

# CHRONIC HOMELESSNESS IN THE NATIONAL SOCIO- DEMOGRAPHIC STUDY ON THE HOMELESS IN POLAND (2013)

## SUMMARY OF THE REPORT

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Chronic homelessness was the subject of research carried out as a part of the “Housing First – Evidence Based Advocacy” project (NMROD) conducted by The Ius Medicinae Foundation in 2014-2016 (co-financed from EEA Funds under the programme “Citizens for Democracy”). The aim of the project was to collect evidence based arguments for implementation of Housing First in Poland.

Homelessness is always a crisis situation, and when prolonged, it is always tantamount to a permanent deprivation of one’s physiological needs and security, a violation of human dignity, and deep social exclusion. It also requires specialist support – as can be seen through the example of people experiencing long-term homelessness despite being users of the general, traditional system of assistance addressed to “the homeless”. Housing First is a specialist programme, which effectively and permanently lets chronically homeless people move out of their homelessness. It was developed by Dr Sam Tsemberis in New York at the beginning of the 1990s. The programme was subsequently successfully implemented in many places all over the world (Tsemberis, 2010).



Studies conducted as a part of the NMROD project focused on checking whether there are any potential clients of the “Housing First” programme – the chronically homeless as defined in US – among the homeless population in Poland. For them, the programme, which so far has not been conducted in Poland, would be an opportunity to permanently move out of homelessness. One of the three studies conducted was an analysis of the largest Polish dataset on the homeless population, generated as a result of the Sociodemographic Study conducted by the Ministry of Family, Labour, and Social Policy (*Ministerstwo Rodziny, Pracy i Polityki Socjalnej - MRPiPS*) during the National Homeless Count carried out on 7/8 February 2013. We obtained the dataset directly from the Ministry after applying for public information. Data analysis provided results in two areas: chronic homelessness and methodology of a socio-demographic study, which was the source of data used for the analysis. The full report is available in Polish<sup>1</sup>.

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<sup>1</sup> <http://www.czynajpierwmieszkanie.pl/publikacja/bezdomnosc-chroniczna-w-ogolnopolskim-badaniu-socjodemograficznym-bezdomnosci-mrpips-2013/>

## CHRONIC HOMELESSNESS IN POLAND

After initial analysis of the available data, original question concerning the size of the group of the potential clients of the “Housing First” programmes among persons experiencing homelessness in Poland, was operationalised in following way:

- Is it possible to formulate an operational definition of chronic homelessness based on the already used definitions of the phenomenon, which we could use for the purposes of the analysis of data from the 2013 Sociodemographic Study by MRPiPS?
- Are there any persons meeting the operational definition of chronic homelessness among the persons covered by the sociodemographic study?
- Does the group of persons meeting the operational definition of chronic homelessness differ from the other homeless persons as far as the features which mark the profile of the clients of the “Housing First” programme are concerned?

The answers to all the above questions are positive, although in the case of the first question there are some reservations which we need to take into account when interpreting answers to the other two questions.

### OPERATIONAL DEFINITION OF CHRONIC HOMELESSNESS

The structure of data obtained in the MRPiPS study enabled us to develop a definition of chronic homelessness only approximately corresponding to definitions used in other parts of the world. An absence of information on the current health condition of the respondents (which along with the duration of homelessness is the basis for the differentiation of chronic homelessness from homelessness as such) was a considerable barrier. Chronic diseases, disability, mental disorders, including addictions, and other health-related problems are the so-called disabling conditions, which particularly often exist in people experiencing long-term homelessness. For this reason the operational definition of chronic homelessness

(which was based on two factors: homelessness lasting for more than three years and “addiction” as a disabling condition declared as one of the reasons behind homelessness) used in the analysis is imperfect, and allows to define the scale of the phenomenon in Poland only approximately rather than precisely.

### PEOPLE WHO ARE CHRONICALLY HOMELESS

According to the adopted definition, the chronically homeless in Poland, referred to as the “target group” for the purposes of the analysis, constitute 19% of the adults covered by the sociodemographic study (5,338 persons: 4,926 (23%) adult men and 412 (10%) adult women). The age distribution for men from the target group is the same as for the benchmark groups (long-term homelessness without a disabling condition, and shorter-term homelessness). As for the women, elderly women dominate in the target group much more than among women homeless for a shorter time. Both men and women from the target group have a lower education level than persons from the benchmark groups, although the above is more pronounced among women. Men and women from the target groups declared a family conflict as a reason behind their homelessness slightly more often than persons from the benchmark groups (at the same time, they declared their poor health status/disability as the cause of their housing situation more rarely).

### POTENTIAL CLIENTS OF THE HOUSING FIRST PROGRAMMES

Both men and women from the target group, i.e. persons experiencing homelessness for more than three years and suffering from a disabling condition (addiction), differ from the homeless persons from the benchmark groups in terms of many features marking the potential clients of the “Housing First” programmes. These differences are not very considerable, but they are clear. In comparison with persons from the benchmark group, people from the target group:

- have a housing situation which is more frequently non-institutionalised (non-

- inhabitable places, abandoned dwellings, allotments);
- generate income mostly from non-formal sources (collecting things, begging, black work) and social welfare benefits, while at the same time declare a total absence of any income less frequently;
- more often use low-threshold and short-term forms of assistance (clothes, meals);
- have a more limited access to health services financed from the state budget;
- have a disability status more often.

An analysis of their territorial distribution showed that persons from the target group live all over Poland – wherever the people counting the homeless managed to get to during the sociodemographic study. In view of the considerable limitation of the data and in particular the underestimation of the national scale of homelessness and the impossibility to use a full definition of chronic homelessness, further studies are necessary to deepen the above conclusions and make them more concrete in a way enabling their translation into concrete organisational and financial guidelines for a systemic intervention addressing the problem of chronic homelessness (which, as shown by the 2013 analysis, concerned at least 5,338 persons). Such a high share of chronically homeless persons (19% of adults covered by the sociodemographic study) among people actually using support provided by the existing system of assistance, is a very poor testimony to the system. Until recently, many stakeholders coped with the above, blaming the users of the services for their situation and labelling them as people experiencing “homelessness as a choice”. As can be seen, this does not bring about any changes – the people are still homeless. What we need is to solve the problem, not to collect arguments confirming that it is impossible – especially that, as proved in many places all over the world, it is possible to solve the problem owing to the implementation of the “Housing First” programme and other specialist programmes for persons who are chronically homeless and experience health-related problems such as addictions.

## THE 2017 NATIONAL SOCIODEMOGRAPHIC STUDY

The NMROD analysis revealed that the data collected in the sociodemographic study of homelessness conducted by MRPiPS in 2013 were limited, since the size of the population was underestimated and it was difficult to separate the chronically homeless population. The above resulted from:

- the used methodology: point-in-time “head count” carried out in predefined types of places;
- organisation of the study;
- the questionnaire used.

The above limitations were the subject of several positions by non-governmental organisations dealing with homelessness, including the Camillian Mission for Social Assistance (November 2013) and Polish Federation for the Solving of the Problem of Homelessness (December 2014) addressed to the organiser of the study who at the same time is the main stakeholder responsible for the development of a systemic solution of the problem of homelessness in Poland, i.e. the Ministry of Family, Labour and Social Policy. The experience of the “Housing First – Evidence based Advocacy” project resulting from the analysis of data collected by MRPiPS confirms some of the conclusions presented in the positions mentioned above. We can see that it is necessary to repeat the sociodemographic study in 2017 after an introduction of the following changes in three areas: methodology, organisation of the study, and the questionnaire.

### METHODOLOGY – AN EXTENSION OF THE RANGE OF PLACES IN WHICH THE STUDY IS CONDUCTED

In order to be better able to reach persons experiencing homelessness and in consequence obtain results better reflecting the actual scale of homelessness in Poland, the range of places in which the study is to be conducted should be extended to include inpatient facilities for persons addicted to psychoactive substances, residential

facilities for refugees and migrants without any documents, as well as the so-called protected, training, and transitional housing units for both the persons moving out of homelessness and those facing it due to their mental disorders. Large groups of persons meeting the definition of homelessness may stay in all the above locations.

taken into account in the suggested modified questionnaire recommended on the basis of the experience of the “Housing First – Advocacy Based on Evidence” project to be used in the future sociodemographic study in 2017. The questionnaire can be found in Annex 2 to this report.

## **ORGANISATION OF STUDY**

The quality of the organisation of the study with the help of the point-in-time “head count” is closely related to the quality of the local assistance systems, in particular the level of cooperation between the stakeholders, and the degree to which persons experiencing the problem are covered by assistance. If the system does not work or is fragmentary, the organisation of the correct count is impossible, although we also know of cases where the need to perform the study resulted in a better local cooperation and an improvement of the quality of assistance.

The formulation of recommendations aimed at an improvement of the quality of the local systems of assistance considerably extends the subject of this analysis. For the quality of the study to be improved, we can only refer the reader to the above-discussed positions of non-governmental organisations and recommend the following corrective actions:

- conducting preparatory meetings for representatives of all the institutions (e.g. according to the ETHOS key) having homeless persons among their clients, beneficiaries, inhabitants, patients, or service users before the planned study;
- conducting training and/or preparation of a thorough, reliable instruction describing in what way the study should be conducted and how the questionnaire should be used.

## **QUESTIONNAIRE**

Although the introduction of changes to the questionnaire is the easiest task recommended, it can significantly improve the adequacy of the obtained data to the planned effective solution of the problem of homelessness. There are three elements which should be changed. They have been