Ways Out of Homelessness in Central Europe

Lessons of an Erasmus+ Strategic Partnership

Czech Republic

Poland

Hungary

Romania
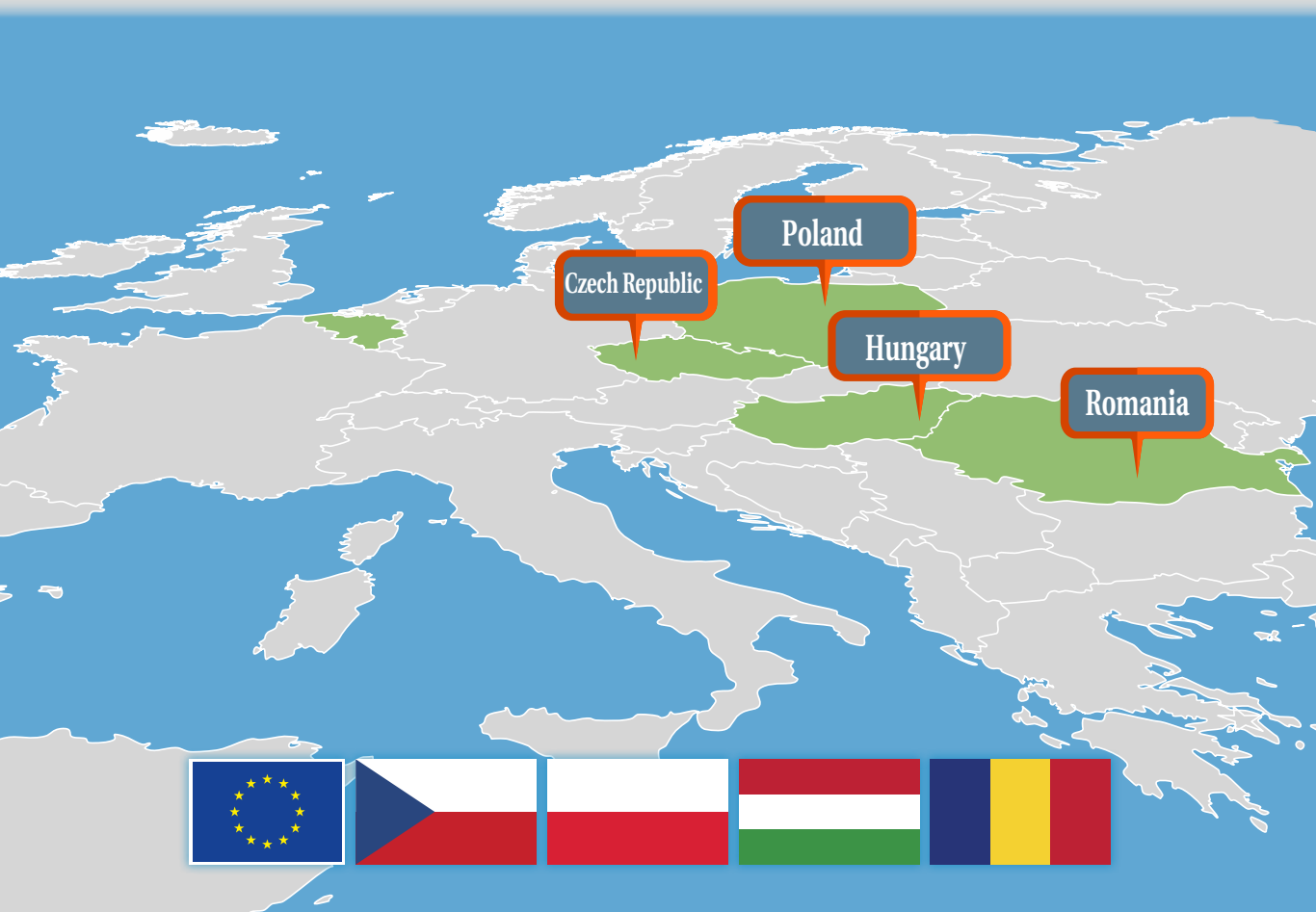
Fehér, Boróka
Koltai, Luca
Németh, Balázs
Szabó, Andrea

Čaputová, Kateřina
Sčotková, Gabriela
Tilling, Ian
Wygnańska, Julia

Erasmus+

2016

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Lessons of a strategic partnership project

The "Ways out of homelessness" partnership

The <u>Ways out of homelessness partnership</u> has united homelessness organizations from four Central European countries (the Czech Republic, Hungary, Poland and Romania) as well as FEANTSA, the European Federation of National Organisations working with the Homeless, an organization fighting for homeless people and affordable housing solutions on a European level. While there have been several European projects and exchanges of know-how and good practice in the field of housing, representatives of the partner organizations felt the need for focusing exclusively on local solutions from the region. This focus centred on the system, rate and availability of general social support, as well as social housing and housing subsidies in partner countries as these differ greatly from those existing in older EU member states, creating unique challenges for both homeless people and support workers trying to help their clients find ways out of homelessness.

We have not planned to study the social context in great depth, rather to focus on what works and how. We have been keen on learning from each other, looking at local solutions that might be adaptable in our own countries and cities.

The goal of the partnership

While there is a growing awareness of housing-led and Housing First approaches (even the European Commission has called on member states to adopt a social investment approach to homelessness, with a strong emphasis on housing-led approaches) both in Europe and globally, we have decided to look at any housing solutions that work in our local contexts. These include a severe shortage of social housing and, in most of the countries examined, a lack of substantial housing allowances[1]. We did not only want to include housing-led approaches, but also housing solutions that might be closer to the traditional staircase system.

Below is an introduction of the partnership: the partner organizations, our joint activities, the local solutions identified and the policy recommendations that arose from these.

Partner organizations

The partnership has been established by six organizations (five NGO-s and one public body) active in the field of homelessness. Five provide direct services and conduct advocacy in Hungary, the Czech Republic, Romania and Poland. As the goal of the project was to recognize housing-led solutions at the municipal level, focus was on the local activity of partners, although some were also engaged at the national level, e.g. SAD from the Czech Republic is a national umbrella organization for homelessness service providers, while Habitat for Humanity Hungary, which implements national projects, is also part of a both a European and t global network. Pan-European expertise was added to the project by participation of FEANTSA, a European network of national homelessness service providers, known for facilitating

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1   and in case such allowances exist, as in the case of the Czech Republic, the problem of accessing them (due to administrative obstacles, for examples)

policy debate at the European level based on the input from partners from all European countries.

All partner organizations engaged people of various backgrounds including social and field workers, program and service managers, former and current service users, local government officers, advocates and researchers although the latter was least present. Partner organizations could not only include members of their own staff but also members of formal or informal networks existing around the variety of their activities. The Ius Medicinae Foundation from Poland, for example, does not provide any direct service to people experiencing homelessness but engaged public officers, service managers and field workers from the informal network of stakeholders who were active in provision of housing-led solutions in Warsaw. BMSZKI, is a local government institution of homelessness services, and was able to take on the board users of services feeding the project with their unique perspective.

What did we do together

The core activity of the Partnership was local study visits conducted in Budapest, Prague, Bucharest, Warsaw and Brussels. The two-day-meetings were organised by local partners and attended on average by three participants from each partner organization with the exception of FEANTSA who nominated one permanent participant.

The major goal of the meetings was the exchange of knowledge on the non-shelter housing-based solutions for homeless people implemented locally. In order to inform cross-country comparisons and facilitate responsible mutual learning, we have developed templates for the introduction of the local solutions. These, together with some papers providing background information on the local context (housing and policy reports, analysis of existing services and benefits, description of the system of services for homeless people, etc.) were sent to participants before the meetings to ensure meetings were as efficiently as possible.

Each meeting started with an introduction of the national and local homelessness housing and welfare context and followed by structured presentations of local programs. Participants discussed the similarities and differ-

ences in the context and solutions, themselves looking for inspiration and procedures that might be useful in their hometowns.

The seminar session was followed by field visits through which participants were able to see the operation of the selected programs on the ground, e.g. street work service in Budapest recruiting rough sleepers for a housing project, shelter for families by Casa Joana in Bucharest, anarchist café in Prague and hub of homelessness services in Warsaw by Caritas. Informal exchange continued during common dinners and meals.

Partnership was steered by representatives of each partner organisation who met on management meetings during study visits and communicated on a regular basis via electronic tools. Coordinators set and monitored the general framework of the partnership performance including its goals and conceptual framework as well as more detailed elements such as the general agenda of the study visits or setting the guidelines for selecting and presenting local housing-based solutions. An important part of the meetings was discussion and evaluation of presented solutions and positioning them in the European debate, which currently facilitates reorientation of the national and European policies towards more "housing-led" and "Housing First inspired" solutions. The benchmark for discussions was provided by the representative of FEANTSA and input by coordinators informed through the study visits.

Knowledge produced by the Partnership, including contextual papers, descriptions of local solutions, impressions and experience of participants have been disseminated by all participants through their professional and personal networks, e.g. co-workers and cooperating institutions. Additionally, knowledge was shared through the media, including the international webpage of the Partnership, social media (Facebook and Twitter) and national portals administered by partners e.g. Polish web where detailed reports from each visit were presented in the national language.

Training needs

Another goal of the project was to explore the various training programs that are offered to support workers working with homeless people on their

way out of homelessness. Coordinators have gathered input from field workers and trainers from existing programs – and were baffled to find none specifically addressing this target group. There were some workshops exchanging technical information on where there are bids for social housing, how to secure affordable housing for homeless people on the private market and what administrative steps should be taken to safeguard tenants. However, there were no training programs in the partner organizations, or, according to our knowledge, in our countries, to enable support workers to help former homeless people in accessing housing more efficiently.

More surprisingly, still, was that many support workers did not even see the need for such training! In many programs, the same support workers from the shelter continued working with users even after they moved to apartments – and the work carried out was very similar (if not the same) to that in the shelter. In these projects, there was a strong emphasis on making users "housing-ready" while users were still living in the shelter, and possibly accepting homeless people who were "more ready" than others who were not. In other programs, staff brought expertise from other work experiences and learnt, together with their clients, as they went along. In some projects, support workers shared their stories and difficulties with each other, thus bringing elements of training to their work. True, in no housing project did we find support workers working exclusively with those people housed – some were working part-time, with full-time jobs in other homeless or social services, while for some housing support work took up a few hours of their regular work hours in a shelter.

Local solutions – "housing-based"

Upon establishing the Partnership, its members reported being often overwhelmed by "housing-led" – not to mention "Housing First" – solutions presented to them during multiple international gatherings of European homelessness stakeholders, e.g. FEANTSA Annual and Research Conferences, exchange networks and publications. While there are many good practices and ways of working in older EU member states that we can learn from, most of these just seem too far away from the social realities faced by our coun-

tries and people. Prevalent in the region, homeless services were emergency night shelters or other types of shelter, and aware of the everyday challenges in managing support programs for people experiencing homelessness in the Central European context, service providers were strongly motivated to find and present programs that matched the uniqueness and innovative value of those currently promoted in Europe.

Partners concentrated on programs that facilitate access to temporary/long-term housing for people who experience homelessness. They had to provide housing in a non-shelter environment and provide the support necessary for people who might need to re-learn living in an apartment. Although some programs accepted people with active substance abuse issues, most programs prescribed sobriety, and in some, people could be dismissed for consuming alcohol. While some programs offered direct housing subsidies to their tenants, none of the programs could support a person with no income at all. Housing subsidies tended to be short-term only, and often decreasing gradually. Due to the lack of sustainable funding, most programs expected (or hoped) that clients would become independent, self-reliant eventually, or supported by mainstream social services. While some programs recruited homeless people directly living on the streets, most welcomed people from shelters.

Local solutions chosen by these criteria can be categorised into four characteristic features. The classification is not very rigorous though, as some programs could be easily prescribed to more than one kind and all of them are hybrids based on the variety of locally available resources. In addition, in the Partnership countries, there are no regulations for using names such as training, supported, transitional, protected and social housing which results in an unordered and *ad hoc* use of terms and the chaos is further complicated by the need of translation. In general, these programs can be named "housing-based".

Apartments "for the homeless": Programs in which a non-profit organization that runs classic services for the homeless provides their clients with housing, which is organised outside the shelter and assisted with some form of floating support, provided either directly by specialists from the shelter or mediated by NGOs from mainstream services. The role of the NGO is crucial

in obtaining the apartments and providing support, and although cooperation with local authorities and mainstream welfare services is present, it has to be facilitated by the NGO.

- <u>Scattered Training Apartments Program by Camillian Mission of Social Assistance</u>, Poland
- <u>Prevention through social housing by Salvation Army, the Czech Republic</u>
- <u>Single Room Occupancy Program (SRO), BMSZKI, Hungary</u>
- (<u>Housing Support for Kocsis Hostel Inhabitants, BMSZKI, Hungary</u>[2])

Access procedures to mainstream (not labelled "for the homeless") social housing: Programs which discover or establish the procedure for opening access to mainstream social housing to people who successfully leave shelters for the homeless. Such programs are implemented in close cooperation of an NGO service provider that has access to the clients and the know-how about necessary support, while local authorities control the access to housing.

- <u>Training apartments program by Nadeje, Prague</u>, the Czech Republic
- <u>"Second Opportunity" Wola Social Reintegration Program and the procedure for accessing municipal housing by people graduating from homeless shelters</u>, Poland

Apartments for people directly from the street: Programs which are close to the first group but address their service to people who live directly "on the streets" however, their housing situation in reference to ETHOS could in many cases be described as living in an unconventional dwelling rather than in public spaces. These programs can be described as "Housing First inspired" as they put a strong emphasis on some of the principles including the non-shelter and scattered character of the apartments, housing as a right (as long as the project is funded), specialist support and no need to be advanced on the traditional service graduation ladder.

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2   Housing support provided by Kocsis Hostel matches this characteristic the least as it is a financial support provided to clients who would like to move on from the shelter to more independent housing which does not have to be provided by the NGO, however it contains engagement of NGO case workers who are not part of the mainstream services.

- Housing First Program, Habitat for Humanity Hungary, Budapest
- Supported housing for rough sleepers, Budapest, Hungary

Therapeutic programs: Programs that concentrate on improving personal capacity of the homeless clients to live independently in housing in the context of extremely restricted access to any supported housing options (regulated rent or specialist therapy/support). Such programs are implemented in shelters for the homeless and include their own therapeutic program worked out by the shelter managers – usually founders of the organizations – which are based on the idea of the therapeutic community and socio-therapy, and are assisted with social work concentrated on improving the administrative situation of the inhabitant (obtaining missing official documents) and access to welfare benefits and any other entitlements. The last function can also be performed by a non-shelter agency like the advisory point in Ostrava, the Czech Republic.

- Casa Ioana, Bucharest, Romania
- Individual in-depth personal development IDPD in The Home of Therapy and Social Readaptation, The Antidotum Association, Warsaw, Poland
- „We'll make it!" – the supported housing program for homeless men, Caritas Poland, Warsaw
- "Professional Social Counselling", Poradna Charity, Ostrava, the Czech Republic

Apart from the programs with the above mentioned main characteristics Partnership participants presented two advocacy projects based on pilot implementations, research and lobbying for housing-led solutions including rapid rehousing programs and Housing First: the Czech Platform for Social Housing from Brno and the Polish Housing First – Evidence based Advocacy Project by the Ius Medicinae Foundation.

All local solutions were presented in the national and local policy context of each country and town, which included housing policy, welfare and health system, homelessness policy, scale of homelessness and structure of service provision. The analysis of local solutions presented and the given context supports the conviction of the participants that their innovative value should not be derived from the comparison with the European housing-

led programs but from the complicated path that had to be discovered and effectively advocated for to make the programs happen. These local solutions were definitely more feasible in our Central Eastern European countries with no social housing and no housing support for the most part.

The <u>full list and structured descriptions of the identified solutions</u> as well as introduction to the <u>national and local context</u> are available on the project website. Those presented in the final publication were chosen by Partnership participants through evaluation of each study visit according to their conviction of what would be the most useful solution to learn more about and disseminate to national and local audiences.

Conclusions

The choice and the structure of local "housing-based" solutions put in the national and local context followed by the discussion of the Partnership participants led to the following conclusions regarding the condition of "housing-led" and "Housing First" parameters of Central European policies addressing the phenomenon of homelessness:

"Housing-based" programs such as supported apartments, facilitated access to social housing and personal capacity building should be considered the most important innovation improving the situation of people experiencing homelessness in Central European countries.

Such programs, together with an increase in the number of affordable housing stock, are seen as very important by major players engaged in homelessness provision namely non-profit service providers who run the majority of services. They are lobbied for and local service providers put a lot of effort in making them happen. They are proud of them and – quite rightly, given the policy context - consider them an innovation in ending homelessness. In their view, derived from direct contact with shelter users, such programs provide a major improvement in the housing situation of the clients, who – regardless of being "housing ready" – are stuck in shelters which. This differs from countries that have implemented Housing First programs or even strategies, because shelters are generally underinvested, overcrowded and of very low physical standard. Moreover, users have little or no hope of ac-

quiring social housing or affording private rental in the absence of housing subsidies.

The feature that most clearly differentiates such housing-based programs from prevailing forms of support is in fact the physical standard, people per room ratio, and existence and time span of the housing contract/agreement. The conviction, which underlies the definition of "housing-led" as expressed in the recommendations of the Jury of the European Consensus Conference on Homelessness in 2010 (European Commission, 2010), that security of tenure and housing as a right are the initial steps in resolving the situation of homelessness, is not a prevailing founding rationale for local housing-based solutions identified through the Partnership. Most solutions identified are bottom-up programs, where the service provider lobbies for housing for homeless people stuck in a dead-end staircase system, in a structure where social housing is basically not an option for most service users. Housing, thus, is not treated as a prerequisite for solving problems experienced by people who are homeless on a policy level, but is a scarce and costly resource that has to be earned and deserved. Through the whole project, we have not identified any intervention that would fully meet the characteristics of the Housing First program, however, some local solutions are truly inspired by this idea. The housing project of Habitat for Humanity Hungary, for example, offers social housing to people directly from the streets together with floating support – however, it cannot offer financial assistance, nor can guarantee floating support for as long as needed.

Although the EU level debate has focused on Housing First since quite a few years[3], and has been promoting Housing First as "the single most important innovation in homelessness service design since 30 years" (Pleace, 2016), the insight of Central European stakeholders, grounded in the fieldwork experience, is that "housing-based" programs such as described above are more needed in the region. Housing First is an important innovation, but its power to transform homelessness support systems may be simply useless in the current Central European context.

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3 see, for example, the Housing First Europe social experimentation project implemented between 2011 and 2013, the Housing First. What's Second European Conference in 2013, or the special focus on international and Belgian Housing First policies and programs during the Leveraging the European Consensus to Win the Fight Against Homelessness conference in 2016

National and local welfare and housing policy context of the Central European countries has common elements but is substantially different than in countries that have already implemented housing-led policies and Housing First programs.

The comparison of partner's insight into national welfare and housing policy context confirmed the existence of common elements which include lack of social or affordable housing available to people with low income. These include national housing strategies concentrated on supporting homeownership, which do not reach the poorest citizens. There is a lack of prioritization of people experiencing homelessness in accessing housing, as well as the low level of housing benefits, coupled with the low level of welfare benefits and very low minimum income (if any). Moreover, there is limited access to health services and bureaucracy, which prevents access to rights, i.e. prevailing interpretation that local connection can only be confirmed by registration for permanent stay and not by the fact of living in certain place. Such characteristic can be generalized to all partnership countries with the exception of Romania, where the situation seems the most difficult to people who have to rely on the support of the state in order to improve their non-standard and complicated living situation. The solution for homelessness, often considered to be homeless due to their own fault or failure, is still most often seen by politicians, the general public and in some cases, even service providers themselves, to be the creation of more (or more comfortable) shelters, and not in real housing. Among the countries represented in the partnership, only the Czech Republic has a homelessness strategy, the implementation of which is still being unsure due to a change in the political climate. Homeless people might be mentioned in the National Inclusion Strategies or as a specific target group of the Europe 2020 agendas, but these actions are not monitored or evaluated in a serious manner. Such an overall national context is substantially different to the context reported to be in place in the countries that have been able to transform their homelessness policies into housing-led or even Housing First driven systems.

The elements of the local level context that were commonly reported by the partners as being influential on the availability and shape of local housing-based solutions included complicated structure of local governments with many tiers and scattered competence over homelessness and housing

among all tiers and various departments. It was visible as the Partnership focused on local communities, which were the biggest and capital cities of their countries, and it seemed clear that the situation in the capital cities was not characteristic for the majority of other municipalities in the country. There were substantial differences in the provision of shelter services for the homeless with total domination of various NGOs as providers in Warsaw and Prague, and a strong local government institution, BMSZKI in Budapest, directly providing a large portion of services.[4] Considering the variety of structures of local/municipal governments in Europe, it is impossible to draw any analogies between municipalities of the partnership countries and the rest of Europe. In terms of the national context, it seems clear that partnership countries are those ("some") European countries that are exempted from the majority of generalizations regarding the feasibility of implementation of Housing First in European Union as presented in the Housing First Europe Guidebook (Pleace, 2016).

People targeted by local housing-led solutions are those most "promising" and "housing ready" while those with high support needs are usually not included.

Having formulated the first conclusion, it has to be made clear that all identified programs are addressed to people whose condition is evaluated as promising success in sustaining non-shelter accommodation. The common entry criteria is being motivated to undertake activities resulting in housing self-sufficiency which might include willingness to look for and undertake employment, reference to the family for support, undertaking some kind of therapy e.g. substance dependency treatment and last but not least being ready to cooperate with the social worker and executors of the traditional mainstream support system. Clients in the majority of such programs have to be ready to share the apartment or even their room with others in the same situation as apartments for single people are often not affordable, so sharing is necessary to meet the costs.

Such choice of clients is the consequence of the fact that the local solutions mentioned are not part of the system but are rare innovations which are im-

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4   More specific differences and similarities of homelessness policies in Partners' municipalities are reflected in the individual chapters introducing the context of local solutions.

plemented thanks to additional efforts of engaged stakeholders and which are, at the same time, meticulously observed by the audience monitoring their proclaimed effectiveness (whether local authority, media or sponsors). The founders who care for sustainability or mainstreaming of their innovations have to deliver success stories, and therefore cannot afford risky clients.

The other reason is that such innovative programs usually have limited funding, guaranteed only for one to two years, therefore it is reasonable to target resources to the clients for whom such short term support would be long enough to result in housing self-sufficiency. Often the support is provided by a single person in a few hours a month, for people who can live with this much help. A common dilemma faced by service providers is what would happen with clients when their funding runs out and funding to the next term is not granted. The stress is too big when potential clients are people with high support needs with long term experience of exclusion and deprivation of basic needs and would probably need specialist support not only during a short-term project but through their whole life.

It does not diminish the fact that people who are not "housing ready" do exist, they experience long-term homelessness, find no support among what is available and strive for survival each day usually in a worse housing situation - in public space, unconventional dwellings or private low standard hostels. The phenomenon slips away from the national research based on point in time counting in facilities for the homeless (Herbst, Wygnanska, 2016). The scale of chronic homelessness and high support needs among overall homeless population in the region remains largely unknown.

Partners have found that people with debts are usually also excluded from the programs. Small debts (for example the non-payment of a ticket on the local bus) can accumulate to unreasonable amounts, while a housing debt might make it impossible for a person to submit an application to be re-housed. In the absence of effective debt or private bankruptcy schemes, these can exclude people from the legal housing market and keep them homeless, even if otherwise "housing-ready".

Local solutions originated from the engagement of personally dedicated people who are also warrants of their sustainability.

The majority of the local solutions identified could happen because of the personal engagement of dedicated people, despite the lack of official structures, networks, funding and procedures. These people could be found among the leaders of NGOs and public officials as well (although less often). Their developers are rich in frequent episodes of challenging the system, fight for removing the barriers and mobilising extra resources as well as managing scarcity and playing multiple roles of managers, psychologists, fundraisers and cleaners at the same time, which was inevitable to make their innovations possible. Some solutions might have been picked up and adopted by other institutions on local or national level, and definitely all of them were advocated for the inclusion in local and national homelessness policies. Regardless of the success on the policy planning level – a majority of the program schemes tested by NGOs made it to national and local policy documents – they were not effectively scaled up in practice. Therefore, the sustainability of the established innovations remains the responsibility of the founders.

Having said this, some of the programs relied heavily on ESF funds, which might make it difficult to sustain the results, projects in the long term. This is especially the case for those projects where homeless people do not have a high enough income to keep an apartment, even with the help of available mainstream benefits. ESF funds, on the other hand, are mostly used by bigger organizations, who have the manpower to submit an application and administrate the implementation, as well as provide a part of the budget in advance, or from their own resources.

Lack of and need for training for staff of homelessness service providers on the nature and development of housing-led policies.

While within the project we tried to identify and join training programs for staff working with people in housing, to our great surprise, we have found none! Most support workers work in the same way as they do in the shelter/ hostel, but as most users are "housing ready", this does not seem to be a major problem. However, we have identified some areas where more awareness or new skills are needed, which we have gathered to provide the base of a joint training curriculum.

Coordinators have decided to gather information and summarise the training needs of homelessness service provider's staff in the field of housing solutions. They have identified the need to exchange knowledge and experience, both locally as well as internationally in the following areas:

- how to best prepare users for exiting homelessness (for example financial planning, improvement of household skills, etc.)
- how to best prepare the neighbourhood of the new tenant (formal and informal networks, including neighbours, support organizations, friends and family)
- how to best prepare the support worker for this work
    » knowledge: housing rights and subsidies, housing market, administrative information
    » improvement of skills: mediation skills, advocacy skills – speaking up for clients, professional and private boundaries – how to be a 'professional friend',
- how to best prepare the organization
    » mind-shift, staffing, how to include supervision of support workers in housing
    » official networks with other services offering general or specific support

We have also agreed to create a list of the conditions needed for housing-led programs, so any organization contemplating implementing such an approach is aware of what is needed on a structural level to get started.

Added value from cooperation and exchange within the Central European region.

The partners enjoyed a benefit from cooperating within the group of people that understand certain contextual background issues "without words", with no need to explain what was obvious while such issues constantly have to be discussed with stakeholders from other non-post-communist countries. The partners noticed the similarity of many challenges and this background enabled them to mutually appreciate the creativity exercised in effective implementation of any new solution. The possibility to recognise the context in more detail was also reported to be very important by the representative of FEANTSA as little information on the differences and specific

challenges faced on everyday basis by stakeholders from this region of Europe had been available before.

It is reasonable to think that even decision-makers might find lessons learnt from organizations, cities in the region more adaptable than good practices from countries with different cultures and more economic possibilities. The partners will definitely stay in touch and work together in the future, in formal or informal settings, to continue the work started. One concrete plan is to organize an exchange between local decision-makers, where those with an experience in providing (social) housing to homeless people could share their experience with those who are open, but do not yet know how to get started.

Policy recommendations

The above conclusions led to the following policy recommendations. First, we list the recommendations on local and national levels, then those for a larger, regional or European level.

Recommendations for the national and local levels

The partners have agreed that homeless people can only be housed if affordable and sustainable housing is available – whether in the form of social housing or substantial rental and housing allowances. Additionally, administrative barriers (such as the lack of an administrative local connection, official papers or pending debt) have to be resolved. While we do not believe that national strategies and written declarations are themselves the answers, if all stakeholders have a real say in their development and implementation, as well as in monitoring and evaluated, they might efficiently facilitate homeless people's access to housing.

Minimum standards for "housing-based" programs are needed

Since the development of various forms of "housing-based" programs for people who have an experience of homelessness is an intervention perceived

to be much needed and highly effective by stakeholders (and there are many programs using such a name (or other) in the region), the standards describing what should be considered "housing-based" supported housing would be useful. The standard should provide a clear guidance on what such a program is and at the same time avoid limiting creativity, as adaptations to local contexts are inevitable. The participants of the Partnership came up with the following criteria based on their local expertise and solutions presented through the project.

- One person per room unless the tenant himself/herself is eager to share it.
- Located outside of the shelter and other traditional integrated facility for people experiencing homelessness.
- Supported financially so that a person with very low or no income can afford it.
- Supported by specialist and less specialist services.
- Available for time limited periods or as long as needed.
- Using any housing available: private, state/local government, community etc.
- Housing contract independent from the discretion of the program manager e.g. rules for eviction is made clear in the contract.
- Housing contract independent from the requirement to follow treatment, including, for example, keeping sobriety.

The above standard is a bit above the standard of local solutions identified in the Partnership, the last point being the most disputable in the region and the points on lifelong span of support – "as long as needed" - the most difficult to implement. However, the goal of setting it is to guide improvement so raising the bar seems reasonable. It could help avoid paradoxes such as recently in Poland where from among a set of standards for local services for exiting homelessness created by NGO service providers (supported apartments included) (Stenka, 2014), the Ministry and Parliament picked up for implementation only the least advanced standards for simplest services namely warming up room, night shelter and shelter. The possibility to use standards to raise the quality of the system has been ignored and was only used to execute an administrative order over current services.

Having advocated for establishing a standard, however, it has to be remembered that homelessness is a very heterogeneous phenomenon, as are people who experience it as well support systems. Therefore, the standards should be minimal not to restrain diversity.

Targeted sustainable funding for "housing-based" programs and other interventions from the "housing-led" array

Targeted funding that scales up the innovative "housing-based" programs as identified in the Partnership, as well as specialist Housing First inspired interventions addressing the needs of "non- housing ready" people are needed. Moreover, these should be linked with other preventative programs which, although were not present in the Partnership, are part of "housing-led" as recommended by the EU, especially anti-eviction, addressing debts and rapid rehousing programs. The source of funding can be derive from European and/or national budgets, as well as private donors, however, for their sustainability to be ensured, some sort of state involvement is needed. Examples of targeted funding can be the inclusion of such programs in the array of services supported by the local or national government, providing substantial housing benefits to people with a very low or no income, etc.

The housing provided could belong to the state (whether local or national level), or be accessed through the private market. European funds could be used to convert or increase the amount of social housing. Single Room Occupancy buildings could provide an alternative for people with a low income, although members of the partnership believe in providing people with real homes (bathroom and cooking facilities included).

Pro supported housing and Housing First training for homelessness service providers is needed

As most people working in supported housing learn as they go, it is highly recommended that they receive training, opportunities to network as well as building on the experience of people who have done similar work, thus enabling them to carry out their work more efficiently. While Housing First does not seem a realistic goal in our countries now, some elements (especially the attitude, the emphasis on user choice and involvement as well as the minimalistic expectations) could be adapted and used for other forms of supported housing. One such tool could be the Housing First Guide, which

partially or completely could be translated into local languages, if need be, and disseminated. Another possibility is gathering knowledge and know-how from other countries and organizations, and adapting them as seen fit.

Research advocacy and targeted programs addressing long term homelessness and high support needs to be launched

The situation of people who experience extended homelessness periods despite the support system in place in Central European countries, should be researched, publicly recognized and addressed. It requires a proper diagnosis based on methodology encompassing all service users of a broad range of services not only those literally "for the homeless" e.g. mental health services, medical emergency and anti-eviction to name the few. Point in time surveys like Polish ministerial counts and the Hungarian 3rd of February research have to be assisted with analyses of service user's registers in order to provide flow indicators of the overall population of people experiencing homelessness and their basic characteristics including support needs and length of homelessness. The initial step is to improve data collection procedures on the service provider's level.

So far, chronic homelessness is often commonly associated with the choice and guilt of a person rather than their high support needs, therefore public campaigns addressed both traditional service providers and the public, should be put in place. The fact of chronic homelessness resulting from health and social background should be made clear to facilitate the mind shift necessary for the implementation of worldwide recognized and effective solutions such as Housing First.

Housing First should be promoted as a specialist service for a group of people with a certain profile of long-term homelessness and high support needs. As such, it should be implemented immediately in local communities, as the situation it addressees is very damaging. It can only be done, as an innovation supported by external financial resources, as mainstream local and national funding as well as that of existing services is not adequate. Promotion of Housing First as an overall attitude to homelessness policy, which is by definition correlated with the promotion of the right to housing causes an unnecessary resentment in the general public and among traditional homelessness service providers who are the core and the driving force

of the support available to people experiencing homelessness in the Central European region.

Recommendations on a regional and EU level

While we definitely need choice and variety of services to address the different needs of homeless people, with permanent housing being the aim, emergency and temporary accommodation is also needed. Prevention of homelessness should also be part of the picture. Housing Policies should play a key role in the provision of affordable housing for the lower income groups.

While Central European service providers want to develop supported housing, which is now seen as a problem in EU as part of the staircase system, we do not want to repeat the mistakes made by Western Europe (strengthening the staircase model). Stakeholders do what is possible and rational in the national context and what is the best feasible improvement of the situation of people experiencing homelessness. Housing first is simply too far away from our social realities. While doing it, we incorporate as much as possible the values and recommendations from the Western Europe, which quite otherwise then us had additional 40 years of post-second world war period to implement them. The problems are the same, but the time these countries have had to solve them is much shorter.

More concrete European policies in the area of housing and social minimum

All the above recommendations would allow the policy to become a mosaic of a shattered mirror: by placing the pieces together we might get a bigger, yet still imperfect glimpse of what we would really like to see: housing, a basic human right for all, including those with a low income, complex needs and a history of becoming and remaining homeless. While the European Union prides itself to be a "unique economic and political union" that was originally created to foster economic cooperation[5], there are many signs of a more comprehensive union, involving other areas, whether in the field of social justice, health services, migrations or education.

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5   https://europa.eu/european-union/about-eu/eu-in-brief_en

We advocate for a stronger and more articulate stance on homelessness and housing from the European Union – one that would set minimums of standards of housing (not just the quality of housing but also on the availability of affordable housing units by citizens) as well as measures to help tenants keep those houses. While we acknowledge the difference between the economic power and possibility of various member states, we find it unacceptable that European citizens be forced to sleep on the streets for lack of an income high enough to rent and sustain an apartment. Unless this happens, a large proportion of rough sleepers and users of low threshold services in Western and European services for the homeless will remain to have a Central European background, who will not be willing to return to countries that offer them little or no hope of a decent hope.

If the European Union really wishes to promote human rights within member states, the right to affordable and sustainable housing should really be one of its first priorities. Without a home, there can be no human dignity, no real freedom or equality, and participation in the life of society, in local, national or European democratic institutions.

Central European Advocacy and Exchange

We believe in the added value of a regional, Central European exchange of experience and expertise as well finding ways to advocate for more supported housing together. While the local solutions introduced can already, in the written form, be stimulating for stakeholders interested in developing and implement supported housing schemes to help homeless people leave homelessness behind, personal exchanges, whether in the form of study trips, workshops or conferences, of stake holders, local and national decision makers as well as service providers and even service users, should be organized.

EU level

The European Commission should facilitate progress on homelessness in the 28 member states of the European Union along the guidelines set out in the Social Investment Package (2013) and promote among the EU Member states policies tackling homelessness.

These recommendations for policy makers are in line with the Commission's Social Investment Package (SIP).

The Commission must continue to support Member States to implement the Social Investment Package through mobilising its financial resources. Member States will take into account the Social Investment Package in the programming of EU funds, especially the ESF.[6]

Although EU Member States have primary responsibility and competence to address homelessness, the EU can support action by Member States, including funding from the European Social Fund (ESF), the European Regional Development Fund (ERDF) and the Fund for European Aid to the Most Deprived (FEAD).

A set of EU policies such as social inclusion, regional development, migration, financial regulation, health and human rights policies help address the complex causes of homelessness.

The Commission provided guidance on confronting homelessness within the Social Investment Package[7].

More recently, the European Commission launched the Social Rights Pillar[8]. The European pillar of social rights should be a self-standing reference document, of a legal nature, setting out key principles and values shared at EU level. The EU should make sure that it reaches out to the most excluded. In those areas where Member States are directly competent, better exchange of good practice and benchmarking may help to foster upward convergence among territories with different contexts.

The Social Rights pillar must pay special attention to the most vulnerable people in Europe, especially all people who are relying on social services or for whom public services had to take over the responsibility. In the framework of the Social Rights Pillar the European Commission should promote the right to housing and shelter for homeless people and monitor progress of member states towards this goal.

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6   See http://ec.europa.eu/social/main.jsp?catId=1061

7   http://ec.europa.eu/social/BlobServlet?docId=9770

8   http://eur-lex.europa.eu/resource.html?uri=cellar:bc4bab37-e5f2-11e5-8a50-01aa75ed71a1.0004.02/DOC_2&format=PDF

The European Commission should promote and finance the exchange of best practices and research on different approaches to tackle homelessness also at regional level (Central and Eastern Europe).

The EU can hold up the example of housing-led practices that exist in Member States as good examples of how such approaches can better support homeless people than traditional services.

While respecting Member States' overall responsibility for Social and Housing issues, we recommend that the EU encourage and coordinate the exchange of good practice around housing policies and affordable accommodation for homeless people.

The EU, and in particular, the European Commission, should emphasize through its funding mechanisms like Erasmus +, (but also other relevant EU-funding: EaSI, ESIF, Horizon), the need to ensure that all actors (Housing, Social and Health departments for example) are aware of the role that they can play in ensuring that vulnerable homeless people can access the specific services they need.

Specific EU-funding could fund experiments with Housing-led approaches, including Housing first services.

Bibliography

Stenka, R., Olech, p., Browarczyk, Ł. (2014) „Podręcznik Model Gminny Standard Wychodzenia z Bezdomności" [Guidebook on Local Standards for Exiting Homelessness], Centrum Rozwoju Zasobów Ludzkich, Warszawa, http://www.pfwb.org.pl/wp-content/uploads/2014/07/pfwb_standardy-w-praktyce_www.pdf

Herbst, J., Wygnańska, J. (2016) Bezdomność chroniczna w ogólnopolskim badaniu socjodemograficznym MRPiPS 2013 [Chronic homelessness in national sociodemographic homeless count by MRPiPS 2013], Fundacja Ius Medicinae, Warszawa, http://www.czynajpierwmieszkanie.pl/publikacja/bezdomnosc-chroniczna-w-ogolnopolskim-badaniu-socjodemograficznym-bezdomnosci-mrpips-2013/

Boróka Fehér–Luca Koltai–Balázs Németh–Andrea Szabó:
Hungarian housing solutions

A general context[1]

There is no comprehensive, official national strategy to tackle homelessness in Hungary. The stair-case model dominates service provision, with small-scale housing projects, usually limited in time and funded through European or national project funding schemes. There are about 11 000 beds available to homeless people in shelters and hostels all over the country. Hostels and shelters are funded through a state normative funding (gradually decreasing since 2006) with local governments as well as fund raising activities complementing their income. Shelters are free of charge while users of hostels have to pay a (small) fee each month (€ 3-50).

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1   written by Boróka Fehér

Homelessness in Hungary

There are two definitions of homelessness in the Social Act of 1993[2]. Firstly, those who are either roofless or sleeping in homeless services are considered homeless, and/or secondly those without a registered abode, including those using a homeless facility or a public space as an 'address'. People living in overcrowded, substandard accommodation, or who are 'sofa surfing' are only considered homeless if their official address indicates that. In terms of ETHOS, homelessness in Hungary is mainly represented by categories 1 to 3 (public spaces, night shelters, and other homeless shelters). While most rough sleepers fall under the category of ETHOS 1, some live in various forms of inadequate housing: non-conventional buildings and temporary structures (ETHOS 11.2 and 11.3) in foresty areas or parks of the city, or derelict buildings (ETHOS 12.1) with no official entitlement.

Each year, a survey of homeless people is undertaken in several towns in Hungary (see Fehér, 2011a for more details). In February 2015, the survey reached 10 928 homeless people: 7239 sleeping at a night service and 3689 people sleeping rough (3529 and 1201 in Budapest, respectively; see Győri-Szabó-Gurály, 2015). As the survey does not reach everyone[3] and rough sleeping was treated as a legal offence in some communities, resulting in people sleeping rough in well hidden locations (Misetics, 2010), the real number of homeless people (rough sleepers as well as shelter users) is likely to be more than this.

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2   both of which are much narrower than in many other member states

3   support workers and the services at which they work can volunteer to take part in the survey, gathering data from those service users they meet on the nights of February 3rd. Of the 11,041 beds officially registered as being used to accommodate homeless people, the survey managed to reach 7.129 individuals, but no such comparison can be drawn in the case of people sleeping rough.

Some data about homeless people [4]

78% of the homeless respondents of the February 3rd survey in Budapest were male, 22% female. The biggest age group of homeless people (34% in Budapest, 36% in the countryside) is that of 50-60 year-olds, while the majority (60-62%) are between 40-60 years of age. While there is a growing tendency of young people becoming homeless, generally homeless people are getting older. Most homeless people (about 60%) are "single" – especially those sleeping at night shelters (68-80%), while people sleeping rough generally do so with a partner, friends or family members. The availability of places for couples, friends in hostels, shelters have meant a growth of people using these services with someone – at least in Budapest. While most homeless people name "family conflicts" as the reason for their becoming homeless, there has been a significant growth (in Budapest from 21% to 42%, in the countryside from 19% to 35%) in those also naming "economical reasons" (for example, they could not pay the rent or bills, was evicted). Only about one third of homeless people have any income from work – which is a significant decrease from before the economic crisis. Furthermore, we rarely find someone with regular work, most of these jobs are occasional jobs, most often on the black market.

A major source of income for rough sleepers comes from begging, gathering cans, bottles, metal, and scavenging garbage – although this is more so in Budapest, while settlements in the countryside seems to be more "generous" with social benefits. Rough sleepers in average had a monthly income of appr. € 90 in 2015, with 11% of them having less than 30 eurocents!

Social and housing services in Hungary

The financial assistance available to those who do not have a high enough income to live on is very low both in quality and quantity in Hungary. Most of those who do not have a job are not entitled to unemployment benefit[5] as they had not been legally employed beforehand[6], and even if they qualify for this or a social benefit, both of these amount to approximately €100/month. Even with the minimum wage (€330/month before taxes, about €260/month after taxes), or with obligatory public employment for those who do not want to lose their long-term unemployment benefit (€250/month before taxes, about €200/month after taxes), it is very unlikely for someone to be able to afford to rent an apartment in the private housing sector. Rising energy costs and utility prices is also a major issue in Hungary for all low income households (Hegedüs, 2011).

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4   based on Győri 2016.

5   Basic unemployment benefit has a maximum duration of three months. If someone had worked long enough before becoming unemployed, they can receive a maximum of €167/month for an additional six months.

6   Many employers do not declare unqualified labourers, especially in the construction business and other odd jobs, where many homeless people work.

In Hungary, as in many other Central and Eastern European countries, due to the mass privatization of the public housing stock after the fall of communism, there is a lack of affordable housing, especially for the poor. Hungary has one of the lowest rates of public housing stock among the EU27 at approximately 3%, while home ownership soars[7]. Public housing is unevenly distributed across the country – in some regions the social housing stock is less than 1% of all housing, and, especially in smaller settlements, there are no social housing units at all. Most local authorities struggle at deciding how to distribute the few units available to them, many ending up opting to provide housing to public employees, the workers of new companies[8], young couples with children. Social housing is only a subset of all public housing, mainly targeted at the 'deserving poor', and people with children. Homeless people without children, whether single or living with someone, are usually at the end of the queue of recipients (see Fehér et al, 2011).

As a consequence, the only possible way out of homelessness for most people is the private rented sector. However, the lack of a sufficient and regular income makes it difficult for homeless people to move out to the private rental sector[9]. The minimum rent (for a bedroom with shared facilities) in Budapest has risen sharply in the past few years, in 2016 it costs at least €140/month plus a similar amount for the maintenance of the apartment, and most landlords also ask for a deposit of two months in advance, which means that people have to pay the equivalent of three months rent upon signing the rental contract. Even if a homeless person had savings to embark on this journey, they are unlikely to receive considerable financial assistance to help pay for their housing. There is no rent subsidy provided by the Hungarian state, and housing allowance, the amount of which is extremely low[10], subsidizes the costs of utilities only. Furthermore, since March 1st, 2015, the housing allowance is no longer allocated on a national basis, but is under the jurisdiction of local governments. In some settlements, no housing allowance is available anymore, while in other places it provides less and/or more restricted support for socially vulnerable habitants than before (Kováts 2015). In some

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7   88% of all housing stock is owner-occupied (see Hegedüs et al 2013).

8   Hoping to attract industry to their region

9   Many homeless people cannot even pay for homeless hostels which demand a "symbolic" fee of €30-70/month.

10 usually between €10-25/month

settlements housing allowance is only available in the winter months in the form of wood, for example.

There are also a number of structural problems that hinder people with a low income accessing housing allowance (if it still exists). To be eligible for housing allowance, tenants would need to register their address officially, something many landlords are reluctant to permit, resulting also in their ineligibility for other local benefits and even services such as schools, kindergartens. Some landlords also refuse to sign contracts with their tenants, which leaves both parties vulnerable, and can mean a speedy eviction if any minor conflict arises.

Sporadic housing projects

Since 2005, the Ministry of Social Affairs has made some funds available for homeless services to enable service-users to move out. This means a maximum of €860 of housing allowance[11] per person, to be paid within 12 months[12], in a diminishing fashion. Homeless people also receive floating support during this period, with a minimum of at least one contact each month. If more people move together, they can each receive the allowance, which, naturally, cannot exceed their housing costs. Participants need to have some kind of a stable income, and have to pay a growing share of the costs of housing. Rough sleepers are not excluded, but as having a regular income as well as savings are part of the expectations, people sleeping rough only form a minority among participants[13]. Between 200-300 homeless people, most of them sleeping at shelters or hostels, move out using this "highest step" in the Central Hungarian region, so Budapest and its surroundings, annually (see Fehér et al 2011[14]), while between 2005-2008 more than 2000 homeless people received housing allowance in the whole country.

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11 which can cover rent, and in some cases, a deposit or the costs of renovation

12 €70 per month on average

13 There is no data on participants in this respect, we can only make assumptions knowing the type of services service-providers distributing the funds have. Forrai – Ladányi 2007 looked at participants of the first year of the program, and found that less than 5% had slept rough prior to their admittance to the program.

14 Table 13.

In 2008, the above mentioned program was shut down in most of the country[15], to "motivate" service providers to make proposals in the framework of another call, "The Social Renewal Operational Program[16] 2007-2013", co-financed by the European Social Fund. The main aim of the Program was "to increase labour market participation", with objectives like "improvement of the human resources"[17] – in accordance with the Lisbon Treaty. Homeless people were one of the many target groups mentioned.

The subprogram TÁMOP 5.3.3 ("Supporting projects aiming at the social and labour market reintegration of homeless people") targeted homeless people specifically, gradually shifting focus from the reintegration of homeless people in general (calls of 2008 and 2010) to those sleeping rough (2011 and 2012)[18]. While in the first two calls for proposals all homeless people could take part, receiving, among many other types of support, housing allowance and floating support, in the subsequent rounds users of night services could only be involved in order to free up space in services for those sleeping rough.[19]

Parallel to this, a similar shift has taken place with housing projects for homeless people funded by the Hungarian state. The Off the Street Program since 2012 also focuses on rough sleepers, offering personalized, intense social support as well as some sort of housing option – not necessarily independent housing, social services adapted for the target groups (for. ex low threshold services, shelters open 24 hours a day or where couples and groups of friends can stay together, etc) can also be financed. Most projects remain very small scale, with 15-16 beneficiaries involved, together about 300 people in the first two years (Szabó 2013).

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15 Excluding the Central Hungarian Region – Budapest and its surroundings

16 Called TÁMOP

17 Hungary's Social Renewal Operational Program 2007-2013 was accepted by the Commission Decision No C(2007)4306 on September 13th, 2007. See: http://www.nfu.hu/download/2737/T%C3%81MOP_adopted_en.pdf

18 Parallel with the shift in both local and national politics towards the criminalization of rough sleeping, the most visible form of homelessness (see Misetics 2013 for an English summary).

19 For a report on the possibilities and limitations of such short-term housing projects in English, see Balogi-Fehér 2014.

The 4th Amendment of the Hungarian Constitution, accepted in March 2013, states that "for the protection of public order, public safety, public health and cultural heritage a law or local decree might outlaw occupying public space for living purposes". On October 15th 2013, the Hungarian Parliament modified the law on petty crime, outlawing "occupying public space for living purposes" on world heritage sites as well as areas declared by local authorities, punishable by public work, or, if the delinquent does not accept that, by a fine. If the person has been charged twice with the same petty crime within six months, they can be imprisoned. Many local authorities since have created their own act criminalizing rough sleeping, which, according to anecdotal evidence, are sporadically applied, usually more so around local and national elections.

Hungarian housing solutions

Single Room Occupancy House (BMSZKI)[20]

The Single Room Occupancy (SRO) House offers long-term affordable accommodation to 408 people, in single and double rooms[21], while the kitchen and bathroom are shared facilities[22]. Social work is offered on site – but there is no requirement to use it.

The four-story large building contains eight staircases altogether – six of which are occupied by the SRO service, and two by a homeless hostel, offering twin and double rooms to homeless adults, mostly couples.

BMSZKI has been running the SRO House since 1st of January 2010, ear-

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20 prepared by Boróka Fehér and Balázs Németh

21 Single rooms are 8.8. m², double rooms 13.4 m².

22 There are two types of accommodation: single and twin-bedded rooms, on each corridor there is a common sanitary section, but there is a washbasin in each room.

lier it belonged to the Local Government of Budapest. Earlier, the institute solved the housing problems of people, especially couples, who had no home of their own. On 15th of December 2010 a hostel for homeless people[23] was opened in two staircases, accommodating 109 people.

One person can move into the single rooms, while a single person can rent a double room on their own[24], or move in with a partner or one child (even a minor).

One can get a place in the SRO House by submitting an application - applications are invited continuously as rooms become vacant. Who can apply?

- a permanent address or temporary residence in Budapest
- regular official income
- is over 18 years of age and can live independently
- has no entitlement to any other apartment or room

Priority groups (in the following order):

1. Those whose contract comes to an end, have no arrears and have kept the house rules

2. Those who have a background of residential foster care or have spent at least six continuous months in a homeless service in the 24 months prior of applying. Especially those

    a. who can pay the rent for the whole year in advance
    b. who receive housing support from foster or homeless services
    c. who have at least € 130 saved
    d. who want to move together with a minor child (now living separately)
    e. who want to move together with a partner (now separately)

3. Those whose income/capita does not exceed € 368. Especially those

    a. who can pay the rent for the whole year in advance
    b. who live in the SRO House as adult children of a household

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23 Hostels are for people who have some kind of income and are self-supplying, but for some reason have lost their residence.

24 if they are capable of paying the fee alone

    c. whose contract comes to an end

    d. who want to move together with a minor child (now living separately)

    e. who want to move together with a partner (now separately)

Belonging to several priority groups simultaneously adds more weight to the application

SRO House is an important housing solution for clients to leave hostels for homeless people.

Tenants sign a contract of lease for a period of one year. The future resident pays a deposit of a monthly fee. When the contract expires, another one-year-long contract can be made as long as the contracting parties see no difficulty.

About 17-40 rooms become available each year.

Finances

The SRO House can only keep operating with very low rents because of the additional income arriving to the hostel for homeless people. The City of Budapest also contributes to the financial upkeeping of all BMSZKI services.

SRO:	
Rent for a single room/month	€72
Rent for a double room/month	€114 (€91 if only one person lives there)
Hostel:	
Fee for a double room/month	€35/person
State normative support/month	€127/person

Obstacles

As the SRO House offers housing without support, certain groups, including old people with chronic illness, those suffering from dementia or psychiatric problems, cannot be admitted.

As this is one of the few types of services offering secure, affordable, long-term accommodation, there is a long waiting list – tenants might have to wait 1.5-2 years or more after submitting the application before they can move into a vacant room[25].

To rent is so low that the fees paid do not cover the overheads. BMSZKI has decided to delegate two floors to accommodate people in the form of a hostel for the homeless to help solve this issue, which has meant a decrease in the number of rooms available for SRO tenants.

Staff are available 24/7 – most tenants ask for help with technical issues, reparations needed, conflicts with their neighbours, financial issues (debts) and not for social support.

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21 apartments became available in the SRO House in 2015, for the following reasons:

- *7 people left on their own initiative*
- *3 people left due to 2-months arrear*
- *9 people died*
- *1 person violated the house rules (rented out part of their room to other people)*
- *1 person did not renew their contract*

	Hostel for homeless people	SRO House
Support available	Obligatory	Optional
Duration	12+12 months	Long term
Contract	Cooperation agreement	Tenancy contract
Status	Homeless service user	Tenant
Fee paid by tenants for a double room/month	€ 70	€ 114
State normative support/person/month	€ 127	-

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25 At the end of 2015, there were 81 households on the waiting list for a double, and 30 people for single rooms.

The short history of the SRO House

SRO House is in the 15th district of Budapest, called Újpalota. This part of the city belongs to Budapest since 1950. Újpalota was principally an agricultural area. In the end of the '60-s, a huge council estate was started to be built. Tibor Tenke, a young architect managed the building operations. He tried to step away from the modern style used all over the country. He reached back to the Middle Ages and tried to reproduce a separate town from those times: quiet little houses, large squares and parks in the sections. He imagined that people will use these parks as real places for the community. He called these areas "neighborhood units".

The landscaping started in November 1968, the foundation stone was taken down in March 1969 and the first tenant moved here in 1971. The building operations finished in 1978. 15.400 flats were built for 60.000 people in this 10 years here.

The SRO House was the first building here. It was planned to be the hostel for the construction workers who were working here during the operations. The house was planned to be demolished when the building operations finished. Luckily this demolition did not happen.

The building was given an important role quite soon. It was possible to rent a temporal room here for people who have not got their own flat or could not rent a flat from the Municipality. Many young couples, especially highly educated ones, stayed here for a while who came to work in the Capital from the countryside, until they could find a solution for their housing problems.

Housing first project (Habitat for Humanity)[26]

The goal of the project is to provide long-term, independent and direct accommodation for homeless people. The project's approach for tackling homelessness is that it moves homeless people from the street directly into their own apartments rather than moving them through different „levels" of housing (eg. from the streets to a public shelter, and from a public shelter to

transitional housing). Our approach is based on the idea that a homeless household's primary need is to obtain stable housing, and that other issues

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26 written by Luca Koltai and Andrea Szabó

that may affect the household can and should be addressed once housing is obtained.

The project started in 2014 with the support of Aktion Deutschland Hilft. We helped 10 homeless households find a permanent and affordable home. In this project the participants moved to renovated social rentals. Our partners (the City is for all, the Maltese Charity Service, the Baptist Charity Service and the Oliver Twist Foundation) provided complex and intensive social work, both in preparing the move to their flats, and in helping them keep it. In the following years HFHH involved more municipalities and found more opportunities than we had imagined. We have started a long term project for 3-5 years, in which we could help about 5 homeless households living on the street or in self-built shacks, into apartments each year (in 2015-2016 with the support of Fundation Abbe Pierre and Saint-Gobain Initiatives). We do not receive any state funding.

Core elements

The core element of the project is building on partnerships with local municipalities. We renovate run-down, municipality-owned social rentals where homeless families, couples or individuals will move in later. Our social workers help clients prepare independent living and provide then with intensive after-care so that they become able to keep their home in the long term. The participants will become normal tenants of the social rental for long term.

We work in close partnership with municipalities during which we renovate empty and bad con-

dition municipality flats with the help of our volunteers. We are also working with street social worker organizations. In our building projects, beneficiaries and volunteers work together, getting to know each other, and we can raise awareness for the problem.

Participants

The program's participants are rough sleepers or people with have a long history of sleeping rough. We are working with individuals and couples. Most of them have a long history of homelessness, sometimes as many as 10-15 years. We have a defined selection process, as participants have to meet the conditions of social tenants set by the municipalities. During the process of selection, we consider also the income of the household, social and family situation, housing cost burden, adaptability and cooperation, addictions. Most of our participants have complex needs, they are unemployment or only have a low income, struggle with health and mental health issues and addiction (mainly alcohol). It is crucial to have some kind of an income, as we cannot offer additional housing support for them. Some of the participants have regular employment but odd jobs are more common, many of them have a pension or disability pension.

Staff

For the implementation of the project, Habitat for Humanity is hiring 1 full-time project manager and 2 social workers, part time. We also have staff for the renovation of the flats (building manager, volunteer coordinator, donor relations manager).

Innovation

The project's innovative aspect is that rather than moving the homeless through different „levels" of housing (eg. from the streets to a public shelter, and from a public shelter to a transitional housing institute), it moves them from the street into their own apartments directly.

In Hungary it is unusual to work with volunteers on that level. Cooperation with municipalities and use of social rentals in the project is also rare: usually homeless people have no access to social rentals in Hungary.

Sustainability

The program's sustainability is based on private donations. We work hard to engage more and more donors to fund our project. Our long-term advocacy goal is to promote our program among policy-makers and try to get governmental funding which could serve as a stable financial source.

We are in the middle of an ongoing process. So far it is clear, that municipalities engaged to the program, their trust can be gained, but the renovation of their housing stock is an important factor. We also learned how important is to make "real homes" for the participants: their involvement in the renovation work is crucial in the process of transforming their life. We also have some experience in how odd jobs can influence the sustainability of social rentals: regular and predictable income is needed.

Obstacles

We are already seeing some obstacles. With low level of social benefits and regular housing support even these very low cost apartments can be unaffordable for high number of homeless. To stabilize their life and broaden the program, higher and sometimes permanent housing support is needed.

This kind of support cannot be provided by private donations, and NGO's, so we have started an advocacy program to foster state response in this case. Our beneficiaries have complex needs, and the there are no available basic services to them provided by the state/municipality (like psy-chiatry or addition care services).

We expect our current program to provide us evidence-based information about our impact. We will ask an external research consultant to prepare an impact evaluation plan for us. Since the number of our clients is low, we will rely on qualitative research tools. As methodology for evaluation, we will use semi-structured interviews, focus groups discussions and document analysis.

Bibliography

Balogi, Anna – Fehér, Boróka (2014): The Possibilities and Limitations of Housing-led Projects: A Hungarian Example; IN: European Journal of Homelessness 8.1. http://www.feantsaresearch.org/IMG/pdf/article-03_8.1.pdf

Fehér, B. (2011a) Understanding the Homeless Experience in Hungary through a Narrative Approach, *European Journal of Homelessness*, 5,1, pp.49-65.

Fehér, B. Somogyi, E. & Teller, N (2011) *Támogatott lakhatási programok kiterjesztésének és más lakástámogatásokkal való összehangolásának lehetőségei* [Supported housing programmes for homeless people: possibilities for extension and harmonisation with other housing support schemes in Hungary](Budapest: FOGLAK project)

Gurály, Zoltán – Győri, Péter – Szabó Andrea (2015): Gyorsjelentés a hajléktalan emberek 2015. február 3-i kérdőíves adatlfevételéről; www.bmszki.hu/sites/default/files/field/uploads/f-3-2015-sajto-honlapra.ppt

Győri, Péter (2016): "Elmúlt négy év" – A hajléktalan emberek főbb statisztikai jellemzői, 2011-2014. ; IN: Győri, Péter – Vida, Judith (eds): Dialógusok a hajléktalanságról; Otthontalanul… Tégy az emberért 11.

Hegedüs, J., (2011) Social Safety Nets, the Informal Economy and Housing Poverty – Experienced in Transitional Countries, *European Journal of Homelessness*, 5,1, pp.15-26.

Hegedüs, J et al (2013): Szociális lakásügynökségek – egy innovatív megoldás [Social Housing Agencies – an innovative approach]; http://www.mri.hu/wp-content/uploads/2013/11/131120_20oldalas_v%C3%A9gleges.pdf

Kovács, Bence (2015): Az önkormányzati hatáskörbe került lakhatási támogatások vizsgálata 31 önkormányzat példáján; http://www.habitat.hu/files/Onkormanyzati_lakhatasi_tamogatasok_Habitat_0720.pdf

Misetics, B. (2010) The Significance of Exclusionary Discourse and Measures: The Example of Hungary, *European Journal of Homelessness*, 4, pp.231-246.

Misetics, Bálint (2013): Criminalisation of homelessness in Hungary; IN: Jones, Samara (ed): Mean Streets – A Report on the Criminalisation of Homelessness in Europe; FEANTSA, pp 101-112.

Szabó Andrea (2013): Megmozdítani a mozdíthatatlant – A "Vissza az utcáról" program tapasztalatai; http://www.hajlektalanokert.hu/dokumentumok/konferencia/2013/Szabo_Andrea.pdf

Kateřina Čaputová - Gabriela Sčotková: Local solutions in the Czech Republic

Social context

The Czech Republic was part of the eastern bloc countries until revolution of 1989, when it regained its full sovereignty. Since then, the country has significantly restructured its economy, resulting in one of the most stable and prosperous economies from the post-soviet countries. Globally, the Czech Republic is one of the richest 45 countries in the world, with significant gross domestic product (GDP) rate and a quite low rate of unemployment (about 6% in 2015).

The transition to a market economy also saw the emergence of social problems such as poverty, social exclusion and homelessness, which although already existed in a latent form during Communist rule, became more visible immediately after the revolution. In the last few years, the government has recognised the increasing significance of these social trends and have taken steps to define the phenomenon and improve the situation. In 2014, Ministry of Labour and Social Affaires prepared the National concept of preventing and tackling homelessness, based on the assumption that resolving homelessness means a long and complicated process – from minimising the risk of losing a home through to resolving housing issues so that those affected are not excluded. To be successful, it requires that that any social and other related support has to be applied at all stages of the process,

Until this concept was developed, the Czech Republic had not defined systematically or legislatively the term 'homelessness' and has adopted the ETHOS definition developed by FEANTSA, the European Federation of National Organisations working with the Homeless, which focuses on the following assumptions:

- *Homelessness is a complex, dynamic and differentiated process within which various individuals and groups pass through numerous entry and exit points.*

- *It includes people sleeping in the streets, in accommodation for the homeless, people in insecure accommodation and people staying in conditions, which do not fulfil the minimum standard of living.*

The concept summarises the current situation, which shows a national rate of approximate 30,000 roofless people, although there are many more people at risk of losing their homes or living in insecure or inadequate housing. Groups seen as most at risk are specified as families with single seniors up to 65 years of age, households with single parent families and households with a family member experiencing long-term unemployment. Other trends, previously hidden but which are now becoming visible, include young people under 25 years old (particularly when leaving institutional care), people with disabilities and single women.

The notion recognises that the number of people living on the streets has been increasing over past years, which highlighted the need for social hous-

ing. In October 2015, the Social Housing Act was adopted by the Czech government and should be implemented at the beginning of 2017. The Act addresses three types of housing needs: crisis housing, social apartments and affordable apartments for people with low income (specifically for people who spend 40% or more of their income on private rented accommodation). The main idea of the concept is that each city in the Czech Republic should provide a specific number of the local housing units that will be used for social purposes. As mentioned, this law should be implemented at the beginning of 2017, but this does not seem to be realistic for several objective and subjective reasons. The main obstacles are the lack of housing units apartments/ houses which would be owned by city governments. Private owners are quite reluctant to make their properties available for social purposes, as in general idea for social housing is not supported by the mainstream society. Last but not the least, implementation of the act is dependent on political representation, which might change their priorities after the elections.

The Czech Republic provides various allowances for people with low or no income, which can be used to finance housing needs. A *housing allowance* is provided to individuals or families whose general housing cost (i.e. rent & utilities) exceed one third of their total income. The second allowance is called the *living minimum* and it is given to people whose income, when living cost are deducted, are less than the minimum living wage. Finally, if a single person or a family is in receipt of both housing allowance and the living minimum and still unable to cover living costs, they can apply for a *housing supplement* that will cover the difference. These allowances can be used also by people who stay in a shelters, if they fulfil the conditions.

Number of family members	Normative costs of housing in rented apartments in 2015 (€) monthly/depending on the population of the city				
	Prague	more than 100,000	50 000 - 99,999	10 000 - 49,999	up to 9,999
1	282	224	213	182	175
2	405	324	311	268	259
3	551	447	429	372	360
4+	691	565	543	475	460

Compatibility of living in hostels with consequent living in starting/ training apartments

Aims and objectives

The main aim of the non-profit organisation, Nadeje (The Hope), is to provide various levels of housing for people in need, which should lead to normalising the situation of roofless. Starting apartments are rented out below the normal rental market prices and are seen as a middle step for clients who can maintain the apartment on their own. It is recognised that during this period, clients will need social support because different problems can appear during the transition period.

Description

Nadeje is a non-profit organisation belonging to four major providers of shelters for people without regular housing in Prague. Currently it manages four shelters in different parts of the capital city, with a total capacity of 145 beds.

Nadeje bases its services on the concept of a permeable housing system, which according to experience, seems to be a suitable model for providing long-term housing to households with insufficient funds and competences to maintain general rented housing. Based on this concept, there are three steps for people in social needs returning to normal housing:

1. Crisis housing or night shelters, where people in need can come in the evening to spend a night and long-term shelters, where they can usually stay up to one year

2. Training apartments, which are rented to people with lower tenancy needs - common on the housing market together with regular social assistance support

3. Long-term social housing, although at this time, this is not available in the Czech Republic

Core elements

Nadeje currently manages 11 training apartments owned by the Magistrate of the Capital City of Prague, Municipal District of Prague 11 and Prague 5. Nadeje is always looking for new possibilities to rent more training apartments, even if they are from the city of Prague, municipalities or private owners, as it recognises, that that the current demand supply of available apartments is much lower than demand for them. At this moment, Nadeje is in process of negotiating two possible new training apartments with the Municipal District of Prague 3.

Nadeje acts as tenant for all the apartments and sub-rents them to selected clients who are already users of their crisis housing services. The selection of suitable clients takes place in various steps. The first step is for social workers at the shelters to identify potentially clients who with the ability to live independently, keep the apartment in good condition and have a stable income to be able to pay the rent. Clients, where eligible, can receive local social benefits, including housing benefit. Secondly, social workers cooperate

with a curator for adults[1] and once clients are pre-selected, clients are introduced to the municipality district commission and council who need to approve the allocation of particular apartment for that client. During the stay in a training apartment, the client receives regular monthly visits from social workers who help with various problems that may arise during a client's stay in the apartment. Usually the same social worker who used to work with the client whilst in crisis housing is responsible for the follow-up. Each apartment is a one-roomed apartment for single people although couples and friends can move in together, if a client wishes.

The maximum stay in a training apartment is two years. After this period, the client leaves and another client moves in. On moving out, most people rent an apartment in the private rental sector or move to into commercial hostels.

Funding

The work of Nadeje is funded mostly by the Ministry of Labour and Social Affairs of the Czech Republic, Magistrate of the Capital City of Prague and other different municipal districts of Prague. After that, the function of the organisation is financed by private donors, foundations and ESF/EU funds.

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1   Curators for adults are professional social workers who provide social counseling and social assistance to persons at risk on a voluntary basis. They mediate social prevention services (outreach, outpatient, residential services) and also do street work.

Impact/ results

As already mentioned, there are 11 apartments currently rented by Nadeje and sub-rented to clients. Since the programme started in 2007, about 30 clients used training apartments.

Participants

Clients need to have been living in the hostel/ shelter for at least for six months and cooperate with their social worker. Training apartment clients have to have their own income (salary from standard work, pension revenue or state allowances and housing supplement) to cover costs. If the housing supplement does not cover all the costs, the client is expected to pay the difference from other resources, normally a few hundred Czech crowns, 10 – 30 €).

Staff

Social workers who work in the shelters and undertake monthly visits to clients in the training apartments work normal working hours.

Innovative aspects

This project has two main innovative aspects. Most importantly, it offers affordable housing, which serves as a middle step for people experiencing homeless to move on in their lives and move from the street into standard housing. In addition, a qualitative improvement in the communication between NGOs and the state administration opened up creating an opportunity to discuss the Social Housing Act.

Sustainability

As training apartments are under the patronage of the Municipal Districts of Prague, sustainability depends on the current political structure being maintained.

Lessons learned

During the last few years, social workers have learned how to identify prospective training apartment clients. Through their knowledge, social workers are more able to work effectively with clients so clients do not return to the shelters where they started.

Nadeje staff has established important connections in the various city departments and has successfully explained the benefits of providing training apartments to those in need of this type of accommodation. This has created an opportunity to open up future negotiations to obtain further apartments in the near future.

Obstacles

There are difficulties in expanding this project, due in the main to a shortage in the number of training apartments, meaning that Nadeje cannot meet the demand for this type of accommodation. Obtaining training apartments from the municipality is a long-term, complicated and often unsuccessful process because municipalities are reluctant to enter into these types of agreements. What is needed is the participation of private apartment owners in the programme, but their cooperation is presently difficult due to the stereotyping of people experiencing homelessness. Presently, the only providers of training apartments is the city of Prague and its different municipalities, which questions the sustainability of the project if there is a change in the political representation.

The process of selecting a client for a training department can be a long-drawn out process with some municipalities insisting on choosing the clients themselves tenant, which can take up to two months.

Once in the training apartment, clients can face difficulties due to their indebtedness and/or unstable income, which can lead to them losing the apartment if the issues are not resolved quickly.

Evaluation

We believe the project is successful based on the significant difference in a client's social situation once in a training apartment.

Training apartments allow clients who have lived on the streets for lengthy periods, to receive social support as well as accommodation. This allows clients the time to adapt to their improved life styles, which would not happen if they were moved into mainstream housing immediately.

From experience, clients who leave training apartments do not return to the streets although occasionally they do use shelters if facing another crisis. In these cases, they receive intensive social support in solving their difficulties.

Sources

National Social Report 2014 – The Czech Republic, Ministry of Labour and Social Affairs of the Czech Republic, Prague 2014.

The Concept of Preventing and Tackling Homelessness Issues in the Czech Republic until 2020, Ministry of Labour and Social Affaire of the Czech Republic, Prague 2014.

European Typology on Homelessness and Housing Exclusion, FEANTSA, Brussels 2005.

Julia Wygnańska - Homelessness policy in Warsaw, Poland

National context

The Polish system of "moving out of homelessness" is based on the availability and actions of facilities "for the homeless". There are almost six hundred such facilities with about twenty three thousand beds (MRPiPS, 2015), mainly in 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. 43% of the almost 30 000 persons recorded during the 2013 count conducted by the Ministry of Family, Labour and Social Policy (MRPiPS, 2013) as homeless have been "moving out of" homelessness in this way for at least five years.

Development of services for the homeless

The system in place to support homeless people is developed from the bottom up, primarily owing to the involvement of independent nongovernmental organizations, which have shouldered the initiation and provision of support since the transition which took place in the political and economic sphere throughout Central Europe. In Poland, major homelessness NGOs were founded long before this event, such as in 1981 with the currently biggest national networks of The Saint Brother Albert Society and the MONAR Association, as soon as the right to association was effectively negotiated by Solidarity. The most rapid growth of the third sector could be/was observed in 1989, when in virtually all spheres neglected by the state new NGOs were established.

The 2003 Act on Public Benefit Activity and Volunteering structured cooperation between public bodies (government and local government) and the NGOs implementing the public tasks which are the responsibility of these bodies. According to the Act, the public bodies can cooperate financially with such NGOs either by co-financing their programs – if they do not fully overlap with the public task – or contracting out provision of the task if the NGO program or service overlaps the task. There are two necessary elements for the contracting out: established standards for proving a public task e.g. shelter, and full funding as long as the task is provided in accordance with required standards. The regulation fuelled the creation of certain standards for social services and forced public bodies to structure the rules of their financial cooperation by negotiating these standards, long term contracts and bigger funding. The process was very important in the homelessness policy at the local level as providing shelter, food and necessary clothing to any person in need on the territory regardless of their registered local connection is a public task of the gmina, which is the lowest level of local government; and since 1990 in the majority of gminas this task was fully implemented by the local NGOs.

In 2007-2013 a lot of effort was made by non-governmental service providers to work out standards for the services for the homeless under the so called systemic project "Local Standards for Getting out of Homelessness GSWB" which was implemented by four national networks and two local

organizations in cooperation with the Ministry of Family Labor and Social Policy. This long term and costly (30 million PLN) consultative effort resulted in a guidebook on quality standards for service provision (Stenka et al, 2014) and policy recommendations in five fields: local partnerships, social work, street work, health, social and labour integration and housing with crisis intervention. The Standard on Housing named the following services and recommended that they were provided at the gmina level: warming up rooms, night shelters, shelters and supported housing (in one building and scattered). This recommendation has already been implemented into the legal system by the amendment to the Act on Social Welfare (2004) in June 2015; however, not quite in the way that was intended by the NGO stakeholders, as supported housing was left behind. Now gminas can fulfill their obligation towards providing shelter to people in need by running a warming-up room which is – according to the GSWB – a day center for the homeless. The opportunity to reinforce any forms of supported housing was neglected, contrary to the intention of the authors of the Standards.

National strategy

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 launched so far. Strong emphasis on improving access to housing and exiting homelessness was made in the National Program for the Prevention of Poverty and Social Exclusion 2020 (2014), which was launched after broad consultations in 2014. The Priority V on Prevention of Housing Instability and Homelessness included activities such as the development of social housing, the implementation of integrated policies against evictions and losing a home, research and diagnosis and last but not least managing/solving the problem of homelessness. The program encompassed many claims put forward by homelessness stakeholders. Since the proclamation of the program, however, there has been no comprehensive monitoring of the implementation of the housing and homelessness priority.

Definition of homelessness

The current legal definition of homelessness is included in the Social Welfare Act (2004) and it provides the following definition of a homeless person: *a homeless person is the one that is not living in an habitable dwelling (as defined in the Act on the Rights of Tenants and Local Housing Stock) and is not registered for permanent stay (as set in the Act on Registration of People) or the person who does not live in the apartment and is registered for permanent stay in the apartment in which she/he cannot stay.* As the above definition is highly impractical, NGO activists and researchers constructed an alternative which states that homelessness is a situation of people who by their own efforts cannot secure such a shelter that could be considered as theirs and which meets the minimum requirements to be considered as a living place. One element of this definition happens to be deeply rooted not only in the attitudes of welfare professionals but also in the public opinion and it is the conviction that (legitimate) homeless people are those who have previously used up all their abilities and entitlements to provide/sustain housing by themselves. Such a conviction fuels an ill logic that some people are actually "homeless by choice" as they probably had not made enough efforts to provide a home for themselves and are homeless because of this. In addition to the conceptual definition, NGO experts involved in the GSWB systemic project (2007-2013) proclaimed a Polish Operational Definition of Homelessness and separate Polish Operational Definition of Housing Exclusion (Stenka, et al, 2014) based on the ETHOS Typology. Although ETHOS is often used as a reference point e.g. in national census', local headcounts etc., it has no legal implications for defining homelessness, so far. Last but not least, neither in the Polish regulations nor research, is there a developed definition of chronic homelessness as for example exists in the U.S (HUD, 2015). Research and policy and types of homelessness e.g. episodic, transitional and chronic homelessness (Kahn and Culhane, 1998) are not recognized.

Welfare and housing benefits and services

People who experience homelessness are entitled to social welfare as defined in the Social Welfare Act (2004). There are three kinds of financial ben-

efits (targeted, temporary, permanent) and social work, shelter and the right to free access to the public health system. Public welfare is admitted based on the recognition of the living situation of the client acquired through a "welfare diagnostic interview" conducted by a certified social worker employed by the public welfare body. Many homelessness NGOs do employ social workers and social work is their major activity. The core of this work is motivating the individual to get out of homelessness by using incentives such as benefits and shelter to undertake job training, dependency therapy and renovating family bonds. Although the social work is a profession which is acquired through specialist higher education, only social workers who are employed in public welfare institutions – not in NGOs – are authorized to issue the diagnostic interview and grant benefits. The eligibility rules used by public welfare bodies and NGOs differ as the first have to follow the regulations strictly while the second enjoy greater flexibility e.g. no need to prove administrative local connection, or the possibility of supporting everyone declaring their need regardless of anything else, as long as the sponsor agrees. For about 70% of shelters and night shelters the major sponsor is the local government (MRPiPS, 2015); yet since it hardly anywhere covers the full costs, NGOs experience a lot of freedom in setting their own criteria but it depends on the local policy on funding the services. People in a difficult housing situation are entitled to social housing which is the cheapest and lowest quality kind of communal housing. It has to be provided to anyone in need by the local governments based on the Act on the Rights of Tenants and Local Housing Stock (2001). The social apartment must not be smaller than 10 square metres per person (additional 5 per next person) and should be habitable although it can be of a lower standard. Minimum standards include access to running water and a toilet (in the building or outside), natural and electric light, the possibility to install heating, no damp, and a cooking tool and a basin. It is the competence of the local government to construct and manage the social housing as well as to set specific criteria on its allocation to people in need. The criteria usually include income (minimum and maximum level) and the recognition of a difficult housing situation and local connection evaluated by the registration for permanent stay or other proofs of being a member of the local community e.g. a recommendation from a local homeless shelter. Only people who have no right nor ownership

of any housing are eligible e.g. if you are homeless but are a co-owner of your family home to which you cannot return due to social conflicts, you are not eligible. People in a difficult housing situation are also entitled to housing allowance, which is calculated based on their income, rent and size of the apartment.

Social Housing

Social housing is, as in other countries of the region, in regress. Currently (2013) as much as 91.6% of housing stock is owned by private owners either individual people (57.2%) or members of housing communities (18.2%) or housing cooperatives (16.2%). For years local governments have been using financial incentives to encourage tenants to buy out communal housing – the term referring to housing owned by *gminas* – which was available to tenants for as little as 10% of the market value. National policies facilitated access to private ownership by programs through which young families qualified for a mortgage with lower interest rates or a lower initial contribution. Communal housing is only 6.7% and the percentage of non-privately owned stock grows to 8.4% if we add housing owned by employers (0.8%), social housing associations (0.7%) and the National Treasury (0.2%). Young people experience barriers in gaining access to housing due to the inadequacy of the supply of communal housing, inexistence of affordable rentals and an income gap which puts many in between the criteria: their income is too high for even queuing for communal housing and too low for getting a mortgage. Despite any developments in housing policy, it has little influence on homelessness as these policy areas are believed to be addressed to separate groups of people.

The specialist program designed to support local communities in construction of social housing and facilities for the homeless (2006) through which local NGOs and gminas can apply for founding for renovating or constructing such facilities has been used too very limited extent: within nine years only 16,000 social apartments and shelter beds were re/constructed within 970 projects. Homelessness NGOs reported that program requirements were not to be met by them: co-founding was very low and it could not be complemented by European founding and only NGOs that hold public

benefit status could apply. The rules were loosen in 2015 so that it is possible to apply for up to 55% of the cost. Results are to be observed.

The simple truth that the solution of homelessness has to include housing still awaits its momentum in the mainstream policy.

Scale of the homelessness

The scale of homelessness in the country is evaluated by national homeless point in time counts, conducted biannually since 2013 by the Ministry of Family Labor and Social Policy. The counts include people accommodated in facilities for the homeless including night shelters, shelters and homes and excluding supported apartments for the homeless and shelters for people dependent on drugs and refugees. The number in 2013 was about 30,000 and in 2015 36,000. Both numbers were contested by service providers and researchers, as seriously underestimating the phenomenon due to the poor organization of the counts and exclusion of important housing situations e.g. staying with family and friends and in certain kinds of services. An additional analysis of data collected during the 2013 count was conducted within the "Housing First – Evidence Based Advocacy" project by the Ius Medicinae Foundation, and it proved that as many as 19% of people counted as homeless met the working definition of chronic homelessness defined as at least a three years long experience of homelessness combined with disabling conditions resulting from mental and physical health problems (Herbst, Wygnanska, 2016). The group was found to share many features of the population which can be effectively supported by Housing First Programs (Tsemberis, 2010).

Table 1: Levels of income criteria and benefits.

		PLN	Euro
Average salary in the country:			
	Brutto	3900	876
	Netto	2700	625
Minimum wage:			
	Brutto	1750	390
	Netto	1286	290
Minimum pension		880	200
Income criteria for welfare benefits for single person household		634	142
Permanent benefit from social welfare for people with no pension and with disability status		604	136
Income to apply for communal housing in Warsaw:			
Social apartment - no more than:		1098	250
Communal apartment: no less then max for social apartment and no more than:		1858	420
Average rent on private housing market (for about 25 m²)		1500	350
Minimum subsistence level (meeting basic needs) established by the state research institute IPiSS for 2014		544	122
Social minimum (meeting basic and social needs) established by the state research institute IPiSS for 2014		1071	240

Warsaw homelessness support system – background and challenges

Support system for people who experience homelessness and housing exclusion in Warsaw is described below in a specific perspective which was applied in order to truly present innovative value of local programs presented as housing led initiatives to partners of Central European Strategic Partnership "Ways out of Homelessness". The background and strong emphasis on challenges creates rather a dark picture, which in reality is much brighter due to multiple programs and activities which are part of the system but in

this paper were classified as housing led innovations and described at the end or in additional web resources.

Background

Migration destination

The Capital City of Warsaw has 1,711 million inhabitants, of which many are migrants from other regions of Poland. Warsaw has been the most common migration destination since early 2000. The official unemployment rate in 2015 was 4.3%, which is much lower than in other parts of the country. Due to the grey market, unemployment is lower as many short term jobs are available with no contract. Even though migrants are practically members of the local community, many of them do not register for permanent stay, officially keeping their old address and paying taxes in their home towns. Changing this situation became a goal of local policies encouraging the establishment of a formal local connection by providing certain benefits to those who registered properly e.g. lower rates for public transportation, extra points in access to overcrowded public preschools and other public services. The issue of migration is a constant element of debates on homelessness policy as there is a common conviction supported by local research on homelessness that the majority of homeless people in town are not from "here" (the local vicinity) and that this should influence local policy.

Local government structure

Warsaw has a complicated – like other capitals in the region e.g. Prague and Bucharest – local government system which is established in The Act on the Polity of the Municipality of Warsaw (2002) and it is unique in the country. There are three tiers, including 18 districts, the Municipality of Warsaw, which is referred to as "central government", and the Powiat administration. All these tiers have their own separate administrations including mayors and elected councils of representatives. Unfortunately, however, the responsibility for implementing public tasks that are crucial for solving and even managing the problem of homelessness are scattered over all the tiers and within them over a few departments including social policy, housing and

health. The first is most often pointed to as the major stakeholder – homelessness is seen as a competence of the social welfare sphere.

Scale of the homelessness

According to the local data collection system, based on quarterly reports from services provided by NGOs that are co-funded by the Municipality of Warsaw, each night there are about 1700 people accommodated in shelters and night shelters. As 1700 is the number of beds in these institutions, it is clear that all the beds are used all the time. Practically any place made free in the shelter is immediately taken by people queuing for it literally in front of the gates. According to the 2015 ministerial homeless count, there were 1738 people accommodated in shelters and night shelters and 778 in the public space and unconventional dwellings. There is no data collection procedure for on-going monitoring of the number of people residing in the public space, using soup kitchens, baths for the homeless or supported by the street workers. According to the Municipality of Warsaw (2016), soup kitchens distribute 2000 free meals per day and up to 3000 during freezing weather, and the Municipal Police monitors 127 pre-identified inhabitable places in the public space and un-conventional dwellings which, as they assume, are inhabited by about 400 homeless people. However, for districts which are covered by NGO street work services and the Municipal Police, the number of inhabitable places and people residing in them is substantially higher than in those covered only by the Municipal Police.

The 2010 study on the flow of homelessness service users in Wola district, which included all services – not only those provided by NGOs but also the local welfare center one/s and the municipal hospital – proved that the annual flow is as high as 2000 and the 3 year long flow was as high as 4383 (Wygnańska, 2015). Wola is one of 18 districts in town but it has a concentration of shelters for the homeless which provide 1/3rd of all the shelter beds. There is no contextual data which could be used to extrapolate Wola data to reach the number for the whole town.

According to the Municipal data collection system, as much as 60% of the people registered in shelters at any point in time is registered for permanent stay outside of Warsaw, virtually in all regions of Poland – although

20% come from the Mazovia Voivodship. This finding was supported by the Wola aggregative study. Regardless of this finding, hardly any homeless person residing in Warsaw intends to return to his or her original place of residence and they see their future in the capital, to which many of them arrived long ago.

Services and support

The Warsaw homelessness support system is commonly understood as a set of services literally named "for the homeless". Practically the system is much broader as apart from what is labelled "for the homeless", there are other services that people who experience homelessness can use and do use. Such a separation seems artificial, but it is a consequence of specific policy and governance.

A literal support system "for the homeless" is fully provided by local non-governmental organizations and consists of: 7 soup-kitchens, street work programs in a few districts, 2 night shelters (one is seasonal, open in Winter only), 10 shelters for men, 6 shelters for women, 2 shelters for women and men but not couples, 9 specialist shelters for people leaving hospitals or with problems in mobility (6 in greater Warsaw), 3 supported housing programs – (about 70 places), 3 medical ambulatory services, including a specialist, fully volunteer health clinic run by the "Doctors of Hope" Association, and 3 advisory centers. Overall, the number of beds available is 1500, though this grows to 1650 in winter time. The specialist health clinic registers over 9000 appointments each year.

Apart from providing an abode, the NGO services provide social work – each shelter employs at least one certified social worker. The social work includes the recognition and improvement of the legal/administrative situation of the client (id, registration for permanent stay, etc.), entitlements to benefits (welfare, health services, employment, housing) and the core service – which is the motivation to undertake activities which will get the client out of their homelessness. In addition, to various extents, more specialist services by a psychologist, job counsellor, addiction therapist or lawyer are also provided, but their scale depends on the availability of extra resources, either in kind or financial, as traditionally they are not considered to be

part of the social work, rather health and employment domains. Quite common are AA groups and therapeutic communities organized on the site and run by former clients or clients who are more advanced on their way out of homelessness.

As a certain number of inhabitants – not verifiable – moves out of shelters to more stable housing situations e.g. private rental or social apartments, some shelters do try to monitor their performance although none do it in a structured way, relying mostly on information which was voluntarily declared by the former clients. Still, providing support to former clients in the form of food packages, conversation and invitations to picnics and events is an important part of the shelter activities.

Services of the literal support system "for the homeless" are provided by over twenty independent non-governmental organizations, which is quite the contrary to the situation in Budapest where the major service provider is a municipal agency, BMSZKI. Some of them are purely local and exist only in Warsaw e.g. the Camilian Mission of Social Assistance, the Association for Social Support and Intervention, and the Open Door Association, and some have expanded and opened branches in the countryside like the "Bread of Life" Community, while some are local chapters of big national networks e.g. the MONAR Association and Caritas, which also create local networks in town. Each of them has their own internal mode of operation, including standards for services and criteria for accepting the clients. There is no common protocol for referrals so a person who is in need of a shelter has to go to each one separately one after the other to be screened and potentially accepted. The Warsaw homelessness NGOs on the whole value their independence immensely although there are exceptions which allow compromise for introducing some degree of informal cooperation.

In addition to the literal support system "for the homeless", other activities in town are dedicated to people experiencing homelessness and they are provided by the agendas of different tiers of local government as listed below:

Public Welfare Centers (district level)

- Conducting and formalizing by issuing an administrative decision a Welfare Diagnostic Interview which is a basis for granting any kind of

social welfare. Although social workers employed by the NGO service providers can conduct the interview, they have no competence to issue an administrative decision – because they are NGOs – and have to refer clients to local welfare centers.

- Signing with a client an Individual Program for Getting Out of Homelessness, which is a welfare contract obliging a client to certain activities e.g. looking for a job, undertaking therapy, improving family relationships etc. in return for support e.g. the right to free public health services and benefits depending on the situation of the client.
- Financial benefits (targeted, temporary, permanent for people unable to work) based on a Welfare Diagnostic Interview
- Organizing a burial for people who passed away and have no family.
- Crisis intervention for victims of domestic violence, including the provision of an abode.
- Providing an abode for people experiencing homelessness is NOT the task of local welfare centres and they have no means to effectively refer clients to any shelter run by a local NGO service provider.

Housing Stock Departments (district level)

- Constructing, managing and providing communal housing stock
- Accepting and verifying applications for communal and social apartments and managing housing lists.
- Granting the right to communal or social apartments.
- Managing evictions and providing temporary apartments.
- Admitting housing allowances

Mayor of the District (district level)

- Granting the right to free public health services for 90 days based on the Welfare Diagnostic Interview. The right can be granted temporarily to people who have no other right to health services funded from the national budget e.g. they do not work, are not registered unemployed, and are not in an Individual program for getting out of homelessness.

Municipal Police (municipal level)

- Prevention of deaths from freezing by transporting to a night shelter, hospital or sobering up center.

- Monitoring the public space and the identification of "inhabitable places" of residence of homeless people
- Monitoring and executing anti-begging and anti-loitering regulations

Warsaw Centre for Family Support (*powiat* level)

- Labour Support Services, including issuing an unemployment status, a "looking for work" status, unemployment benefits and the right to free public health services
- Managing the application process and referring individuals to Welfare Homes for the elderly and/or long term sick
- Issuing formal disability status (light, moderate or severe) based on the decision of a disability commission

Governance

All of the above mentioned services which are not part of the literal system "for the homeless" are provided to people experiencing homelessness, of whom many are accommodated in the services of the literal system. If one person is in need of a few kinds of support, which is common among people experiencing homelessness, she or he has to apply to multiple agencies, which are not bound by any formal agreement regulating cooperation and the mutual acceptance of decisions. Theoretically, the Department of Social Policy and Projects of the Municipality of Warsaw (central government) is responsible for the overall homelessness policy and its coordination, but practically though it has no tools to execute this duty like the other important stakeholders: the districts and NGOs are not legally obliged to abide by its decisions, as well as other departments of the same central government responsible for housing and health.

Some cooperation is practiced between NGOs and the Department of Social Policy and Projects on the forum of the Dialog Commission on Homelessness of the Warsaw Dialogue Forum, which is a consultative framework facilitating dialogue between local NGOs and the local government. Unfortunately, the districts and central housing departments do not participate in the Commission unless they are invited on an *ad hoc* basis for a special thematic meeting. In some districts, local stakeholders have managed to work out an informal cooperation which functions regardless of the lack of a legal

framework: institutions mutually accept their decisions e.g. a welfare center referral to the shelter may be accepted by an NGO and a welfare diagnostic interview conducted by an NGO social worker may be automatically signed and formalized by the Welfare Centre, and benefits suggested by the NGO are granted. Some informal cooperation exists also between certain NGOs which also accept clients referred by others, especially if they run complementary services e.g. a shelter and training apartments; however, there is a much stronger tendency to provide a full range of services within single organizations than to formalize cooperation with other NGOs. Inter organizational networks are often established based on the links of people responsible for services who get on well with each other and who share a common philosophy and attitude to supporting people in the crisis of being homeless.

Funding

Services provided within the literal system managed by NGOs are funded by the Municipality of Warsaw and the application processes managed by the Department for Social Policy and Projects. Theoretically, they should be fully funded and contracted out as the provision of a shelter, food and necessary clothing is a public task of every gmina (Social Welfare Act, 2004). In the early 90s, it was decided that homelessness is a pan municipal task and therefore central government – not the districts – should bear the responsibility for dealing with it. Fulfilling the right to social housing though is prescribed to the districts.

Based on this decision, NGO homelessness services are funded by the central government in the form of three years long grants for each individual program of an organization. The grants are allocated through the process of competition, but as there is but one competition and one bunch of funding for all kinds of services, the goal is to divide the cake so that all important services are in place. As NGOs apply for much more money than is available, there is no space for using the effectiveness criteria. The overall annual budget allocated by the Municipality of Warsaw within the competition for grants procedure is 11,000,000 PLN (about 2,5 million EURO) and it has remained at this level for at least five years.

NGOs complement the municipal funding by collecting fees from inhabitants and applying to various regional and national grant competitions, including the dedicated National Program "Return to Society" allocated by the Ministry of Family, Labour and Social Policy. The grants are available for seven months each year. Some NGOs apply for EU funding, but surprisingly this is rather rare. All organizations collect money from private donors.

Challenges

Such a system obviously results in certain challenges, of which service gaps, rough quality and a small scope of services, underfunding and a non-evidence based policy resulting from a lack of diagnosis should be mentioned. The biggest challenge which in fact underlies all problems is the poor coordination of stakeholders' activities, which is best illustrated by the non-existence of a referral procedure between services provided by the stakeholders of different sectors and the governmental tiers and departments.

Lack of a referral procedure

The only way for a homeless person to use a service provided within the literal system for the homeless (shelter) is to go directly to the provider and ask for an available place. It is up to the provider to grant such a place. If his decision is negative, the applicant has to go to another provider and ask for the same thing. There is no way to book a place and there are no waiting lists. Neither district welfare centers nor the municipal police nor street workers of other NGO nor even the Municipality of Warsaw (which is the major funder) can effectively refer a client to the service as this privilege is strongly defended by the NGOs. NGOs can only be asked for a place. They execute their independence, as they declare, to be able to support every person in need regardless of the criteria which as they are afraid, might set by the local and national welfare system, in which a local connection, income and the administrative situation are important entry/gating factors. The exception – and it is a new development reinforced by the Department of Social Policy and Programs a few years ago – is made for places in specialist shelters for people who are sick and places in one specialist shelter for women, and in these cases the referrals from the Municipality and welfare centers

are accepted. On the other side, the NGO service providers have no power over assigning welfare benefits and other welfare services as well as social housing, and have to negotiate access each time on an individual basis.

Service gap

Only the most visible service gaps are mentioned.

Shelters provided within the "literal" system are overcrowded, and congregate rooms for 10 to 20 people are a prevailing housing standard. For example, the specialist shelter for people who are recovering after a hospital stay and who are sick or physically disabled, has a common room for 30 people – smaller rooms are also available as the facility can host up to 60 people. Any shelter beds made available either by the client leaving due to breaking the rules (alcohol) or moving out to a more stable housing situation are immediately taken, and many people are rejected each day (although, only a few service providers systematically monitor the number of rejections). More beds are available in two low threshold night shelters, but it is reported by the clients that due to the facilities extreme standards and horrible hygiene of fellow users it is the last place where one should be unless it is absolutely freezing and life is seriously threatened.

There are only 70 beds in the so called training or supported apartments within the literal system "for the homeless". At least two people share a room and there might be from two to twelve rooms in one apartment or facility, as almost half of these beds is located in the attic of the homelessness center, which also provides night shelter and shelter for women and men (separately) as well as other services. At the same time, according to a rough estimation of service providers, as many as 20% of shelter inhabitants in a given point in time meet the criteria or were already positively verified as entitled to a place in a Public Welfare Home (for people unable to work with a disability status) or social apartment in one of the Warsaw districts. This gap is attempted to be made smaller by providing ….

The research conducted in 2015 within the "Housing First – Evidence based Advocacy project" proved that within male users of services "for the homeless" in a three year long period as many as 333 unique people were chronically homelessness (over three years) and suffered from a dual diagnosis

(serious mental health problems and substance dependency) which was either documented by medical papers or suspected by social workers based on their insight (Wygnańska, 2016). There is no single service for members of this group, which leaves them totally excluded.

Underfunding

As homelessness services are not contracted out but co-founded, NGOs can apply to up to 80% of the costs. Although the scope of services (standard) is a subject of consultations within the Homelessness Dialogue Commission, NGO service providers claim that 80% which they can apply for, is in fact much less than 80% of the real total cost, as the standard reinforced by the Municipality does not encompass all real activities e.g. donated food, security (usually performed by inhabitants), and cooks. In addition, an NGO that is the owner of the facility in which the service is provided cannot include this fact in their calculations, while another that is renting from the Municipality or District can include the rent. It is very hard to verify what is 80% or 100% of the cost as there are no financial reports from any Warsaw homelessness NGOs which identify the full costs of operations including in kind services, volunteering, informal support and equipment.

Regardless of the fact that offers can only be submitted for 80% of all costs (which is questionable), they always exceed the available budget. Some offers are rejected in the first stage due to formal mistakes e.g. a lack of signatures of eligible representatives of the organization, or lack of rules of conduct of the shelter, but still the cake is too small and some important services are not funded. The municipal allocation seems to be unchangeable and it is presented as a success that it is not cut by the Council of Warsaw while spending for other social goals is. The size of the allocation has never been based on any economic analysis of the costs of services, not mentioning needs assessment and/or the scale of the population in need.

Data collection

The official data collection procedure is managed by the Department of Social Policy and Programs of the Municipality of Warsaw, and is based on point in time reports submitted quarterly by services "for the homeless". Pro-

viders report the number of inhabitants present on the last day of the quarter and the marginal values for basic sociodemographic features. They also report the scale and kinds of support provided during the whole quarter e.g. the number of welfare diagnostic interviews. The procedure encompasses only those services which are co-funded by the Department. Some flow data is available on the clients of Public Welfare Centers who were supported due to homelessness, but it is not possible to establish what the overlap between this group and users of the system reported by the NGOs is. In 2010-2011, the Foundation for Social Innovation and Research conducted an aggregative study of the flow of clients of all services which were used by people experiencing homelessness and even though the methodology proved to be effective (Wygnańska, 2015), it was never used again. One good development is that since this time more service providers have decided to implement their own internal electronic data collection system supplementing registers run on/with paper. Unfortunately, however, these systems are not standardized and not funded by the Municipality.

Policy

In 2008, Warsaw launched a comprehensive long term Strategy for Solving Social Problems which included a specialist section on homelessness and housing deprivation. The section consisted of a thorough diagnosis and recommendations which included an improvement of the data collection procedure and the implementation of lacking services e.g. training/supported apartments. The Strategy was drafted by researchers and consulted with a broad group of stakeholders, but since the launch its implementation has not been monitored nor advocated for, and hardly any elements have been implemented.

In 2014, the Municipality of Warsaw commissioned a feasibility study to find out possible ways of solving the problem of underfunding and the lack of a referral procedure to services "for the homeless". The study was prepared by a group of academic researchers (Opolski et al, 2014) and proposed four alternative solutions of which all took the privilege of deciding who is the client from the homelessness NGOs to either one centralized or 18 local welfare centers. In addition, a new procedure for funding shelter services provided by the NGOs was proposed: they would no longer be co-funded

through grants for programs but the system would be client based, which means that money would come from the welfare center for each client referred. It was assumed that such a procedure would enlarge the available funding as the Municipality would be able to collect money from the *gminas* based on registered evidence for the permanent stay of the clients who are not registered in Warsaw. The proposal was contested by the NGOs and in result rejected by the Municipality. Things stayed as usual and the next move of the Municipality is not known; however, the system will probably have to be diverted in the manner proposed by the research as meanwhile changed national regulations impose such a procedure. In fact, Warsaw is one of only a few communities in Poland which have NGO based referrals and non-client based funding.

Housing-led innovations

In the presented context there are two kinds of innovations which drive the system towards more housing led attitude. Full understanding of their innovative value comes from the awareness of the nature and gaps of the overall system and uniqueness of the path that was found to implement them rather than from their final shape. The first kind is programs which apply a more therapeutic attitude to getting out of homelessness by using specialist support rather than basic social work, either through providing a comprehensive therapy dedicated to personal growth like the Individual In-depth Personal Development Program by the Antidotum Association, or encouraging self- discipline and progress in fighting addictions through the therapeutic community, exercised both on the shelter and supported housing levels, like in the "We'll do it" Program by Caritas Poland. The second kind is programs that facilitate ending homelessness by enhancing the access to housing, either communal (the mechanism established during the Wola Social Reintegration "Second Opportunity" Program), or privately owned by using an NGO as a mediator between private owners and people exiting homelessness (the Scattered Training Apartment Program of CMSA). Programs of the first kind are hardly supported by the mainstream state or local funding and are practically implemented thanks to the engagement of their individual leaders or private organisations. Programs of the second

kind use more mainstream procedures although their implementation still relys on the engagement of private NGOs or dedicated civil servants.

The Scattered Training Apartment Program of CMSA is described below and descriptions of three other programs are available on the "Ways out of homelessness" Erasmus + Strategic Partnership website and at: http://www.czynajpierwmieszkanie.pl/en/examples-of-polish-housing-led-programs-and-policy-context/.

The Scattered Training Apartments Program by Camillian Mission of Social Assistance

This is the first program in Poland in which apartments for people exiting homelessness are rented on the private market by an NGO and then sub-rented to NGO clients.

The Program is addressed to homeless people who qualify for municipal housing (so called communal or social), yet remain on municipal waiting lists due to the lack of housing stock. A majority of the clients move in directly from the CMSA Saint Lazarus Shelter, although some are referred too by other service providers in town, including people who do not have a history of shelter use and instead are threatened with homelessness due to eviction orders and health related problems.

The main objectives of the Program are to teach homeless people abilities which are necessary to keep housing (or prevent them from losing such abilities), to provide a roof over one's head in the period preceding their transition to a fully independent housing, and to integrate them into the local community.

The Program provides housing with support in apartments which are located in the neighborhood outside of the facilities for the homeless. Due to difficulties in accessing municipal housing for such goals e.g. the lack of procedures for renting apartments to an NGO which subrents them to the clients chosen by criteria set by the NGO, CMSA rents apartments from private owners using the mechanism of a social rental agency: CMSA signs all contracts directly with the owners, guaranteeing stable long term payments, and in exchange keeps the right to decide on who the tenants are.

Currently eight apartments are rented and subrented further to up to 30 people who have to meet several criteria for entering the program and to sustain their participation: being in recovery from the crisis of homelessness, having undertaken and kept paid work for at least three months before entering the program, having applied for communal or social housing and last but not least having undergone and finished some kind of therapy depending on their diagnosis (psychological, alcohol, aggression, etc.). In addition, there is also an income criteria which mirrors the criteria for applying for communal housing in Warsaw set in the local legislation: one's monthly net income should not exceed 1,098 PLN (or app. 250 EUR) and 1,858 PLN (or app. 420 EUR), respectively (as of March 1, 2014). Participants should also be able to demonstrate being in a difficult housing situation, which is either living in an institution for the homeless or being threatened with homelessness due to debts, eviction, etc. Among the practical conditions that participants also need to meet are demonstrating the motivation to participate in the Program, being of adequate physical and mental health, having the ability to control their addiction (if any) and to comply with social norms (especially those involving roommates).

Participants remain under the care of a social worker, who is assisted by a mobile multidisciplinary team of specialists including a psychologist, therapist of addictions, vocational counsellor and a lawyer, who are also the staff of a CMSA shelter. The team provides on-going support, including assistance in efforts to obtain the municipal housing and monitoring the performance of clients against the criteria. The program is administered by the administrative staff of the CMSA shelter.

Funding

According to CMSA, approximately one third of the annual costs come from the municipality in a three year contract, one third comes from participants, and one third is supplemented from CMSA's own resources. The complete financial analysis (Radziwiłł, 2015) shows that the cost per person in the Program is similar to or lower than in the CMSA shelter. Only in the case of an incomplete financial analysis, if the cost of premises at the shelter had been ignored, might the cost per person in the Program seem to be higher.

Impact/results

Long term results are not yet known as the Program started in December 2012. So far, 30 participants of the Program (on a rotational basis) have received a roof over their head during the period of waiting for the municipal or social housing; they have been supported in their efforts to obtain the municipal or social housing; they have been assisted in their personal development and in the solving of on-going life problems and they have learned and trained in practice the basic skills required for independent housing.

Additionally, the following positive side effects have been observed: participants tested their ability to live independently and increased their self-confidence, and participation in the Program enhanced their credibility and thus helped in their efforts to obtain the community housing and accelerated these efforts. According to the evaluation, implementation of the Program has proved that the renting of apartments for such a purpose on the private market is feasible, as implementation of this Program proved that this it is cost-effective in comparison to other solutions. Last but not least, space was released in the CMSA shelter for other homeless people.

Obstacles

- Lack of dedicated long term funding. Funding gaps during the year force the operator to apply continuously for funding of consecutive similar projects.
- A limited number of candidates who meet the formal criteria (income and demonstration of a difficult housing situation) as well as practical conditions (motivation, health, control of addictions, social norms, income etc.).
- Shelter operators might be reluctant to lose their most cost effective clients who join the Program.
- Legal regulations that impose a narrow window on the monthly income of potential candidates (only due to the formal requirement of being eligible for social or communal housing). This remains in conflict with the relatively high costs of rent and living that need to be covered by the Program's participants.

- The frequent practice of neglecting the costs of premises in a shelter in financial calculations may result in an impression that the costs per person in the Program are seemingly higher than in the shelter.

Lessons learned

Upon opening the program in 2012, CMSA made an open call for clients to all homelessness service providers in Warsaw and was surprised to find out that demand was very low. In fact, hardly any client was referred to the Program. Service providers explained that they do not have clients who meet the criteria. The other potential explanation given by CMSA is that shelter providers are not eager to lose their most cost-effective clients.

Surprisingly to CMSA, private owners were not discouraged by the fact that their tenants would be homeless people. They treated CMSA as a guarantor, and were eager to rent as the organization offered long term payments.

Initially, up to three people shared one room and up to six people one apartment. Most preferably, each participant should have a separate room. A few rooms in one apartment is recommended as people need company (not only privacy).

Many clients had to leave the Program due to breaking its rules: most frequently this was when they were found to be not sober by the social worker during her visits to the apartments.

Rent should be collected at the beginning of each month and should not be reimbursed to the client who had to leave the Program due to breaking its rules. Otherwise the financial stability of the Program is threatened.

Procedure for accessing municipal housing by people graduating from homeless shelters established in "Second Oportunity" WOLA Social Reintegration Program 2004-2006

The "Second Opportunity" Social Reintegration Program which was put together in 2004 in the Wola district of Warsaw was dedicated to provide access to communal housing to homeless people who successfully finished

their path through shelters for the homeless and were "housing ready". They needed financial (low rent) and functional support during first period outside the shelter. The program leaders worked out and tested a procedure which used existing legal regulations to which they added an extra value of cooperation between stakeholders from few departments on the district level: housing stock department, social welfare centre, office for social policy and local non-profit homelessness shelter providers. The program sanctioned such cooperation between institutions by demonstrating that dots can be connected. The procedure was successful which was proven by the external evaluation of performance of 18 program participants. The mechanism has been picked up by other districts and has been implemented as a structured program by at least three of them: Praga Południe, Targówek and Mokotów. The districts did not implement all elements of the original and worked out their modified versions depending mostly on the condition of local networks but they used the same mechanism. According to The Department for Housing Policy of the Municipality of Warsaw, in 2008 – 2015 (30th of June) 140 social apartments and 121 communal apartments were admitted to people "exiting homelessness" from shelters and 437 and 155 respectively were qualified to be admitted (which mean they are on housing lists). Municipality does not collect data on how these people performed once they moved in.

The description below comes from the publication on the original Wola district program (Starzyński, Wygnańska, 2006).

The original aim of the Wola Program was to break the stereotype that people with experience of homelessness are bad tenants as they are noisy, demolish apartments and quickly fall in debts. Such a conviction was common among local officials responsible for welfare and social housing. Shelter dwellers that were doing their best to become ready for housing had no hopes for social apartment. The aim of the Wola Program was to prove that people exiting homelessness can be good tenants and deserve social housing as other members of the community. The objectives were set in the following way:

- Proving to people living in homeless shelters that getting an apartment is in fact possible.

- Providing access to communal housing to people who stay in homeless shelters and undertake individual program of getting out of homelessness and achieve "housing readiness".
- Providing housing and support regardless of registered place of stay (not only to people registered in Warsaw)
- Providing support during first two years in housing after leaving the shelter.

The program consisted of four stages.

Advocacy and establishment: First version of the Program was drafted in 2003 by the Head of The Social Policy and Health Department of Wola District Mirosław Starzyński – an unquestioned *spriritus movens* of the initiative. The draft was sent to local stakeholders to let them correct it and become "owners" of the idea. Finally, after one year of consultations the District Council accepted it in September 2004. Stakeholders were appointed to the Program Council.

Nominating and renovation of apartments: The apartments were proposed by the District from the substandard stock (after fire, fourth floor with no elevator, etc.). They were renovated by people recruited to the Program. The cost of renovation was covered by one grant from the Ministry of Family, Labour and Social Policy, sponsors (in kind), volunteers (training for participants, covering skill they did not have i.e. certified electricians). Participants' work was treated as part of the engagement in the program and it was not paid for. Fundraising was done by the Open Door Association. Finally 10 apartments were ready and next 8 were "promised" to be provided.

Recruitment of participants in local shelters: Criteria were established by the Program Council, information was distributed in all shelters. Of 28 applications submitted the Council accepted 18. The whole group took part in renovation stage and all events organized in the housing stage of the program, however in the beginning of the stage only 10 participants got the keys. Others were on housing list waiting for promised apartments. Upon the end of the housing stage six people got the keys, one decided to stay in shelter and one was still waiting.

Supported housing stage (2 years) started as soon as participants got keys to their apartments. Support included regular phone contact of the staff and all participants; the right of staff to unannounced visits – used mostly in

the first year; support group meeting once a month each time in the apartment of other participant with participation of the Head of the Social Policy Department and social workers and all 18 participants – not only already housed (all meetings had official minutes and list of participants); regular monitoring from the local welfare centre through updates of "welfare diagnostic interviews" each six months. In addition this stage had an oNGOing and ex post evaluation: three rounds of structured interviews by people from outside the staff.

Program staff included of members of the Program Council who were Wola District stakeholders: Mayor, Head of Social Policy and Health Department, Director of Social Housing Stock Department, Director of Housing Management Agenda, Director of Local Welfare Centre, Directors of local homeless shelters including The Open Door Association and Caritas AW and Members of the District Council (elected); and field staff: social workers from shelters and local welfare centre, psychologist and Head of Social Policy and Health Department (sociologist) as program leader.

Participants

Program participants were recruited from among inhabitants of Warsaw shelters for the homeless based on the list of criteria, recommendation of the social worker and self-declaration. About 30 people applied which surprised program leaders who expected a much bigger group. Finally 18 were positively verified of which 16 moved in to social or communal apartments owned by Wola District, although not all of them in the beginning of the program. The criteria included:

- staying in a homeless shelter
- proving at least 5 years long local connection to Warsaw either by registration for permanent stay or by recommendation issued by local shelter
- meeting income criteria defined in local regulations for social or communal housing which in practice meant that participants had stable jobs or long term benefits high enough to cover the rent and costs of living in the apartment and were able to control substance dependency as for majority of them alcohol has been a problem before.

Funding

The extra funding was used only for initial stages and external evaluation as as soon as the supported housing stage started all necessary functions were performed by people already paid for the job as such were their statutory duties. Participants covered the rent themselves however, in some cases in the beginning of the supported housing stage they used welfare benefits. The cost of initial stages was assessed as 220363 EURO of which only 16% was pure money from the grant from the Ministry of Family Labour and Social Policy while the rest was in kind: renovation of apartments, construction materials, labour, professional consultations and advice.

Results and impact

People living in shelters for the homeless actually believed that at the end of the "getting out of homelessness program" there is a real apartment. Officials were comforted that people exiting homelessness in fact are capable of keeping the apartments in good condition, with no debts and good relations with the neighbours. In general, it has been proven that local stakeholders from various institutions and departments were able to cooperate (housing stock department – local welfare centre-local homeless shelters) in a structured way and that thanks to such cooperation barriers could be removed e.g. local connection can be evaluated based on the time spent in Warsaw except on formal registration for permanent stay inscribed in the personal identification papers. Upon the success of the Wola program, at least three other districts (Mokotów, Praga Południe, Targówek) started cooperation with local shelters, welfare centres and housing stock departments in order to implement the same procedure although, not all elements of the original Wola Program were included. Local programs were usually referred to as "District Programs of Getting out of Homelessness".

Evaluation

Original "Second Opportunity" had an ongoing and ex post evaluation. The goal was to monitor progress but also "universalism" of the procedure i.e. how much its implementation depends on personal engagement of particular stakeholders as opposed to relying on regulations and obligations

which stakeholders in other districts would have to follow. The reason was to guide the program so that it could be mainstreamed regardless of personal engagement of more devoted officers. Some corrections were suggested and implemented (e.g. Head of the Social Policy Department should not visit participants on Sunday "without a tie"). The final evaluation concluded that majority of participants kept the housing and improved their life situation in all spheres: housing standards – some moved to bigger apartments, engagement in community, dependency, work – from black market to full time jobs, lower use of welfare, improved family relations and education/skills. In 2006, eight of ten retained housing (one died, one broke the rules) and of eight who moved in later one died, one decided to stay in shelter – others stayed housed.

Original "Second Opportunity" has been evaluated ten years after the official closure and it was also summarized to be effective. The 2015 evaluation report states: "Few participants have not succeeded due to various reasons. In general the fact of being given an apartment contributed to better self-understanding of participants, recognition of their social roles as a women men father worker and colleague and better skills in performing those roles (self-sufficiency qualifications labour and social competence) or improved motivation to acquire them. It started again the once interrupted life narration." (Kluska, 2016)

Individual in-depth personal development IDPD in the Home of Therapy and Social Readaptation of the Antidotum Association

The aim of the IDPD is countering social stigmatization and marginalization of groups in critical social and economic situation through integrated and interdisciplinary activities which include social rehabilitation grounded in Christian ethics and human good and concluded by advocacy. IDPD has been developed by Agata Pietras a founder and president of the Antidotum Association which runs The House of Therapy and Social Readaptation. Therapy is based on the assumption that people in the situation of homelessness experience chronic crisis therefore, in initial stages crisis intervention

should be provided and followed by an integrated program which supports all spheres of life: social financial psychological health legal spiritual and professional. The therapy is based on the concept of a compensation family and temporary adoption. Agata Pietras believes that homelessness is a state of soul of the person rooted in her/his childhood and primary family which are the source of initial trauma. Majority of homeless people are in the state of permanent crisis and need at least two years of therapeutic process which includes socialization in order to be able to start planning independent life without dependencies and degradation. Holistic nature of the program marks its innovative character at least on the Polish homelessness scenery.

The House of Therapy and Social Readaptation is located in a former vacation centre for workers of the public sector. It is composed of three pavilions scattered among trees nearby the river. It is almost in the middle of nowhere: about sixty km of Warsaw far from municipal noise and hurry. This happened to be a perfect setting for facilitating individual in-depth personal development of people experiencing homelessness. Since its creation, the IDPD has been gradually evolving based on newly gathered experience and knowledge. The deficits revealed while working with people experiencing homelessness inspired Antidotum to look for potential in all spheres of their life. Antidotum understood that pure "usamodzielnienie" (leaving the shelter to better housing situation without monitoring and support) is ineffective and unsustainable.

The therapy in The Home begins with crisis intervention which includes meeting basic needs and initial assessment of the overall life situation. In the next step person is introduced to sociotherapeutic community where he/she starts integration, meets other members and comprehends the norms and rules of The Home. The Home works as "compensation family" in which the person can work on relationships habits and attitude. The community the same as family provides support, corrects, meets the need of attachment and helps to regain an identity.

The next step is individual work with therapist based on the idea of temporary adoption to limited parenthood. It helps to rebuild "internal core" of self –esteem and dignity. In the therapist – person relationship which is the basis for recovery the unmet psychological needs are revealed which allows

for meeting them and introducing the person to adulthood which he/she is unable to do her/himself due to inability to give up destructive protective mechanisms.

Parallel to the above stage is the sociotherapy and drafting the IDPD. The goal is to make personal goals and dreams in regard to "independence" more real. This stage is composed of: medical care, job qualifications and elimination of destructive behaviours and habits. The above stages are implemented in linear progress.

The IDPD assumes also vertical progress composed of stages of stays-treatment to which certain privileges are prescribed:

- Novice (nowicjusz) – about three months for adaptation, comprehension of Home rules and being responsible for him/herself.
- Inhabitant (domownik) – has the privilege to move outside The Home/area, to have mobile phone and is capable of taking care not only for her/himself but also others, feels co-responsible for The Home.
- Resident (rezydent) – person who finished therapy and has a job but still has no apartment outside. The stage can last up to six months.
- Resident-worker (mieszkaniec pracownik) – person who due to psychological reasons is unable to live independently and has decided to work for the Home.
- Resident-medic (Mieszkaniec medyka) – a person who finished therapy but is unable to leave the Home due to poor physical health or age.

The Home provides 70 bed spaces, three to four in one room in two pavilions. Third pavilion has offices, service rooms, kitchen, dining room and private apartment on the first floor.

The Staff includes two psychotherapists, two interpersonal trainers, coach, socio-therapist, social workers, administrative worker, it support, job club moderator, art therapist. We cooperate with mainstream health services and other institutions.

Activities of the association are dedicated to people who have no shelter, are dependent on substances, are elderly, are sick, are disabled, are poor, families with children, thriving in difficult living situation, who lived in penitentiary institutions. In 2014 207 people were supported: 82 through crisis

intervention, 66 including 2 families under IDPD; and in 2015 203 people: 71 through crisis intervention, 8 people became fully independent and solved their dependency problem.

Funding

The Association is financed through private donations and grants from local and national government. In 2014 private donations including in kinds were worth 242568 PLN (54,960E) and grants 259090PLN (58,704E).

Obstacles

Fundraising from individual people and private businesses is very difficult due to competition and adverse regulations. It is also difficult to get grants from public institutions as they happen to reject offers due to minor formal mistakes in order to limit the number of offers which have to be processed by administration. Major founding is distributed only for half a year and at the same time a lot is misallocated for wrongly defined goals.

(Self)Evaluation

The program constantly evolves. Not all questions can be answered and each man reveals new mysteries. Effectiveness relies on differentiation of activities and forms of support. Parental attitude and community building based on family pattern is much more effective. We call it "the program" for institutional reasons – for us it is HOME. Any person who feels TRULY accepted appreciated and treated with sympathy, TRULY starts believing to be valuable, full of strength, resources, abilities and creativity.

„We'll make it!" the therapeutic community in combating homelessness, Caritas Poland

The program „We'll make it!" has been conceived and developed in Caritas Poland to help men in early stages of homelessness to stop and reverse a destructive path into deeper social exclusion. The program is preventive in principle, treating homelessness as a serious psychological condition above all and trying to activate individual life potential in each of participants. The main

aim is to help a participant to achieve stable soberness and overcome vulnerability to a stress, loneliness and other dangers, developing more assertive life control, creating higher aspirations, eventually learning new skills and jobs.

The very base of the project is a *therapeutic community* – a support group that enables those who have decided to join the program to build or rebuild a normal life, stay safe from addictive and psychotic substances and destructive habits, discover and develop their potential in a friendly circle of their fellow-participants. Participants of the community are offered a possibility to be lodged up to 2 years in "training apartments" after a 6 month transitional stage which includes psychotherapeutic assistance, weekly meetings in a small group with a substantial meal, attractive cultural, social and sports-tourist activities and help in finding a job.

The program is addressed to men 25 to 35 years of age who have no regular place to live, nor proper registration of residence, have lost regular earnings and job obligations, whose family and social relations have been seriously severed, and who suffer from alcohol or psychotic substances addiction. Not all participants have such additions, however a prerequisite addiction treatment for those who need it is required. Candidates are expected to have a strong motivation to work on changing their life, keep soberness, cut-off their pathological relations, resume a stable job and become an active member of the therapeutic community.

Majority of participants come from Caritas shelters and are selected from among candidates who spent at least 2 months in shelters and were directed by local psychologist. Some participants come directly from penitentiary institutions. They must be willing to cooperate within the group and with the staff. They must not have serious diagnosed psychiatric conditions.

Support team is composed of professionals and persons experienced in a field of social exclusion: chief experienced psychotherapist as a consultant, one responsible therapist with supporting person and a social worker.

The program is fully funded by Caritas Poland.

Impact/results

This program is expected to provide a good opportunity to stop a path of total disintegration for men who are suffering from a deep social inadequacy complex resulting from complicated personal history, weaknesses or family dysfunctions. It is a long term process based on a sincere personal relationship in a group of men who recognize in a therapeutic interaction their factual problems as existing in a broader scope, discover their weaknesses but also strengths, learn to cope with them and also help other people in their way out of major life crisis.

Lessons learned

The program has a relatively low budget. In the specific modus operandi of Caritas the gratification for the staff are the main expenditures. Some companies are offering structured help by providing job possibilities for participants.

Long term perspective and patience are needed to build up upon individual potential of participants. The amount of therapy should not be exaggerated except participants should be above all encouraged and directed towards active participation in normal everyday life. Initially they are unstable and very passive which is one of the main obstacles observed in the program.

(Self)evaluation

During a three year experience the coordinator observes a very promising results. Most of participants very fast become more optimistic and relaxed, gladly participate in diverse activities, have renewed family relations, changed their jobs for better ones, learned how to take care of a household and their own life. During this period there were only 3 cases of a return to addiction and termination of the participation in the program. In general, there is a relatively high percentage of resignations of new coming participants, mostly due to a psychological instability of people suffering from various addiction in the past. Currently there are 9 participants attending this program, 6 of them waiting for a place in a training apartment and none of them is residing in a shelter for the homeless people. Some participants

who attended a program **"We'll make it!"** managed to begin a new life after a relatively short time in the group. They are coming to meetings and getting a therapeutic or psychological assistance if needed. Individual and personal path to a normal life of each one of them is accepted by coordinators who see their role mostly to reinforce participant's need and drive to a freedom from any addictive substances and destructive habits.

Bibliography

(2001) Ustawa o ochronie praw lokatorów i mieszkaniowym zasobie gminy [Act on the Rights of Tenants and Local Housing Stock]

(2002) Ustawa o ustroju Miasta Stołecznego Warszawa [The Act on the Polity of Municipality of Warsaw]

(2003) Ustawa o działalności pożytku publicznego i wolontriacie [The Act on Public Benefit Activity and Volunteering]

(2004) Ustawa o pomocy społecznej [The Act on Social Welfare]

(2006) Ustawa o finansowym wsparciu tworzenia lokali socjalnych, mieszkań chronionych, noclegowni i domów dla bezdomnych [The Act on Financial Support for the Creation of Social Housing, Sheltered Housing, Overnight Shelters and Homeless Shelters]

(2014) Krajowy Program Przeciwdziałania Ubóstwu i Wykluczeniu Społecznemu 2020. Nowy Wymiar Aktywnej Integracji [National Program for the Prevention of Poverty and Social Exclusion 2020. New … of Active Integration]

Herbst, J., Wygnańska, J. (2016) Bezdomność chroniczna w ogólnopolskim badaniu socjodemograficznym MRPiPS 2013 [Chronic Homelessness in National Sociodemographic Survey of MRPiPS 2013], (Warsaw, Fundacja Ius Medicinae) http://www.czynajpierwmieszkanie.pl/publikacja/bezdomnosc-chroniczna-w-ogolnopolskim-badaniu-socjodemograficznym-bezdomnosci-mrpips-2013/

Kluska, R. (2016) Raport z badania „ Druga szansa – Wolski Program Reintegracji Społecznej"– 10 lat później [Second Opportunity – Wola Social Reintegration Program Ten Years Later. Research Report], Urząd Dzielnicy Wola m. st. Warszawa, Warsaw

Kuhn, R. and Culhane, D. (1998) Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data, American Journal of Community Psychology 26(2) pp.207-232

Ministerstwo Rodziny, Pracy i Polityki Społecznej MRPiPS (2013) Sprawozdanie z realizacji działań na rzecz ludzi bezdomnych (7/8 lutego 2013) i badania socjodemograficznego. Materiał informacyjny [Report from Implementation of Activities for the Homeless (7/8 February 2013) and Sociodemographic Survey. Information Paper], 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-/

Ministerstwo Rodziny, Pracy i Polityki Społecznej 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) [Report from Implementation of Activities for the Homeless and results of the Homeless Count of 21/22 January 2015. Information Paper], Warsaw, http://www.mpips.gov.pl/pomoc-spoleczna/bezdomnosc/materialy-informacyjne-na-temat-bezdomnosci/

Opolski, K., Modzelewski, P., Kocia, A., Zapadka, P., Roszewska, K., Sochocki, M. (2013) "System profilaktyki bezdomności i pomocy osobom bezdomnym w Warszawie dla Biura Pomocy i Projektów Społecznych Urzędu Miasta Stołecznego Warszawy", [] Warszawa, https://politykaspoleczna.um.warszawa.pl/sites/politykaspoleczna.um.warszawa.pl/files/system_pomocy_osobom_bezdomnym.pdf

Radziwiłł, J. (2015) Ewaluacja zewnętrzna programu rozproszonych mieszkań treniNGOwych KMPS [Independent Evaluation of the Scattered Training Appartments Program by Camillian Mission of Social Assistance], [unpublished] Kamiliańska Misja Pomocy Społecznej, 2015

Starzyński, M., Wygnańska, J. (2006) Druga Szansa - Wolski program re-integracji społecznej, [Second Opportunity – Wola Social Reintegration Program] Urząd Dzielnicy Wola m. st. Warszawa, Warsaw

Stenka, R., Olech, p., Browarczyk, Ł. (2014) „Podręcznik Model Gminny Standard Wychodzenia z Bezdomności", Centrum Rozwoju Zasobów Ludzkich, Warszawa, http://www.pfwb.org.pl/wp-content/uploads/2014/07/pfwb_standardy-w-praktyce_www.pdf

Tsemberis, S. (2010) Housing First. The Pathways Model to End Homelessness for People with Mental Illness and Addiction, Hazelden, Center City, Minnesota

US Department of Housing and Urban Development (2015) 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. (2015) Measuring Homelessness and Housing Exclusion in Poland, in: European Journal of Homelessness, Vol.9, No.1, FEANTSA, Brussels

Wygnańska, J. (2016a) Podwójna diagnoza wśród ludzi chronicznie bezdomnych korzystających z warszawskich placówek dla bezdomnych [Dual diagnosis among chronically homeless users of services for the homeless in Warsaw], (Warsaw, Fundacja Ius Medicinae) http://www.czynajpierwmieszkanie.pl/content/uploads/2016/02/raport-z-badania-agregacyjnego-FINAL.pdf

Wygnańska, J. (2016b) Potential clients of the "Housing First" program in Poland. Summary of research of the "Housing First – Evidence based Advocacy" Project, (Warsaw, Fundacja Ius Medicinae) http://www.czynajpierwmieszkanie.pl/content/uploads/2016/04/Potential-clients-of-the-HF-programs-in-Poland_summary-of-research_wygnanska.pdf

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Romanian Social Context

Key statistics

Although many in Romania believe that the phenomena started after 1989, homelessness was evident during the communist regime. At this time, they and other 'anti- social elements' were dealt with under the penal code and isolated in prisons, as well as mental health and other institutions. Homelessness has become chronic over the last two decades in the context of marginalisation by policy makers, lack of research data and solid analysis. New mechanisms leading to homelessness have emerged, such as leaving the child protection system, the restitution of nationalised houses or homelessness through real estate frauds. Other pathways into homelessness include family breakdown or domestic violence. Solutions for the prevention of homelessness have not been provided. Some studies even talk about the emergence of a generation of children born onto the streets (according to a

2014 Save the Children research[1], almost a third of the adults living in the streets have more than 10 years history of homelessness and were former street children). Both local authorities and NGOs have a reduced capacity to intervene on the issue, with most focused on providing emergency aid.

In Romania, there is a serious lack of statistically robust quantitative studies. The few studies carried out were not based on survey data with statistically representative samples. Although there have been several attempts to offer estimates on the size of homelessness in Romania, using figures generally based on local authority reports, there was no robust supervision of the researchers on the methodology used by each municipalities. A series of approximations using this type of research design carried on in 2007, estimated between 11,000 and 14,000 homeless people at the national level.

Other estimates, exclusively from administrative sources (Ministry of Regional Development and Public Administration, 2008), suggest a much lower figure; approximately 4,000 homeless people in 2008. While the national census collected information on homelessness, it is expected to return much lower estimates than the real situation, as it was undertaken with the support of coercive institutions and not designed specifically for the purpose of estimating homelessness.

However, in 2011, the national census asked respondents about their housing situation and whether they were 'homeless'. The census showed that 165.000 interviewees stated that they were living in collective housing spaces or were homeless.

Interestingly, between, 1 January and 31 December 2011, local authorities stated that they and collectively registered 113,495 'marginalised people, of whom:

- 1,085 did not own or rent a place to live
- 161,806 lived in inadequate conditions
- 10,604 were older people without legal guardians or care givers

Most homelessness is concentrated in the large cities. An estimate for Bucharest widely quoted during the last 15 years was issued by the Medicines sans Frontiers Romania and later by Samusocial, using a type of count-re-

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1   http://resourcecentre.savethechildren.se/sites/default/files/documents/save_the_children_child_abuse_national_research_en.pdf

count procedure and estimating 5,000 homeless people only in the capital city. Samusocial records include more than 4,000 homeless individual day care service beneficiaries since 1997.

No official figures on the number of children and young people living on the streets exist. In 2009, an estimate of the number of children and young people experiencing homelessness in Bucharest, Brasov and Constanta (three of the largest Romanian cities), was released[2] putting the number about 1,400 - the vast majority, more than 1,000, living in the capital city. Less than half were children (0-17 years with most being aged 18-35). In Bucharest, only one third lived with their families and worked on the streets, whilst in other cities this category was high. Living on the streets for extended periods seemed to specific affect children and young people living in Bucharest.

Various estimates indicate that the vast majority of homeless people, i.e. more than 80%, are men, which is consistent with findings in other countries. The level of education is low with almost half, completing lower secondary schools and vocational schools at most. Many homeless people have health issues although few access health services. In the 2008 research (Dan, 2008), post-institutionalised children and youth were among the largest group of homeless along with children exiting the child care system (23.4%). Two main categories can be identified: young people exiting the child protection institutions, and individuals/ families on the streets because of a major negative personal or family event or as the direct loss of the home.

Life on the street is associated with serious health problems, chronic malnutrition, school dropout and illiteracy (about 50%), physical and sexual abuse (usually beginning in the family and continued on the streets), stigma and discrimination, limited access to social services (education, health, social assistance), use of drugs or solvents.

Chronic disease and mental illness are more common among the homeless population than among the overall population. Homeless people have sporadic access to food and water. The lack of identity papers is another common problem. The prospect of employment or even casual work is very low due to poor personal hygiene and social networking capabilities. Research

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2   http://www.mcser.org/journal/index.php/mjss/index

consistently shows that homelessness often has detrimental effects on both physical and mental health as well as an individual's general well-being. Additionally, evidence of lower life expectancy among homeless single people compared to those who have never experienced homelessness.

Poverty reduction

According to the 2013 Council of Europe's Recommendations[3], poverty reduction continues to be a major challenge for Romania, specifically in regards to the severe material deprivation affecting 29.4% of the population (2011) compared to the EU27 average of 8.1%. In the same year, 40.3% of the population were at risk of poverty and social exclusion, about two-thirds more than the EU average of 24.2%, with children being particularly affected (49.1%). The relative poverty rate in Romania was 22.2% of the population, making it one of the Member States with a high at-risk-of-poverty rate.

As far as the EU 2020 Strategy[4] is concerned, Romania set itself a target to reduce the number of its population at risk of poverty and social exclusion by 580,000 persons. According to data published by Eurostat, there has been a slight fall in the number of people at risk of poverty (after social transfers) to 22.2% in 2011, compared to 23.4% in 2008.

Poverty incidence (irrespective of the method of estimation) has been consistently and disproportionately higher for the following groups:

- households with a large number of adults and children, in particular those with three or more
- children (households with at least five members represent about 55% of the poor)
- single parent families
- children (0-17 years) and young people (18-24 years)
- people with a lower education; i.e. informal workers, subsistence farmers
- the unemployed and those who tend to stay at home
- the Roma

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3   https://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/139979.pdf

4   http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52010DC2020&from=EN

National Homelessness Strategy

There is no national integration strategy in Romania. Homelessness has always been referred to as a general priority in anti-poverty policies because homeless people are considered a vulnerable group. Following a Government decision (197/2006), a National Interest Programme (NIP) was launched with the aim of combating the social exclusion of homeless people by creating emergency social centres. The programme sets out a range of aims, objectives and indicators for a six-year period. Six national interest programmes have been developed concerning different vulnerable groups. Their aim is to promote the social inclusion of vulnerable groups as part of broader anti-poverty policy (as described in the National Reform Programme).

In addition, the Romanian Government has provided a definition of homelessness through Law 292/2011 on the national system of social assistance, which amended Law 47/2006. The definition of a homeless person is, '*someone represented in a social category formed by single people or families who, because of singular or cumulated reasons (social, medical, financial, economic or juridical) or because of force majeure, lives on the streets, or with friends or acquaintances, and is unable to sustain a rented house or is threatened with eviction, or lives in institutions or prisons and is due to be released within two months and lacks a domicile or residence.*'

In 2005, the Government committed itself to implementing a three-year national programme for the counties and municipality of Bucharest that would establish 50 shelters for homeless people, funded by the state budget and implemented through the National Interest Programme. By the end of November 2011, 55 centres had been established (excluding outreach services) against the target figure of 50. However, adult homeless services are still only being provided in 19 of the 41 counties, and in total in only 26 cities. NGO service providers consider that the supply is insufficient to meet the demand.

Governance

The Ministry of Labour, Family and Social Protection (MLFSP) is responsible for developing and implementing social policies and programmes as

well as monitoring and assessing policy implementation. Other ministries involved in social policy are the Romanian Ministry of Development, Public Works and Housing, the National Disability Authority, the National Employment Agency and the Ministry of Economy and Finance. The Romanian Ministry of European Affairs monitors the implementation of the National Reform Programme (NRP) at the national level and coordinates the elaboration of the annual Action Plan for implementing it. The implementation of measures for poverty mitigation will be monitored by the MLFSP, based on information received from the implementing institutions.

Targeted Prevention

Some limited measures to combat evictions do exist. There is an insurance fund for sitting tenants whom are about to be evicted or having been evicted from their homes because the buildings have been returned to their former owners in the transition from communism. This group also has a right to access social housing as a means of solving their housing situation, along with a range of other 'priority need' categories. However, the system is bureaucratic and the supply of social housing is highly inadequate, meaning that this right is often not implemented.

According to the law 272/2004 on Child protection, a variety of measures exists to support vulnerable young people leaving institutions. This includes follow-up care and the payment of rent for up to three years to support independent living. In practice, what tends to happen is that young people will remain in institutional care until after they have reached the upper age limit to qualify for such support.

Housing-Led Approaches

Housing-led approaches are still a new concept in Romania. Presently, the state is the only provider of social housing and the construction of new social housing is woefully inadequate. Where there is no housing stock, local authorities can pay housing allowance or a housing subsidy to individuals and families that would otherwise qualify for social housing. Homeless people are not a priority group per se in the allocation of social housing.

Social Support

To qualify for social support from the County Council and local author-
ity, a person has to prove a local connection, i.e. their identification docu-
ment shows the person's address as being in the area where support is being
requested. Services provided by NGOs do not necessarily employ the same
condition unless they are being funded by a County Council or local author-
ity.

Despite what appears in official reports, in practice there is a huge lack
of services for people experiencing homelessness. The principal support for
homeless people is emergency night shelter generally provided by the Coun-
ty Councils and a handful of NGOs across the country followed by financial
aid.

Financial benefits

- **Minimum income guarantee**
  One universal allowance is available to families and individuals that
  can be claimed without having to prove a local connection - 'Mini-
  mum Income Guarantee'. If a family or an individual's income does
  not exceed €122 per month, they can be entitled to financial aid be-
  tween €32 per month for a single person and €117 per month for a fam-
  ily of five, rising by another €8 per month for any additional family
  members.

- **Emergency help**
  In cases of hardship or difficulty, a person can claim a one-off allow-
  ance. The amount of money is established by the local authorities of
  each district, depending on the budget.

- **Family supplements**
  If a family (including single-parent families) is caring for a child or
  young person under 18 years, and the parent's income is less than
  a fixed amount, they could be eligible for a monthly allowance.
  Where a two-parent family's monthly income is less than €45 the al-
  lowance is between €18 for one child and €73 for four or more chil-
  dren. As far as single-parent families are concerned, where a family's

monthly income is less than €45 the allowance is between €24 for one child and €95 for four or more children. This allowance is slightly reduced for both types of families where the families' income is between €46 & €118.

- **Child allowance**
  Child allowance is a universal monthly allowance given to all children who possess a birth certificate. Children under two years, or children with a disability under three, receive €45 per month, whilst children who are two years or over, or children with a disability who are three or over, receive €9 per month.

Social housing

Social housing represents just 1.4% of the entire national housing stock. People experiencing homelessness are not on the priority list for social housing in Romania because in allocating public housing, local authorities are obliged to give priority to specific groups. Additionally, anyone who owned a house in the past and sold it (including those forced to sell because of mounting debts), are not entitled to local authority social housing. Waiting lists for social housing can be five years or more in Bucharest.

Although local authorities can provide a housing allowance to help pay a family/single persons' rent for up to a year for those who qualify, this is not without problems. Even if someone was able to find a proprietor willing to sign an official rental contract for the full value of the rent, local housing departments' bureaucracy makes this allowance very difficult to obtain.

Health care

In 1997, the Romanian Social Health Insurance Law was adopted and based on the principle of solidarity and operating in a decentralised system.

To obtain medical assistance, the patient must be contributing to the health system; otherwise, they are entitled only to 72 hours emergency treatment only. In practice, most Romanians contribute to the health system through formal work contracts, however many low skill jobs can only

be found in the informal sector meaning that these employees are outside of the health care system.

Although health services are free to those who are insured, in practice patients are required to make informal payments if they are to receive the treatment they need.

Housing quality

One of the key dimensions in assessing the quality of housing is the availability of sufficient space in a dwelling. The overcrowding rate describes the proportion of people living in an overcrowded dwelling, as defined by the number of rooms available to the household, the household's size, as well as its members' ages and their family situation. In 2014, 17.1 % of the EU-28 population lived in overcrowded dwellings[5] with the highest overcrowding rates registered among the EU Member States was in Romania with 52.3 %.

According to the same data, in the population at risk of poverty (i.e. people living in households where equalised disposable income per person was below 60 % of the national median), the overcrowding rate in the EU-28 was 30.3 % in 2014, some 13.2 percentage points above the rate for the whole population. The highest overcrowding rates among the population at risk of poverty were registered in Hungary (67.4 %), Romania (66.6 %) and Poland (62.4 %).

In addition to overcrowding, some other aspects of housing deprivation — such as the lack of a bath or a toilet, a leaking roof in the dwelling, or a dwelling considered as being too dark — are taken into account to build a more complete indicator of housing quality. The severe housing deprivation rate is defined as the proportion of persons living in a dwelling, which is considered as being overcrowded, while having at the same time at least one of these aforementioned housing deprivation measures.

Across the EU-28 as a whole, 5.1 % of the population suffered from severe housing deprivation in 2014. There were five EU Member States where more than 1 in 10 of the population faced severe housing deprivation, with the

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5   http://ec.europa.eu/eurostat/statistics-explained/index.php/Housing_statistics

share rising to 16.6 % in Latvia, 18.1 % in Hungary and peaking at more than one in five persons (21.4 %) in Romania. By contrast, less than 1.0 % of the population in Belgium, Finland and the Netherlands faced severe housing deprivation in 2014.

Cost of Living in Bucharest

According to Numbeo[6] the cost of living index (excluding rent) is 38.61, compared with 100 for New York, USA.

The average monthly disposable salary in Bucharest (net after tax) is €479.19. The average rent for a one-bedroom apartment outside of the city centre is €229.62, while basic utility costs (electricity, heating, water and garbage) amounts to another €97.09.

The Casa Ioana Association "Casa Ioana" - Bucharest

Overview

Despite the high prevalence of domestic abuse and family homelessness, there is a chronic lack of transitional accommodation and comprehensive support for women and children in Bucharest in particular. Domestic violence is a leading cause of family homelessness. Although decent employment is an important goal to self-dependence, there is a continuing shortage of financial literacy training and professional support to access well-paid jobs. Too many families and single women are finding themselves homeless because they are leaving an intolerably abusive situation with inadequate family and social networks for support, only to find themselves alone and destitute. These circumstances dramatically and negatively affect the ability of survivors of domestic abuse to lead a self-dependant life free from fear.

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6   http://www.numbeo.com/cost-of-living/city_result.jsp?country=Romania&city=Bucharest

Casa Ioana is Bucharest's leading independent provider of transitional accommodation and support for women and children experiencing domestic abuse and family homelessness.

Established in 1995, Casa Ioana has focused on homelessness since 1997, when they opened the country's first emergency night shelter for older men experiencing homelessness. In 2001, they concentrated on providing its services to families and single women - domestic abuse is a leading cause of homelessness amongst families and single women.

Dedicated to improving their services, Casa Ioana learns about the people they work with, e.g. their backgrounds, their needs and their ambitions. Although they have a hugely varied group of people to support, they provide a holistic and personalised support their beneficiaries need to move on with their lives.

Aims, mission and objectives

Casa Ioana believes 'that everyone has the right to decent housing, meaningful activities, satisfying relationships and the good health to enjoy life.' Its mission is 'to make a positive difference in the lives of families and single women confronted with domestic violence together with other families and single women facing or at risk of social exclusion.'

The organisation accomplishes its mission primarily through its ACASĂ (HOME) Programme, which provides transitional accommodation and easy access to innovative community-based psychosocial support that assists beneficiaries to achieve their full potential.

Casa Ioana's primary objectives are to
- deal with the causes and consequences of domestic violence and family homelessness, by preventing it at the grassroots level, addressing its symptoms and reducing its recurrence
- equip people with skills for independent living, by making independence an integral part of their ACASĂ Programme through encouraging the full participation of beneficiaries
- provide support services where quality is verifiable by improving services, evaluating service outcomes, improving staff training programmes and offering cost effective services

Core elements

The integrated ACASĂ programme meets the particular needs of families and individuals over an extended period - beneficiaries can stay for a year - although most are ready to move on between six and eight months. Casa Ioana works with a broad network of both public-sector agencies and other service providers to help women and children resolve all their problems and acquire the necessary skills and assistance they need to regain family stability and affordable housing. They address the multiple underlying issues of domestic violence and family homelessness, rather than simply focusing on providing short-term emergency shelter. Casa Ioana empowers women and children to rebuild their lives, free from violence and fear, by providing a wide-range of life-saving and life-changing services, as well as a voice for the disenfranchised.

Casa Ioana's services fall under three general headings:

- transitional accommodation
- psychosocial support
- peer support

Transitional accommodation

Casa Ioana's two centres provide transitional accommodation to 20 families and 9 single women at any one time. The beneficiaries manage the accommodation and are responsible for the general cleaning of the shared spaces. Each family is provided a bedroom, with single women sharing small dormitories. Bathrooms, toilets and the kitchen areas are shared.

One centre is reasonably close to the city centre and is well-served by public transport. The other centre is located in the north of the city but has good public transport links. There are no time constraints on when beneficiaries have to be in the centres and they can come and go as they please.

Psychosocial support

The support package includes, but is not limited to:
- children's education, activities and childcare
- employment support and training

- family mediation
- individual and group counselling
- legal advice and support in obtaining a temporary restraining order where applicable
- medical support and advice
- personal financial advice and training
- support and advice on affordable housing

Peer support

In peer support, the people involved share similar experience which is one of the key differences between peer support and professional services. It is another way of expressing the kind of understanding and encouragement towards growth that people who struggle with similar issues can offer one another.

Casa Ioana places great reliance on the positive outcomes that peer support offers. Regular support groups meet to share common problems and experiences associated with domestic violence and social exclusion.

Beneficiaries

The ACASĂ programme accepts women and children experiencing domestic abuse, and families (single and two-parent families) with children who are experiencing homelessness. Domestic abuse is a leading contributor to family homelessness.

The entry threshold is very low and demand for places far exceeds what is available, consequently there is a waiting list for places, which are categorised as high, medium and low. Those with a higher score receive priority. The priority checklist focuses on 14 areas of an applicant's current situation. These include their homelessness situation, length of rough sleeping, any accompanying children, child education where eligible, age, employment, income, food availability, access to healthcare, and level of life skills. The checklist goes on to include whether a partner accompanies an applicant or not, their present housing situation and whether domestic abuse is a factor. The checklist ensures that those with the most complex and multifaceted

issues receive priority and that the selection process to admit potential beneficiaries is objective.

Community partners

Partnerships developed by Casa Ioana over the years are critical to the project's success. Casa Ioana has established written collaboration agreements with key community partners who are committed to working collaboratively to provide a wide-range of services to its beneficiaries as they move toward permanent housing and economic stability. We use surveys to find out what our partners think and how we can work better together. Our principal evaluation forms are the Key Stakeholder Survey and Beneficiaries survey. We use a Key Stakeholder Survey to find out what our partners think and how we can work better together.

Evaluation

Casa Ioana uses a variety of general information-gathering techniques aimed at adapting and improving services, rules and procedures as well as tracking beneficiary outcomes. Although information is collected about the 'usefulness' and 'effectiveness' of services, policies, staff and beneficiaries; the evaluative information falls into two categories: evaluation of the programme and evaluation of the beneficiary. The methods for collecting and analysing the information differ accordingly.

Evaluation of the programme is conducted primarily, but not exclusively, through beneficiary input, such as regular (anonymous and voluntary) surveys, monthly resident meetings and exit interviews.

The beneficiaries' evaluation is conducted through case management meetings and Casa Ioana's Outcomes Star. The star has been developed as a way of measuring change in their beneficiaries. It is designed as a beneficiary focused system, capable of tracking change in a beneficiary as they move through the project. The star has eight dimensions, each on a scale of 1 - 10. The areas covered are personal responsibility, living skills, social networks, substance use, physical health, mental health, meaningful use of time and accommodation skills.

Impact and results

- beneficiaries' immediate safety
- immediate safety of beneficiaries' children
- beneficiaries' increased knowledge about domestic violence/home-lessness
- increased awareness of resources and options
- beneficiaries' decreased isolation
- increased life-skills/employability
- beneficiaries' life situation stabilised

In 2015, similar with previous years, Casa Ioana supported 27 families and 52 children in its centres. Similarly, eight single women were also assisted during the year. Each year, approximately 85% of adult beneficiaries obtain full-time employments and move into affordable rented accommodation together with their children where applicable. Those who do not make a 'successful' move on generally do not go on to sleep rough, but move on into a situation which is not stable, i.e. move back to an abuser, return to a dysfunctional family, move into temporary insecure accommodation, etc.

Staff

Casa Ioana has a full-time staff of five although the director is unsalaried. Two qualified social workers are responsible for coordinating the activities in each of the shelters respectively, whilst an experienced social worker manages the programme and conducts regular reviews of the beneficiaries' individual action plans. Finally, Casa Ioana employs a public relations and communications officer.

Funding

Casa Ioana receives funding of around €125,000 each year through a mix of public and private funding. Just 17% of funding comes from the government through a subvention with the Ministry of Labour. The remainder comes from regular and irregular private sector funding and a range of fundraising activities.

Innovative aspects

Casa Ioana's ACASĂ programme delivers a specific service for vulnerable homeless families and single women. Staff work with local private and public agencies to provide intensive, holistic support designed to help beneficiaries make a sustainable recovery from homelessness and move towards independent living. The programme is designed for families and single women with high needs, who often face a number of issues that both cause, and have been caused by, homelessness.

The programme is innovative because its focus is on addressing the multiple underlying issues of domestic violence and family homelessness, rather than simply focusing on providing short-term emergency shelter. The Project has two main drivers: transitional accommodation and education/training. Our social workers are using the Outcomes Star, which is an innovative method in out region. For more information on this tool, see here.

Sustainability

Casa Ioana employs a number of activities to ensure the success and sustainability of the ACASĂ programme including, but not limited to:

- programme uses an evidence-based strategy
- programme effectiveness is evaluated and the results disseminate to the community
- programme flexibility maintained to adjust to programme challenges and barriers
- staff provided training to support strategic planning skills, knowledge of needs assessment and logic model construction, leadership skills and fundraising expertise
- multiple sources of funding attained
- fundraising strategies developed
- volunteers recruited and engaged
- comprehensive programme evaluation developed and conducted

Obstacles

The Romanian government introduced new minimum standards for social services in October 2015, to homogenise both public and private services. The new standards aim to align the management and provision of services in line with government policy. This approach is at odds with many NGO providers who have developed very effective services 'around' their beneficiaries.

In the main, NGOs provide social services that the local authorities do not, or will not provide. Accordingly, the NGO sector has the expertise and capabilities of providing these services, but NGOs are rarely consulted by the government or local authorities. For example, these new minimum standards were introduced, as far as Casa Ioana is aware, with little or no consultation with NGOs that are providing these types of services.

The new basic standards create critical issues for the delivery of NGO provided services and are affecting innovative practices in the provision of social services - particularly in connection with vulnerable groups. Major areas of concerns include:

- Service providers must use government approved case management templates - in conflict with much of what NGO's have already developed through 'person centred' approaches and which create a scenario of multiple duplication of data in individual case file management.
- The introduction of numerous 'registers' that beneficiaries are required to sign, each in receipt of an array of items, including food, cleaning materials, washing powder, etc. which can create an atmosphere of dependence by beneficiaries, who beforehand would purchase these items from their salaries.
- A requirement that accommodation centres provide bedrooms that offer a minimum of six square meters space per inhabitant - including infants (a mother and baby would require 12 square meters of bedroom space) - when Romanian housing units are some of the smallest in Europe and where bedrooms would not generally meet this requirement.
- The requirement to provide two hot meals at a minimum cost of €3.60 to all beneficiaries per day, despite the majority of Casa Ioana's adult

beneficiaries being at work during the day and their younger bene-ficiaries being at school. The service provider must pay at least the minimum cost of the meals, even if it can provide the meals cheaper or secure them for free.

Challenges

To be able to provide social services in Romania, service providers must be accredited nationally. To obtain accreditation status, the service provider needs to provide these new minimum standards. Casa Ioana, and the majority of NGO social services providers, faces major challenges in complying with these new standards.

Firstly, Casa Ioana is working with its services' delivery and management teams to attempt to streamline its case management practices to minimise duplication of data and avoid overburdening beneficiaries with administrative bureaucracy.

In line with the situation of most other NGOs, Casa Ioana must apply for a new rental contract with the local authority each year. Casa Ioana is fortunate enough to have secured the funding required for a major refit and downsize of its larger transitional accommodation centre from 13 families and 6 single women to just seven families. However, the restriction of being able to obtain only one-year rental agreements was a major issue for funders who wanted assurances (which the local authority declined to give) that future rental agreements would be granted in subsequent years.

Providing beneficiaries with two hot meals a day, has a direct negative impact on Casa Ioana's efforts to empower beneficiaries. Before the introduction of the new minimum standards, Casa Ioana provided a shared kitchen with beneficiaries buying, preparing and cooking their own meals. Volunteers would provide advice on nutrition and dietary needs, and give cookery advice and lessons. It was an import part of building up individual life-skill components. Additionally, cooking is a social occasion that helped beneficiaries interact with each other and build friendships. The extra financial implications of providing these meals is considerable, with Casa Ioana now

having to find a further €5,000 per month in extra funding to feed its present beneficiaries, before downsizing later in the summer.

Casa Ioana has developed its services over 20 years and began when there was little or no regulation. Despite being a leader in the provision of transitional accommodation and support for women and children experiencing domestic abuse and family homelessness, Casa Ioana has seen extraordinarily little 'consultation' on these issues by the state and public authorities. Casa Ioana is at odds with government policy; not just in the way it provides its services but in the apparent 'top down' services deliver approach by the state and local authorities and their overdependence on making families - especially dysfunctional ones - responsible for their own family members.

Despite these challenges, Casa Ioana will continue to provide a 'person-centred' approach in addressing the needs of its beneficiaries. However, Casa Ioana must also try to find ways of working more closely with the government and local authorities, to share data and experiences, and promote standards that reflect the actual situation faced by NGO social service providers and their beneficiaries.

Annex 1

The Outcomes Star Toolkit

Association Casa Ioana

"helping homeless people to help themselves"

Beneficiary's name: ....

Date: ☐☐ ☐☐ ☐☐   Review: (1st/ 2nd etc.) ....

Social worker's Name: ....

Completed by: ☐ Social worker and beneficiary jointly   ☐ Social Worker only

Outcomes Star
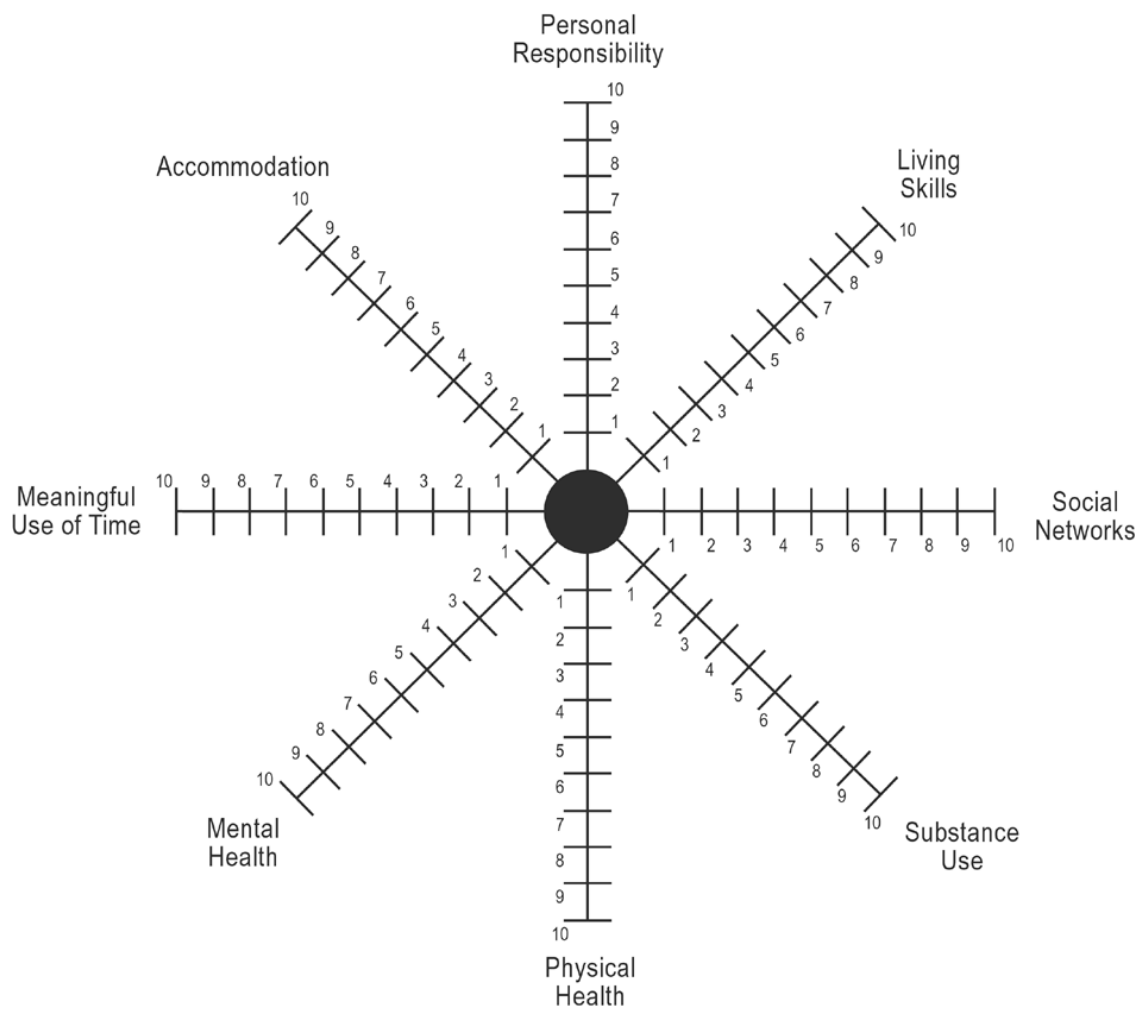
Scales for Measuring Soft Outcomes

1. Personal responsibility/motivation/self worth

This is the only scale that measures an inner core of change. It is at the heart of the changes described and measured by the other scales, which can be viewed as external expressions of an inner change or maturity.

No.	Indicators
1	There is a lack of motivation to change. May take little or no responsibility for circumstances and see no reason for wanting to make changes.
2	There is the first sign of wanting to change and some insight into the possibility of change. First signs of not being comfortable with things as they are. Sometimes the social worker will note this before the beneficiary has become aware of it.
3	Starts talking about wanting to change but there is a feeling that it is too difficult. At this point, may start to make appointments and commit to things but will find it hard to stick to arrangements or will make excuses as to why things don't get done.
4	Starts to request help and will go along with the help that is offered. This is a time of uncertainty about what is wanted and it can prove hard to take charge of life. May need encouragement to be fully involved in the process.
5	The beneficiary is beginning to know what they want. May start to look at problems as temporary and will start to talk about goals and how to go about achieving them.
6	Development of a real sense of purpose, but needing a lot of support. Actively engaged with the support needed to move on. Old lifestyle may still be hard to give up completely.
7	Growing sense of being able to make choices. Greater insight into the link between certain behaviours and their consequences. Feeling more in control.
8	Noticeable change in behaviour over a period of time. Characterised by getting used to weighing up different options and making choices with confidence.
9	Increased comfort with new lifestyle or way of being. Clear of own role in building and maintaining what is wanted out of life and of how to access any support needed. Occasional hiccups.
10	Taking responsibility for maintaining and developing self. Confident in new lifestyle. Sense of connection. Own support network as needed.

2. Living skills

Note: Type of accommodation and readiness to move on are recorded separately.

No.	Indicators
1	May be unable to look after basic needs such as keeping warm, safe, clean and fed. May be street homeless, at risk of losing own accommodation, not coping at home, etc.
2	There is an awareness of basic needs but these are being met in a haphazard way, for example finding places to eat or sleep on a day to day basis.
3	Acceptance of help with (or has already) registering for benefits but will need help to keep make or keep claim running .May still not be managing well with living skills like cooking, budgeting, having a hygienic living space and personal hygiene.
4	Starting to carry out some tasks such as using laundry facilities or some improvement in personal hygiene. May engage with help if offered but not actively seeking help.
5	Wants to be able to carry out certain tasks and life skills start to appear as goals on Action Plan. May see improvements such as buying food in, money going further, improved hygiene, etc.
6	Using some living skills routinely, at this point there might be the odd exception with areas that still need to be worked on. Things may still go wrong, for example not dealing with benefit changes or keeping things going during times of stress.
7	Pretty good standard in most if not all areas of hygiene and appearance, shopping, cooking basic meals, budgeting, managing benefits, dealing with bills, accessing services and acting to prevent crisis.
8	Generally capable, with the living skills to live independently with a low risk of tenancy breaking down. More forward thinking and plans exist to avoid future problems. May still need ongoing support in some areas, particularly with financial issues.
9	Increasingly fully independent and able to share skills with others, for example helping others to cook and shop.
10	Fully able to live independently, with the necessary skills and able to draw on external resources as needed.

3.   Social networks

Key to scale: transfer of allegiance from "street" to more positive social networks. Move from manipulative/exploitative to genuine relationships. Having said this we need to acknowledge that many beneficiaries value their street community and may have found a source of support there.

No.	Indicators
1	No meaningful positive social network. May be completely isolated or may associate exclusively with street or drug community in a negative way (relationships are exploitative or lacking in trust and mutual regard).
2	A growing awareness that there may be harmful or negative aspects to current friendships/relationships, or a growing desire to end isolation
3	May engage with people outside immediate peer group but without trust/respect/mutual regard. First steps of engaging with staff/volunteers/new peers but may be cautiously. There may be an element of 'testing' new contacts to see if they can be trusted.
4	May start to engage in activities available in accommodation. May start to recognise when being exploited by others but still finding it difficult to avoid negative or to seek positive contact.
5	May start to establish positive relationships and address relationships in life. May start to value and trust relationship with social worker (and other staff), there might also be issues around over-reliance on the social worker.
6	May be in between peer groups – moving away from the harmful relationships but still tentative in building new relationships. May need support in recognising constructive relationships. May be thinking about the nature of their family relationships for the first time in a while. Those who are naturally private may still be, but are less hostile and more able to express their desire for privacy in a way that is understood.
7	Greater ability to trust and relate to others. Relating in a way that is stable and trusting. Recognising the destructive effect of some previous relationships with friends and / or family. May be making first steps to contact family/old associates if this is possible and positive.
8	Actively building positive relationships with friends and/or family at a level appropriate to the beneficiary. More aware of external issues. May have contact with previous peers but more time spent in constructive relationships. May be helping old associates to change themselves.
9	Generally engaged in constructive and positive relationships. Willing to explore and take risks to get to know people, if this is appropriate to the beneficiary. Loose/occasional/constructive contact with previous peer group. Real examination of previous relationships now possible within supportive framework.
10	Now feeling fulfilled by contact with others at whatever level feels comfortable for them. (If appropriate - Resolved any major issues with family).

4. Alcohol/Drugs use/risk rating

Note: If drug/alcohol misuse is suspected but not confirmed over a long period of time, the beneficiary will stay at a "1". If they are then found not to have a substance misuse issue (e.g. behaviour was actually around mental health or other issue), they would then go straight to scoring "10"

No.	Indicators
1	Little or no insight into substance use and consequences. High and chronic levels of drug and alcohol use with poor intravenous practises increasing risk of infection and trauma. Associated behaviours may include greater contact with the police and courts or deterioration in physical or mental health.
2	Some harm reduction measures in place – for example accessing needle exchange, considering information about services and the effects of substance use and possibly beginning to engage informally with staff.
3	Growing insight into drug or alcohol use and associated harm. More informal engagement but not working well with appointment system. No reduction in drug or alcohol use at this stage.
4	More formal approach but inconsistent engagement with services and still undecided about treatment options. May engage with prescription services (but continue to misuse), Primary health care, taking vitamin supplements, etc.
5	Increased awareness around consequences of drug and alcohol use. Initial reduction in use however may not actually change use substantially, but less chaotic, more confident and/or more motivated and committed to make changes.
6	Reducing alcohol use; changing drinking patterns, low strength alcoholic drinks; accessing more in-depth support. May see an improvement in physical appearance. Substance misuse still impacting on relationships, health and life skills but to a lesser extent.
7	Beginning to explore triggers: may have 'dry' days or periods of time of not using. Reduction in criminal activity: engagement in appointment system. Put back in increased confidence. Attending social worker sessions, may attend groups or drop-ins. Looking at referral to treatment such as detox or rehabilitation. Possible binge drinking.
8	Showing much greater control and actively avoiding high-risk situations. Longer 'dry'/'clean' periods; moderate substance use. Greater engagement with support services: improvement in appearance and health; controlled drinking.
9	Motivated and more confident; willing engagement in re-training programmes and meaningful activities; possible 'lapses' but with enhanced coping strategies in place
10	No illegal drug use. Abstinent or moderate alcohol use. Effective relapse prevention strategies in place

5. Managing physical health

Note: This scale is about how beneficiaries take care of themselves and their health – as this can change. It is not about actual improvements in health, as these are dependent on so many other factors.

No.	Indicators
1	Not taking any responsibility for own health. May self-neglect to the point of self-harm.
2	Some suggestion of wanting to change such as thinking about registering with Family Doctor or allowing a medical professional to examine.
3	Let social workers know when they have an acute health problem (e.g. ulcers) and accept help with addressing the immediate problem. However, problems that are less severe/obvious are ignored, don't feel they can do much about them. May register with a Family Doctor if accompanied.
4	Accept help via Family Doctor as needed. Complying with treatment but still reliant on staff or friends to encourage and facilitate this.
5	Motivated to be healthier, e.g. showing greater responsibility for attending appointments and talking about health more constructively.
6	Can make the link between their medication, therapy or other treatment and keeping out of hospital/prevention of worse harm. Engaged with treatment plan but still needs a lot of support.
7	Awareness of choices or actions that are positive for own health. Managing existing physical problems appropriately. May report feeling physically healthier.
8	Active concern for own health and taking actions to improve health. May change diet or exercise, smoking etc.
9	Is able to report feeling as well/healthy as they have ever done. Levels of self-awareness around health allows for avoidance of crisis.
10	Independent and responsible approach to own physical health: reasonable self care (diet/ exercise), comply with existing treatment, and able and willing to access help if needed.

6. Managing Mental Health

No.	Indicators
1	Not taking any responsibility for mental health. Belief that symptoms are beyond control. Symptoms may lead to severe distress and impact negatively on activities of daily living. No input from services excepting statutory interventions.
2	Some avoidance of high-risk situations, i.e. substance use; may lead to a slight reduction in crisis. First glimmer of wanting things to change such as allowing mental health assessment or presenting to services when in crisis.
3	Growing recognition that there is a problem and that action can be taken to make things better. However, feelings of powerlessness and helplessness still dominate and it may be hard to see how to change. Likely to make, and then miss appointments. May miss appointments without substantial prompting.
4	Early stages of allowing help. Some willingness to explore issues with an early belief that it is possible to manage illness/lessen the impact of symptoms/reduce the frequency of relapse. Still tending towards being passive in the treatment of illness.
5	Increasing awareness of being able to influence the impact of mental ill health. Acceptance of areas of vulnerability and starting to identify ways of avoiding triggers for relapse. More positive engagement with services; may start using a day centre, seek out mental health worker, etc. Start of commitment to change.
6	Self-esteem/satisfaction with life may fluctuate but there is a general feeling that quality of life has improved. Engaged with services, and early stages of looking at learning coping mechanisms and adopting a relapse prevention plan. Actively self-medicating. Still need a fair amount of support.
7	Growing sense of being able to make choices. Aware of and actively avoiding triggers for relapse. Identifying and using coping mechanisms. Relapse prevention plan, if required, is in place.
8	May report feeling as in control as ever before. Symptoms may very well persist but there is a sense that life goes on despite symptoms rather than life being dictated by them. Can weigh up options and make choices with confidence.
9	Comfortable with lifestyle and ways of coping. Full responsibility for maintenance of emotional and mental health. Able to access services and support as and when required. A responsible attitude to risk taking may be possible, (i.e. critical viewpoint on medication). Socially active within bounds of ability/inclination.
10	Full responsibility for maintaining and developing emotional and mental health. Confident in new lifestyle. Own support network in place. Independent of Casa Ioana.

7.   Meaningful use of time

No.	Indicators
1	There is a lack of motivation or confidence to engage in meaningful activity. Avoidance of social situations or structured leisure activities.
2	May start to spend some time in a meaningful way, for example choosing to sit with others if only for a short time.
3	Starting to express dissatisfaction with current ways of spending time. May start to make appointments/arrangements but not ready to follow through with the commitment. Will find there are excuses for dropping out at the last minute.
4	Starting to follow through with some arrangements/appointments. Peers and professionals may still have to do a lot of supporting and persuading. Likely to start to engage with 'in-house' activities. Many will start to express dissatisfaction with what is 'on offer' in an early attempt to explore their goals.
5	Wants to change situation. Starts to have an idea of where they might want to head and start to show commitment to making changes. Considering training/activities, etc. in a more concrete way.
6	Clearer sense of what they would like to do and some of the steps needed to get there. Participates actively. Attending appointments more regularly. Able to set and meet short-term goals. A difficult time where support is needed and there may be many set-backs.
7	Noticeable change in behaviour. Can evaluate different options and make choices. Actively engaged in some structured meaningful activity.
8	Active in getting closer to goals. Aware of how they are seen by others. May dress appropriately for interview, write CV, committed to training, placement, job-search or other steps along the way to their longer-term goals
9	More comfortable with new lifestyle or ways of being. May run into occasional difficulties or need some low-level support.
10	A feeling of being in the right situation/place for the foreseeable future - whether this be paid work, voluntary work, in education/training, or have a structured daily routine which satisfies and challenges.

8.   Accommodation

Note: The actual accommodation or project will be noted separately. This scale is about how beneficiaries manage or relate to their accommodation.

No.	Indicators
1	Finding it hard to live within the constraints of their environment (rules/culture/tenancy agreement), and no motivation to address this. Not regularly seen by staff and not engaging with services.
2	Some increasing awareness that addressing challenges/issues will help to move up within the Programme.
3	Increased commitment to making changes to lifestyle in areas that allow for a move to more permanent/appropriate accommodation, or to move up within the Programme (budgeting, hygiene, less chaotic lifestyle etc). May not always keep to agreed arrangements/appointments.
4	Starting to request help and go along with help offered with issues that arise in accommodation. Aware of consequences (regarding moving on or keeping accommodation) if not resolved/addressed.
5	Working towards fulfilling the criteria to moving up within the Programme or to move on. Starting address issues which could have effect on tenancy, with support from staff.
6	There is a commitment to maintaining accommodation, accepting support as needed in order to do this. Sometimes omits to request help when needed.
7	Accommodation is working well with the input of support. There may be occasional problems with arrears/benefits/living with neighbours, etc.
8	Developing interests/contacts in local community (or in project) and attending regularly without input from staff.
9	Very low risk of loss of tenancy and support networks in place. Able to request support at appropriate time when needed.
10	Able to manage all aspects of tenancy, with own support network as needed.

Guidance Notes for use of the Outcomes Star

Background

The star has been developed as a way of measuring change in our beneficiaries. It is designed as a beneficiary focused system, capable of tracking change in a person as they move through the ACASĂ Programme.

An aid to social workers

It can be used as a tool for addressing particular areas of a beneficiary's needs. Because it is used at regular, but spaced intervals, it allows a social worker and their beneficiary to see what progress has really been made, despite day to day changes sometimes often seeming to be minimal.

It is designed so that social workers and beneficiaries will find the information from this assessment tool stimulating – showing what is changing and how.

A tool for managers

This monitoring tool offers managers scope for exploring how to do things more effectively.

How the form is completed

1. The star has eight dimensions, each on a scale of 1 - 10. The areas covered are personal responsibility, living skills, social networks, substance use, physical health, mental health, meaningful use of time and accommodation. Guidelines for each number on the scale are attached.

2. They are designed based on whole numbers - do not use points or fractions.

3. It is likely that you will be using the lower numbers on each scale when working with more chaotic beneficiaries, whilst for those who are more settled, larger numbers, i.e. a beneficiary going from street to an independent home would, in theory, move from 1 or 2 to 9 or 10.

4. To make an assessment, the social worker will draw on information from all involved with the beneficiary, including that from other agencies.

5. Tie the Outcomes Star in with the Action Plan and your social working. In the progress notes, keep a record of any comments the beneficiary makes about the Outcomes Star, areas where you have agreed or disagreed and points you may have discussed.

Who should complete the Outcomes Star

*   The social worker and the beneficiary should complete the Outcomes Star together, wherever possible, although this requires a consistent and trusting relationship to do well.

*   If the social worker and the beneficiary disagree, try to seek agreement through discussion.

*   If this impossible, it should be recorded, for example two Outcomes Stars could be recorded. Record any comments the beneficiary makes on the file.

*   The social worker is responsible for ensuring the Outcomes Star is completed at the appropriate time.

Involving beneficiaries

1. Tell the beneficiary about the Outcomes Star when they first enter the ACASĂ Programme. Let them know where they can find out more about it (from other beneficiaries/social workers/psychologist).

2. Always introduce the Outcomes Star to your beneficiary before you arrange to complete it, and ensure that they understand it. Give them a copy of the Outcomes Star & grade scales to take away with them and look at. This way, the beneficiary is more likely to take ownership of it, and the Outcomes Star will be will more meaningful.

3. Ask for feedback, through beneficiaries' meetings or one-to-one sessions, etc.

4. Give your beneficiary a copy of the completed star to keep. Compare it to previous Outcomes Stars, so that you and they can see changes and focus on different points as a tool for social working.

How the Outcomes Star helps beneficiaries

The star is designed to support social working. Each scale is based on the outcomes Casa Ioana aims to achieve and the indicators that we need to report on. It is designed primarily as a measurement scale, but one that can be used constructively with beneficiaries. The Outcomes Star is a visual form – when you complete the second reading you and the beneficiary will see an immediate visual message – the Outcomes Star may have changed shape, gotten bigger, developed in some areas but not in others.

When completed and how often

The aim of this tool is to measure change – thus the earlier you take a reading with the beneficiary the greater (in theory) the change will be. However, often it takes time for a relationship to develop and for someone to be realistic about themselves (scores of one and two will have the beneficiary out of touch with her/himself and others).

- for the majority of beneficiaries, the first reading should be done within four weeks, followed every three months as beneficiaries move on rapidly whilst ensuring that it fits in with the social working pace

- older beneficiary's who are likely to stay in the Programme for an extended period of time tend to be more stable and should complete the first reading within two weeks, and then every six months, reflecting the slower rate of change

- the social worker will place a copy of the completed Outcomes Star in the case file and copies will be given to the beneficiary so that progress can be recorded and compared with earlier and subsequent Outcomes Stars

Annex 2

Beneficiary Survey

Beneficiary Survey

The Casa Ioana Association is committed to delivering quality services to our beneficiaries and other key stakeholders. As part of our quality improvement process, we are seeking feedback from you on the way we:

- Communicate with you
- Case manage beneficiaries

- Receive referrals
- Respond to grievances

- Make referrals
- Deliver services and partnership responses

It is very important for Casa Ioana to understand our service provision better by asking your help to provide accurate feedback through this survey, which we undertake every three months. Through regular surveys, Casa Ioana can better see what it is doing well and improve services where we are not doing so well. You are not required to add your name, but we do ask you to add the date you completed the survey. If you would like some help with completing the survey, or you would like to discuss it, please speak with a member of staff.

1. Please tick which of our services and resource activities you benefit from.

Beneficiary Service Delivery	Location/site	√	Resource Activity	Location	√
Temporary accommodation	Șoseaua Olteniței 39-41, 041294 Bucharest		Temporary accommodation	Bl. Bucureștii Noi, nr 67, 012355 Bucharest	
Psychological support	Șoseaua Olteniței 39-41, 041294 Bucharest		Psychological support	Bl. Bucureștii Noi, nr 67, 012355 Bucharest	
Social worker support	Șoseaua Olteniței 39-41, 041294 Bucharest		Social worker support	Bl. Bucureștii Noi, nr 67, 012355 Bucharest	
Psychological/psychiatric support	Other location		Social worker support	Other location	
Medical aid and support services			Financial aid and support		
Educational/(re)training services			Childcare services		

3. Please rate each of the following	Not applicable	Excellent	Very good	Good	Satisfactory	Weak	Unsatisfactory
1	How satisfied are you with the timeliness of our response to you being referred to Casa Ioana?							
2	How satisfied are you with our response to your referral to Casa Ioana?							
3	How satisfied are you with the way in which Casa Ioana responds to you when your case is jointly managed with another organisation?							
4	How satisfied are you with the level of information we provide to you regarding the services we offer?							
5	How satisfied are you with the appropriateness of information we provide to other organisations when we refer you to them?							
6	How satisfied are you with the timeliness of our referring you to other organisations for services outside of Casa Ioana?							
7	How satisfied are you with the level of assistance you receive from our social workers and psychologist?							
8	How satisfied are you with the response we provide you through our ACASĂ Programme?							
9	How satisfied are you with the level of safety we provide you?							
10	How satisfied are you with the level of support we provide you?							
11	How satisfied are you with the level of assistance you receive from our social services manager/director?							
12	How satisfied are you with the level of assistance you receive from our administrative member of staff?							
13	How satisfied are you with the standard (cleanliness, furnishings, space, resources) of our facilities?							
14	How satisfied are you with punctuality and reliability of our staff?							
15	How satisfied are you with the level of skills as demonstrated by our staff?							
16	How satisfied are you with the level of access you have to our services?							
17	How satisfied are you that we provide culturally appropriate services?							
18	How satisfied are you that we respect your rights?							
19	How satisfied are you with our response to grievances?							
20	How satisfied are you with our level of collaboration with you?							
21	How satisfied are you with our level of practicality and community engagement with regard to homelessness/housing concerns and responses?							

6. What do you think we do well as an organisation?

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7. How could we improve our practice?

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8. Do you have any further feedback?

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Date: ☐☐ ☐☐ ☐☐

Annex 3

Key Stakeholder Survey

Association Casa Ioana

"helping homeless people to help themselves"

Key Stakeholder Survey

The Casa Ioana Association is committed to delivering quality services to our beneficiaries and other key stakeholders. As part of our quality improvement process, we are seeking feedback from you on the way we:

- Communicate with you
- Case manage beneficiaries
- Receive referrals
- Respond to grievances
- Make referrals
- Deliver services and partnership responses

Please assist us to understand our service provision better by providing feedback through this survey.

1. What is your name, title and organisation?

Name	Title	Organisation

2. Which of the following activities best describe our relationship with you or your organisation? *(please tick all appropriate descriptors)*

We make beneficiary referrals to your organisation		Our beneficiaries receive non-financial resources from you training, support, childcare, activities, etc.)	
We receive beneficiary referrals from your organisation		Our beneficiaries receive financial resources from you (support, education, food, other activities, etc.)	
We share joint case management of beneficiaries with your organisation		Our beneficiaries receive psychiatric, psychological, social or medical support from you	
We regularly network through meetings and working groups		Our beneficiaries receive support through you doing voluntary work with them	
We receive regular financial support from you or your company/organisation		You benefit through doing your social working practical assignment in Casa Ioana	
We receive non-financial material support from you or your company/organisation		We have a Partnership Agreement or informal protocol with you to share beneficiaries' activities	

3. Service and resource activities with which you have most frequent contact.

Beneficiary Service	Location/site	√	Resource Activity	Location	√
Temporary accommodation	Șoseaua Olteniței 39-41, 041294 Bucharest		Temporary accommodation	Bl. Bucureștii Noi, nr 67, 012355 Bucharest	
Psychosocial services	Șoseaua Olteniței 39-41, 041294 Bucharest		Psychosocial services	Bl. Bucureștii Noi, nr 67, 012355 Bucharest	
Other	Șoseaua Olteniței 39-41, 041294 Bucharest		Other	Bl. Bucureștii Noi, nr 67, 012355 Bucharest	

4. How frequently do you have contact with our organisation?

Regularly ☐   Fairly Regularly ☐   Occasionally ☐   Infrequently ☐

5. Please rate each of the following	Not applicable	Excellent	Very good	Good	Satisfactory	Weak	Unsatisfactory
1	How satisfied are you with the timeliness of our response to your beneficiary referrals?							
2	How satisfied are you with the feedback we provide to you in response to your beneficiary referrals?							
3	How satisfied are you with the way in which our organisation responds to beneficiaries who are jointly case managed?							
4	How satisfied are you with the level of information we provide to your organisation and beneficiaries regarding the services we offer?							
5	How satisfied are you with the appropriateness of information we provide to your organisation when we make a beneficiary referral?							
6	How satisfied are you with the timeliness of our beneficiary referrals to your organisation?							
7	How satisfied are you with the level of assistance you receive from our direct service delivery staff?							
8	How satisfied are you with the crisis response we provide through our shelters program?							
9	How satisfied are you with the level of safety we provide for our beneficiaries?							
10	How satisfied are you with the level of support we provide to our beneficiaries?							
11	How satisfied are you with the level of assistance you receive from our managers/director?							
12	How satisfied are you with the level of assistance you receive from our administrative member of staff?							
13	How satisfied are you with the standard (cleanliness, furnishings, space, resources) of our facilities?							
14	How satisfied are you with punctuality and reliability of our staff?							
15	How satisfied are you with the level of skills as demonstrated by our staff?							
16	How satisfied are you with the level of access your beneficiaries have to our services?							
17	How satisfied are you that we provide culturally appropriate services?							
18	How satisfied are you that we respect the rights of our beneficiaries?							
19	How satisfied are you with our response to grievances?							
20	How satisfied are you with our level of collaboration with your organisation?							
21	How satisfied are you with our level of practicality and community engagement with regard to homelessness/housing concerns and responses?							

6. What do you think we do well as an organisation?

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7. How could we improve our practice?

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8. Do you have any further feedback?

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Signed: ....   **Date:** ☐☐ ☐☐ ☐☐

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és Intézményei

Casa Ioana
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