Chronic homelessness in Poland

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Why chronic homelessness
needs our special interest?

- Homelessness is always a crisis. Long term crisis means sustained deprivation of basic physiological and safety needs, social exclusion and threat to human dignity.

- Usually chronic homelessness correlates with mental disorders and/or substance dependency and therefore needs to be addressed by specialist services – other then mainstream homelessness services.

- Long term homelessness is an obvious proof of ineffectiveness of „exiting homelessness" support system.

- Often people who experience chronic homelessness are held responsible for it both by general public opinion and specialists working with the homeless. They are considered to be „homeless by choice" as they reject going to shelters and obey their rules. I personally find such description unfair and not true. I know chronically homeless people and their story is different.

When homelessness is chronic?

- There is no definition of chronic homelessness in Poland neither in legal acts, research nor advocacy.
- U.S. Housing and Urban Development: http://www.csh.org/2015/12/hud-defines-chronically-homeless/#sthash.6M75RbOf.dpuf
  - Each homeless person who have been living in a place not meant for human habitation, in an emergency shelter, or a safe haven for the last 12 months continuously and who has a „disbling condition".
  - Each homeless person who have been living in a place not meant for human habitation, in an emergency shelter, or a safe haven on at least four occasions in the last three years where those occasions cumulatively total at least 12 months; and who has a „disabling condition"
  - Disabling conditions/homeless individual with disability: mental disorders, substance abuse history, long term illness

- Definition of chronic homelessness used in NMROD research was based on HUD definition and availability of data in PL:
  - Declared period of homelessness above three years
  - Disabling condition (one or few depending on research): substance dependacy (mostly alcohol), mental disorders, bad health

Research in HOUSING FIRST
EVIDENCE BASED ADVOCACY

GOAL: are there proves that potencial clients for whom HF is the only option are present in PL; HF is feasible?

I. Case studies: Exploratory research on the history of interactions with institutions of potencial Housing First clients (chronically homeless with dual diagnosis or mental disorders)
- History of interactions with institutions
- Costs of interactions with institutions

II. Minimum scale in Warsaw: Aggregation of data on service users of homelessness service providers in order to establish the number of chronically homeless people with formal or suspected dual diagnosis.

III. National estimate on chronic homelessness: Analysis of data from Sociodemographic Survey conducted by the Ministry of Family, Labour and Social Policy in 2013.

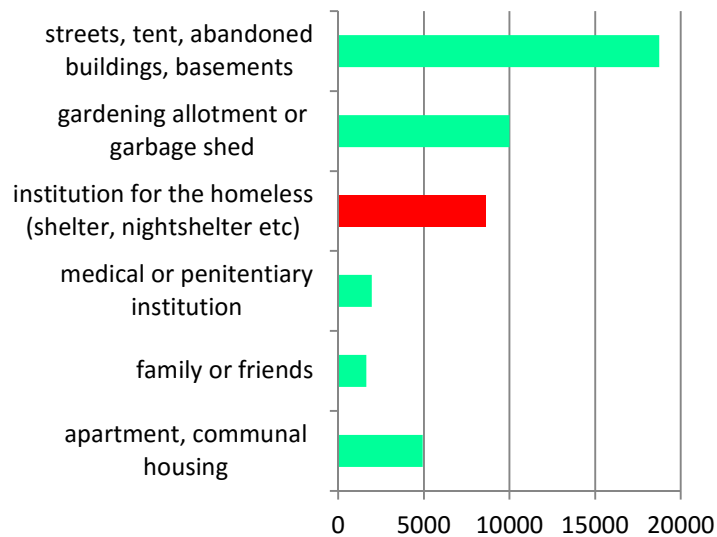# I. Case studies – history of interactions with institutions

- Exploratory research – learning the previously unknown situation of specific group of people.
- Respondents – people who meet the profile of the Housing First client:
  - Long term homelessness, difficulties in contacts with support institutions, frequent removals from institutions, episodes of psychiatric hospitalisation, episodes of living in the streets, difficulties in interpersonal relations
  - Established by a psychologist or formally diagnosed mental disorders and/or substance dependancy; or substance dependency as major health problem
- Respondents were chosen by the Camilian Mission of Social Assistance from clients of St. Lazarus Boarding House and people residing in public space in one district of Warsaw.
- Research team: CMSA staff members (social workers and psychologist), sociologist (not regular staff member) and research coordinator from The Ius Medicinae Foundation.
- Initially 42 people met the profile. Institutional history was established for 17 people. Remaining people either removed their consent to take part in the research or left CMSA services.

Data collection - CMSA

- Interviews with respondents:
  - history of housing situations/homelessness, beginning of homelessness, basic demographic data
  - identification of institutions and time frame
- History of interactions with institutions:
  - Planned: CMSA contacts each institution and based on respondent's consent to process his personal data gets all information on interactions of institution and respondent. This procedure worked for respondents who resided in public space (data gathered by external researcher – not CMSA staff member).
  - Procedure for CMSA clients: Collection of documents gathered by social workers in clients records used for social work. CMSA believes that records are complete.
- Analysis of documents and creation of research matrix of interactions: description of interaction (eg. applying for welfare benefits, hospitalization, court summons, etc.), dates, institution – about 1300 interactions of 17 respondents were established. All interactions were categorised into categories (life) or statuses:
  - Categories: social welfare, labor (employment, supported employment, unemployment services), law (conflicts with the law, courts, debt collection), health treatment, documents, housing support
  - Statuses: housing situation (ETHOS), administrative situation (registration for permanent/temporary stay; issued IDs), health situation (diagnoses from medical documents)
- Costs – collected by research coordinator based on declarations of institutions that were identified in the matrix. Data collection is ongoing, however many institutions answered that it was impossible to assess the cost of individual interaction or that there was no staff available to do this assessment.

Respondents and their housing situations

Housing situations (number of days)

Category	
streets, tent, abandoned buildings, basements	(bar ~18500)
gardening allotment or garbage shed	(bar ~10000)
institution for the homeless (shelter, nightshelter etc)	(bar ~9000, red)
medical or penitentiary institution	(bar ~2000)
family or friends	(bar ~1500)
apartment, communal housing	(bar ~5000)

Axis: 0 5000 10000 15000 20000

The group – 17 respondents

- Long term homelessness: 11 years on avarage, (min 3 max 25) (one person threatend with homelessess)
- Men and one woman
- Single households, two people with partners (in public space)
- 5 people live in public space in unconventional settings, 11 in shelter for the homeless, 1 in own apartment
- Formally diagnosed or suspected by a psychologist mental disorders and/or alcohol dependancy
- 9 were born in Warsaw or greater Warsaw
- Avarage time spent in services for the homeless - 10 months.

Interactions with institutions
(by Jan Herbst)

CIRCLES – COLORS FOR CATEGORIES

- medical treatment
- social welfare
- documents
- housing situation (ETHOS)
- housing led services
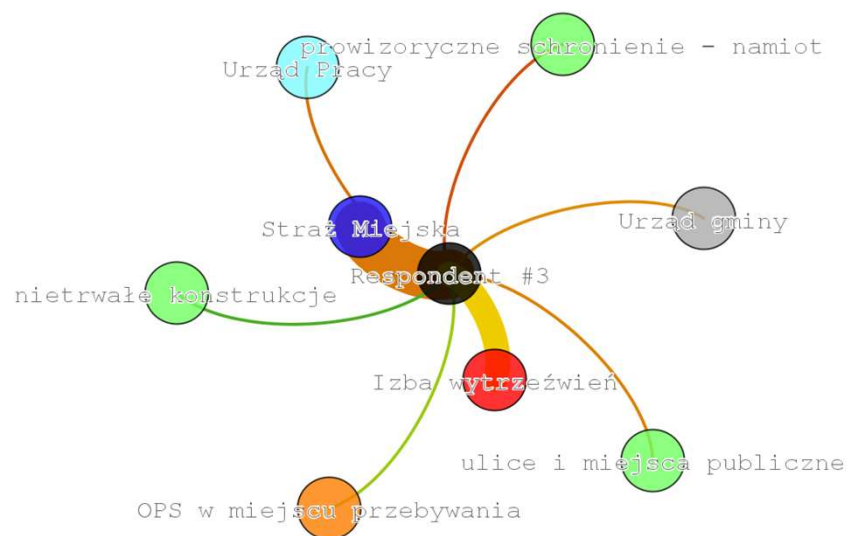- employment
- Public order - law

ARMS

Colors: first interaction with institution:
brown – closer to begining of the researched period
green – closer to the end of researched period

Lenght and thickness – number of interactions with institutions
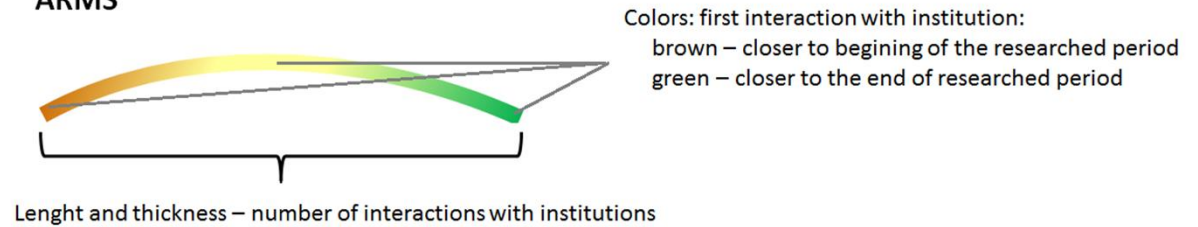
RESPONDENT #3
Homeless 15 years
Events/interactions from 8 years
researched period 5 years

BASIC INFO
Age 60, married, two children;
Born in the same town;
Vocational education, driver;
Runs single household in a garbage allotment;
Lives from garbage collection and recycling;
Believes that his homelessness was caused by the conflict with his wife, problems with employment and alcohol dependancy;
CMSA profile: Long time in public space, high level of substance use, episode of selfmutilation. Suspected substance dependency and mental disorders.
Not using „homelessness support system".

prowizoryczne schronienie - namiot
Urząd Pracy
Straż Miejska
Urząd gminy
Respondent #3
nietrwałe konstrukcje
Izba wytrzeźwień
ulice i miejsca publiczne
OPS w miejscu przebywania

Kolory węzłów
● leczenie ● pomoc społeczna ● dokumenty ● sytuacja mieszkaniowa ● pomoc mieszkaniowa ● praca ● przestrzeganie prawa

RESPONDENT #4
Homeless 10 years
Events/interactions from 10 years
Researched period 5 years
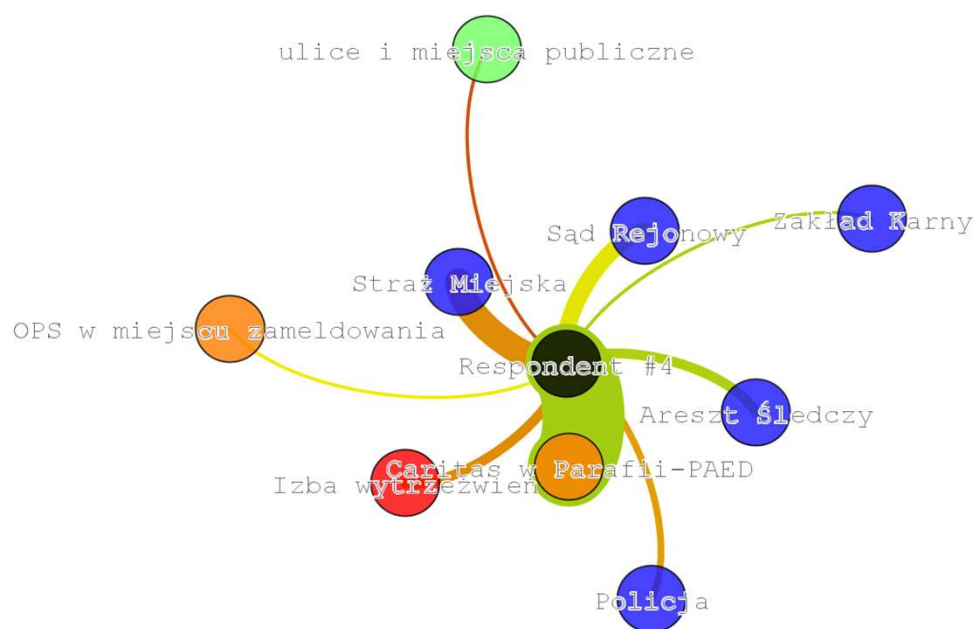
BASIC INFO
Aged 39, never married, no kids;
Born in other woivodship;
Primary education, physical worker, cleaner;
Runs single household in a garbage allotment;
Lives from garbage collection and recycling;
Believes that his homelessness was caused by conflicts in a family and alcohol dependancy;
CMSA profile: Long time in public space, high level of substance use. Suspected substance dependency and mental disorders.
Not using „homelessness support system".

ulice i miejsca publiczne

Sąd Rejonowy   Zakład Karny

Straż Miejska

OPS w miejscu zameldowania

Respondent #4

Areszt Śledczy

Izba wytrzeźwień   Caritas w Parafii-PAED

Policja

Kolory węzłów

⬤ leczenie   ⬤ pomoc społeczna   ⬤ dokumenty   ⬤ sytuacja mieszkaniowa   ⬤ pomoc mieszkaniowa   ⬤ praca   ⬤ przestrzeganie prawa
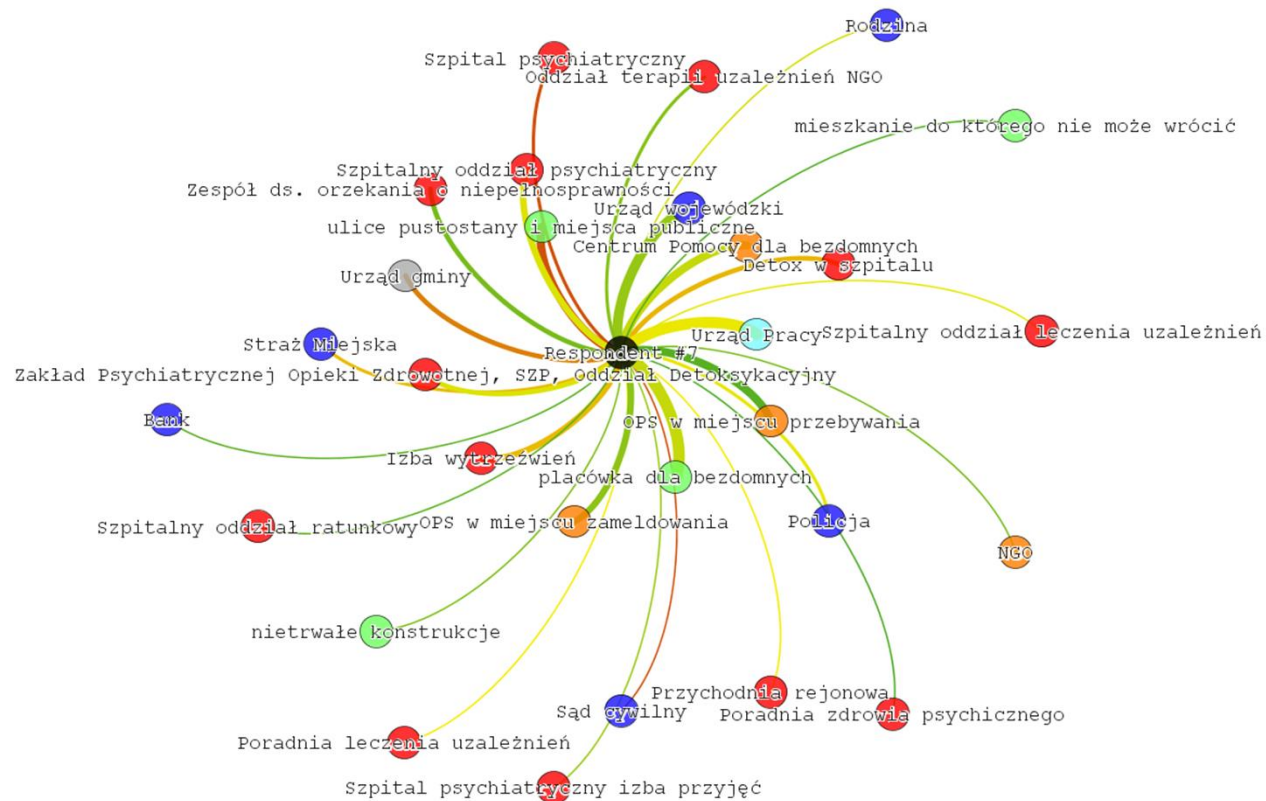
RESPONDENT #7
User of support system for the homeless;
Established dual diagnosis;
Aged 50;
Homeless for 4 years;
Cause - utimatum from the family - stop drinking or no help/housing;

Rodzina
Szpital psychiatryczny
Oddział terapii uzależnień NGO
mieszkanie do którego nie może wrócić
Szpitalny oddział psychiatryczny
Zespół ds. orzekania o niepełnosprawności
Urząd wojewódzki
ulice pustostany i miejsca publiczne
Centrum Pomocy dla bezdomnych
Urząd gminy
Detox w szpitalu
Urząd Pracy Szpitalny oddział leczenia uzależnień
Straż Miejska
Respondent #7
Zakład Psychiatrycznej Opieki Zdrowotnej, SZP, Oddział Detoksykacyjny
Bank
OPS w miejscu przebywania
Izba wytrzeźwień
placówka dla bezdomnych
Szpitalny oddział ratunkowy OPS w miejscu zameldowania Policja
NGO
nietrwałe konstrukcje
Przychodnia rejonowa
Sąd cywilny Poradnia zdrowia psychicznego
Poradnia leczenia uzależnień
Szpital psychiatryczny izba przyjęć

Kolory węzłów
● leczenie ● pomoc społeczna ● dokumenty ● sytuacja mieszkaniowa ● pomoc mieszkaniowa ● praca ● przestrzeganie prawa

RESPONDENT #18

User of support system for the homeless;
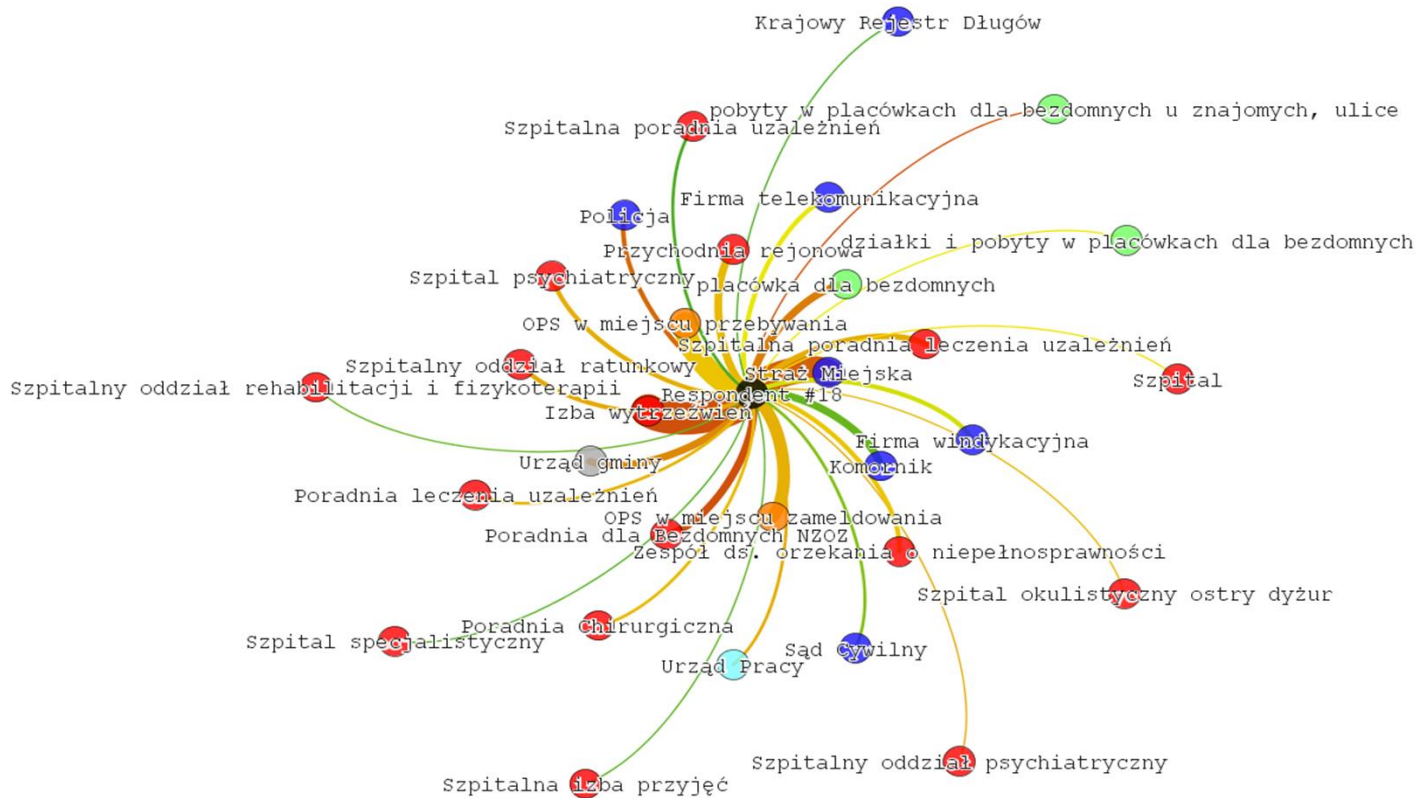
Very long homelessness - 25 years;
Aged 59;
Alcohol dependancy;
Growing up in foster care;
User of many shelters;
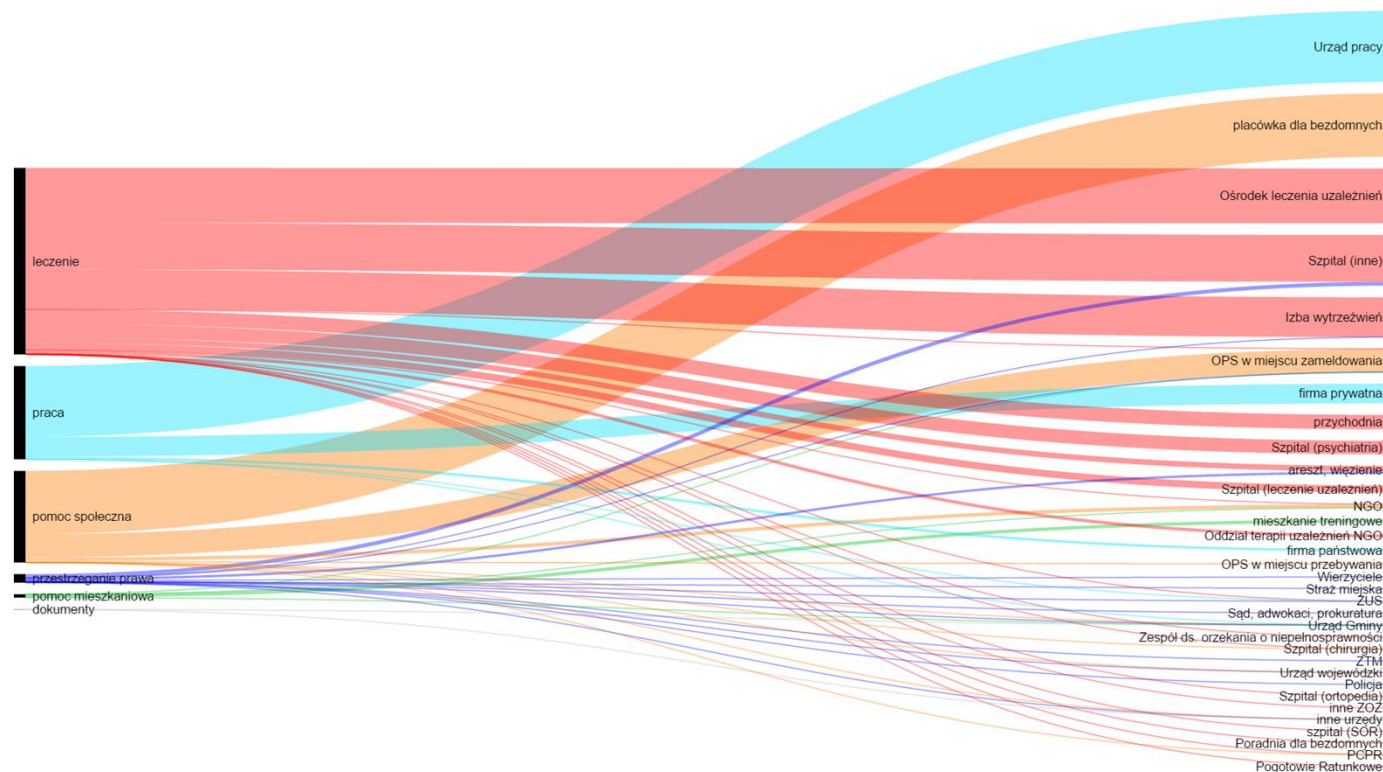Frequent resignations from stays in shelters;

Krajowy Rejestr Długów

Szpitalna poradnia uzależnień
pobyty w placówkach dla bezdomnych u znajomych, ulice

Firma telekomunikacyjna
Policja
działki i pobyty w placówkach dla bezdomnych
Przychodnia rejonowa
Szpital psychiatryczny
placówka dla bezdomnych
OPS w miejscu przebywania
Szpitalna poradnia leczenia uzależnień
Szpitalny oddział ratunkowy
Szpital
Szpitalny oddział rehabilitacji i fizykoterapii
Straż Miejska
Respondent #18
Izba wytrzeźwień
Firma windykacyjna
Urząd gminy
Komornik
Poradnia leczenia uzależnień
OPS w miejscu zameldowania
Poradnia dla Bezdomnych NZOZ
Zespół ds. orzekania o niepełnosprawności
Szpital okulistyczny ostry dyżur
Poradnia chirurgiczna
Szpital specjalistyczny
Sąd Cywilny
Urząd Pracy
Szpitalny oddział psychiatryczny
Szpitalna izba przyjęć

Kolory węzłów

● leczenie ● pomoc społeczna ● dokumenty ● sytuacja mieszkaniowa ● pomoc mieszkaniowa ● praca ● przestrzeganie prawa

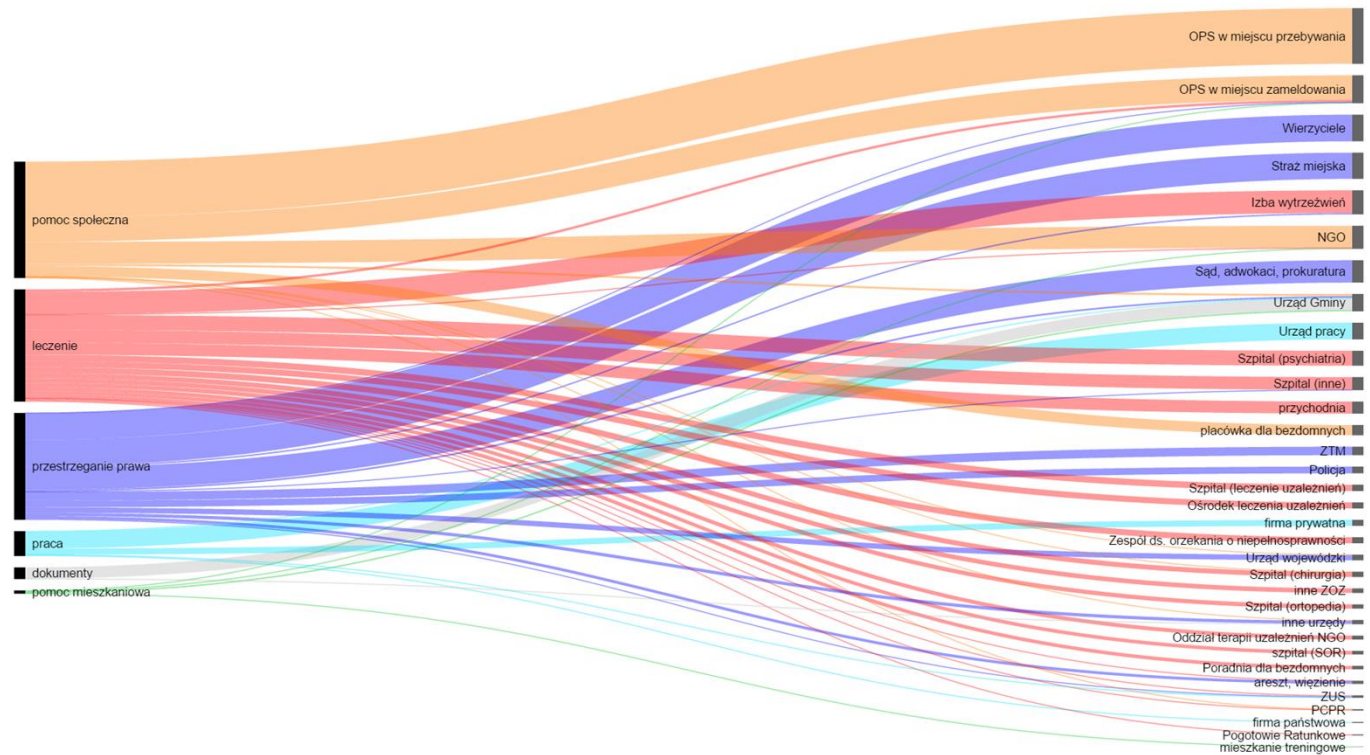# ALL RESPONDENTS Categories (left) and institutions (right) – lenght of interactions (days)

CATEGORIES:
Treatment – red
Labor – blue
Welfare – orange
Law – purple
Housing – green
Documents– grey

Left nodes:
- leczenie
- praca
- pomoc społeczna
- przestrzeganie prawa
- pomoc mieszkaniowa
- dokumenty

Right nodes:
- Urząd pracy
- placówka dla bezdomnych
- Ośrodek leczenia uzależnień
- Szpital (inne)
- Izba wytrzeźwień
- OPS w miejscu zameldowania
- firma prywatna
- przychodnia
- Szpital (psychiatria)
- areszt, więzienie
- Szpital (leczenie uzależnień)
- NGO
- mieszkanie treningowe
- Oddział terapii uzależnień NGO
- firma państwowa
- OPS w miejscu przebywania
- Wierzyciele
- Straż miejska
- ZUS
- Sąd, adwokaci, prokuratura
- Urząd Gminy
- Zespół ds. orzekania o niepełnosprawności
- Szpital (chirurgia)
- ZTM
- Urząd wojewódzki
- Policja
- Szpital (ortopedia)
- inne ZOZ
- inne urzędy
- szpital (SOR)
- Poradnia dla bezdomnych
- PCPR
- Pogotowie Ratunkowe

# ALL RESPONDENTS - Categories (left) and institutions (right) – number of interactions
COORDINATION?

CATEGORIES:
Welfare – orange
Treatment – red
Law – purple
Labor – blue
Documents– grey
Housing – green

Left nodes:
- pomoc społeczna
- leczenie
- przestrzeganie prawa
- praca
- dokumenty
- pomoc mieszkaniowa

Right nodes:
- OPS w miejscu przebywania
- OPS w miejscu zameldowania
- Wierzyciele
- Straż miejska
- Izba wytrzeźwień
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- Urząd pracy
- Szpital (psychiatria)
- Szpital (inne)
- przychodnia
- placówka dla bezdomnych
- ZTM
- Policja
- Szpital (leczenie uzależnień)
- Ośrodek leczenia uzależnień
- firma prywatna
- Zespół ds. orzekania o niepełnosprawności
- Urząd wojewódzki
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- Szpital (ortopedia)
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- Oddział terapii uzależnień NGO
- szpital (SOR)
- Poradnia dla bezdomnych
- areszt, więzienie
- ZUS
- PCPR
- firma państwowa
- Pogotowie Ratunkowe
- mieszkanie treningowe

History of interactions with institutions for each respondent - online

Detailed charts ilustrating history of interactions with institutions for each respondent
are available in Polish on http://www.czynajpierwmieszkanie.pl/bezdomnosc/#/?_k=h8g7x0:
(programmed and visualised by LABORATORIUM EE)
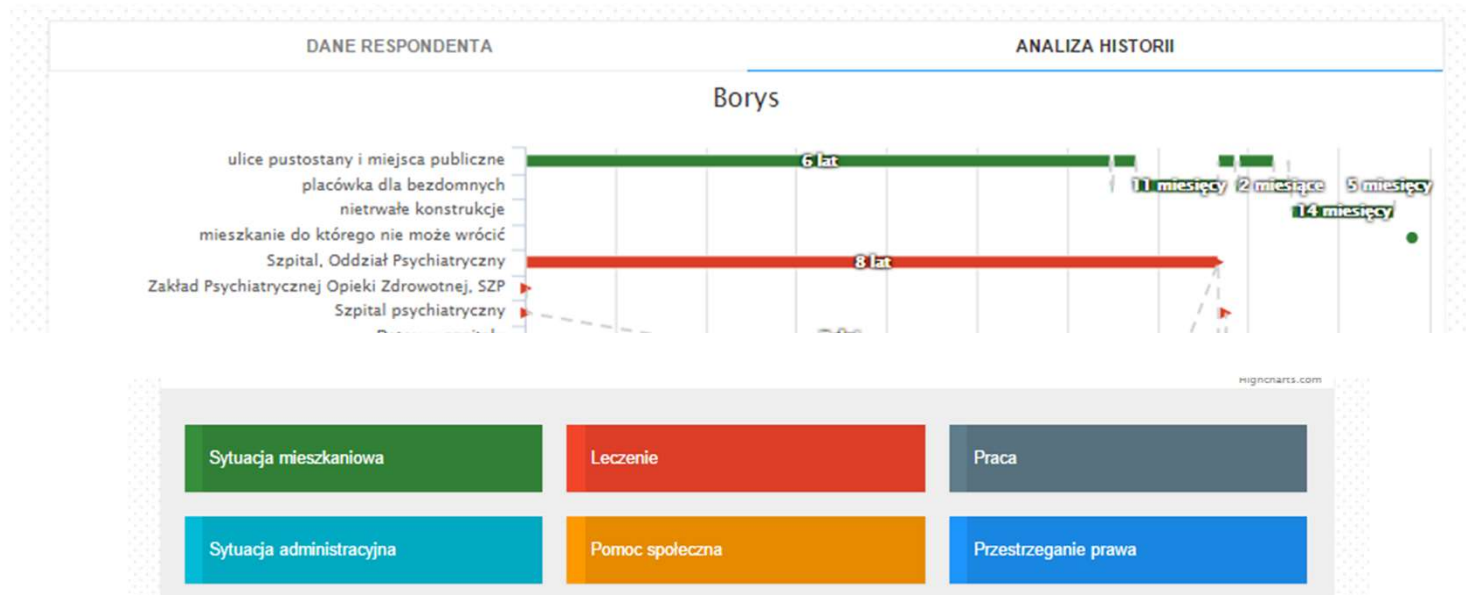
II. Dual diagnosis among users of homelessness services in Warsaw

- Methodology:
  - Aggregation of homelessness service provider's data on *flow* with exclusion of double counting and personal data collection coding procedure (each service provider has separate data collection system, no data sharing, no centralized data collection system)
- Data collection: service provider's staff was asked to fill in tables with coded names of all clients who met following criteria:
  - Were clients in 2013-2014
  - Declared homelessness longer then 3 years
  - Had formally diagnosed (medical document) or suspected by social worker mental disorders

  and/or
  - Had formally diagnosed (medical document) or suspected by social worker substance dependency (mostly alcohol)
- Returns: 18 institutions providing one or few kinds of services (shelter, specialist shelter, advise and information, ambulatory treatment) – good turnout for male service users.
- Few rejections mostly from services for women – data on women was too scarce to conduct analysis
- Detailed report in Polish: http://www.czynajpierwmieszkanie.pl/content/uploads/2016/02/raport-z-badania-agregacyjnego-FINAL.pdf

Researched group – 1246 men

Picture 1: researched group among all service users
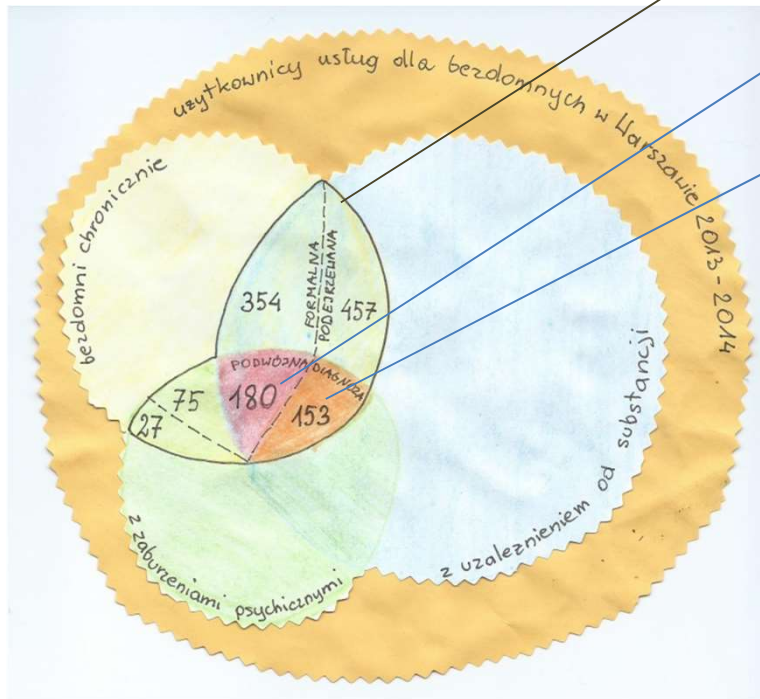
Picture 2: Distribution of diagnosis in researched group
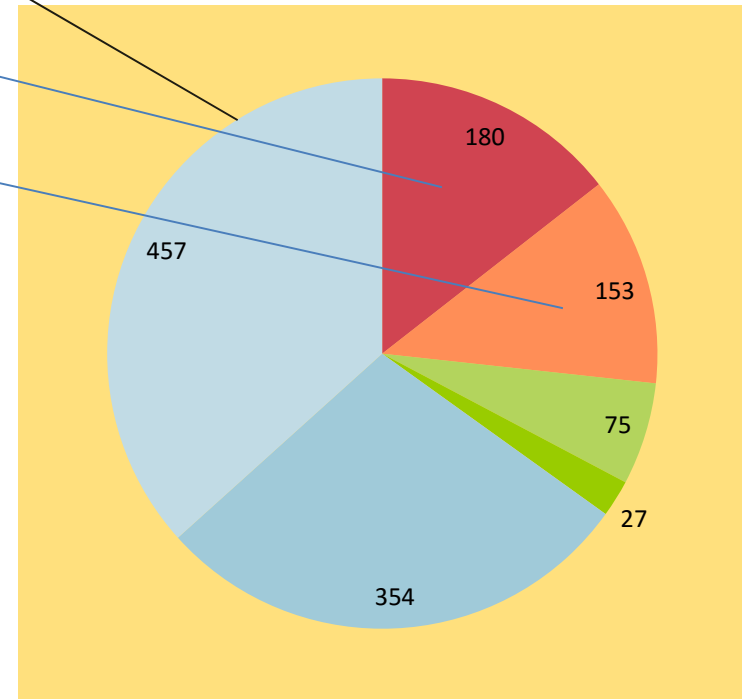

FORMAL DUAL DIAGNOSIS

SUSPECTED DUAL DIAGNOSIS

Formal diagnosis of mental disorders

Suspected diagnosis of mental disorders

Formal diagnosis of substance dependancy

Suspected diagnosis of substance dependancy

Researched group - description

It is impossible to assess the proportion of the researched group (1246) in the overall population of users of services for the homeless in Warsaw as neither Municipality nor ngo run service providers collect *flow* data on users of services over certain period of time (Picture 1 – solid yellow wavy line)

The scale of subgroups of service users with only one criteria eg. chronically homeless service users, service users with mental disorders, service users with substance dependency is unknown and was not established during the analysis (Picture 1: light yellow, light blue, light green, wavy line).

Municipal data collection is point in time only, for the end of each quarter of the year, with no information on mental health (longest length of homelessness is over one year). Point in time numbers for men and women occilate between 1500-1700 which is equal to the number of beds in services.

1246 male service users who met **all** research criteria: chronic homelessness (longer then 3 years) and suspected/formal diagnosis of mental disorders and/or suspected/formal diagnosis of substance dependency and who used services in 2013-2014, including:

- **180** chronically homeless men with formal dual diagnosis: 58% homeless for over 5 years, 12 years on average (established for 75% of the group); Average age 46 years; Registered in biggest number of homelessness services 1,6 (max 5)

- **153** chronically homeless men with dual diagnosis suspected by social worker: 45% homeless for over 5 years (average for 33% 13 years), Average age 46 years

- **1114 men with formal or suspected** substance dependency: Average age 46 years, including 333 with dual diagnosis, average age 49 years – higher then in remaining groups.

III. National estimate on chronic homelessness

- Methodology:
  - Analysis of raw data collected by Ministry of Family Labor and Social Policy in Sociodemographic Survey in 2013 during National Homeless Count (almost 30k people in services for the homeless and in preidentified public space locations).
  - In 2015 there was no survey – just the count.
  - Raw data was made available by the Ministry through access to public information procedure.
- Results:
  - 58% declared homelessness longer then 3 years, 43% longer then 5 years.
  - Marginal percentage of the above groups declared problematic substance dependency and/or bad health on the beginning of their homelessness (as a cause to homelessness).
  - Data on current health condition on the day of the research was not collected.
  - Based on information on causes it is visible that substance dependency is more common among men who declared homelessness longer then 3 years.
- Full report in Polish – end of March 2016

Research results and HF advocacy

- Ilustrations of variatey of interactions with institutions of people who meet the profile of the „Housing First" client speak for themselves – good to take a moment and go through visualisations by Laboratorium EE and charts by Jan Herbst.
  - http://www.czynajpierwmieszkanie.pl/bezdomnosc/#/?_k=h8g7x0:
  - Full Report – end of March 2016
- Data on the scale of the phenomenon is scarce, but:
  - On national level there is no data on correllation of chronic homelessness and mental health but scale of chronic homelessness is overwhelming.
  - **Indicator of chronic homeless and dual diagnosis among male clients of services for the homeless in Warsaw is solid (majority of services, two year flow – not point in time, excluded double counting)** and should be treated seriously.
- Data confirms that the problem exists: there is group of people whose needs are not addressed by the current system for „exiting homelessness":

„Research based arguments for HF in PL"

- In 2013 – 2014 Warsaw services for the homeless were used by at least 333 chronically homeless men with dual diagnosis. 180 of them had medical documents which confirm diagnosis of both mental disorders and substance dependency (mostly alcohol). Majority of the group declared homelessness longer then 5 years.

- They interacted with variety of institutions and still at the end of the research period were homeless.

- Even though, it is unknown how much it cost as majority of institutions is not capable to calculate the cost, HF is already believed to be more expensive.

- In the whole country there are people who might be in the same situation which is indicated by the high percentage of chronic homelessness among people counted in Ministerial Count: 58% longer then 3 years, 43% longer then 5 years. There is no data to establish their health condition.

- Town and country officials claim to have an established support system for „exiting homelessness".

Solutions?

- Good programs are a available (created, tested, scaled out and described):
  - Clients of Pathways to Housing „Housing First" retain housing and don't come back to the streets.
  - There are solutions for filling the housing gap for tenants with special needs e.g. social rental agencies (already tested in Warsaw by Habitat for Humanity Poland).
- Some are already implemented in Poland (on minimum scale):
  - Scattered supported housing programs (CMSA), programs based on therapeutic community (Caritas Poland), harm reduction programs.
  - Some local governments undertake cooperation with non-governmental organizations in order to use communal housing for supported housing programs for people „exiting" homelessness.
- Warsaw night shelters, shelters and centers in which forced sobriety is a condition for receiving support, do support chronically homeless people with mental problems to live the next day, but they do not support real end of homelessness.

=> CHANGE (PROFOUND)

Thank you!
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E-mail (required)

Subject

Message

Send