for exorbitant rents, and the owner was arrested. The owner then gave notice to all residents to quit at the end of the year. The city and in particular the social department were now confronted with the challenge of saving numerous people with very bad cards on the housing market from homelessness. This was successful for the majority of tenants; only a few had to be accommodated in the night shelter.

The city council entered into negotiations with the owner and purchased the three properties in 2017 for 32 million francs. The city council justified the purchase in terms of social policy: This would permanently eliminate the precarious conditions that had affected tenants and the neighborhood in the past. It announced that the properties would be used for social purposes. Resistance immediately arose in the municipal council, because the purchase price was far above the two million francs that the city council is allowed to spend without the consent of the municipal council. However, the city council invoked the urgency clause in the municipal code, which allows it to exceed the limit of two million francs in case of factual or temporal urgency. CVP, FDP and SVP politicians accused the city council of high-handedness and filed a voting appeal with the cantonal supervisory authority, the district council. When the district council rejected the appeal, the appellants took the case to the administrative court. In contrast to the district council, the administrative court came to the conclusion that the purchase was neither factually nor temporally urgent and had to be approved by the city council. The city parliament approved the purchase retroactively in November 2018. After repair work, the “Supervised Residential Integration” and the “Transitional Housing for Individuals and Couples” of the “Wohnen und Obdach” Division began operations at Neufrankengasse in mid-2019. The former owner of the run-down houses was convicted of usury in 2020.

The “Neufrankengasse” case shows how costly, protracted and grueling the fight against usury is. It has also shown that the business model of “run-down houses” can only be successfully combatted with the combined forces of various services. Today, the fight against usury and run-down houses is an important field of action for the city of Zürich. Within the framework of the strategy for housing integration, the Department of Social Affairs has defined how to proceed in order to recognize conditions such as those at Neufrankengasse at an early stage and to prevent usury: The first step is to talk to the landlords; if they do not cooperate, legal steps are taken.

Fig. wet room at Neufrankengasse 6 in October 2015 (Source: Watson, 20.10.2015)



“Wohnen und Obdach”: Services

Since 2004, the services of the city's housing integration and homeless assistance have been combined in the "Wohnen und Obdach" Division of Social Services and Operations. These are as of 2023:

- Special service registration and clarification
- Night shelter
- Night pension
- Outpatient residential integration
- Inpatient residential integration
- Supervised residential integration
- Emergency shelter for families
- Transitional housing for families with children
- Transitional housing for individuals and couples
- Transitional housing for young adults
- Special Service Space and Infrastructure / Warehouse Service

The orientation and performance of the services are regularly reviewed and adjusted as needed. The findings from client monitoring and field observations serve as a basis.

"Wohnen und Obdach" follows the principle of subsidiarity in the development of its services and only offers services that are not provided or not provided in the required quantity by private but also other municipal organizations. "Wohnen und Obdach" employs 160 staff members and accommodates and cares for 2000 clients annually.

Special service Registration and Clarification

The special service Registration and Clarification is the point of contact for homeless and homeless families, couples and individuals from the city of Zürich. The specialists of the service clarify the background of the precarious housing situation. They are in close contact with the social workers of the social services⁵, the institutions of “Wohnen und Obdach” and the private providers in the field of housing integration.

Every year, 1,000 individuals and families report to the registration desk. Many leave after a short consultation, because they are disappointed in their expectation of receiving “social housing” and want to continue looking themselves. In fact, the special service is not a placement office for low-cost housing. The target group are persons and families who are homeless or about to become homeless. The special service clarifies the causes of the precarious housing situation, determines the need for assistance and makes a recommendation for the appropriate service. If the person seeking help agrees, the special service initiates admission to the W + O facility or refers them to private organizations. Depending on the urgency, a clarification takes one to three weeks. In emergencies, individuals are referred to the night shelter in the meantime; families with children can move into the emergency family shelter within a few hours.

The special service Registration and Clarification was created to ensure that the requirements of the 2012 municipal council ordinance are efficiently fulfilled and that those seeking assistance are clarified according to uniform criteria. In 2012, the municipal council had stipulated in its ordinance that the need for support in individual cases must be determined according to uniform, objective criteria (see: “Ordinance of the municipal council”, p. 45). Prior to 2012, the facilities of the division had their own registration offices and clarification processes.

⁵ The Social Services of the Department of Social Affairs provide child and youth welfare services as well as economic and personal assistance in accordance with the Social Assistance Act and assume

the legal care and representation of children, adolescents or adults within the framework of a civil law measure.

Night Shelter and Night Pension

The night shelter at Rosengartenstrasse is a night facility for homeless individuals from the city of Zürich. It is open all year round and offers a bed for the night, counseling, meals, showers and washing machines for cleaning clothes. Women and transgender people are accommodated in a separate area to which men are not admitted. The night pension is also a night facility open all year round, but it offers single rooms and is aimed at long-term users of the night shelter. The night shelter and the night pension work closely with the Psychiatric Polyclinic of the City Medical Service.

The night shelter is the best-known urban homeless facility. Many have been approached by beggars in the city center: “Will you give me five francs for the night shelter?”: For many years, users paid a contribution of 5 francs. This was suspended during the Covid pandemic and then abolished. The five francs were symbolic – the full cost is 146 francs per night; the difference was paid by the city of Zürich.

The night shelter is aimed at destitute, homeless people from the city of Zürich. Persons arriving at the shelter must identify themselves and provide their personal details, as is also required in hotels. Persons from other municipalities or from abroad are admitted for one night and forwarded the following day to the Central Clarification and Placement Office (ZAV) of the Social Services. The ZAV clarifies which municipality is responsible for the homeless person, provides emergency assistance and organizes the return journey to the home municipality or country of origin.

The night shelter can look back on a long and eventful history (see: “Establishment of night shelters”, p. 13). It played an important role in addressing mass homelessness among drug addicts in the 1990s. At that time, in order to reach drug addicts, the consumption of illegal substances such as heroin, but also alcohol, was explicitly allowed. This regulation is still in place today. However, the proportion of users who consume drugs in the night shelter has fallen markedly over the past 15 years; they still account for 10 percent of users. Since the end of the 2000s, an increase in the number of people with serious mental illnesses has been observed, which can be attributed to the de-hospitalization of psychiatry. For this reason, the cooperation with the Psychiatric Polyclinic Zürich PPZ has been continuously strengthened; the PPZ offers regular consultation hours in the night shelter and advises the staff in individual case work. Overall, the number of overnight stays and people seeking shelter has declined significantly over the past two decades. In the 1990s, 150 to 200 people visited the night shelter every night; today, the number is between 30 and 40.

Night pension

The Night Shelter is an offer for survival assistance; the stay should be short, the goal is the quick placement in more stable housing solutions. For the majority of users, this goal has been and can be achieved. In addition, however, a growing group of long-term users “lived” in the Night Shelter from 2006 onward. The majority of these were mentally ill persons who were excluded from socio-pedagogical and therapeutic residential services due to a lack of willingness to cooperate. These permanent residents, most of whom required intensive care, brought the night shelter to its capacity limits in 2008, not only because of the high utilization of the 52 sleeping spaces, but also because of the strain on the care staff. The city council therefore decided in 2009 to create a service that would relieve the night shelter of long-term users – the night pension. In its instruction to the municipal council, which had to approve the costs for the new offer, the city council outlined the services and the objectives: “The night pension is an offer for the night with accommodation in a single room. (. . .). During the day, they [the clients] have access to facilities such as the meeting places of the Addiction and Drugs Division and private services. The first goal of care is to stabilize the overall situation. In a further step, the aim is to find a suitable follow-up solution, such as transfer to supported living, a residential home or specialized facilities such as clinics and therapy wards. If a tutelage does not yet exist, it is initiated.”

Outpatient Residential Integration

Outpatient Residential Integration is aimed at homeless and unsheltered persons who are unable to improve their housing and living situation on their own due to mental impairments and addictions. The clients live in apartment rooms, shared apartments or 1-room apartments. They are visited regularly by the caregivers. The Outpatient Residential Integration is housed in several properties in the city of Zürich.

Clients are required to abide by simple rules of living together and to cooperate with the caregivers. Care is limited to short weekly home visits. As a prerequisite for admission and remaining in the facility, clients must be able to cope with everyday life largely independently. Outpatient Residential Integration is not suitable for persons with mental or physical conditions who require more intensive care and supervision.

Outpatient Residential Integration was established at the end of the 1980s under the name of Accompanied Living – Bewo for short (see: “Drug policy turnaround”, p. 17). The target group was homeless people from the open drug scene. To make the offer attractive to them, the use of drugs such as heroin or cocaine was allowed in their own room – a novelty that distinguished the municipal Bewo from the services of private providers and attracted international attention.

From Bewo to Outpatient Residential Integration

In the mid-1990s, around 600 clients were living in Accompanied Living. From 2000 onward, the demand for assisted living places steadily decreased, which can be explained by the calming down of the situation on the one hand, but on the other hand can also be attributed to the expansion and reorientation of private services. In 2003, Accompanied Living still had around 300 clients. Demand has remained at this level, with slight fluctuations.

A considerable proportion of current clients have been living at the Bewo for a long time; the longest length of stay is over 31 years. The clientele has grown older and is burdened with combinations of mental and addictive dis-

orders. Therefore, Accompanied Living gradually changed from a reception facility for homeless drug addicts to Outpatient Residential Integration for mentally impaired individuals. The main goal is no longer the rapid provision of housing and connection to the assistance system – most clients receive supplementary benefits to the IV (disability pension) or economic social assistance – but a long-term stay in the greatest possible independence. The changed orientation was laid down in the municipal council ordinance in 2012 (see: “Ordinance of the municipal council”, p. 45). In 2019, the name of the facility was changed to Outpatient Residential Integration.

“I want to be accompanied, but not looked after”

Stefan Müller, resident of the Outpatient Residential Integration

He has found happiness in a gray block on the outskirts of Zürich next to a busy road. Stefan Müller (name changed) has been living here for a year in a one-room apartment of the Outpatient Residential Integration and would like to stay permanently.

The long, four-story block in the agglomeration resembles a motel. The apartments are arranged door to door, it is anonymous. When you enter Stefan Müller’s apartment on the first floor, you are standing directly in the small kitchen. Two steps further and you’re in his room: a small bed, a sofa, a desk with two computer monitors, and next to it an electric piano and an electric guitar. On the walls hang four fractal pictures that Müller created on the computer. The view from the window is of tennis courts and a small seating area. There is a smell of essential oils and stale smoke.

Living and working with schizophrenia

Stefan Müller is 54 years old and has the appearance of a small Buddha. Round, satisfied face with glasses, round belly, white beard and barefoot. His hair is tied back in a ponytail. In the 1980s, the man from the city of Zürich completed an apprenticeship as a telecommunications-, electrical and equipment technician at Siemens and later worked for years as a computer specialist. At the age of 21, Müller had his first schizophrenic attack. After the onset of the illness, he nevertheless continued to work for 13 years, but lost his job again and again after further attacks of illness. It is important for him to emphasize that the schizophrenia was not triggered or intensified by drug use. He had experimented with drugs only after the first episode, but had never been addicted.

Collapse

His mental illness increasingly shaped his life. Because of its effects, including problems with stress, Stefan Müller was no longer able to work at the age of 34. He has been an IV recipient since 2000. He lived for a while in his own apartment in Zürich-Altstetten, where he was supported by the psychiatric Spitex. Since that time, he has also been plagued by chronic diarrhea, which hardly allows him to leave the house. After a bout of pneumonia, he suffered a collapse and was discovered unconscious in his apartment only by chance by his mother. After intensive care and a stay at a health resort, he was transferred to a nursing home. After six months, however, he left because he could no longer stand it, he says. He found shelter for two months in the caravan of a colleague who was a showman. One evening, in a drunken stupor, he fell into the thorn bushes and was only found unconscious the next day.

Outpatient Residential Integration as a stroke of luck

After being hospitalized again and without shelter, a social worker arranged a place for him in a Salvation Army residential home. Müller was not satisfied with the living situation – he lived in a bedroom for two. When after a few months at the Salvation Army, he heard about the city's Assisted Living (today: Outpatient Residential Integration), he presented himself there. He was admitted on the condition that he see his psychiatrist regularly. In 2011, he was able to move into an apartment room at Outpatient Residential Integration in Kreis 5, where he lived until 2019.

For him as a loner, the eight years there were not always easy. He had to share a bathroom, shower and kitchen with others. People who used hard drugs lived in the house. It was noisy, junkies slept in the stairwell and on the toilet. Müller is now all the happier with his one-room apartment on the outskirts of town. For him, Outpatient Residential Integration is the ideal solution. After the breakdown in his apartment, he no longer dared to live alone.

“They like me”

Stefan Müller has been living in Outpatient Residential Integration for nine years now. He is able to manage his everyday life largely independently, but with his history and his illness he has no chance on the free housing market.

Once a week, a caregiver comes by to see how he's doing and how the household is going. He has a good time with the caregivers, says Müller, and they apparently have a good time with him, too: “Yes, they like me.”

Once a month he has an appointment with his psychiatrist. The rest he manages alone. “I want to be accompanied, but not looked after”, says Müller firmly. His life has become more stable; for ten years, thanks to medication, he has had his schizophrenia under control.

He has little contact with his fellow residents at the Outpatient Residential Integration in the gray block on the outskirts of town. “I have trouble with people... I always end up with the wrong ones.”

He is content in his small, self-established universe. He gets up in the morning, smokes his cigarette on the little seating area, goes shopping at the discount store, cleans the apartment, watches TV, listens to the radio, programs, makes music or simply watches for hours as tennis is played in front of his apartment.

He only goes into town to buy essential oils or when he wants to smoke pot again. He wants to stay in his apartment as long as possible. “It has become my home. Nothing can get me out of it.”

Inpatient Residential Integration

Inpatient Residential Integration is a residential service for individuals with severely impaired health who, due to mental and addictive disorders, are not acceptable in existing municipal and private residential and nursing facilities. The consumption of alcohol and illegal substances is permitted in the individual's own room. The Inpatient Residential Integration has a cantonal home permit and offers 80 residential spaces with 7/24 supervision. The demand is high.

Inpatient Residential Integration is aimed at people whose biographies are marked by excessive alcohol and drug use, homelessness and stays in psychiatric hospitals, and whose health is severely impaired after years "on the streets". They often lack insight into their illness; they are neither willing nor able to adhere to abstinence mandates or limit drug use – a condition imposed by most nursing homes or assisted living facilities. Chronically ill individuals who do not abide by the residency requirements of medical or social service facilities are therefore at greatest risk of falling into homelessness. Here, inpatient residential integration attempts to close the supply gap between nursing homes and outpatient assisted living facilities.

"Bewo City"

Inpatient Residential Integration was established in the mid-2000s under the name "Bewo City". The name derived from the fact that Bewo City was run as a special offer of Assisted Living – Bewo for short – and was located in the city center of Zürich. This was triggered by the realization that Assisted Living (today: Outpatient Residential Integration) was increasingly confronted with clients whose state of health called for more intensive monitoring. However, a transfer to a municipal or private residential or nursing home was not an option because the clients were unable to fulfill the conditions for admission – abstinence, therapy, withdrawal, day structure, etc. Bewo City was therefore designed as a pragmatically supervised "home-like" residential offer supported by external special services, in which the consumption of alcohol and drugs is permitted.

Minimum requirements

Clients are required to follow the instructions of the caregivers, to take medically prescribed medication regularly under supervision, and to consume alcohol and drugs only in their room. In individual cases, care is limited to observing the mental and health condition and consumption behavior. An important element of the care is the daily contact, the addressing of the sensitivities and "being there" for people who, as a rule, have hardly any social contacts anymore. In case of psychological crises and medical emergencies, the caregivers call the ambulance, the emergency psychiatrist or the police. The care staff consists of professionals from psychiatric nursing and housekeeping.

Protection and care

Inpatient Residential Integration is not a nursing home, but a service for social integration; the facility is neither staffed nor infrastructurally equipped to care for bedridden clients. Only persons whose care needs can be met by the home's doctor and by external services such as Spitex or the Psychiatric Polyclinic (PPZ) are admitted. The clients must also be able to obtain alcohol and drugs on their own. Inpatient residential integration does not pursue therapeutic or socio-pedagogical goals, but aims to offer clients protection, care and a sense of belonging. The stay is indefinite and not bound to any upper age limit.

Great interest, high demand

The offer quickly attracted the interest of the media – the Tages-Anzeiger ran the headline "Even junkies grow old" after the opening in 2006. Experts from Germany, Great Britain, China and the USA traveled to visit Bewo City. The interest was so great that the visits had to be limited in order not to burden the operation. From the very beginning, there was also a great demand for accommodation. While the facility initially had 19 spaces, the total number of spaces has since had to be increased to 80. In 2019, Bewo City was renamed Inpatient Residential Integration. This sealed the organizational separation from Assisted Living that had long since taken place and made the independence of the facility recognizable. Today, Inpatient Residential Integration is a municipal home with a cantonal home permit for IV recipients.

“I only eat breakfast if there’s meat and cheese”

Paul Meierhans, resident of the Inpatient Living Integration

Even at 71, Paul Meierhans (name changed) has something mischievous when he talks about his life. With his full head of hair and gray hoodie, he looks younger, even though he is marked by addiction and health problems. Paul Meierhans has been living in a room at the Inpatient Residential Integration for almost three years.

We meet Paul Meierhans in the small and sparse meeting room on the first floor of the care facility in Zürich’s Kreis 4, right next to the dining room. He came down the stairs from his room for our meeting. His path to Inpatient Residential Integration was much further.

After completing his apprenticeship as a bricklayer, the man from the city of Zürich took heroin for the first time at the age of 21. That was in 1970, and he still uses methadone every day. According to his own statements, he spent a total of five years of his life in prison, among other things for smuggling hashish from Morocco. He was also part of the drug scenes at Platzspitz and Letten in the 1990s.

From Meierhans’ perspective, his housing problems began after an accident at work in the 1980s. At the time, he was in a methadone program. He broke a thoracic vertebra while working as a piecework bricklayer on a construction site and suffered a herniated disc. An injury that continues to cause him severe back pain to this day. He refused to be retrained as a “pen-pusher” instead he dealt with heroin and lost his previous apartment.

He lived from pensions from the IV and SUVA (accident insurance) in the following years in very different places: In a hotel, on the street or in apartments. His lifestyle did not help him find a permanent place to live. To make matters worse, Meierhans refused to part with his dog, who also kept giving him puppies.

After the dog's death, Meierhans sought out a night shelter for the first time. At the beginning of 2000, he was admitted to the "Accompanied Living" – today: "Outpatient Living Integration" – of the city of Zürich. He says he was bothered by the fact that there was no washing machine in the house and that the caretaker had a key to his room. Because he did not pay the rent, he was soon expelled from the "Bewo".

For the next twelve years, he found accommodation in an architect's office without having to pay rent. When the architect died and he had to leave his home, Meierhans ended up in the night shelter again. A short time later, he was able to move into a room at the "Accompanied Living". During the five years he spent there, his health continued to deteriorate and he suffered a heart attack, among other things.

The health problems were then also the reason that Paul Meierhans was relocated three years ago in the Inpatient Residential Integration, where the caregivers are present around the clock. He is happy with his situation, he says. He lives withdrawn in his room, watches television and reads books or newspapers. Contact with other residents is sometimes difficult, he says, because many of them have psychological problems as well as addictions.

His daily routine is structured. He eats breakfast only if there is cheese or meat. Otherwise, he just has a coffee. After that, he visits the Crossline outpatient clinic every day to obtain methadone. He consumes part of his dose there and takes the rest later in his room.

When asked if there is anything he would like to add in conclusion, Paul Meierhans begins to beam. He had supplied the Rolling Stones with heroin at their 1973 concert in Bern. There are also witnesses to this.

Supervised Residential Integration

Supervised Residential Integration is aimed at persons in the “revolving door”: homelessness – social housing – psychiatric hospital – homelessness. These are mentally ill individuals who resist assistance, but whose living and social skills are so limited that they need to be supervised in their daily lives. Supervised Residential Integration offers the chance to break the vicious circle of the “revolving door”.

The clients live in furnished one-room apartments in a property in the Langstrasse district. The professionals – most of whom have a background in psychiatric care – are present in the house around the clock. Residents are required to abide by the simplest rules, such as no violence and no vandalism, and to follow the instructions of the supervisory staff. Beyond that, no further conditions are imposed. The consumption of alcohol and drugs is allowed in the room. Residents must hand in the apartment keys when leaving the house, visitors will be registered. The house is closed between midnight and 7 a.m. for security reasons. Residents can leave the house during this time, but cannot enter it. The Supervised Residential Integration works together with the Psychiatric Polyclinic, whose psychiatrists visit regularly. In acute crises, the emergency doctor, the emergency psychiatrist, the ambulance or the police are called in.

“BeWo Plus”

Supervised Residential Integration became operational in mid-2019. However, the insight that a facility of this kind would be useful was not new. As early as the late 1990s, Assisted Living (today: Outpatient Residential Integration) was confronted with clients who did not abide by any rules and had to be expelled without notice. In 2000, therefore, Supported Living Plus, or Bewo Plus for short, was opened. According to the operational concept, it was aimed at “persons whose living and social skills are not sufficient to be accommodated in one of the existing individual housing services. By strengthening and promoting housing and social skills, those affected are enabled to be accommodated in the existing individual housing services after their stay at BeWo Plus.” In 2009, the Bewo Plus was closed. It had become apparent that the goals could not be achieved with the existing staff resources, but an increase in the staff budget was out of the question due to the tight financial situation of the city of Zürich. In addition, the fundamental question arose as to whether the support goal – enabling clients to transfer to existing services – was not set too high in view of the severely limited resources of many clients.

Offer for system disrupters

Of course, the municipal institutions and private services continued to be confronted with clients who were not acceptable, but who, after an exclusion, immediately asked for admission again because they were homeless. The burden on all those involved – the homeless, the elected officials, the institutions concerned – was great; the solutions to the problems remained unsatisfactory.

In 2013, the head of the “Wohnen und Obdach” division drew up the first outline of a service for “care-resistant” people. Three ideas pointed the way: First, it had to be accepted that there are socially severely impaired people who refuse any form of care. Secondly, the forced promotion of social and residential competence and, even more so, measures to enable these people to live in institutions such as outpatient residential integration should be dispensed with. Thirdly, sufficient resources would have to be available to allow operation and the presence of supervisors around the clock. Experience in Inpatient Residential Integration, for example, has shown that the presence of supervisors has a calming and preventive effect on severely impaired clients.

In 2016, the head of the Department of Social Affairs commissioned the “Wohnen und Obdach” Division to develop an operating and support concept for Supervised Residential Integration and to implement this as soon as a suitable property would be available.

“You can hang up a toilet roll, and when you come back, it’s still there!”

Monika Bühler, Resident of the Supervised Living Integration

She says herself that everything went wrong for her right from the start. Monika Bühler (name changed) has spent her life on the margins of society. She is marked by a long drug addiction, mental illness and physical ailments. At the age of 50, she found a place to stay in the “Supervised Residential Integration” in Zürich’s Langstrassen district.

The first thing you notice at the entrance to the newly renovated brick building is the poster: “No admission between 24.00 and 07.00”. To get inside, you have to ring the bell, including the residents of the Supervised Residential Integration. After that, one arrives at a lock where the keys for the 42 one-room apartments are handed out. Monika Bühler has dressed up especially for our interview and appears at the meeting in a blouse and with a can of beer. She apologizes for the beer, saying that she has wanted to give up alcohol for a long time. She rambles on and on, but usually finds her way back to the point.

Children, drugs and homelessness

Monika Bühler grew up in the city of Zürich, attended the Steiner School and then did no further education. At 23, she became a mother for the first time, and later married an asylum seeker, with whom she had three more children. Monika Bühler lived on welfare and in precarious circumstances, sometimes with her husband, sometimes without him when he was back in prison for drug offenses. The couple, who were addicts, were eventually deprived of their right of care, and their children were placed in institutions. To finance her drug consumption, she also prostituted herself. Today she receives an IV pension and is on a methadone program; however, she continues to use cocaine and alcohol. The marriage was divorced years ago.

In the revolving door

Over the past 20 years, Monika Bühler has seen the inside of many social housing services and facilities for the homeless in the city of Zürich: The Transitional Housing for Families – when she was still living with her children – the municipal Bürgerstube for the homeless, the Night Shelter, the Night Pension, the Outpatient Residential Integration, but also services of the Sozialwerke Pfarrer Sieber. Her stay in the facilities was never long, because she had trouble sticking to rules. So here were always phases that she spent on the street, her belongings stowed in a Supermarket-caddy. After the last exclusion from the Outpatient Residential Integration and further homelessness, she was able to move into a 1-room apartment in the Supervised Residential Integration in July 2019 with the support of her social worker.

New security, old stress

What Monika Bühler has in common with her fellow residents is the long journey through many social institutions and the desire to be left alone. This is exactly what “Supervised Residential Integration” offers her. “That’s what I enjoy”, says Monika Bühler, “that you can be quite independent, no one tells you what to do. You can go to bed when you want. You can shower when you want. You can cook what you want, when you want.”

After moving in, the first thing she bought was a small oven. In contrast to previous social housing services, where she had to share the kitchen and be considerate with roommates, she may make herself an omelet at 3 a.m. She also appreciates having her own bathroom. “The first thing I found super awesome: You can hang up a toilet roll and when you come back it’s still there!”

Monika Bühler has been given a place of retreat that she needs for herself. At the same time, she appreciates the fact that she is “in the middle of the cake”, everything is close by: Her acquaintances, the drugs, but also the supermarket. “In terms of feeling, it feels like a class camp to me.” The only thing she doesn’t like about the Supervised Residential Integration is that they don’t let you in between midnight and 7 a.m.

Her everyday life, she says, is still marked by the stress of procuring drugs on the street. Her greatest wish is to have a better base, that is, to always have enough substances available. But what she does have, unlike before, is a home of her own. “I always thought, couldn’t they give me a little corner to myself. This comes very close to that. I have my own little house and my own little kitchen.”

Transitional Housing for families

Transitional Housing for Families is an offer for homeless families from the city of Zürich. The families are temporarily housed in apartments and supported by social workers in their everyday living and in their search for housing. The stay is limited to two years. Transitional housing accommodates and supports 150 to 200 families annually.

Families need special protection and support because of their children. Transitional Housing is therefore not limited to simply providing those seeking help with housing, but addresses the problems that led them into the difficult situation with those affected. The most common causes of homelessness among families are enforcement and debts, poor German language skills, lack of knowledge about how and where to look for housing and what expectations are placed on tenants. However, the main cause of precarious housing situations is the housing market in Zürich with its low vacancy rates and high rents. This is not unusual for a prosperous city, and it is nothing new: Transitional Housing was established in 1946 – at that time under the name “Office for Emergency Housing” – to prevent families from becoming homeless in the housing shortage of the post-war years (see: “The Office for Emergency Housing”, p. 11).

Social and cultural integration work

In Transitional Housing, caregivers visit families at home. The frequency of home visits and the topics of assistance depend on the situation and resources of the families. In most cases, there is no lack of hygiene or order; only a small number of clients need guidance in this regard. The main activities of the outpatient care are referral to specialized services such as debt counseling and counseling centers for migrants, assistance with administrative house-keeping, and active support in finding housing – Transitional Housing is considered a good reference by many socially-minded housing agencies. Caregivers motivate their clients to learn German and encourage them to attend language classes consistently. Many families in Transitional Housing come from non-European cultural backgrounds; here it is important to impart practical everyday knowledge, prevailing rules and values. The Transitional Housing for families can show good results: Eight out of ten families find their way back into a regular tenancy within two years.

“It’s a great place to live, but it doesn’t go on forever”

Merhawit Abraham, resident Transitional Housing for families

Single mother Merhawit Abraham (name changed) lives with her two children in a three-and-a-half-room apartment in a building cooperative. She would prefer to stay, but the stay in Transitional Housing is limited to two years.

The family has been living for 15 months in a terraced house with six apartments in a quiet family neighborhood in the city of Zürich. It is the only Transitional Apartment in the house. The Abraham family’s apartment is sparsely furnished, appears tidy, but also somewhat empty. This is also due to the fact that their two children are at daycare during the visit. Her ex-husband, with whom she is in regular contact, is there instead. In the living room there are beige sofas, a side table and a flat screen TV. There are no pictures on the walls. Because her stay here is temporary, she is not settling in for good, says Merawith Abraham.

Escape and change of residence

In 2011, the now 29-year-old fled from Eritrea across the Mediterranean to Switzerland with the future father of her children. The first stop was the asylum shelter in Rüti in the canton of Zürich, where she lived for about two years. To this day, she has refugee status. After her time in the refugee shelter, she moved to Zürich and found accommodation on the open housing market each time. In total, she lived in three different apartments in the city of Zürich between 2013 and 2019. In 2015 her first son was born, in 2019 the second.

Due to the renovation of the property, she was given notice to leave her last apartment. Since she could not find a new home for herself and her two small children and was threatened with homelessness, the family was taken in by the city of Zürich in Transitional Housing.

Uncertain future

In conversation, Merawith Abraham seems reserved, perhaps also because speaking in German is difficult for her. Sometimes she seems careful not to say the wrong thing. She is aware of her dependence on the city and is grateful to have this apartment. But she is worried about the future.

“I’m stressed because I can only be here for two years. If I don’t find anything, what will I do?” she asks. With the support of a counselor who visits her regularly, she must use the remaining nine months to find an apartment for her family on the open housing market. So far, she says, she has seen about a dozen apartments, but has never been successful.

The Abraham family lives a secluded life. The children are in daycare two days a week. Merawith Abraham has no job and lives off the support of the city. She has a good relationship with the neighbors; they see each other in the laundry room and say hello. She seems to be trying not to attract attention and to behave correctly, also in order to find an apartment of her own again as soon as possible.

Emergency Shelter for families

The Emergency Shelter is a reception facility for families in emergency situations. It is collective housing with communal kitchens and shared toilets and showers. Admission is possible within a few hours. Families are housed in rooms with bunk beds and are assisted by on-site professionals. Household goods can be temporarily stored in the shelter's own storage service. The emergency shelter accommodates and cares for 70 to 100 families annually.

The Emergency Shelter for families is a shelter for the emergency. This can occur when the people concerned did nothing or too little to find a new place to live after being given notice and are literally out on the street after being expelled. Another target group are Swiss repatriates, destitute Swiss citizens who lived abroad for a long time or were born there and return to Switzerland for economic or political reasons – without a social network and without an employment contract. The municipality where they first register is responsible for returning emigrants; because of the proximity to the airport, this is usually the city of Zürich. The third target group is families who have not yet lived in the city of Zürich for two years at the time of the loss of housing and therefore cannot claim admission to Transitional Housing.

Stabilization and rapid transition as the goal

The residents are cared for by specialists on site. The focus of the care is on stabilizing the overall situation – the parents are often exhausted and depressed – referral to specialized services, enrolling the children in school and active support in finding a place to live. The stay in the Emergency Shelter should be as short as possible and last no longer than six months. A good half of the clients, especially returnees, find an apartment in or outside the city of Zürich relatively quickly. Families who do not succeed in doing so within the set period are placed in transitional housing as soon as possible.

“Hotel scandal”

Until the mid-2000s, acutely homeless families were housed in hotels. In 2004, the media reported on the hotel accommodation of a family of 6, triggering the so-called “hotel scandal”. In the debate, political parties associated hotel accommodation with “vacations” and criticized the high accommodation costs. The then head of the Department of Social Affairs therefore commissioned the Social Facilities (SEB) to create an alternative to the hotels. Within a few months, the “Wohnen und Obdach” Division set up the Emergency Shelter for families – under the impression of the “hotel scandal” under the name “family hostels”.

Transitional Housing for Individuals and Couples

Transitional Housing for Individuals and Couples is aimed at homeless social welfare recipients who have a good chance of returning to a rental relationship in the open market with professional support in finding housing. The residents are accommodated in furnished apartments; the stay is limited to one year.

Urban development and increased investment in the real estate market have led to a marked rise in the price of housing over the past two decades. The demand for housing is high, the vacancy rate is in the per mill range. All people in precarious financial situations are strongly affected by this development, not only marginalized people who are burdened with mental and addictive disorders.

In recent years, the Social Welfare Department has received an increasing number of reports from social welfare recipients who have had to move out of affordable apartments due to total renovations or demolition work and have been unable to find new ones for financial reasons. However, accommodation in Outpatient Residential Integration or Transitional Housing for families is out of the question for them, because they do not need any professional guidance in everyday living and no children are involved. Experience has shown that these people can become victims of unscrupulous landlords who offer run-down apartments in dilapidated houses at extortionate prices (see chapter: "Fight against usury and run-down houses", p.20). The head of the Department of Social Affairs therefore commissioned the "Wohnen und Obdach" Division to create a service for this group of people as part of the 2017 Housing Integration Strategy: "Transitional Housing for Individuals and Couples".

The Transitional Living for Individuals and Couples was established in 2018 in the property Neufrankengasse 14 and started operation in 2019. The stay in the 30 furnished apartments is limited to one year. During this time, residents are supported by social workers on their way to finding their own apartment.

Transitional Housing for Young Adults

Transitional Housing for Young Adults is a socio-educationally supervised residential community for women and men between the ages of 18 and 24. The stay is limited to one year and serves to stabilize the living situation.

Transitional housing for young adults is for 18- to 24-year-olds with the characteristics of: Housing or homeless, no daily structure, drug use, limited living skills, difficulty adhering to agreed-upon rules, history of exclusions from other facilities. Caregivers are present 24 hours a day, practicing with the young adults the basic rules of living together in a residential community and intervening early when crises develop. Transitional housing works closely with the Psychiatric Polyclinic and the social workers of Social Services. The goal is the transition to a residential community, a partially assisted living offer or the return to the parents.

Young people without day structure

The focus on this target group took place in 2008 as part of the repositioning of Junges Wohnen, as the facility was then called. Junges Wohnen, or Juwo for short, was established in the 1980s to accommodate young men and women who came from difficult family backgrounds or had lived in children's and young people's homes but had now "outgrown the daily routine of the home", as the description of the services at the time put it. The Juwo was a partially supervised program, conceptually most comparable to outside residential groups of homes. When, from 2000 onwards, an increasing number of adolescents and young adults had to be admitted who were threatened with homelessness and had no day structure, the management stated in its annual report: "It had to be determined that the facility was not the suitable accommodation for adolescents without day structure, because they bring too much unrest into the residential groups." In the course of a review of services in 2007, it was recognized that there were sufficient private and non-profit facilities available for the young people with day structures, such as the Jugendwohnnetz or the Stiftung Zürcher Kinder- und Jugendheime. However, there were no services for young adults with multiple stress and at risk of homelessness, for whom placement in, for example, accompanied living (today: outpatient residential integration) was out of the question in view of Bewo's clientele, most of whom were close to the streets and drug users.

Fast accommodation – intensive support

The city's residential integration follows the principle of subsidiarity: It only provides services that are not available from private providers or not in the required quantity. The good supply situation for young people with a day structure on the one hand, and great difficulties in accommodating young adults with multiple stress on the other hand, led to the decision to convert the young residential facility into a fully supported facility for those with multiple stress. In collaboration with Social Services, Young Living was reorganized and renamed first as Supervised Youth Residential Groups and later as Transitional Living for Young Adults. The facility is prepared for immediate placement even in emergencies. This prevents adolescents and young adults from having to be accommodated in the Rosengartenstrasse Night Shelter. The assignment process is well-rehearsed.

Special Service Space and Infrastructure

The Space and Infrastructure division provides “Wohnen und Obdach” with real estate and living space and is responsible for property and housing management. Part of this division is the storage service, which provides services for apartment clearance and evictions as well as storage of household goods.

The first main task of the special service is housing procurement and housing management. The “Wohnen und Obdach” Division does not own any properties of its own, but has to rent the required housing on the open market – a costly task in view of the tight market situation in the city of Zürich. The special service has an excellent network with private and non-profit housing developers in the city of Zürich. It continuously monitors the occupancy rate of residential spaces in order to avoid bottlenecks as well as vacancies.

The second main task is to ensure that the rented properties and apartments are properly equipped with furniture and infrastructure such as bathrooms and communal kitchens. Finally, the interior and exterior spaces must be maintained, repairs carried out, and apartments maintained when tenants change. The property managers of the special service act as landlords vis-à-vis the clients and organize the handover and return of apartments in consultation with the responsible caregivers.

The special service Space + Infrastructure was created in 2004 as part of the establishment of the new service department Social Facilities SEB. In addition to housing procurement and management, it is also responsible for managing the infrastructures of the other SEB areas of work integration, childcare and protection and prevention.

storage service

The storage service clears houses, apartments and rooms on behalf of official bodies and assists the municipal offices in the case of forced evictions of tenants from municipal and private apartments. It stores household effects of clients of the Social Welfare Department – often including clients of “Wohnen und Obdach” – in its own warehouse and organizes the furnishing of lodgings for the “Wohnen und Obdach” Division.

Basics

Homeless and homelessness – a clarification

When the outside temperature drops below zero for the first time, public interest in the homeless awakens every year: “Is there enough sleeping space in the Night shelter? Is there a risk of homeless people freezing to death? How many homeless people are there?”

Behind these questions is often the idea that the homeless are a group of people that can be easily defined, recognizable by their appearance and behavior: The drug addict begging, the alcoholic in the park, the clochard under the bridge. The reality is more complicated. Thus, in the talk about the “homeless”, families are regularly forgotten: In the city of Zürich, 50 to 70 families have to be accommodated in the city’s emergency shelters every year; in the past, there were even many more (see: “The Office for Emergency Housing”, p. 11). The “Wohnen und Obdach” Division therefore does not focus on “risk groups” but on precarious housing situations.

Precarious housing situations

The “Wohnen und Obdach” Division distinguishes between emergency housing, rooflessness, and houselessness:

- A **housing emergency occurs** when persons are in imminent danger of losing their own housing without replacement or are forced to live involuntarily in unsafe, overcrowded, structurally or hygienically inadequate housing.
- All persons who have lost their home and have not found a new one and therefore find temporary shelter with relatives and acquaintances or live in cheap boarding houses are considered **houseless**.
- All persons who are involuntarily without any shelter, have no fixed place to sleep and therefore stay in public space are considered **roofless**. **As a rule, this is referred** to as open homelessness. Persons who spend the night in emergency sleeping facilities are also considered roofless.

The “Wohnen und Obdach” business unit bases these definitions on the ETHOS typology proposed in 2005 by the Fédération Européenne des Associations Nationales Travaillant avec les Sans-Abri (FEANTSA). FEANTSA, based in Brussels and with consultative status with the EU, is the umbrella organization for over 130 European aid organizations. It developed the ETHOS typology – ETHOS for European Typology of Homelessness and housing exclusion – with the aim of finding a common language for policy, legal and social welfare actors and achieving better comparability of data on homelessness. In fact, universally agreed-upon definitions are still lacking today.⁶ The seemingly simple question: “How many

homeless people are there in Switzerland, in Europe?” is therefore difficult to answer.⁷

Disintegration process

Many studies suggest that the path to homelessness should be understood as a process of disintegration: At the beginning, there is the termination of housing, the unsuccessful search for a new apartment. After losing their own apartment, families find shelter with a sister, for example, and individuals find accommodation in a cheap boarding house – provisional solutions that are often short-lived. If the landlord complains about overcrowding, the housing situation of the hosts also becomes precarious: the homeless family, the homeless friend has to move out in order not to endanger the tenancy of the hosts. If no more relatives or acquaintances can be found to offer shelter, those affected have to spend the night in public spaces – they are homeless.

Homelessness never comes out of the blue, but casts its shadow ahead. Disintegration insidiously affects all areas of life: Working life, health, social relationships – homeless people are often sick and always lonely. It is therefore important to interrupt the process at an early stage by identifying the causes of the precarious situation and taking the right measures for the situation.

⁶ In 2010, the European Social and Economic Committee stated in an opinion, “At the Union level, there is no practical universal definition of ‘homeless’, with definitions varying considerably between Member States.” (eesc, Brussels, 2011).

⁷ FEANTSA continues to point out that reliable data is lacking and that all metrics are estimates.

Causes

Housing emergencies, houslessness, and rooflessness are the result of a pernicious interplay of structural and individual causes.

Among the **structural causes**, the housing market is the first to be mentioned. The vast majority of housing in the city of Zürich is rental housing, where landlords can impose their conditions on tenants and give notice. Rents have risen sharply in recent decades, and affordable housing is scarce and in high demand. The search for an apartment is time-consuming and demanding, and advancing digitalization requires apartment hunters to be proficient in using the Internet.

Among the **individual causes**⁸, often related to mental and addictive disorders:

- Rent arrears, debt collection and debts
- Unsocial behavior that is harmful to the environment (night noise, threats, etc.)
- Careless handling of the infrastructure (destruction, damage)
- Untidiness and unhygienic conditions in the apartment (vermin, smell)
- Precarious income conditions
- Language communication problems

Experience has shown that the main reasons for homelessness of single persons are behavioral problems, unhygienic conditions and deviations from the norm, in most cases accompanied by mental and addictive disorders. Families – mostly single women with their children – become homeless mainly because of debts and debt collection, language communication problems and lack of knowledge about how to look for housing.

It is obvious that the situation on the housing market hits financially weak persons with social or mental impairments the fastest and hardest. However, it is also obvious that reintegration can only succeed for these individuals if the individual causes of their precarious housing situation are addressed with professional support.

8

The compilation is based on available data from the "Wohnen und Obdach" Division, the experience of intakes at Social Services, social centers, and feedback from cooperatives and private housing developers.

The Ordinance of the Municipal Council: Mission, Goals, Significance

The city of Zürich is mandated to provide services for people who are unable to avert homelessness on their own. Since 2012, the action has been guided by the “Ordinance of the Municipal Council on Residential Integration Services and their Tarifs”, which is based on the municipal resolution⁹ of 1990 “Social Assistance to Addicts, Mentally Disabled Persons and Socially Conspicuous Persons in Need” and on the cantonal Social Assistance Act.

Article 1 of the ordinance establishes the general direction of the city’s residential integration:

“Residential integration services are aimed at individuals and families who are unable to avert or overcome homelessness on their own without professional support. The residential integration services consist of short-, medium- or long-term accommodations and are associated with situationally adapted professional support.”

Residential integration is defined as accommodation with professional support and is distinguished from the mere provision of housing. In contrast, “no target group (...) are persons who are able to live independently, but for economic reasons are not able to bear the costs of an apartment themselves. For this target group, apartments provided by the city or private housing developers at favorable prices or economic assistance according to the Social Assistance Act are available.”

Article 10 requires that all costs be covered: “The city shall charge cost-covering rates for its residential integration services. The costs for the services used shall be charged to the respective cost bearer.”

The municipal ordinance is kept general and leaves room for updates. The operationalization, i.e. the formulation of

concrete instructions for practice, was delegated by the municipal council to the city council. At the beginning of 2012, the city council issued the “Implementation Regulations for the Municipal Residential Integration Services” and the “Tariff Regulations for the Municipal Residential Integration Services”.

Implementation of the City Council

The municipal council and the city council hoped that charging all costs would ease the burden on the city budget. Until 2012, care services had been provided free of charge in the Outpatient Residential Integration (formerly: Supported Living) and in the Transitional Living for Families (formerly: Emergency Housing). At the end of the 2000s, Outpatient Residential Integration accommodated 350 clients, and Transitional Living a good 300 families with a total of 900 people; the uncovered care costs were correspondingly high.

The City Council also argued that “clients in comparable services offered by private providers are charged several times the full costs (including overhead). This leads to a questionable different charging to the cost units from the point of view of equal treatment.” The aim of charging all costs was therefore also the equal treatment of all municipal and private services.

9

In the city of Zürich, the municipal council is the legislative body (parliament), and the city council is the executive body (government). A municipal resolution is the result of a vote of the resident population of the city of Zürich entitled to vote.

Focus on outpatient care

For services such as inpatient residential integration (formerly: Assisted Living City), the ordinance of the municipal council in 2012 brought hardly any changes. Inpatient residential integration had already had a cantonal home permit with detailed conditions regarding accommodation and care for some time, which is why clients could be charged the full costs even before 2012. In contrast, the outpatient residential integration (formerly: assisted living) and the outpatient supervised transitional living for families (formerly: emergency housing) did not have cantonal recognition, and there was no basis for further charging the care costs. This deficiency was remedied with the municipal ordinance: since then, it has formed the legal basis in which the care services are described, the criteria for the provision of services are bindingly defined and the modalities of billing are regulated.

Practice changes

The ordinance of 2012 brought a break with a long-standing practice for transitional living for families and for outpatient residential integration. Before the ordinance came into force, assistance was provided free of charge and was highly situational in terms of effort and content. Since 2012, care tariffs have been imposed, “which are (calculated) from the total costs for personnel and administration; the tariffs must be determined on a case-by-case basis on the basis of the need for and scope of care determined according to objective criteria and assigned to a tariff level.” The need for care is understood to be the content of care, and the amount of care is understood to be the amount of time spent on care. The criteria of need and the tariffs were determined by the City Council in the implementing regulations and the tariff regulations. The amount of care required is contingent according to tariff levels, in the highest level to a maximum of four hours per month. For the “Wohnen und Obdach” division in charge, this means that it cannot admit persons who require more than four hours of care to Outpatient Residential Integration, but must assign them to an inpatient care program or refer them to a private provider. Since 2012, outpatient residential integration has therefore been aimed at people who are relatively stable, can abide by simple rules and are basically able to cope with everyday living independently.

Cost truth in accommodation

Prior to 2012, expenses for housing procurement, maintenance and housing management were borne by the “Wohnen und Obdach” Business Area. The business unit does not have its own housing, but has to procure it on the open market – a costly task that is performed by the special service for space and infrastructure. Before 2012, clients were only charged the cost rent of the respective property, so that, for example, a 3-room apartment cost between 700 and 1600 francs per month. The mandate that clients were to be charged the full costs and therefore “the rates for housing (...) must be calculated from the total costs for the provision of housing in the relevant offer, in particular from the rental and additional charges as well as from the costs for maintenance and housing management” caused an increase in housing costs. Since 2012, clients have throughout been paying 1750 francs per month for a 3-room apartment with a normal standard of fit-out.

Social assistance and supplementary benefits as a prerequisite

Due to the provision in the ordinance that the accommodation must always be associated with professional support, clients in outpatient care facilities are charged not only for the housing costs but also for the care costs. In the case of social welfare recipients, the costs are covered by the economic social welfare, in the case of IV recipients with the supplementary benefits to the IV up to a maximum of 1200 francs for housing and 400 francs for care. In outpatient residential integration, clients pay an average of 1263 francs, namely 900 francs for housing and 363 francs for care. In Transitional Living for Families, clients pay an average of 2012 francs, namely 1750 francs for housing and 262 francs for outpatient care. In cases of hardship – according to the ordinance – exceptions can be granted and the costs reduced in individual cases.

Today, receiving economic social assistance and supplementary benefits to the IV is considered a prerequisite for the stay in the transitional housing for families and in the outpatient residential integration; the accommodation and care costs are at a level that can be financed by the clients with their own funds only in exceptional cases.

Impact on Transitional Housing for families

Until 2012, the provision of affordable housing was an important motive for emergency housing (today: transitional housing for families). The proportion of working poor who did not receive economic social assistance and financed their stay in the emergency housing themselves was relatively high at 50 percent. In 2008, the facility housed a good 300 families and individuals, and this was in the face of increasing demand – a need for 600 apartments was forecast at the time for 2016. The ordinance changed the purpose of the facility and redefined it as a support program for socially challenged families. In the course of the reorientation and with the increase in the cost of the offer, the number of families dropped to 120 in a short time; it has remained at 150 families in the meantime.

Impact on Outpatient Residential Integration

In the case of Outpatient Residential Integration, there was hardly any impact on the number of clients, which remained relatively stable at 270 to 330 persons. This was due to two reasons: First, the personal budget of clients with supplementary benefits was still not or only weakly burdened; second, there is still a lack of comparable services from private providers in the city of Zürich – for example, the use of illegal substances is generally prohibited at private providers. After the ordinance came into force, however, the number of people who had to be excluded from the services or could not be admitted because they required more intensive care and monitoring. The business unit therefore greatly expanded Inpatient Residential Integration and in 2019 began operating Supervised Residential Integration, which is aimed at individuals who are not acceptable in other municipal and private facilities (see: “Supervised Residential Integration”, p. 32).

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