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ORIGINAL ARTICLE

Preventing evictions as a potential public health intervention: Characteristics and social medical risk factors of households at risk in Amsterdam

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Abstract

Aims: The public health problems precipitating evictions are understudied and no systemic data have been collected. We aim to identify the magnitude of evictions and the characteristics and social medical risk factors of households at risk in Amsterdam. This will help inform policies designed to prevent eviction. *Methods:* In 2003, case workers of housing associations dealing with rent arrears, and case workers of nuisance control care networks, were interviewed and completed questionnaires about households at risk of eviction. Questionnaires included the processes that resulted in eviction and the characteristics and social medical problems of the households involved. Evicted households were compared with non-evicted households. *Results:* In Amsterdam, over recent years 1,400 evictions, or four per 1,000 dwellings, took place annually. Of 275 households with rent arrears, 132 were evicted. Of 190 nuisance households, 136 were evicted. In both groups, the largest household group were single male tenants between 25 and 44 years. For those reporting rent arrears, social problems were reported in 71%, medical problems in 23%; independent risk factors for eviction were being of Dutch origin (OR 2.38 (1.30–4.36)) and having a drug-addiction problem (OR 3.58 (0.96–13.39)). For the nuisance households, social problems were reported in 46% and medical problems in 82%, while financial difficulties were a risk factor for eviction (OR: 8.04 (1.05–61.7)). ***Conclusions:*** **In Amsterdam, households at risk of eviction consisted mainly of single (Dutch) men, aged between 25 and 44 years, often with a combination of social and medical problems. Financial difficulties and drug addiction were independent risk factors for eviction. Because of the social medical problems that were prevalent, for prevention practice evictions should be considered both a socioeconomic and a public health problem. Preventing evictions deserves full attention as a potential effective public health intervention.**

Key Words: *Addiction, Amsterdam, evictions, nuisance, pathways into homelessness, public health strategies, rent arrears*

Background

Evictions can be considered a public health problem from two perspectives. Evictions are one of the major causes of homelessness [1–5] and, traditionally, public health interventions focus on homeless populations [6]. On the other hand, however, to apply upstream prevention strategies, households and their underlying social medical problems that precipitate evictions, can be the focus of public health interventions [7–9]. In this article, we focus on the latter by identifying the characteristics and social medical risk factors of households at risk of eviction in Amsterdam.

Although evictions are a well known pathway into homelessness and can have detrimental health effects on evictees, no systematic data about evictions and related public health problems have been collected on a local or national level [7–12]. In the face of our lack of information, some studies, often only available in

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local languages, give a preliminary estimate of the magnitude of the problem. In Australia, there are an estimated 100,000 "bailiff assisted" evictions each year [12]. Over the last decade the scale of evictions and homelessness in Canada is described by some as having evolved into a national crisis, although national figures are not available [11], and in the US evictions are believed to number many millions, annually [5]. In the 1990s the European Federation of National Organisations working with the Homeless (FEANTSA) observers in 15 European countries estimated that 1.6 million people were subjected to repossession procedures each year, with 400,000 actually being evicted. Victims of eviction form an important element within what was, at that time, estimated as 2.7 million homeless people rotating between family, short-term accommodation, and services for homeless people [2].

Time series data collected in Europe after the 1990s, mainly collected in the social/public housing sector, are largely incomplete. Most of the national and local data available suggest that evictions have increased over the past decade or so [13–19]. For example, national eviction rates were: 0.35% of the social housing stock in the Netherlands in 2007 (0.25% in 1995), 0.4% of dwellings in public housing in Sweden in 2008 (0.9% in 1994), 0.56% of the dwelling stock in England in 2005 (0.2% in 1994), and 0.67% in the local authority letting stock in Scotland in 2007 (0.61% in 2001) [15,16,18,19].

In the housing, social and medical literature, few studies have examined the background or stories of homeless people and explored the reasons for eviction and subsequent homelessness [7–9]. In this regard, the fundamental problem of programmes to prevent evictions and homelessness, is how to quickly identify and support those at most risk. Moreover, housing, social and health services rarely have systematic procedures, including defined warning signs, to recognize exceptional vulnerability and support needs [7–9].

In a previous article we described the functioning of the signalling and referral system set up for households at risk of eviction in Amsterdam. It was based on the major reasons for eviction as warning signs for services; rent arrears, as a silent alarm, and housing-related nuisance, as a loud alarm. It was argued that case workers signalled problems that should more often be shared among social and medical professionals than actually occurred [20].

Aim of this study

Contributing to the knowledge that would help policies to improve the evictions prevention practice, we aimed to describe the magnitude of evictions and households at risk in Amsterdam. Hereto, we first describe the process of evictions as approached by housing associations for rent arrears, and nuisance control care networks for nuisance, before we explore the central question of our investigation: *What are the characteristics and social medical risk factors of households at risk of eviction in Amsterdam?*

Housing associations and the process of eviction for rent arrears

In the Netherlands, since the mid 1990s, social housing associations have been privatized organizations, formerly funded by the government, to increase and improve housing for lower income groups. About 2.4 million dwellings managed by the housing associations make up 35% of the total housing stock, or 75% of the rent stock [15,21].

Regarding the process of evictions, we held interviews with case workers of nine out of 12 housing associations; three were not willing to share information. The following information was reported. In the case of rent arrears, housing associations send tenants a letter to pay the bill. After six to eight weeks, a second letter is sent to inform tenants of the option of seeking assistance from a debt control agency. It is the tenant's responsibility to contact the agency. This service is the result of an agreement between housing associations and debt control agencies in Amsterdam, to reduce rent arrears in order to prevent evictions. If bills remain unpaid, the bailiff is sent in after 10 to 12 weeks. If households do not cooperate, and the rent arrears are not dealt with within two to four weeks, the household will be presented to a judge for a court order for eviction. With a court order, an eviction can be planned and executed by the community housing effects management in cooperation with the bailiff and the police.

Besides sending letters to rent defaulters, seven out of 12 housing associations tried to contact tenants by telephone and three had hired social workers to conduct home visits. Of problematic rent defaulters no data of the characteristics and underlying problems were available. Some rent case workers had the impression that most evictees suffered from addictions and/or mental health problems. One case worker reported a single living person with AIDS who was too frail to fulfil the bureaucratic duties, and for whom administrative and medical assistance was introduced after a home visit. In general, housing associations reported little support for tenants who do not actively seek help themselves. During eviction no help was offered to find another house or shelter.

Case workers reported that they expected most evicted tenants to stay with family and friends but there were no data to verify this. The proportion of the evicted tenants that became homeless was unavailable.

Nuisance control care networks and process of eviction for nuisance

In 1993 the first nuisance control care network started in Amsterdam. Since then several networks have been established in Amsterdam and other Dutch cities. Today, households causing repetitive nuisance or households in need of assistance due to severe self neglect, addiction, mental health problems and hygienic problems can be reported to 13 nuisance control care networks spread over the city of Amsterdam.

Each local network has a social mental health nurse from the Municipal Public Health Service (GGD) Safety Net department who acts as a liaison between the households and housing, social and medical services, in close cooperation with the police. GGD Safety Net nurses, who are familiar with multi-problem households and pathways to find professional assistance, conduct home visits to identify underlying problems and introduce tailored assistance. The aim of this service is to improve the social and medical condition of reported households in order to decrease nuisance to prevent eviction.

In cases where the nuisance problems are not resolved an "end of intervention statement" is issued. This statement signifies that the intervention has ceased and no further interventions will take place. The landlord can request an annulment of the rental contract from the court, after which the process follows the same procedures as for rent arrears.

We held a meeting with case workers of all 13 nuisance control care networks, to collect information on how households at risk of eviction were handled, how these households were identified and approached, what problems were encountered and what actions were taken. Case workers told us that about one third of the nuisance households were reported to the network by the police (one in five by neighbours and the rest by assistance services). In approximately three quarters of cases the accommodation was managed by a housing association and nearly one in five were private rentals. According to case workers many people in nuisance households lived alone. Interventions often included treatment by addiction services and/or mental health services. Only a few households required compulsory treatment in a mental health clinic. In most cases the intervention was successful in dealing with the nuisance and eviction was prevented. One in 20 households were issued an end of intervention statement and/or were evicted. It was not possible to estimate the proportion of the evicted nuisance households that became homeless. Alternative accommodation (e.g. an emergency shelter) would usually be offered to the household.

Methods

With regard to the magnitude of evictions in Amsterdam, we approached all relevant stakeholders to collect data and annual reports. In the summer of 2003, all 12 housing associations and all 13 nuisance control care networks were approached in order to collect data on characteristics and social medical problems of households at risk of eviction in Amsterdam. Individual owners of private rented houses (100,000 houses in Amsterdam) were not approached for practical reasons. We decided not to contact households at risk of eviction for logistic, financial and confidentiality reasons. Moreover, in our approach, we focused on the warning signs for the detection of vulnerable households and their problems that services should respond to, rather than exploring the reasons why the problems exist. Case workers of housing associations and nuisance control care networks are the first to be in touch with the people in households at risk of eviction and were therefore selected as the most suitable to provide information. In consultation we designed a one page questionnaire to systematically collect data that was not registered by relevant organizations and service providers.

Participants and data collection

For the rent arrears group, case workers completed a questionnaire for every household for which a court eviction order was requested, in September or October 2003. It was estimated that 330 households would receive a court order over a two month period. This was based on the 2,000 court orders annually reported by the housing associations [22].

For the nuisance group, case workers completed a questionnaire for every household that received an end of intervention statement or was known to be evicted during 2001 to 2003 for other reasons. As a central monitor to report (reasons for) evictions did not exist, we anticipated a small overlap of nuisance and rent arrears. We analyzed 10 out of 13 separate annual reports available on 2001 and 2002, and found 775 cases of housing-related nuisance, 30 end

of intervention statements and 35 households evicted per year.

Data were collected on the process of eviction, characteristics and underlying problems of households at risk. Case workers reported if households had been evicted or were in the process of being evicted and if evicted tenants had any plans about where to stay after eviction and their actual whereabouts after the eviction. We analyzed data under the subheadings of social and medical problems. Social problems included antisocial behaviour, drop of income and financial mismanagement. Medical problems included addiction to alcohol, drugs or gambling, mental health problems, and physical health problems. The items chosen were based on problems that were (potentially) in need of support. Unsupported, these social and medical problems are often encountered among homeless people in Amsterdam [9,23]. Although gambling and alcohol/drug problems could also be considered a social problem, these items were categorized under the subheading medical problems because in daily practice addictions are referred to medical services. Data collected by case workers was anonymized. The study design did not need a process of ethical approval according to the Dutch Act on Medical Research.

Statistical analysis

Demographics, social and medical problems are described for both the rent arrears and nuisance groups. The characteristics of non-evicted and evicted households were compared and tested with Chi-square or Fisher exact, to identify risk factors for eviction. Multivariate logistic regression analyses were used to study the independent association of the risk factors with eviction. The regression model was constructed backwards, based on a significant change in log likelihood ratio ($p < 0.05$). We used the statistical package SPSS 14.0.

Results

Evictions in Amsterdam

In Amsterdam, between 1999 and 2007, the number of owner-occupied homes almost doubled, while the total rent sector decreased by 10.4% (see Table I). In the total rent sector, the number of households with "serious" rent arrears, three months or longer, is not available. Based on information from housing associations, 11% had rent arrears – approximately 35,000 tenants. For around 2% of tenants in both rent sectors an application for a court order for eviction was issued per year, of which half–three quarters were presented to the housing effects management. Of these, one third up to half were actually evicted per year. In the social rent sector the number of bailiff assisted evictions ranged between 3.2 and 5.3 per 1,000 dwellings per year, with a peak in 2005. The number of evictions in the private rent sector cannot be calculated by deducting the social evictions from the total number, because this figure includes all kinds of properties evicted. In Figure 1 the numbers in the eviction process are illustrated.

The city areas with the most evictions (southeast, north and east) correspond with the areas where the percentage of non-Western immigrants, unemployment, poverty, gun possession and unsafe housing environment are above the city average [24,25]. Overall, during the process of the detection of rent arrears by the housing associations to the moment of the actual eviction, an episode that can last about six months, the vast majority of households seem to find a (temporary) solution not to become evicted. A small proportion do not seem to manage their rental situation. We consulted the assistance networks for rent arrears and nuisance, and case workers applied questionnaires to households at risk of eviction in Amsterdam.

Questionnaires for households at risk of eviction

The 275 questionnaires completed for all households at risk of eviction in September and October 2003, showed that in the rent arrears group nearly half were evicted ($n = 132$; 48%), ranging from 22% to 100% per housing association. Besides rent arrears, other reported reasons for eviction were housing-related nuisance (7%) and illegal use of the house (8%). Case workers knew the whereabouts after eviction of 23 households: six found another house, five stayed with family or friends, eight stayed in other facilities and four households were known to have become homeless. For 83% of the households the destination after eviction was unknown.

The 190 questionnaires completed by the nuisance control care networks, for reported nuisance households between 2001 and 2003, showed that for 140 households an end of intervention statement was issued, and nearly three quarters were evicted ($n = 136$; 71%). Besides nuisance, rent arrears were reported in 24% ($n = 44$) and illegal use of the house 5%. Case workers reported 44 households who had

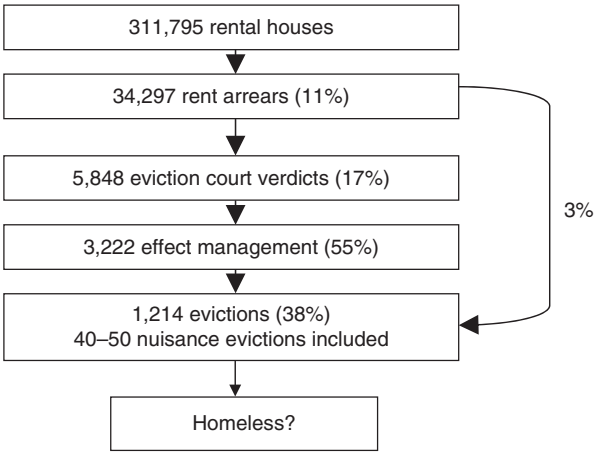
Table I. Population, houses and evictions in Amsterdam 1999–2007.

Year	Citizens Total	Houses Total	Owner-Occupied	Social rent	Private rent	Total rent	Rent court applications	Effect management	[a]Social evictions	Evictions/1,000 social rent houses	Total evictions[b]	Evictions/1,000 rent houses[b]
	n	*n*	*n*	*n*	*n*	%	*n*	*n*	*n*	*n*	*n*	*n*
1999	727,095	366,979	51,814	199,432	115,733	85.9	6,033	?	750	3.8	1,296	4.1
2000	731,289	369,180	54,811	200,874	113,495	85.3	5,893	2,417	764	3.8	1,238	3.9
2001	734,540	371,092	56,674	204,771	109,647	84.7	5,713	2,772	737	3.6	1,159	3.7
2002	735,328	372,888	61,093	205,301	106,494	83.6	5,972	3,222	763	3.7	1,214	3.9
2003	736,045	374,952	64,492	203,900	106,560	82.8	6,400	3,702	652	3.2	1,348	4.3
2004	738,763	375,676	73,980	200,653	101,043	80.3	6,456	4,408	974	4.9	1,469	4.9
2005	742,951	376,233	76,923	199,801	99,509	79.6	6,163	4,755	1,064	5.3	1,432	4.7
2006	743,027	378,507	79,824	196,071	102,612	78.9	5,991	4,551	1,026	5.2	1,429	4.8
2007	743,104	379,302	93,074	191,215	95,013	75.5	5,491	4,167	835	4.4	1,303	4.6

On 1 January 2006, Amsterdam had 743,027 citizens, 49.3% were male, 21.1% were between 0–20 years, 11.3% were older than 65 years, and 14.1% received unemployment or disability benefits. Among a total of 406,720 households, 54.6% were single, 19.6% were adults without children, 15.2% adults with children, 9.5% single parents and 1.1% lived in other household compositions. Of all households 19.1% received housing benefits. [Amsterdam Bureau of Statistics, 2007].

[a]Social evictions were bailiff and police assisted, excluded were household that left the house before the formal execution of the eviction; 2004 57; 2005 148; 2006 133; 2007 117 [19].

[b]Official evictions in the social and private rent sector (1,303 evictions in 2007 related to city area: 244 southeast, 130 north, 98 city centre, 93 east, and 93 south).



Source: Amsterdam Bureau of Statistics, Amsterdam Court House, Amsterdam Federation of Housing Associations, Amsterdam Housing Effect Management (Boedelbeheer) and Amsterdam Nuisance Control Care Networks. Personal contact with all organizations involved in the eviction process was needed to find these data to be integrated.

Figure 1. Number of households in the process leading towards evictions in Amsterdam in 2002.

a plan where to stay after eviction, and the actual whereabouts after eviction of 75 households: nine found another house, 26 stayed with family or friends, eight were admitted to a mental hospital, five stayed in prison, one went abroad and 26 households were reported homeless. For 45% of the nuisance households the destination after eviction was unknown.

Table II outlines the demographics of households at risk of eviction and those evicted. In the rent arrears group, 49% were single men, 41% were Dutch, 19% were born in Surinam/Netherlands Antilles, and 87% were between 25–55 years old. The average age was 39 years (range 19–73 years). In the nuisance group, 61% were single men, and 88% were between 25–55 years old. The average age was 41 years (range 17–71 years). There were no significant differences between evicted households and non-evicted households in demographic data.

Table III outlines the social and medical problems. In the rent arrears group, social problems were reported three times more often than medical problems. For more than half (56%), financial mismanagement was reported. Among the medical problems case workers most often reported addictions and mental health problems.

When compared to non-evicted households, those who were evicted were more likely to be single ($p = 0.002$) and of Dutch origin ($p = 0.02$). Reduced income and financial mismanagement were significantly less frequent among those evicted ($p < 0.05$). However, addiction, specifically to drugs, was significantly more frequent among the evicted compared with the non-evicted ($p < 0.05$). Multivariate analyses showed that independent factors for an increased risk for eviction were being of Dutch origin (OR 2.4 (1.3–4.4)) and having a drug-related problem (OR 3.6 (1.0–13.4)). The factor associated with a decreased risk was financial mismanagement (OR 0.3 (0.1–0.7)).

Table II. Reported demographics of households at risk of eviction and evicted households in Amsterdam[a].

	Housing associations						Nuisance control care networks					
	Total ($n=275$)		Evicted ($n=132$)		Not evicted ($n=143$)		Total ($n=190$)		Evicted ($n=136$)		Not evicted ($n=54$)	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Household composition												
Single male	128	49	68[b]	56	60	43	113	61	83	62	30	58
Single female	42	16	21	17	21	15	24	13	17	13	7	14
Adults without children	36	14	13	11	23	16	21	11	15	11	6	12
Single parent	31	12	12	10	19	14	19	10	11	8	8	15
Parents with children	24	9	7	6	17	12	9	5	8	6	1	2
Country of origin							na		na		na	
Netherlands	105	41	58[b]	49	47	34						
Surinam and Antilles	48	19	16	14	32	23						
Morocco	19	8	5	4	14	10						
Turkey	19	8	5	4	14	10						
Other	64	25	34	30	30	22						
Age												
15–24	11	5	6	5	5	4	6	3	6	5	0	0
25–34	83	34	36	30	47	37	41	23	32	25	9	19
35–44	77	31	40	34	37	29	72	41	51	40	21	25
45–54	55	22	28	24	27	21	40	23	29	23	11	23
55–64	17	7	6	5	11	9	13	7	7	6	6	13
>65	4	2	3	3	1	1	3	2	3	2	0	0

[a]Known to all 12 housing associations (Sep–Oct 2003), and all 13 nuisance control care networks (Jan 2001–Dec 2003).
[b]Statistical testing was based on the comparison of evicted households versus non-evicted households: single versus non-single $p=0.003$; Dutch versus non-Dutch $p=0.007$. na = not available (nuisance control networks did not register ethnic background for privacy reasons).

Table III. Reported social medical problems of households at risk of eviction and evicted households in Amsterdam[a].

	Housing associations						Nuisance control care networks					
	Total ($n=275$)		Evicted ($n=132$)		Not evicted ($n=143$)		Total ($n=190$)		Evicted ($n=136$)		Not evicted ($n=54$)	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Social problems												
Antisocial behaviour	na		na		na		88	46	63	46	22	54
Drop of income	48	18	12**	9	36	25	1	1	1	1	0	0
Financial mismanagement	157	57	59**	45	98	69	29	15	26**	19	1	2
Total social problems	196	71	75	57	121	85	103	54	77	57	22	54
Medical problems												
Addiction total	30	11	20*	15	10	7	111	61	83	61	25	61
Alcohol	11	4	7	5	4	3	42	22	26	19	16	30
Drugs	20	7	16**	12	4	3	85	45	66**	49	19	35
Gambling	6	2	4	3	2	1	0	0	0	0	0	0
Mental health	33	12	15	11	18	13	72	38	54	40	18	33
Physical health	11	4	2	2	9	6	2	1	0	0	2	4
Total medical problems	62	23	32	24	30	21	155	82	111	82	36	88

[a]Known to all 12 housing associations (Sep–Oct 2003), and all 13 nuisance control care networks (Jan 2001–Dec 2003).
Statistical testing was based on the comparison of evicted households versus non-evicted households: *$p<0.01$, **$p<0.05$.
na = not applicable and/or available.

For most nuisance households a mix of antisocial behaviour, addiction and/or mental problems was reported. Addiction was often reported, in almost two thirds (61%), and mental health problems in more than one third (38%). Univariate analysis revealed that financial mismanagement and drug abuse were more frequent among the evicted households than among the non-evicted ($p<0.05$). Multivariate analyses demonstrated financial mismanagement as an independent risk factor for eviction (OR: 8.0 (1.1–61.7)).

Discussion

To contribute to eviction prevention, this study aimed to describe the magnitude of evictions and the households at risk. In Amsterdam, between 1999 and 2007, around 1,400 households were evicted per year. The corresponding eviction rate was around four evictions per 1,000 dwellings per year. Questionnaires, applied to households at risk of eviction due to rent arrears and nuisance, by case workers of housing associations and nuisance control care networks, often reported single households (65% in the rental group and 74% in the nuisance group), between 25 and 44 years of age, and (in the rental group) of Dutch origin (41%). Case workers often reported underlying social and medical problems, and financial difficulties (in the nuisance group) and drug use (in the rent arrears group) were independent risk factors for eviction.

The prevalence of problems reflects the focus of the different organizations. Housing associations focus on rent and financial problems, leaving the medical problems unattended and thus a risk factor for eviction. For nuisance control care networks the focus is on medical problems, leaving the financial problems a risk factor. Furthermore, it was surprising that gambling, and physical health problems as a source of social handicap and/or drop of income as a source for rent arrears, were rarely reported. This might be the result of underreporting by the housing associations and nuisance control care networks, because their focus is on other problems. The fact that medical problems were reported by one quarter of the households with rent arrears indicates that rent arrears can be an important indicator of underlying medical problems.

A limitation of this study is that data were not directly collected from the households concerned, but from frontline workers who first made contact with these households. This second hand account does potentially add a layer of interpretative bias. Most likely, this has resulted in underreporting of medical problems, such as gambling addiction and physical health problems. The design of this study does not allow us to determine the direction of causality between rent arrears and/or nuisance and underlying problems. However, it is of importance that for single (male) households, especially those with drug problems, social and medical support should be introduced actively and simultaneously to keep these men at home.

Over recent years, the eviction rate in Amsterdam (0.4%) has become comparable with that of other large cities in the Netherlands [15]. Probably due to differences in political climate, housing policies, socioeconomics, legal protection, eviction procedures and safety net assistance available, the eviction rate in Amsterdam is different than that in cities abroad. For example, in Baltimore, USA, evictions were 15 times more common than in Amsterdam (5.8% versus 0.39%) [5]. In Toronto, Canada, they were twice as common as in Amsterdam (0.83%) [11]. In Stockholm, Sweden, evictions were less common than in Amsterdam (0.23%) [18], possibly resulting from the fact that landlords are obliged, by both the Housing Act and the Building Society Law, to inform social welfare offices in case they apply for the Enforcement Administration to evict tenants [26].

In Amsterdam, most housing associations had an administrative, non-personal relationship with their tenants. Financial support for debts was offered but households in need had to actively seek this. Little or no assistance was offered actively. The lack of support for tenants under threat of eviction is similar in Australia, Britain, Canada and the US [5,11,12,27]. In Amsterdam no one seemed to take responsibility for the people in households who had been evicted, no formal assistance to guide them was available, nor was there any information on what happened to households after eviction. As a result of this dearth of data we cannot ascertain what proportion of evicted households became homeless.

In our study, the households at risk of eviction, and those actually evicted, were more often living alone (two thirds, up to three quarters), than their counterparts abroad. In Toronto among 277 tenants facing an eviction, 31% were living alone, most were in the 25–44 age group and 55% were Canadian [11]. In Australia, the percentage living alone among 145 evictees was 33% [12]. Abroad, living alone, in combination with heavy drinking and/or mental health problems, and the absence of a confident carer, were some of the risk factors for a high likelihood of payment default, eviction and the entry to homelessness [3,4].

In Sweden, Germany (Mannheim) and the US (Michigan) similar demographic profiles were observed among households at risk of eviction. Social and medical problems differed slightly, possibly also as a result of the methodology. In Sweden, households with a criminal record, a dysfunctional family background, serious financial difficulties and poor health were overrepresented among evictees [1,28]. In Mannheim, the sample was restricted to the mentally ill, and unemployment and alcoholism were found to be risk factors for becoming homeless after eviction [29]. In Michigan, the sample was restricted to female welfare recipients, and a low level

of education and use of hard drugs were risk factors for eviction [30].

Practice implications

In daily practice, medical professionals seem to consider evictions a socioeconomic problem rather than a public health problem [31]. It seems that vulnerable people have to become homeless and ill first before they are considered a public health problem and get in contact with public health workers [9,32]. However, the results of our study show that a substantial proportion of households at risk of eviction suffer from medical as well as social problems, making rent arrears and nuisance important signals for an outreaching approach also by medical workers. For nuisance, these signals are acknowledged and handled through the nuisance control care networks. However, for rent arrears, there is no formal response.

Housing associations should be able to report households at risk of eviction to a central point that handles these reports with an adequate response to social and medical unmet needs to prevent eviction. Outreach support should be coordinated efforts by landlords, social workers and medical workers [33]. Future studies could explore to what extent households at risk of eviction are being identified and reached by services. Preventing evictions deserves full attention as a potential effective public health intervention.

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