POTENTIAL CLIENTS OF THE "HOUSING FIRST" PROGRAMME IN POLAND

SUMMARY OF RESEARCH OF THE "HOUSING FIRST – EVIDENCE BASED ADVOCACY" PROJECT

"Housing First – Evidence based Advocacy" Project www.czynajpierwmieszkanie.pl/en was implemented in 2014-2016 by the Ius Medicinae Foundation under the program "Citizens for Democracy" financed by EEA Grants.

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INTRODUCTION

Poland has a system of "moving out of homelessness". It is based on facilities "for the homeless". There are almost six hundred such facilities, mainly night shelters and other shelters, with smaller or larger rooms, in which from a few to several hundred persons live under the watchful eye of social workers, and fellow shelter inhabitants entrusted with the performance of certain functions – sharing bunk beds, a wardrobe, a table and a wash basin – for many months. The maintenance of sobriety – the basic medication for addiction – is a universally applied condition under which this "roof over one's head" is provided. 43% of persons recorded during the 2013 count (Ministry of Family, Labour and Social Policy, MRPiPS) as still homeless have been "moving out of" homelessness in this way for at least five years. Among their service users, employees of the facilities meet people whom they are unable to help: those who fail to abide by the rules and regulations, leave shelters or are expelled from them, live on the streets and in unoccupied dwellings, or demonstrate non-typical behaviours. The system is developed from the bottom up, primarily owing to the involvement of independent non-governmental organisations, which have shouldered the initiation and provision of support since the beginning of the 1990s. They are accompanied by local governments, which over time took up more responsibility, mainly through a more comprehensive

financing of organisations. Despite several attempts, no national strategy targeting homelessness, which would provide a comprehensive order to Poland's policy towards the phenomenon and make it developmental, has been introduced so far. The changes introduced were selective and conservative. They were not backed up by a diagnosis of the problem, although NGO stakeholders have made efforts to make this happen for many years.

The above observations became a starting point for the project "Housing First – Advocacy Based on Evidence" (HFABE), implemented by the Ius Medicinae foundation from 2014 until 2016, owing to the co-financing provided under the EEA programme Citizens for Democracy. The programme "Housing First", known from outside Poland, which was developed by Dr Sam Tsemberis from Pathways to Housing (Tsemberis, 2010) in New York at the beginning of the 1990s, and popularised during international meetings of researchers and practitioners, such as the European Consensus Conference on Homelessness in Brussels in 2010 (European Commission, 2010), or the Final Conference on Housing First Europe in Amsterdam in 2013[1], as well as taken up in recommendations of many institutions including the European Commission and Parliament in their Social Investment Package (European Commission, 2013), seemed to be an answer to these challenges. Clients of the HF programmes implemented outside Poland generated high housing retention rates – not recorded in traditional programmes – even after the completion of the programme (Busch-Geertsema, 2014, Pleace, 2013, and many articles describing the effectiveness of HF in the USA are available on the Pathways to Housing Inc. website[2]).

Although the search for the justification of the introduction of new solutions to the social policy in research seems to be obvious, it is rare in the case of the homelessness policy in Poland. For this reason, research has become the heart of the advocacy in the HFABE project. The collection of reliable information on the basis of a solid methodology was indispensable for the verification of the preliminary grounds for the need for the programme, but was also useful for the showing of the correct mechanism of diagnosing social phenomena for the benefit of better policies in compliance with the proposed "*evidence based policy*".

The "Housing First" programme is based on the conviction that housing as a place providing protection against unfavourable weather conditions, privacy, an opportunity to draw satisfaction from social relations, and the sense of security, is one of the most fundamental of human rights and that it is necessary to implement it just like the other rights in force both in Poland and in other countries (Ploszka, 2015). However, the proposal to introduce the HF programme in local communities should not be understood as "let us give housing to all the homeless people without any preconditions, because it is their right". The HF programme is addressed to a group of people in a special life situation, for whom it is the only way to obtain housing. They are people who despite obtaining assistance from many institutions (including those "for the homeless") for many years, continue to experience homelessness, failing to meet the challenges posed by life.

[1] http://www.misja.com.pl/wp-content/uploads/2013/06/Konferencja-HousingFirstEurope-zapis.pdf
[2] https://pathwaystohousing.org/tags/housing-retention

PROFILE OF THE HF CLIENT: CHRONIC HOMELESSNESS

Each form of homelessness is a sign of a serious life crisis. For every person, a home is a basis for one's healthy life in society – just as important as a family and community or the possibility to satisfy one's basic needs, without which we, living, sentient beings, are unable to function. Undergoing a prolonged crisis hurts human dignity, testifies to a deep social exclusion, and is tantamount to a persistent deprivation of one's basic physiological needs and the need for security.

Prolonged homelessness is normally combined with serious health-related problems, such as mental health disorders, addiction or their concurrence (which is also referred to as a dual diagnosis or co-occurring disorders). This requires a form of specialist assistance that differs from that offered to people experiencing homelessness for a shorter time. The escalation and deepening of health-related problems during a long-term life "on the street" has been described as follows by Katarzyna Toeplitz, a psychologist accompanying a streetworker in her daily work and participating in the process of the collection of data as a part of an exploratory study carried out under the "Housing First – advocacy based on evidence" programme:

"Long-term life "on the street" (…) is connected with the experience of unending stress and fear, and often involves alcohol abuse which is to alleviate both conditions. (…) People develop their own method to cope, and their life spins around the surviving of a subsequent day. If this situation continues for a prolonged time, it may bring about changes in one's value system, satisfaction of needs and self-perception. Withdrawal from social life and mistrust towards others may follow, as well as mental problems (either dormant due to alcohol abuse, or appearing after the withdrawal of alcohol) such as mood disorders (…), psychotic disorders (F20-29), personality disorders (F60-69), neurotic disorders (F40-48), and organic disorders (F00-09) related to frequent head injuries and abuse of psychoactive substances". (Wygnańska, 2016a)

Without any doubt, prolonged homelessness testifies to the ineffectiveness of the system of "moving out of homelessness". If despite its existence, its addressees continue to live on the street, something must be wrong. Making people experiencing this and the situation responsible for it is a blind alley, as can be seen by anyone forced to live without a home for a long time in an environment in which the only available forms of assistance are connected with the necessity to abide by principles which cannot be satisfied due to the challenges posed by mental disorders or the accumulated life experience of the individual. Unfortunately, it is easier to blame people for their situation than to ponder on the adequacy of the assistance offered to them, while, as shown by the success of the "Housing First" programmes, the solution lies in the appropriate adjustment of this aid.

Unfortunately, the harmful and unfair conviction that people are homeless "by choice" is very often applied to chronically homeless persons: those who permanently live on the streets, in abandoned dwellings and in other "uninhabitable" places, refuse to be transferred to night shelters, are rejected from shelters and actively abuse psychoactive substances, which is automatically attributed to being a matter of personal choice.

Unfortunately, there is no definition discriminating between chronic homelessness and homelessness as such, either in the Polish law, in the tradition of the provision of services, or in the research. Everyone is treated in the same way. In the USA, where the

chronically homeless are entitled to specialist benefits and programmes, the U.S. federal Department of Housing and Urban Development (HUD), which is responsible for the financing of local coalitions for the elimination of homelessness, defines a chronically homeless person as any individual remaining homeless for longer than a year and having a disabling condition, or experiencing at least four episodes of homelessness within the last three years and also having a disabling condition. The disabling conditions include: disorders caused by substance abuse, other mental disorders, developmental disorders, chronic conditions or disability (also several of these simultaneously). A person who is simply homeless is understood as an individual spending their nights in a place which is not fit for human habitation (e.g. on the street) or living in a facility for the homeless, without determining the duration of such a situation (HUD, 2015).

The profile of the client of the "Housing First" programme as described by Tsemberis (2010) refers to HUD's definition, which understands chronic homelessness as being/as having been homeless for at least a year and suffering from co-occurring mental disorders (dual diagnosis involving addiction to a substance) or having a primary diagnosis of addiction to a substance. We also know that the clients of Tsemberis's programmes possibly stayed in many facilities for the homeless, or hospitals, had dealings with the police, have unsettled matters with the judicial system – such as overdue payment orders, a guardian, treatment ordered by the court – or a history of stays in penal institutions. They are also the group of people which is least "liked" by the providers of services, and is referred to as "difficult to be cared for", since its members cause the majority of rules-related problems and it is difficult to help them as a part of traditional assistance based on the staircase system (Wygnańska, 2014). The staircase system assumes that the making of the standard of housing assistance dependent on the progress in therapy is motivating, e.g. that a person who is unable to maintain sobriety may use assistance from streetworkers or night shelters only, but if such a person signs a contract, obliging himself/herself to start an addiction treatment, he/she may get to a shelter providing a permanent roof over their head, not just at night, etc.. People who have managed to demonstrate their "housing readiness" by taking all the subsequent stairs, finally get to the housing stair.

The HUD definition of chronic homelessness and a description of the profile of the client of the "Housing First" programme formulated by Tsemberis (2010) became starting points for studies carried out under the HFABE programme.

RESEARCH IN THE HFABE PROGRAMME

Research – which lies at the heart of advocacy in the HFABE project – is aimed at determining whether there are any potential clients of HF programmes in Poland and what is the history of assistance provided to them. With this aim in mind, the. following three studies were carried out:

- an exploratory study of the **history of interaction** of chronically homeless persons with a suspected dual diagnosis, meeting the profile of a HF client, **with institutions**. The study included 17 case studies of the history of people's interaction with institutions in the period of their homelessness as well as an (attempted) evaluation of the cost of the individual interactions;

- an aggregative study determining the **minimum level of occurrence of the profile of the HF client** among persons using services "for the homeless" in Warsaw. Aggregation of the already existing data collected by providers of the services;
- approximation at the national level (for Poland): **quantitative analysis of raw data** (with regard to chronic homelessness) collected during a questionnaire-based socio-demographic MRPIPS study carried out in 2013 alongside the count of the homeless on 7-8 February 2013 (MRPIPS).

The operative definitions of the profile of the HF client were slightly different in the particular studies, which resulted from the existing nature of the data under analysis. None of the datasets were developed by professional researchers, which is frequently the case in homelessness studies in view of the impossibility to determine the entire population, select the sample or determine data representativeness[3]. The aggregative study used data on the users of services "for the homeless" in Warsaw recorded in the registers of the providers of the services: shelters, specialist shelters, inquiry facilities, and medical facilities. The employees filled in a table on persons meeting the appropriate criteria, if information about them was available in the internal recording system. Data collected during the count of the homeless carried out by a variety of services (such as the city guard, social workers from social welfare centres and NGOs, policemen, and volunteers) was used for the purposes of the national approximation.

In the study of the interaction, data was collected by social workers, a psychologist, and a streetworker employed with one of the Warsaw-based facilities for the homeless, as well as an external sociologist, and their activity was combined with their daily work. Employees made use of the scenario of the interview, determining the particular facts while performing their duties over a four-month period. Having determined the list of institutions present in the life of the respondents, they applied to the institutions for making data available on the basis of an authorisation to process personal data, including sensitive data (public information act, personal data protection act) or for the purposes of social work (social welfare act).

The adopted definition of the profile of the HF client comprised the following elements:

- a declared period of homelessness of more than three years (no data made it possible to determine the number of episodes of homelessness during the homelessness period, homelessness lasting longer than a year concerned too big a group of people);
- having disabling conditions: addiction to a substance (declared or confirmed in medical documents), mental disorders other than addiction to a substance (declared or confirmed with medical documents), poor health, disability;
- additional conditions determined during an interview concerning interactions with institutions, including difficulties in relations with institutions and frequent changes of facilities, hospitalisation in mental health institutions, periodical life "on the street", debts, difficulties in human relations (Chart 2).

During the analysis of the case studies of the history of interactions with institutions, it was possible to apply the full definition of the HF client profile at the stage of the preliminary selection of the respondents. However, it should be remembered that the research was conducted in a very difficult environment, among people living on the

[3] This is possible only where there is a good system of recording information on persons using assistance due to their homelessness – but this is not the case in Warsaw or any other places in Poland.

street or in a shelter, who were extremely excluded, and distrustful towards representatives of institutions and researchers. At the same time, the information that was to be collected was quite detailed and sensitive, as it concerned contacts with mental health, penal and debt collection institutions, as well as reasons behind the homelessness, i.e. conflicts in the family and life failures. It was necessary to obtain the respondents' consent for the researchers to apply to institutions for information on their behalf. This is why the final selection of the respondents whose life stories were included in the study was based not so much on their compliance with the profile, as on the possibility to obtain detailed information. Some of the persons (26) who were preliminarily qualified for the study on the basis of their profile refused to participate or withdrew their consent to participate, or broke off contacts with the data collecting facility (e.g. left it, or changed their whereabouts in the public space).

Taking into account the above conditions as well as diligence in the adjustment of the methodology relating to them, the research results should be interpreted as:

- an exemplary detailed illustration of the history of contacts of persons who are potential clients of the "Housing First" programmes with institutions;
- a minimum, but realistic scale of the presence of the potential clients of HF programmes in Warsaw. The stories shown in case studies may be their own stories, although it is impossible to directly transfer the patterns discovered in the case studies to a larger group;
- an approximate size of the area of search for the potential HF clients in Poland.

Although what joins all the studies is the profile of the HF programme client (a chronically homeless individual with mental health problems), it should be remembered that people are not qualified to "Housing First" programmes on the basis of a "checklist" covering some determined conditions. The decision on the qualification is taken by a team of specialists, and one of the conditions is the expression of an interest in participation by a person having a given profile (this is not required immediately, but must take place at some point). Contrary to popular belief, the potential clients are not always willing to participate, despite being offered an independent dwelling. Saying goodbye to life on the street is simply too big a challenge to them.

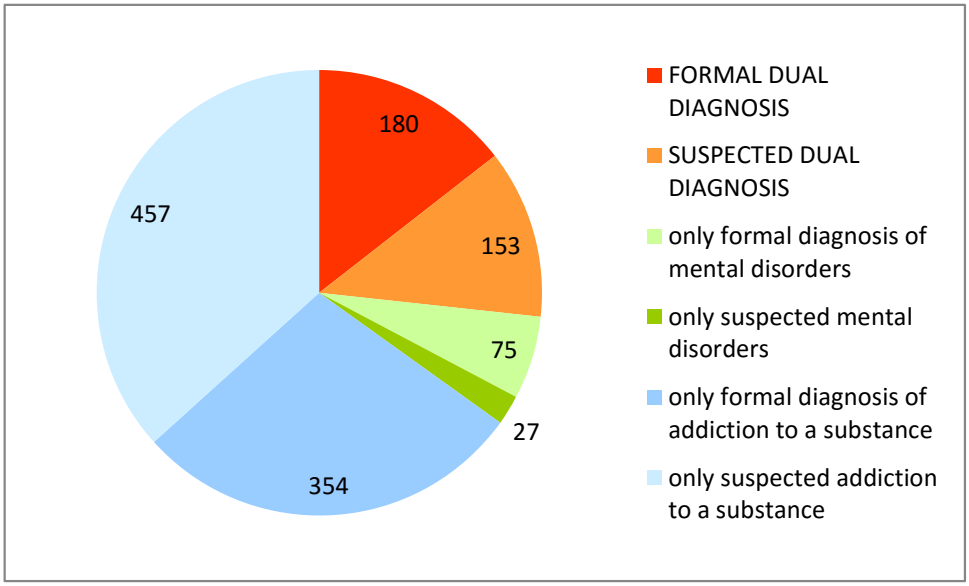
POTENTIAL HF CLIENTS

Yes, among people experiencing chronic homelessness in Poland there are chronically homeless people with a history of mental disease, e.g. with a dual diagnosis, and addiction to a substance as their primary diagnosis – they are potential clients of "Housing First" programmes. Research conducted at the level of a fragment of the public space, the given facility, the city, and the entire country has confirmed their presence.

In 2013 and 2014, Warsaw-based facilities "for the homeless" recorded a total of 333 men who had been homeless for more than three years, who displayed mental disorders (formal or suspected by social workers) other than addiction, and who at the same time had a formal or suspected addiction to a substance. In the case of 180 of the men, the facilities had a formal confirmation of disorders from both groups in the form of medical documents with a diagnosis entered by a doctor (formal dual diagnosis). Their average age was 46 years, and 58% of them had experienced homelessness for more than five years (12 years on average; figure for three-quarters of the group). They were recorded

in, on average, the biggest number of facilities: 1.6 (maximum of 5). In the case of the other 153 men, the formal diagnosis applied to one of the disorders from both groups with a simultaneous suspicion of the second one or with suspected disorders from both groups (suspected dual diagnosis). Their average age was also 46 years, and 45% of them had experienced homelessness for more than five years (one third of them for more than 13 years) (Wygnańska, 2016a).

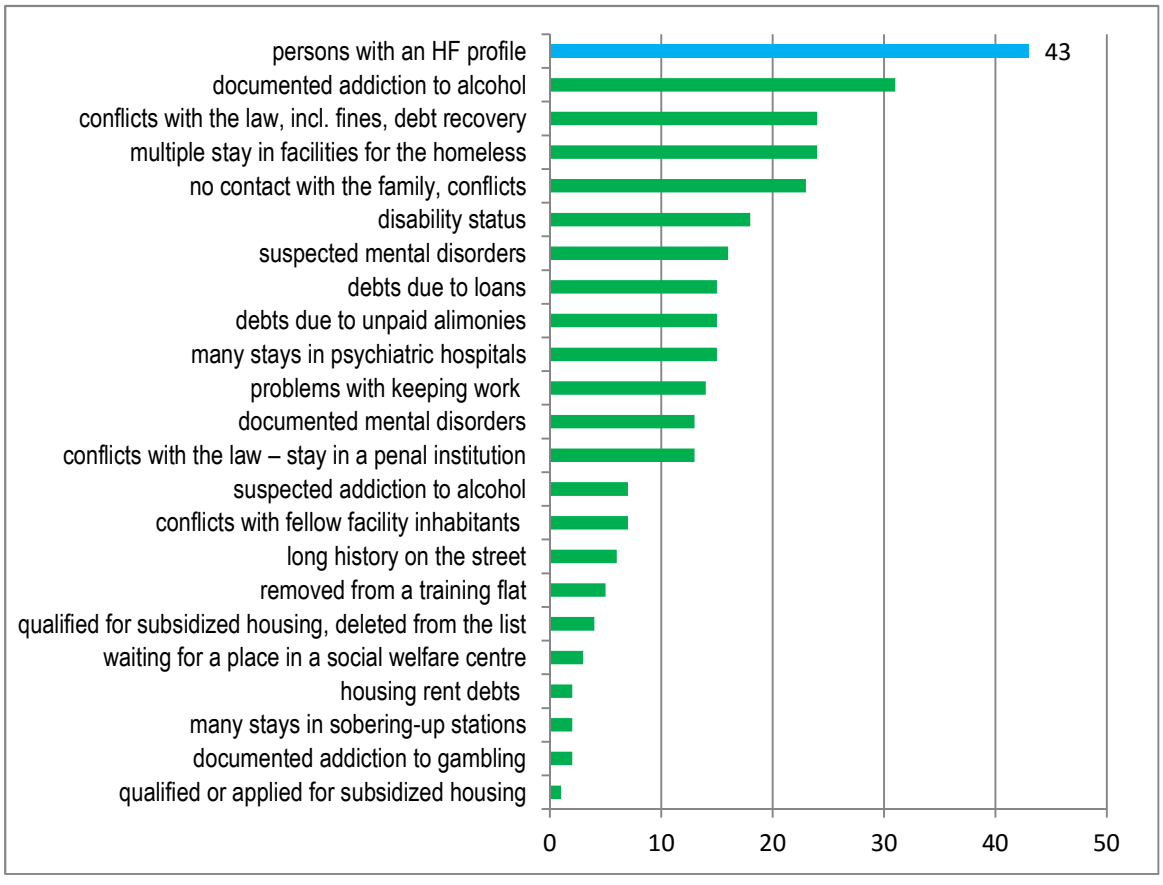
Figure 1. Distribution of mental disorders and addiction to a substance among the potential male clients of the HF programme – users of services for the homeless in Warsaw



During the two-year period in question, there were 1246 men (the entire circle in Figure 1) who were registered in the facilities, declared homelessness lasting for more than three years, had a formal or suspected diagnosis of mental disorders, and/or had a formally determined or suspected addiction to a substance – mainly alcohol. The number does not reflect either the full scale of chronic homelessness, or the prevalence of mental disorders or addiction (which is possibly much larger) among the entire group of service users in the period covered by the study – it reflects only the intersection of these sets. The distribution of disorders shown in Figure 1 applies only to this intersection. In view of the specific nature (very poor quality) of the manner of the collection of data on the users of services "for the homeless" in Warsaw (boiling down to the determination of the size of the group in a given point in time, without the possibility to determine its size over a longer period – that covered by the HFABE research – in such a way as to exclude multiple counting of the same person using the services of many facilities), it would be impossible to determine the share of the 1246 men whose data were obtained for the purposes of the research in the total number of male service users. Hence, it is impossible to discover whether the determined number of persons with the profile of an HF client is a lot or a little at the city level. Assuming that the conditions of the users were recorded correctly in the registers kept by the facilities, we may, however, clearly state that during the two years in question they dealt with 333 persons whose health and homelessness history pose a challenge which cannot be solved under the traditional staircase system of assistance, which exists in Warsaw.

Data obtained from just one facility “for the homeless” in the city is equally disturbing. During the four winter months, the facility provided services to 36 persons with the profile of potential HF clients, while the presence of 7 such persons was discovered in places unfit for human habitation in one of the districts of Warsaw. This group comprised men and two women with the average age of 51 years (maximum age 67, minimum age 33). The official marital status was one of loneliness – 84% of them were single, divorced or widowed. Only four persons (9%) were married. One third of the respondents had no children, and 60% of them had from one to three children, who did not stay with them. During the research period, most of them had had a single household – only two persons who lived outside the facilities, in the public space, shared a household with a partner. They had a suspected (verified by a psychologist) or formal (confirmed by medical documents) diagnosis of mental disorders and/or a suspected or formal diagnosis of addiction to a substance (alcohol in the vast majority). The average period of homelessness was more than 11 years (the maximum period was 41 years, and the minimum period was 2 years). During their homelessness history, 30% of the persons in question were registered for temporary or permanent residence at three, four, or eight addresses, which very clearly testifies to their unstable housing situation. At the time of the research, one fourth of the group members (26%) were not registered for either a permanent or temporary stay under any address. The history of their homelessness included many additional conditions observed in HF clients, as illustrated in Chart 2.

Chart 2. Additional conditions of the persons with the HF client profile, who got to one of the facilities or lived in a single district during the four-month research period.



The exploratory study of the interactions of 17 persons from the above group with institutions shows individual stories. Each case is separate and worth attention, so the collected data were processed in a way facilitating independent analysis via the website www.czynajpierwmieszkanie.pl in the "Chronic homelessness" section (Figure 3). The respondents were given names starting with the letter "B" (just like *bezdomność* – "homelessness" in Polish), and the description of their stories included their most characteristic elements (e.g. no contact with social welfare centres, 70 stays in sobering-up stations, 7 fines for swearing, etc.), reasons behind their homelessness (according to the respondents), as well as their qualification (by social workers) to the research, i.e. the justification for treating them as potential HF clients (data on the person). This initial information is an introduction to the time axis (history analysis) showing the history of the persons' homelessness according to ETHOS, their administrative history and health situation (based on medical documents), as well as the history of their contact with institutions dealing with treatment, social assistance, work, and law, as recreated on the basis of documents issued by the particular institutions.

Figure 3. Screenshot – illustrations of the history of interactions of the potential HF clients in Poland with institutions. Laboratorium EE[4]

BORYS	BOŻYDAR	BRONISŁAW
Multiple hospitalisations at addiction treatment departments	Correspondence between social welfare centres concerning permanent residence and temporary stay	Qualification to the list of persons waiting for subsidised housing
5 - registration as an unemployed person within 10 years	2 - decision on degree of disability within 10 years	16 - coverage of cost of stay in facility for the homeless during 5 years
5 swings of housing situation within 10 years	4 years: facility for the homeless within 10 years	2 - refusal to be granted a place in the social welfare home during 5 years
He feels he has been homeless for 4 years and believes that the source of his problems lies in his alcohol addiction and mental disorders, the symptoms of which increased when he drank alcohol for several days. He has been unable to part with his addiction despite many attempts and efforts. Initially his family, especially the father, supported him, until they faced him with an ultimatum to either cease to drink or….	He feels he has been homeless for 14 years. He experienced a breakdown after his mother's death. He was unable to keep his flat or work without her and he started feeling very low, and began to drink. He met people with whom he drank every day. He got addicted to alcohol and spent all his savings on it. He was unable to start any work, as he was always under the influence of alcohol.	He feels he has been homeless for 20 years. He thinks that his homelessness is caused by his breakdown following divorce: his wife asked him to leave and together with the roof over his head he lost his will to live. Many work-related failures made him feel worse and advanced the disease, which makes him unable to live independently.

The illustrations concern people who, as at the research period, had experienced homelessness for 11 years on average (min. 3 years, max. 25 years). These were men and one woman. As at the research date, two persons lived with a partner, and 11 persons stayed in a shelter, i.e. in a system of communal life. 5 persons had lived in non-conventional places in the public space for a long time, and one lived in his own flat, but was threatened with homelessness. Each of them suffered from a diagnosed or suspected mental disorder and/or a diagnosed or suspected addiction to alcohol. The group includes 8 persons with a suspected dual diagnosis, and 5 with a formal dual diagnosis. 9 of them were born in or very near Warsaw.

[4] http://www.czynajpierwmieszkanie.pl/bezdomnosc/wizualizacja/

Since due to the manner in which the data was obtained it was impossible to determine whether or not it is representative for all the persons with the HF profile, even just in Warsaw, any patterns cannot categorically be applied, since – for the researcher to have a clear conscience – it can only be referred to the studied group. However, since the research is exploratory in nature, and refers to a previously non-studied phenomenon, all the information has cognitive value. It may concern only the studied group, but it may just as well apply to all the persons meeting the profile. Therefore, it is worth, indeed, having a look at the patterns.

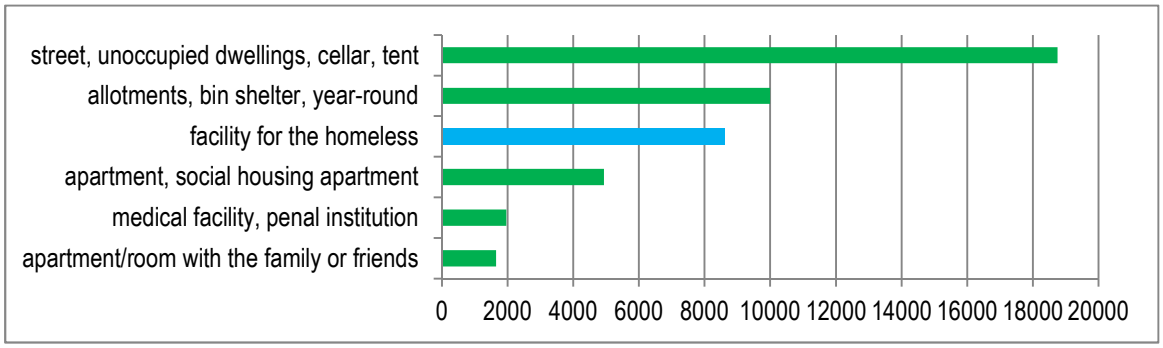
People with the HF profile rarely stay in facilities

Although most of the respondents were "caught" for the study during their stay in a facility for the homeless, this was not a situation which dominated in their housing-related area of life. Their housing situation was the subject of special interest in the study, since it was used for defining homelessness. The European Typology of Homelessness and Housing Exclusion ETHOS (FEANTSA, 2010), according to which homelessness or direct risk of homelessness are tantamount to experiencing one of 13 "housing situations" (and not a set of conditions, which can be assigned to a person and used in relation to him/her) was used. Some of these situations (such as living on the street, in stairwells, in uninhabited places, facilities for the homeless, etc.), are tantamount to homelessness, while others (e.g. living in a flat with an eviction order, or having an insecure legal title to the flat) to the risk of homelessness (housing exclusion).

The housing situation of our respondents was recreated during interviews and concerned the entire period of their homelessness. Some respondents felt they had been homeless for much shorter than their housing situation would suggest, e.g. Baltazar felt homeless since he was admitted to a facility for the homeless, although he had lived for 10 months in a cellar of the block in which his flat was situated, and from which he had had to move out due to a conflict with his wife.

The mean duration of the homelessness or housing exclusion of respondents was 11 years, but they had only spent a total of 10 months in facilities for the homeless on average. They had mainly stayed on the street, in a cellar, tent, or (throughout the year) in allotments and bin shelters.

Chart 4. The total number of days in all the housing situations of all the respondents

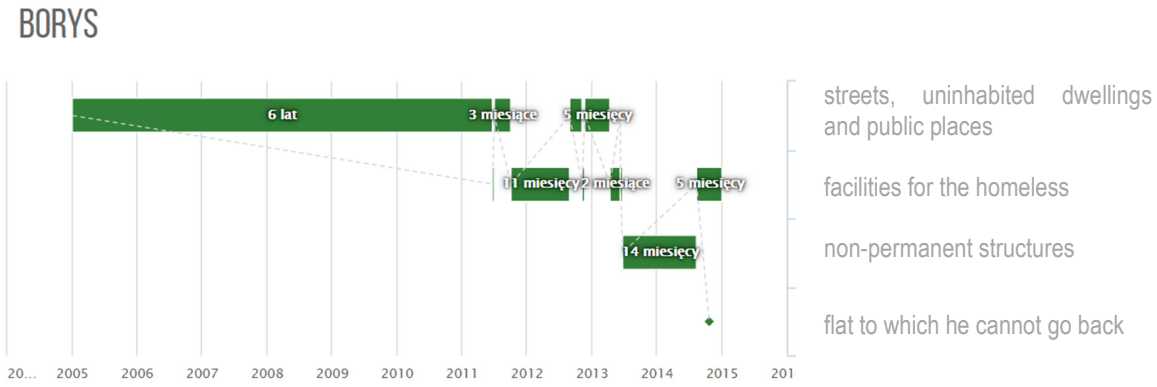


The respondents' housing situation changed frequently, as is well-illustrated by the example of Borys (Chart 5), who actually has a legal title to a flat, but cannot go back to it due to his family's (his father's and other relatives') decision resulting from his disastrous behaviour in the course of their life together: he failed to pay rents, invited

acquaintances, started rows. Borys is mentally ill – he has been diagnosed with two disorders: bipolar disorder and addiction to alcohol.

Initially, Borys lived "on the street" for six years (he did not feel homeless then) to get to a facility in 2011 (that was when he actually started to feel homeless) and he was rejected both from that facility and the subsequent ones. He left to go on the street or allotments five times during four years (Chart 5).

Chart 5. Swings of Borys's housing situation. Laboratorium EE[5]



Swings of housing situation and most of all life outside facilities/institutions often mark the history of HF clients, and are significant for the evaluation of the adequacy of the research on homelessness carried out with the help of the point-in-time count in institutions for the homeless and selected places in the public space. Such research is the basis for the diagnosis of the scale of homelessness in Warsaw and in Poland. The situation is such that people in Borys's situation are often excluded from such a diagnosis.

Patterns of interaction with institutions

The history of respondents' interactions with institutions is illustrated on diagrams of connections (Figures 6, 7, and 9). In the centre of the diagram, there is a respondent surrounded by branches of different length, thickness (which shows the frequency of interactions) and colour (which indicates the date of the first interaction with a given institution: the older the interaction, the browner the branch; brown changes into yellow, and the more recent the contact, the greener the branch); the branches are topped with circles corresponding to an institution from the category marked with the colour, e.g. a sobering-up station is a single red circle in the "treatment" category, a court is a blue circle in the "compliance with the law" category, etc.. These categories refer to a variety of areas of people's life: their housing situation (ETHOS), documents (e.g. identity documents, proofs of registered residence), work (e.g. supported employment, benefits, employment), social assistance (benefits, social work, stay in facilities for the homeless such as night shelters, shelters, etc.), treatment (hospitalisation, visits, examinations), compliance with the law (courts, debt collection companies, city guard/police) as well as housing assistance (e.g. entry on the list of the persons waiting for subsidised housing, stay in supported housing or a training flat). The diagrams show both the number of institutions in the history of the homeless

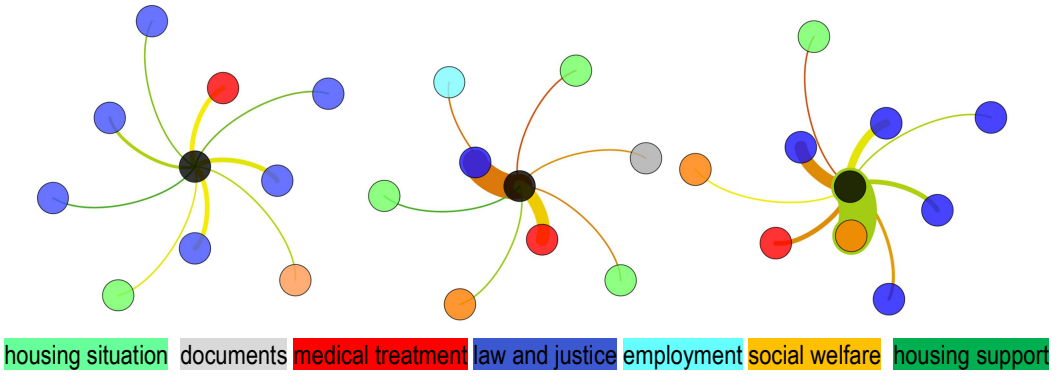
[5] http://www.czynajpierwmieszkanie.pl/bezdomnosc/wizualizacja/#/7/history/home/?_k=38djgr

respondents (the number of circles), their category (colours of the circles), as well as their hierarchy in time (colours of the branches) and intensity (thickness of the branches). The time of the interactions is different depending on the duration of the respondent's homelessness and the period for which it was possible to collect documents.

People permanently living in the public space practically without any assistance from institutions

In comparison with Borys (Chart 5), Błażej and Bogumił have a very stable situation: for years they have been living in the public space (in allotment huts or bin shelters) all year long. What is striking, together with Bogdan they receive practically no formal assistance from social welfare centres, facilities for the homeless or streetworkers (orange circles), but have regular interactions with public order institutions (blue circles): the city guard, police, courts, and debt collection agencies. The only assistance from health-related institutions (red circles) is the provision of detoxification in sobering-up stations, which lasts anything from a few hours to one day (the thickness of the branch in Bogdan's diagram clearly reflects how often he was provided with it). One of the men regularly receives a care package from Caritas by a parish under the PEAD programme – and that is basically it.

Figure 6. Diagrams of interaction with institutions from a given category for Błażej, Bogdan and Bogumił. Prepared by Jan Herbst.

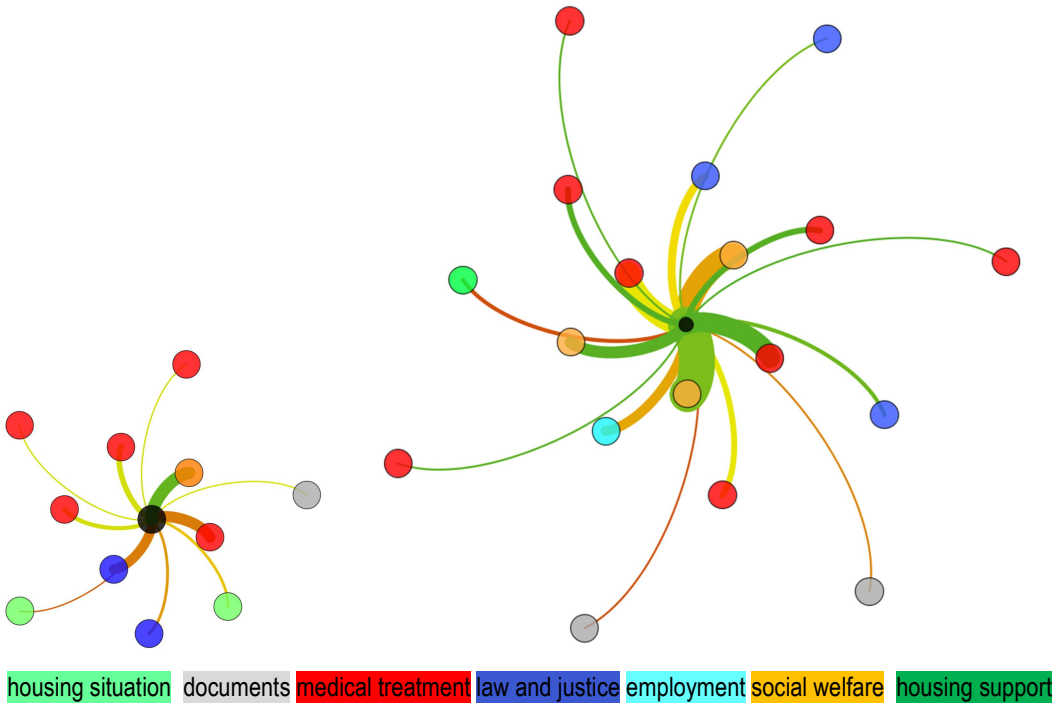


The above is all the more terrifying as it concerns persons experiencing homelessness for 10-15 years and, practically speaking, staying in the same location throughout that time. Their interactions with institutions were recreated with particular care – the researcher contacted literally every single institution indicated by the respondent in the interview carried out during several meetings, and exacted the history of their interactions with the respondent. In two cases, the respondents were not entered in the registers of the local social welfare centre, which means that they did not get any assistance from this source (which, after all, is the facility which is most obliged to do so, and developed especially for the purpose) during the five years covered by the detailed analysis. The researcher summed up the complete absence of assistance in the life of this group of people with the following bitter statement: *there is nothing cheaper for the state than to let human beings live and die in the rubbish bin*. Costs are generated when respondents start having more serious health-related problems.

Treatment – when there are injuries, accidents

Bolesław and Bartłomiej have also lived in the public space (for 18 and 14 years subsequently) practically in the same location, which according to ETHOS would be categorised as a "non-conventional shelter". The diagrams illustrating their interactions with institutions are richer than those generated for the respondents from Figure 6, because at some point they began to have health-related problems. Bolesław broke his arm and had to attend rehabilitation, Bartłomiej fell asleep in a tent which caught fire, and he was later badly beaten. He had to seek medical assistance, also in the emergency department, but had no right to receive free treatment, so a bill was issued for it. It is one of the few documents which it was impossible to obtain for research purposes. Debt collection is in progress, but will possibly be discontinued due to the lack of financial means. Apart from the consequences of the emergencies, the diagram illustrating assistance from institutions is just as scant in data as in the previous cases: we only have the city guard (transport to the sobering-up station), the police (fines for swearing), a sobering-up station, and social assistance in the form of a care package distributed under the PEAD programme by a non-governmental organisation. It is also true that Bartłomiej was covered by assistance from the local social welfare centre (designated benefits, a gas bottle) and several times registered himself as unemployed in the labour office (light blue circle on the thicker brown branch) at the beginning of his homelessness. Both men were deleted from registers of permanent residence (grey circle); Bartłomiej participated in the homeless census in 2001 (grey circle).

Figure 7. Diagrams of interactions with institutions from a given category for Bolesław and Bartłomiej. Developed by Jan Herbst.



Large number of institutions in the life of users of "assistance for the homeless"

The small scale of the interaction of respondents staying in the public space on a permanent basis with institutions (Figures 6, and 7) can be seen more clearly when we compare it to the diagrams illustrating the history of the respondents who "entered" the system of aid "for the homeless" – night shelters and ordinary shelters (Figure 8). Regardless of the respondents' previous experience, when they get to a facility, the social work machine is started[6], beginning an exchange of correspondence with the social welfare centre appropriate for the person's permanent residence, the enforcement of the due benefits, determination of the history of problems with the law and their gradual solution, satisfaction of the basic health-related needs, and assessment of the ability to work and search for the appropriate employment opportunities. Day treatment of alcohol addiction outside the facility, covering group meetings and individual sessions with an addiction counsellor or a doctor, is arranged fast. The person's health status is also determined quickly and if necessary, the procedure of applying for a determination of the degree of disability or qualification for a place in a social welfare centre is commenced.

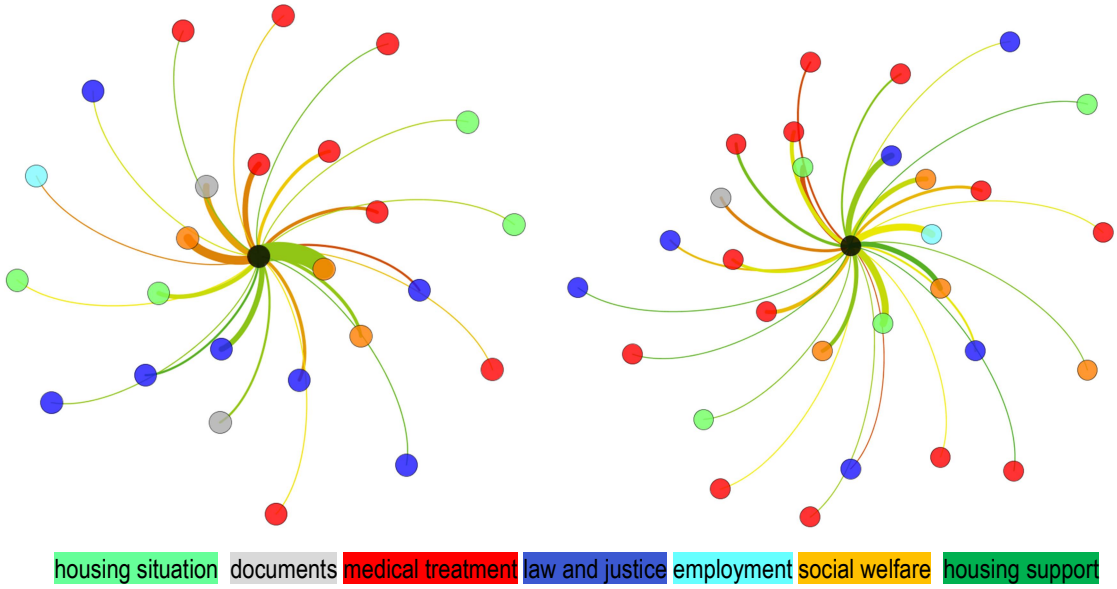
Baltazar's and Borys's stories are good illustrations of the sheer number of activities carried out as a part of the "machine" (Figure 8). Baltazar spent 14 months in a facility. Addicted to alcohol for many years, at some point he was made to leave his flat by his family, who stopped being able to help him. In this way his formal homelessness started. His life in the facility is very difficult for him: he is overreactive and aggressive, has frequent conflicts with the other people staying in the facility, requires patience, long conversations, and mediation. The facility's employees suspect that he is mentally disturbed.

The story of Borys, whose five-month stay in the facility conducting the study is his fifth stay during his homelessness period (Chart 5), is an example of the great number of interactions with institutions regardless of one's place of stay (if not social work and benefits in a shelter, then fines for travelling without a ticket and their enforcement lasting for many months, or stays in a sobering-up station during his life on the street and in non-permanent structures, as well as previous stays in psychiatric hospitals). Borys has for years been suffering from alcohol addiction and bipolar disorder. He went through several inpatient addiction treatment courses, and has a disability certificate. He has problems with keeping work – he has only worked legally for a few years in his life. When under the influence of alcohol, he regularly breaks the law. He is unable to maintain relationships with his partners. Borys's situation possibly most fits the description of the HF client profile: a chronically homeless person with a dual diagnosis. Just like Baltazar, Borys started to live on the street after his family gave him an

[6] We do not know how the "machine" operates in facilities other than the one in which the study was carried out, since it was not the subject of an equally detailed analysis. We determined the very fact of stay, but details of the assistance were not analysed as carefully as in the facility whose employees were responsible for the selection of respondents and the collection of data for research. We can assume that at least in Warsaw the related activities are similar, because all the facilities implement the same social work programme, resulting from long-term contracts with the capital city of Warsaw.

ultimatum concerning parting with his addiction – possibly as a result of their helplessness.

Figure 8. Diagrams of interactions with institutions from a given category for Baltazar (6 years of life without a home) and Borys (10 years of life without a home). Developed by Jan Herbst.



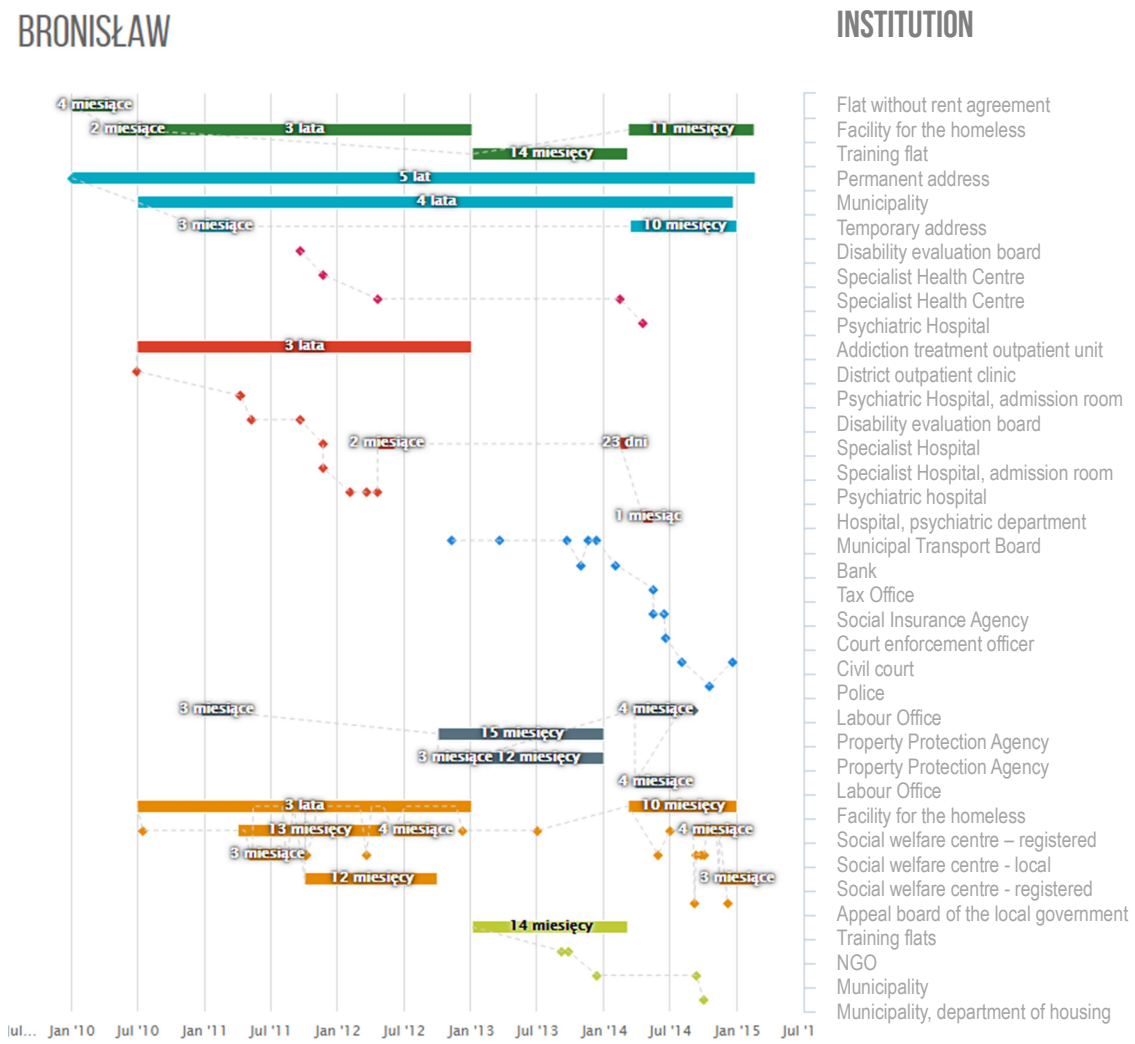
Housing aid – present but insufficient

Very few respondents (3), including Bronisław, were able to use the housing aid provided under the system of "assistance to the homeless" in the form of the commencement of the procedure of applying for subsidised housing to the city and/or participation in the scattered training flats programme run by the Kamilianska Misja Pomocy Społecznej (Camillian Mission for Social Assistance, KMPS). It is the only programme in Poland in which persons moving out of homelessness live in flats rented from private owners, in the "normal" local environment, and are simultaneously equipped with a security blanket in the form of support from employees of the facility for the homeless. The programme resembles the "Housing First" programme more than shelters do, owing to the scattering of the flats, but at the same time it is very different from it, since the rules and regulations still make assistance dependent on the maintenance of sobriety and progress in treatment as evaluated by social workers. Despite attempts, it does not guarantee the availability of specialist care. However, it is one of the most advanced programmes for the homeless in Poland, as its help in moving out of homelessness is "based on housing" (Radziwiłł, 2014).

Unfortunately, as Bronisław's story shows (Chart 10), the programme proved inefficient in his case: he was unable to keep the flat. Due to progressing disease (organic hallucinosis F06.0 and organic mood (affective) disorders F06.3), he lost his work. Bronisław also had problems with money management – he generated debts of several thousand zloty, although he realised that it would be impossible for him to start work again. After more than a year-long participation (a light green strip at the bottom of chart 10) he returned to a facility for the homeless, in which the social assistance machine, which was suspended when he moved to the flat, had to be started again

(orange strips on the chart): the social welfare centre in his registered place of residence again started to cover the cost of his stay in the facility, and a many-stage (due to refusals and appeals) procedure of application for a place in the social welfare centre was initiated. Bronisław feels he has been homeless for 20 years. He thinks that his homelessness is mainly caused by his breakdown following divorce: his wife asked him to leave and together with the roof over his head he lost his will to live.

Chart 10. History of Bronisław's interactions with institutions. A screenshot by Laboratorium EE[7]



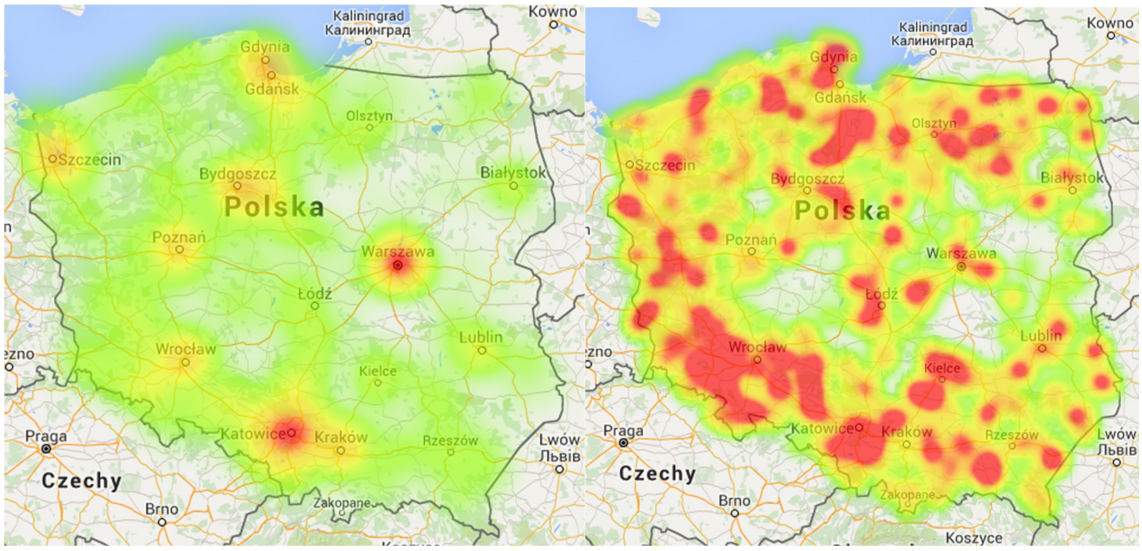
The above are only a few stories showing the contact of the potential HF clients (chronically homeless persons burdened with challenges resulting from their mental disorders and the extremely difficult housing situation) with institutions. These people are still homeless. All the stories can be followed using the visualisations prepared by Laboratorium EE at www.czynajpierwmieszkanie.pl. For example, one may follow the story of Beniamin, who lives in a cooperative flat, but is seriously threatened with its loss, and if nothing is done, his story may transform into Borys's story; there is also the story of Bonifacy, who spent most of his life in institutions: an orphanage, a youth detention centre, and prisons. More details are also provided in the report from an analysis of the history of the interaction with institutions (Wygnańska, 2016b).

[7] http://www.czynajpierwmieszkanie.pl/bezdomnosc/wizualizacja/#/9/history/?_k=nndp97

The illustrations shown concern people staying in Warsaw who agreed to participate in the study carried out under the HFABE project and provided the necessary information as well as their consent for the data to be supplemented in contact with institutions by the research team. The data on homelessness available in Poland do not make it possible to identify persons with the desired profile as carefully as an exploratory or aggregative study carried out in Warsaw. Health status was not the subject of either of the two national studies on homelessness carried out by MRPIPS in 2013 and 2015. The duration of homelessness was studied only in 2013, when together with the count of the homeless a socio-demographic study with a questionnaire was carried out. The existence of mental disorders may only be concluded on the basis of the provided reasons behind homelessness (information collected only in 2013), which included addiction and poor health/disability. An analysis of the raw data obtained from MRPIPS in compliance with the "access to the public information" mode showed that the only possible approximation of the scale of chronic homelessness co-existing with mental disorders may result from the identification of a group of people declaring homelessness lasting for more than 3 years and an addiction being the reason for their homelessness, i.e. from which they suffered at the beginning of their homelessness. This group, which is further referred to as people with an "approximate HF client profile", amounted to 20% of the persons covered by the study (5796 persons): 22% of men (5271) and almost 10% of women (525)[8].

Figure 11 illustrates the territorial distribution of homelessness as such and groups with an approximate HF client profile. As can be seen, its members live all over Poland, not only in the places with the largest number of the homeless. However, due to the methodology and reliability of the MRPIPS research, we must not take the data at their face value: e.g. in Warsaw, where the share of people with an approximate profile seems not to be particularly big, fewer questionnaires were collected than people counted in the socio-demographic study (Herbst, Wygnańska, 2016).

Figure 11. The number of the homeless (left) and the share of persons with a possible HF profile (right)



[8] The analysis disclosed significant differences in terms of sex. They were discussed in the comprehensive report from the analysis of MFLSP data (Herbst, Wygnańska 2016). Since the HFABE research concerned only men (and only one woman), it makes sense to refer to data concerning mainly one sex in this chapter.

Apart from the twice as frequent addiction among chronically homeless men than women, the analysis showed an absence of a clear linear connection between the reason for homelessness and its declared period – the distribution of the period of homelessness for groups of persons suffering from addictions or an illness does not basically differ from that developed for the total number of people covered by the study. However, it can be seen that addictions are more frequent among men who have been homeless for more than 3 years.

A comparison of conditions marking the group of people meeting the approximate profile of the HF client, the group of chronically homeless persons without addiction, and the group of other persons, i.e. those homeless for a short time, shows patterns consistent with the definition of the HF client profile as adopted in the HFABE research, especially those testifying to the presence of additional conditions. Men from the target group:

- stayed in non-institutional places such as uninhabited buildings and allotments more often than the other chronically homeless persons or persons homeless for less than three years;
- used support in the form of clothing and meals (low-threshold assistance) and shelter more often than the other persons;
- had health insurance and a disability certificate less often than the persons chronically homeless who did not declare addiction as the reason for their homelessness;
- had a disability certificate more often than the people experiencing homelessness for no longer than three years;
- admitted social welfare benefits, collecting food scraps and objects, black work and begging as sources of income more often than others.

Taking into account the special housing situation of persons with the profile of an HF client (as determined in the exploratory study of the history of interaction with institutions and confirmed as a certain pattern at the national level), which is dominated by non-institutional places (Chart 4), some (of the) people may have been excluded from the MRPIPS study – after all, it was carried out for only one day in facilities and places which were previously identified in the public space. The obtained numbers concerning people in the latter housing situation were questioned many times and deemed to be underestimated due to both the varying knowledge of the environment throughout Poland and the varying adequacy of the identification of the places occupied by the people in which the study was performed (position of the Kamiliańska Misja Pomocy Społecznej on the determination of the scale of homelessness in Poland of November 2013[9], and the position of the Ogólnopolska Federacja na rzecz Rozwiązywania Problemu Bezdomności of 19 December 2014[10]). This is why during the interpretation of results it should be remembered that the size of the group and the presence of its characteristic properties may be underestimated.

Summing up, the approximation of the size of the group of the potential HF clients in Poland is too general on the one hand, as it does not cover all the characteristics of the profile (such as the full range of disabling conditions to do with the current health

[9] http://www.misja.com.pl/wp-content/uploads/2013/11/Stanowisko-KMPS-liczenie-ludzi-bezdomnych.pdf
[10] http://www.bezdomnosc.pl/images/dokumenty/stanowiska/2014.12.19_Stanowisko_badanie_MPiPS.pdf

status), and on the other hand, it is underestimated, which results from the fact that the research methodology is exclusive towards persons with the desired profile.

SUMMARY

An analysis of all the recreated and illustrated stories and data leads to some significant observations. First, there are people in the public space and in non-inhabitable places in Warsaw who live without any help from institutions obliged to provide such assistance and having the appropriate qualifications to do so (social welfare, departments of housing resources), although representatives of the local institutions which are not dealing with assistance (such as the city guard) know about their situation.

Secondly, the respondents' housing-related situation as classified according to ETHOS is very changeable: from the street through allotments and facilities back to the street, and the stay in facilities is not the dominating housing situation. The respondents evaluating their homelessness believe that it begins when they enter the system of assistance "for the homeless", and not at the moment indicated by their housing situation according to ETHOS.

Thirdly, both the number and the variety of institutions in the history of the interactions of the people who one way or another entered the system of assistance "for the homeless" is huge and involves many "departments" – not only social welfare, which is generally believed to have the sole competence to respond to the needs of people experiencing homelessness. The number of categories and institutions within them does not bring about the desired result – moving people out of homelessness into a permanent housing situation.

Fourthly, although the adequacy of institutions to the profile of the respondents' needs and possibilities was not the subject of detailed evaluation (our aim was to present the current range of institutions), what is striking is the absence of housing assistance, which would seem to be the most adequate solution in the case of the respondents of this study. Another noticeable shortcoming is an absence of coordination-related assistance (e.g. provided by a streetworker, an assistant, or a designated social worker) when the respondents stay in the public space, and while their situation engages many institutions.

Fifthly, the data available at the national level make it possible to identify a group of persons only approximately meeting the profile of HF clients. However, its comparison with the group of chronically homeless persons without addiction and the group of other persons, discloses some patterns consistent with the definition of the HF client profile: more frequent stays in non-institutional conditions, more frequent use of low-threshold assistance (meals, clothes) and shelters (throughout the homelessness period), more frequent possession of sources of income in the form of social welfare benefits and work in the grey zone (collecting objects/food scraps, begging, work without a contract), less formalised health status situation (less frequent coverage by health insurance and less frequent confirmation of disability by a certificate), and, despite the latter, more frequent possession of the status of a disabled person in comparison with persons experiencing short-term homelessness.

Almost all of the above observations are consistent with those concerning clients of the "Housing First" programmes described by Tsemberis (2010). The only exception is the

first one, which is a rare phenomenon: it turns out that mentally disturbed persons may live on the street for many years practically without any institutional assistance.

The above are potent arguments in favour of a reliable diagnosis of the phenomenon (primarily at the national level), and the introduction of adequate support programmes similar in nature to "Housing First", which would be supported by system solutions at the national level. At the moment there are no programmes effectively helping people with the above profile to move out of homelessness either in Warsaw or in the rest of Poland, and in the light of the presented data, the ineffectiveness of the current system seems to be obvious.

BIBLIOGRAPHY

Busch-Geertsema, V. (2014) "Housing First Europe – Results of a European Social Experimentation Project", in: European Journal of Homelessness, Volume 8, No. 1, FEANTSA, http://feantsaresearch.org/IMG/pdf/article-01_8.1.pdf

FEANTSA (2010) "Europejska typologia bezdomności i wykluczenia mieszkaniowego ETHOS", http://www.feantsa.org/spip.php?article120&lang=en

Herbst, J., Wygnańska, J. (2016) "Bezdomność chroniczna w ogólnopolskim badaniu socjodemograficznym MRPiPS 2013", Fundacja Ius Medicinae, Warsaw, http://www.czynajpierwmieszkanie.pl/publikacja/bezdomnosc-chroniczna-w-ogolnopolskim-badaniu-socjodemograficznym-bezdomnosci-mrpips-2013/

European Commission (2010) "European Consensus Conference on Homelessness: Policy Recommendations of the Jury", Brussels, file:///C:/Users/NOWE/Downloads/2011_02_16_FINAL_Consensus_Conference_Jury_Recommendations_EN.pdf

European Commission (2013) "Social Investment Package. Commission Staff Working Document - Confronting Homelessness in the European Union", http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=SWD:2013:0042:FIN:EN:PDF

MRPiPS (2013) "Sprawozdanie z realizacji działań na rzecz ludzi bezdomnych (7/8 lutego 2013) i badania socjodemograficznego. Materiał informacyjny", Warsaw, http://www.mpips.gov.pl/pomoc-spoleczna/bezdomnosc/sprawozdanie-z-realizacji-dzialan-na-rzecz-ludzi-bezdomnych-w-wojewodztwach-w-roku-2012-oraz-wyniki-ogolnopolskiego-badania-liczby-osob-bezdomnych-78-luty-2013-/

MRPiPS (2015) "Sprawozdanie z realizacji działań na rzecz ludzi bezdomnych w województwach w 2014 roku oraz wyniki ogólnopolskiego badania liczby osób bezdomnych (21/22 stycznia 2015)", Warsaw, http://www.mpips.gov.pl/pomoc-spoleczna/bezdomnosc/materialy-informacyjne-na-temat-bezdomnosci/

MRPiPS (2016) Spreadsheet containing raw data collected under the MRPiPS socio-demographic study conducted on 7/8 February 2013, made available at Julia Wygnańska's oral request for public information

Pleace, N. (2013) "The Case for Housing First in the European Union: A Critical Evaluation of Concerns about Effectiveness", in: "European Journal of Homelessness, Vol. 7, No. 2", FEANTSA

Ploszka, A. (2015) “Bezdomność a prawa człowieka”, Państwo i Prawo 8/2015, Volters Kluwer

Radziwiłł, J. (2014) “Ewaluacja zewnętrzna Programu rozproszonych mieszkań treningowych KMPS”, Kamiliańska Misja Pomocy Społecznej (non-published)

Suska, A., Wygnańska, J. (2014) “Ostrołęcki system pomocy. Podejście drabinkowe i oparte o mieszkania. V Seminarium Mazowieckich Interesariuszy Bezdomności”, Kamiliańska Misja Pomocy Społecznej, Warsaw, www.czynajpierwmieszkanie.pl/seminaria/ostroleka-pazdziernik-2014/

Tsemberis, S. (2010) “Housing First. The Pathways Model to End Homelessness for People with Mental Illness and Addiction”, Hazelden, Center City, Minnesota; in: Wygnańska, J. (2014) “Najpierw mieszkanie – materiały źródłowe”, Fundacja Ius Medicinae, Warsaw, www.czynajpierwmieszkanie.pl/najpierw-mieszkanie

US Department of Housing and Urban Development (2014) “Homeless Emergency Assistance and Rapid Transition to Housing: Defining ‘‘Chronically Homeless’’”, 24 CFR Parts 91 and 578 [Docket No. FR–5809–F–01] RIN 2506–AC37, https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf

Wygnańska, J. (2016a) “Podwójna diagnoza wśród ludzi chronicznie bezdomnych korzystających z warszawskich placówek dla bezdomnych”, Fundacja Ius Medicinae, http://www.czynajpierwmieszkanie.pl/content/uploads/2016/02/raport-z-badania-agregacyjnego-FINAL.pdf

Wygnańska, J. (2016b) “Historia interakcji z instytucjami potencjalnych klientów “Najpierw mieszkanie” w Polsce. Raport z badania”, Warsaw, Fundacja Ius Medicinae, http://www.czynajpierwmieszkanie.pl/publikacja/historia-interakcji-z-instytucjami-potencjalnych-klientow-nm-w-polsce-raport-z-badania-eksploracyjnego/