

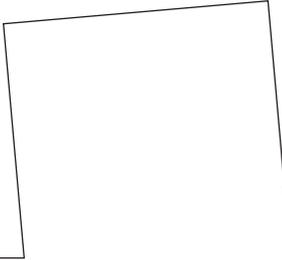
European Observatory on Homelessness

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Selected Proceedings of a Conference
held in Budapest, 17 September 2010,
*on Understanding Homelessness and Housing
Exclusion in the New European Context*



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Journal Philosophy

The European Journal of Homelessness provides a critical analysis of policy and practice on homelessness in Europe for policy makers, practitioners, researchers and academics. The aim is to stimulate debate on homelessness and housing exclusion at the European level and to facilitate the development of a stronger evidential base for policy development and innovation. The journal seeks to give international exposure to significant national, regional and local developments and to provide a forum for comparative analysis of policy and practice in preventing and tackling homelessness in Europe. The journal will also assess the lessons for Europe, which can be derived from policy, practice and research from elsewhere.

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Editorial

On 26-27 February 1995, FEANTSA organized a seminar in Brussels to explore aspects of homelessness in Central and Eastern Europe (Avramov, 1997). Covering a number of countries and exploring homelessness from a number of different perspectives, the papers at the conference had nonetheless a common theme of how marginal households were faring in countries which were in the process of dismantling one system of social protection without establishing new social safety nets.

Fifteen years later FEANTSA, together with the European Observatory on Homelessness, the European Network on Housing Research Working Group on Welfare Policy, Homelessness and Social Exclusion and the Metropolitan Research Institute Budapest, organised the 5th Annual Research Conference on Homelessness in Europe on the theme of “*Understanding Homelessness and Housing Exclusion in the New European Context*”. The conference took place in Budapest on 17 September 2010 and was prompted by the fact that research into dimensions of homelessness and housing exclusion in Europe has been geographically uneven, despite the impetus of the aforementioned seminar in Brussels in 1995, with the bulk of published research emanating from Western and Northern Europe. While this gap is gradually being addressed, the aim of this conference was both to stimulate and consolidate research exploring homelessness and housing exclusion in Central and Eastern Europe. The papers published in this special edition of the *European Journal of Homelessness* are a selection of the papers presented at the conference in Budapest, and they reflect the diversity of perspectives on homelessness that was evident at the conference.

Of course, between the holding of the seminar on homelessness in Central and Eastern Europe in 1995 and the research conference in Budapest in 2010, the political and institutional landscape had shifted dramatically. At the time of the initial seminar, the European Union was comprised of 15 member states (EU15). On 1 May 2004, eight countries (A8) of Central and Eastern Europe — the Czech Republic, Estonia, Latvia, Lithuania, Hungary, Poland, Slovenia and Slovakia — joined the European Union and on 1 January 2007, Bulgaria and Romania (A2) joined the European Union. However, understanding the social protection systems of these countries has remained a constant topic of debate and discussion.

Early attempts to classify the welfare systems of these countries suggested that a variety of welfare systems or regimes (that is, the particular institutional mix of family, the state, the market and civil society in the provision of welfare services)

would emerge, rather than a unitary one with, for example, Hungary emerging as a liberal welfare regime, the Czech republic developing social democratic tendencies, and Bulgaria and Romania exhibiting 'post communist conservative corporatist' tendencies (Deacon, 1993). As the terms imply, the general sense at the time was that the welfare systems of central and Eastern Europe would gradually approximate the models already in place in Western Europe (Esping-Andersen, 1996), but within an overarching neo-liberal agenda that predominated in countries that had recently returned to the free market.

What has transpired is somewhat more complex than initially envisaged, and considerable diversity in the organisation, financing and delivery of welfare is evident (Schubert *et al.*, 2009). In respect of the imposition of a neo-liberal model of welfare, Fuchs and Offe (2009) argue that, at least in respect of the A8 member states, no country actually implemented a fully fledged marketisation of welfare, but nor did they maintain the universality and comprehensive decommodification of welfare that was evident prior to 1989 (Aidukaite, 2009). What the CEE member states have in common are lower rates of social expenditure as a percentage of GDP than the EU15 member states and the fact that they have, in the main, adopted social insurance schemes along Bismarkian lines (Careja and Emmenegger, 2009; Draxler and Van Vliet, 2010). Recent research has suggested that two primary welfare regimes are now evident in the CEE member states: a *conservative post-socialist regime* in the central European countries, with mostly transfer-oriented labour market measures and a moderate degree of employment protection, and a *liberal post-socialist* cluster in the Baltic countries, which are characterised by a more flexible labour market (Whelan and Maître, 2010).

Substantial difficulties already exist in delineating the relationship and outcomes between welfare regimes and homelessness (O'Sullivan, 2010), but this is particularly challenging when welfare regimes are evolving and in flux. The dimensions of homelessness and housing exclusion debated in this special edition of the Journal – namely housing poverty, migration and homelessness, barriers to exiting homelessness, homeless youth, and data collection issues – all interact with the general welfare settlement in each member state. However, in the first paper of this special edition, József Hegedüs argues that there are too many inconsistencies in the different policy areas that make up welfare regimes across CEE member states to allow the identification of a single welfare regime category; rather, specific policy arenas have different characteristics. In this paper, housing policy in CEE countries is explored, in particular the nature and scale of emerging housing poverty. The paper is based on the analysis of changes in the Hungarian housing system, but examples from other regions are also used to support the arguments.

One consequence of the enlargement of the European Union was an increase in migration from CEE member states to Western member states, with Ireland, Sweden and the UK allowing unrestricted labour migration, and other members opting for a transitional period (Black *et al.*, 2010). While fears of welfare tourism and other scare-mongering have proven to be largely unfounded, some member states have restricted access to services for non-nationals facing homelessness (European Consensus Conference on Homelessness, 2010). This has resulted in a need to understand homelessness both in CEE member states and amongst A8 and A2 migrants in the EU15 member states, and highlights that establishing links between migration and homelessness needs a stronger evidence base.

In her paper, Magdalena Mostowska outlines how the dynamics of migration indicate that the concept of citizenship and eligibility for particular benefits are in the process of redefinition in Europe. Migrants, she argues, may be among the most vulnerable actors on the housing market, and due to their economic position, and their social and language skills, they may be at greater risk of homelessness. In the case of migrants facing rooflessness, there may be problems accessing even basic help. This paper explores access to service providers for homeless Polish migrants sleeping rough in Brussels and Oslo (although Norway is not a member state of the EU, it is closely associated with the Union through its membership in the Schengen Area and the European Economic Area (EEA), and has been granted participation rights – save voting rights – in several of the Union’s programmes, bodies and initiatives). In particular, the paper addresses the use of low-threshold services like soup runs, day centres, showers, medical help and emergency shelters. Brussels and Oslo are compared in terms of general patterns of Polish migration to those cities, survival strategies of homeless migrants, and practices of inclusion and exclusion by service providers. Individual resources, especially communication skills, interplay with legal eligibility and may lead to the exclusion of migrants from services on a number of levels.

In the third paper from the conference, Boróka Fehér provides a detailed qualitative analysis of why some people remain homeless for a long period of time while others manage to exit homelessness, using Hungary as a case study. The paper attempts to investigate whether chronic homelessness can be viewed as a form of post-traumatic stress disorder and what policy implications stem from such a conceptualisation of chronic homelessness. Selma Muhič Dizdarevič and Joan Smith then provide a comparative overview of youth homelessness in four countries: the Czech Republic (CZ), the Netherlands, Portugal and the UK. In particular they report on responses from non-governmental organization workers with regard to the risk of homelessness for young populations in the four countries, comparing samples drawn in CZ with those of the three other countries. The paper also provides evidence on visible and invisible homelessness in the Czech

Republic, the risk factors associated with youth homelessness and the need for housing, supported accommodation services, and health services, including social services and link workers.

The final paper, by Maciej Dębski, reviews some of the most important aspects of homelessness in Poland based on the results of long-term research on homeless people in the Pomeranian Province carried out by the Pomeranian Forum in Aid of Getting Out of Homelessness. Dębski uses the results of quantitative surveys carried out in 2003, 2005, 2007 and 2009 to present an analysis of the demographic characteristics of the homeless population, and to indicate crucial problems connected with social and vocational reintegration. Such aspects as health conditions, professional activity, causes of homelessness and the Polish system of assistance used by homeless people are significant in the description of Polish homelessness. The paper also contains a critical analysis of the social assistance system for homeless people in Poland.

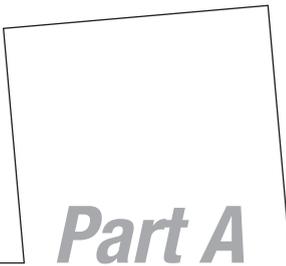
The papers presented in this special edition of the *European Journal of Homelessness* contribute to the ongoing development of a robust evidence base for understanding homelessness and housing exclusion in CEE member states. Analysis of homelessness and housing exclusion remains largely at a descriptive level, but both the conference in Budapest and the papers presented here suggest that we can be confident that the foundations have been established to ensure that rigorous, methodologically sophisticated and policy relevant research will contribute to intelligent solutions to ending homelessness and housing exclusion in Central and Eastern Europe.

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Articles



Part A



Social Safety Nets, the Informal Economy and Housing Poverty – Experiences in Transitional Countries

József Hegedüs

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› **Abstract_** *The social and economic conflicts that emerged during the transition periods of Central and Eastern European (CEE) countries forced governments to introduce changes to welfare systems. As the old soviet-type social safety net collapsed, new measures were needed to manage the challenges of transition. The question thus arises: what kind of welfare regimes have transitional countries moved towards, and is there a new model that combines elements of modern European welfare regimes with the ‘socialist tradition’? There is no agreement among researchers as to whether it is possible to draw general conclusions on the development of welfare systems in transitional countries; the problem remains that reforms in the public sector (education, health care etc.) are unfinished, that institutions in different welfare sectors follow different principles even within one country, and that there is a big gap between rhetoric and the actual implementation of programmes. Most of the research is non-conclusive and there are too many inconsistencies in the different policy areas to allow the identification of a single welfare regime category. In this paper, housing policy in CEE countries is explored. The research approach is based on the ‘soft structuralist’ method, combining structural elements and a ‘rational choice’ (policy or agency choice) approach – a kind of contextualized rational choice theory. It is used in this paper to explain the nature and scale of emerging housing poverty. The paper is based on the analysis of changes in the Hungarian housing system, but examples from other regions are also used to support the arguments.*

› **Key Words_** *East-European Housing Model; Housing Affordability and Poverty; Welfare Systems*

The Legacy of the East-European Housing Model: Different Theoretical Approaches to Transition

The main characteristics of the East-European Housing Model (EEHM) were the one-party political control of the housing market, the subordinate role of market mechanisms, the lack of market competition among housing agencies (due to bureaucratic coordination), and the broad control held over the allocation of housing services. The state, operating under the dominance of the communist party, was in economic/military competition with the western world, and the socialist ideology (commitment to egalitarian allocation and the elimination of private/market mechanisms) was an important element of its policies. However, within this model several sub-models or versions emerged; these were the responses of individual countries to particular challenges in the development of the socialist economy. While the main characteristics of the model could be interpreted as structuralist in approach, divergences were understood theoretically as 'policy options' taken by individual states. However, a conflict emerged in the course of socialist industrialization and urbanization that led to a critical juncture in the institutional development of the model. These structural conflicts (or 'cracks') were managed in various ways. Bulgaria, Russia and East Germany introduced strict control mechanisms, while Yugoslavia and Hungary permitted the quasi-market processes. Differences were explained partly by exogenous factors, such as the organizational development of the party and the state, and economic and social policy, and partly by the endogenous development of the housing institutions.

The EEHM had a common core model (a centrally planned economy and a politically determined power structure) that was implemented in the national context through legislation, tenure forms, regulations and so on. In Hungary, for example, the rental law that was developed during the Second World War was used with minor variations even in the 1950s, while in Germany there was no need to nationalize the urban housing stock as the legal framework allowed public use of privately owned stock. 'Path dependency', the legacy of the pre-communist system, and other 'accidental factors' had an effect on decisions related to the EEHM at critical junctures, but this explanation of how post-transitional housing markets developed is based on a variant of the rational choice theory, according to which agents choose from a limited number of options that are determined by structural constraints or political power.

The basic logic of the EEHM became moot after the transition. Following the political changes of 1989/1990, the economies of countries in the region went into deep recession. Despite differences in the economic strategies of different countries, from 'shock therapy' to soft reform, there was widespread price liberali-

zation and privatization of state companies, which led to the creation of a new economic/political system where capitalist interests (small and large, national and international) were strongly represented.

The introduction of the multi-party political system, radical privatization and fast decentralization were clear signs of the transition from the 'planned' to the 'market' society. Two approaches have dominated the research on housing policy changes in transition countries. The first is a normative approach based on the enabling housing policy of the World Bank (World Bank, 1993), which aimed to identify and describe well-defined legal institutions (property rights, building regulations, flexible planning structure etc.) and market institutions (finance systems for housing, property management etc.), and to introduce well-targeted social programmes (see, for example, Pichler-Milanovich, 2001; Tsenkova, 2009). However, this approach did not take into consideration the fact that, although the hegemony of the communist party had been replaced by a multi-party political system based on a democratic election system, due to the lack of democratic traditions, there was a high risk of demagoguery, or of political forces resorting to the playing of populist and nationalist 'cards' – the danger of a kind of 'south-Americanization'. Policies related to the welfare sectors (housing, education, health care, pension systems etc.), being rooted in socialist norms and ideas (that have little to do with the reality of 'existing socialism' in the past), have always been easy targets of demagogic attacks.

The second common approach to research is the Anglo-Saxon tenure-oriented approach, which classifies housing systems according to basic tenure type. In this system, (Lux, 2001) there are 'fast privatizers' (Hungary, Slovenia, Estonia etc.) and 'slow privatizers' (Poland, Latvia and the Czech Republic), with one strong outlier: Bulgaria – a country that had low levels of public housing even at the beginning of transition. The case of Bulgaria highlights the limitations of the tenure-oriented approach; the typology does not help in understanding how Bulgaria went through the transition or how affordability problems were managed by social housing policy there. Besides this, privatization has not, in fact, stopped; it is predicted that 75% of stock in the Czech Republic will be sold, 80% will be privatized in Latvia, and privatization also continues to take place in Russia.

This paper offers a third approach which focuses on institutional changes conditioned by the behaviour of different actors (households, municipalities, political groups, etc.) in the process of coping with the conflicts of the transition.

Transitional Recession and Poverty

As a consequence of the economic recession described, the living standards in CEE countries dropped sharply and did not start to recover until the beginning of the twenty-first century. Unemployment (an unknown phenomenon in the socialist period) had become one of the most difficult social and economic problems. During the 1990s, poverty became one of the most significant social issues in Eastern Europe and the former Soviet Union, as income inequality increased substantially, though with great variability (Mitra and Yemtsov, 2006). Generally, while the average income decreased, income inequalities increased dramatically in the first part of the 1990s, and have remained stable since around 2000. For example, in Hungary the ratio of average income in the lowest percentile to that in the highest percentile increased from 4.6 in 1987 to 7.6 in 2004. The economic recession associated with transition increased spatial inequalities in the region as well. In Hungary the net income per capita is 50% higher in the most developed region than in the two least developed regions. A rapid shift in demographic trends took place in most of the transitional countries, which saw decreases in their populations. The populations of most CEE countries (except Albania) are expected to continue to decline, as fertility rates are lower than the reproduction level and the proportion of older people is therefore increasing more quickly. In transition countries, the ageing of society is taking place at a much lower level of economic development than in the western world. Even in developed countries, ageing puts an extra burden on fiscal policies in the welfare sector (pension systems, health systems etc.), creating political tensions around public finance issues. Transition economies face much larger problems as they are not only poorer than developed countries, but their populations are shrinking and economic growth is further being slowed by the out-migration of young, educated workers.

The growth of the informal economy was a typical reaction to transitional conflicts, though there are no reliable and commonly accepted indicators for its real size. According to Glovackas (2007) in the EU the average size of informal economies is 9%, in the new EU member states it is 20%, and in the Commonwealth of Independent States (CIS), 48%. In Hungary the informal economy was estimated to be as large as 25-33% of GDP between 1990 and 1997 (Laczkó, 2000), and informal transactions are widely accepted today by consumers (Semjén et al., 2008). The existence of the informal economy affects the efficiency of welfare programmes for two reasons: first, tax revenues provide limited resources for welfare programmes while tax rates are very high and second, social security programmes are very poorly targeted due to the lack of income information available on those in need of welfare. The economic recovery and social/political transition of post-socialist countries varied a great deal. The new EU member states experienced a faster economic recovery and less social polarization than low-income CIS

countries. The dividing line between the accession countries and the other new countries of the former Soviet Union is also apparent in the various housing systems of these countries.

Transformation of Housing Systems

Privatization and restitution had an important effect on the housing systems in transitional countries. Privatization was a typical response to the social conflicts generated by the transition process (a 'shock absorber' (Struyk, 1996)), and the social rental sector has basically disappeared from most transitional countries. It is not clear whether the exceptions (e.g. Czech Republic, Poland and Russia) represent another model, or if it is only that privatization in those countries has been at a slower pace. Privatization had a regressive social effect. Low-income households became trapped in the social rental sector as they were unable to buy their homes even at the discounted price offered by the housing privatisation packages. The social rental sector has thus become a small and residual sector, in which society's most vulnerable groups are concentrated. The sector is changing in terms of tenure rights, rent regulation and allocation rules, but, for political reasons, these changes do not seem to be achieving full impact in terms of moving towards a transparent and sustainable system. As a consequence of restitution (for example in Czech Republic, Slovenia and Poland, but not in Hungary) a new private rental sector has emerged, which has become an arena of conflict between those private tenants who remained sitting tenants in restituted homes (with private landlords now instead of the state), and private landlords. In most countries (new) property owners were relatively successful in increasing rent and putting the cost of housing on tenants and the government (by means of rent subsidy).

The state-dominated housing finance system collapsed in 1990 and it took 10-15 years for market-based mortgage finance to develop. The new, privatized banking system started lending after 2000 and grew very quickly, indicating that new EU member states are starting to catch up with the more developed European countries. The mortgage finance system has grown in importance across the region since 2000, and the ratio of outstanding mortgages to GDP has increased substantially. In some countries (Estonia, Latvia and, to a lesser extent, Lithuania) the development of mortgage finance was influenced by a speculative demand fuelled by the increase in house prices; in other countries, the growth of the market was fast but seemed more balanced (e.g. Czech Republic, Hungary, Poland, Slovakia and Slovenia); while in still others, the market has only really started to develop in the last 4 years (Romania and Bulgaria) (Hegedus and Struyk, 2006).

In most of the region, foreign currency loans – particularly in Euro and Swiss Francs – have proven popular, including in Croatia, Poland, Romania and, after 2005, Hungary. The interest rates of loans issued in foreign currency were lower than those offered in national currencies, but the individual household had to accept the risks involved in exchange and interest rates; the related affordability issues only started to become obvious with the 2008/9 recession, for example in Hungary. As a result of these processes, household debt has increased very quickly in the region since the beginning of 2000, but even the most developed transitional countries are a long way behind EU countries; the average ratio of outstanding loans to GDP is 7% in CEE countries, while in the EU zone it is 38%. House prices began to increase, especially in capital cities, and globalization and speculation (fuelled by the newly emerged mortgage markets) led to a housing price bubble in some countries in the region.

In almost every country in the region, the need for social housing that arose following mass privatization and economic recovery was recognised in politics, and in housing policy. There were several programmes aimed at increasing the social rental sector, but none seems to have led to any real breakthrough in this area; a frequently quoted example of where good progress has been made is the social building associations in Poland, called and usually referred to as TBS („towarzystwo budownictwa społecznego”) – a society for social housing involving special housing companies and local governments. A number of other programmes in the Czech Republic, Slovakia, Romania, Hungary and Serbia have produced results that, while interesting, are sometimes questionable. Extension of the social housing sector has typically been nominal, and more importantly, the social and financial sustainability of the new social housing stock is very weak. The operation of the sector has required huge subsidies to bridge the difference between market rent and ‘social’ rent: extensive tenure rights remain in place; allocation principles have not always been transparent; the requirement of a down-payment as a pre-condition to entering the sector indirectly affected the selection of possible tenants in a regressive way; and a number of negative issues have emerged, such as the non-payment of housing costs, the deterioration of property and so on.

Countries within the region developed their own, specific institutional structures for housing, including different government agencies, non-profit institutions and private sector organizations such as banks, developers and construction companies. However, programmes and networks founded on the notion of cooperation between different agencies have not been stabilized, which is why it is very difficult to make generalizations about the new housing regimes. Certain important developments have come about, however, in the ‘governance of housing’: institutional models for social housing, housing funds at national level, different models of housing allowances, and programmes for the renewal of high-rise housing estates.

Housing Affordability and Housing Poverty – Institutional Changes and Household Coping Strategies in Hungary

Since the transition and as a result of price liberalization, housing related costs have increased much more than household incomes. Because of the privatization and residualization of public rental housing, rent in the social rental sector makes up only a negligible share of these costs at macro level, while a greater part of the increase is due to rising energy and utility prices (water services, garbage collection and district heating, and in multi-unit buildings: maintenance and management fees). One of the principle causes of social tension in the 20-year post-transition period has been increasing poverty, which is strongly linked with affordability issues in terms of housing costs. Increasing housing costs put a huge burden on households, both in the owner-occupied sector and in the shrinking public sector. As a consequence, a relatively high percentage of households are facing the problem of arrears because they cannot afford water charges, district heating, electricity, communal services and – in the public rental sector – the rent. In Hungary 14-18% of households have serious difficulty in paying their housing related bills, which means that a growing number is in arrears. Energy related services represent the biggest share of household costs; in 2007, they constituted almost 70% of housing-related expenditure (Hegedüs et al., 2010). As a result, energy poverty has become a general phenomenon in post-socialist countries (Buzar, 2007). The problem is aggravated in privatized multi-unit buildings by the fact that the burden of unpaid utility bills has to be shared amongst the owners.

Different levels of affordability are not determined exclusively by income disparities, but also by the behaviour of different actors in specific sectors including local governments, service providers and interest representation bodies. Service providers with a monopoly, for example, may only be interested in maximizing revenue, precluding an interest in solutions to cut back turnover or consumption unless expenses will still be covered. These service providers usually ensure that losses are in-built in their tariffs and do not consider arrears as a serious problem as long as their tariffs/prices are accepted by consumers and the (central or local) government. However, the central government, local governments and interest representation bodies can force service providers to change their income-maximizing attitude into a more cooperative one. There are several good examples to illustrate this phenomenon such as the installation of individual water meters in the early 1990s, and the installation of individual sub-meters for district heating. Cooperation and conflict between actors in specific sectors have led to the adoption of several different models and solutions; this is reflected in the differing tariffs and price-setting mechanisms that have developed and that cannot be fully explained by disparities in income or technology. Because of their financial and technical resources, service providers are usually in a better interest representation position

than the state, and central/local control of housing tariff increases is therefore not very efficient. However, as the owners of service providers or as tax levy authorities, central and local governments do have an interest in increasing housing service fees, since these fees equate to indirect taxes.

The affordability problem can be handled in two ways: by increasing household incomes or by decreasing household expenditure. Typically, the deficit of low-income households could not be compensated through the scarce central and local resources in post-socialist countries, and households were therefore forced to increase their income through the informal economy, releasing housing equity or using remittances. Household strategies could include several elements at the same time, such as applying for additional income benefits using other programmes (e.g. childcare benefit or a medical grant), taking on informal jobs, getting help from family, or the migration of several family members. Those unwilling or unable to take up these options experienced an accumulation of debt. The general reluctance of social policy makers to introduce means tested social assistance has meant an increasingly wide gap not only between formal but also informal income and expenditure. In addition, the lack of trust between different sectors and actors has resulted in a totally incoherent system of housing allowances. The magnitude of the informal economy is partly the reason for, but also partly the consequence of under-financing. The welfare system would be far more efficient if social benefits were means tested as otherwise those in relatively good financial positions in the informal economy are eligible for the same benefits as those who are in genuine need. On the other hand, those who drop out of the labour market have no choice but to enter the informal market in order to sustain an acceptable standard of living. The lack of transparency in the system inevitably leads to conflict between households and the administering authorities. However, from an objective perspective, this must be considered a weakness or failure of the entire system, rather than something wholly attributable either to the local authorities or to the families concerned.

Thus, despite the efforts made through different income benefit programmes (including housing allowance programmes) that were introduced in most countries to help low-income households, benefit programmes could not bridge the increasing gap between housing costs and income, as a consequence of which the number of households that had difficulty paying housing costs increased. The inefficiency of housing allowance programmes are in part related to the fact that governments set the eligibility income ceiling too low, so that there is no guarantee that the housing costs of households struggling to survive will be paid. Moreover, in-depth analysis of supplemental housing-related benefits proves that it is very fragmented; central government, local governments and non-profit foundations sometimes cooperate and sometimes compete with each other, but mostly they

simply ignore each other's programmes. In this chaotic system, characterized by its lack of information and perspicuity, the families concerned can easily become lost and even more defenceless.

One possible consequence for households with accumulated arrears is having to move to a less valuable home and to use the equity to pay back the utility companies, or – as is more and more common – the utility companies start foreclosure procedures. This type of 'downward mobility' was not common in these countries prior to transition, but it is now the typical outcome for households that have not been able to adjust household consumption to within their budgetary constraints. In Hungary, there is a specific type of crime that is closely related to the affordability issue; households with high utility debts (that usually also have other social problems) are cheated by the so-called 'real estate mafia', which offers an inhabitable home (typically in a dead-end village or the slum area of a city) in exchange for the indebted apartment; between 2001 and 2003 more than 400 such cases were registered, though this is only a small portion of the total number of indebted households and it is, in any case, merely the tip of the iceberg, as downward mobility continues to contribute to the 'slumification' of remote villages and certain urban areas (though other factors also contribute to this process). In such villages, there is little chance to enter the labour market and the education and health systems, or to access other welfare benefits. From a social perspective, a much more efficient option would therefore be to decrease energy costs. Although several programmes were initiated in the 2000s, the system of supplemental income benefits did not motivate households sufficiently to rationalize their energy consumption.

In general the effect of different welfare programmes depends on household adjustment strategies to macroeconomic and macro-sociological circumstances. Individual household strategies are influenced not merely by characteristics of the household – including its position in the labour market, its social network and social capital – but also by the various institutional and organizational mechanisms available to it.

The social consequence of the affordability problem with regard to housing access was the increasing role of intergenerational transfers – transfers of family savings and inheritance. This is the only explanation for how the housing market could exist with such a high P/I (price-to-income) ratio and low housing affordability index. Sociological surveys provide evidence that in housing finance, intergenerational transfers play an important role; in Hungary, for example, 50% of households that had recently bought a house or apartment received help from family to do so (Hegedüs-Somogyi, 2005).

Housing market processes also contribute to the exclusion of disadvantaged social groups, not only the Roma but other low-income groups as well. This is the point at which the two types of affordability problems connect with each other;

the social exclusion created by housing market agents (local government, banks, developers, and so on) increases the effect of market exclusion. For example, in some cases, local governments offered cash grants to Roma people in order for them to move from the city to more rural, remote areas. In other cases, developers have used subsidy programmes to build new but very poor quality houses in segregated areas in villages.

Conclusion: Towards a New Welfare Regime?

This overview of housing affordability shows that the housing sector contributes to the social inequality created by the labour market and the education system, both through market processes and institutional mechanisms, or through a combination of its legal framework and the discrimination perpetuated by housing market agents. Further research is needed to understand the behaviour of different actors in the housing system with regard to the welfare system, as well as the social mechanisms which lead to the strengthening or weakening of inequality and conflicts among different groups in society. The biggest challenge for the makers of housing policy in transitional countries is to provide institutional assistance to those social groups who have become vulnerable due to structural changes in the economy, including the privatization of housing and the commoditization of public services.

In CEE countries, the main trend in housing systems seems to be a move towards a housing and welfare regime in which the state's public housing plays less and less of a role. In the new, post-transition environment of unemployment, informal economies and so on, social institutions did not have the capacity or resources to operate an efficient safety net, and could provide help only to the neediest families: those with very low incomes and those in crisis situations. This appears close to a combination of the liberal and 'rudimental' welfare regimes as described by Barlow and Duncan (1994), but the institutional structure of the welfare regime is still in the process of change and such a categorization may thus be premature.

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Services for Homeless Immigrants: The Social Welfare Capital of Polish Rough Sleepers in Brussels and Oslo

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› **Abstract** *The dynamics of migration indicate that the concept of citizenship, and eligibility for particular benefits, is in the process of redefinition in Europe. Migrants may be among the most vulnerable actors on the housing market, and due to their economic position, and their social and language skills, they may be at greater risk of homelessness. In the case of migrants facing physical homelessness there may be problems accessing even basic help. This paper explores access to service providers for homeless Polish migrants sleeping rough in Brussels and Oslo. Two aspects of 'social welfare capital' – eligibility and individual resources – are considered. In particular, the paper addresses the use of low-threshold services like soup runs, day centres, showers, medical help and emergency shelters. Brussels and Oslo are compared in terms of general patterns of Polish migration to those cities, survival strategies of homeless migrants, and practices of inclusion and exclusion by service providers. Individual resources, especially communication skills, interplay with legal eligibility and may lead to the exclusion of migrants from services on a number of levels.*

› **Key Words** *homelessness, rough sleeping, migration, Poland, Belgium, Norway*

Introduction

For various reasons migrants may be more vulnerable to homelessness. In Europe, migrants from developing countries are often characterized by lower incomes and a lower socio-economic status than the general population. In the case of undocumented migrants arriving in Western countries, the lack of documentation can create difficulties in securing accommodation, while migrants with regularized status also face many obstacles in the housing market (Engbersen and Burgers, 1999). For temporary labour migrants, the rights to various benefits and allowances, including social housing, are not automatically gained with residence or work permits (Stanley, 2010), and migrants may also face informal barriers such as discriminatory practices on the part of private landlords and local institutions offering housing for rent or sale (Perl, 2010).

It is increasingly acknowledged that homelessness among new European labour migrants is an issue of concern (see for example, *Homeless in Europe*, 2010), and in the last number of years Polish and other media sources have reported on homelessness among Polish immigrants in large European cities such as London, Dublin and Rome (see for example, Pszczołkowska, 2006; *Homeless Poles...*, 2006). Labour migrants are an especially vulnerable group on the housing market, not only because of their economic susceptibility, but also because of weakening ties with family members in the home country, limited language skills, and social and cultural differences. Strategies for obtaining accommodation are a crucial element in successful support networks among immigrants. One study of homeless migrants in Europe, although looking specifically at non-Western immigrants, stressed that homeless immigrants experience far greater loneliness, isolation and exclusion from mainstream society than their native counterparts. Those studied tended to distance themselves from other homeless people whom they held responsible for their predicament, while considering their own homelessness to be caused by forces beyond their control (Järvinen, 2003).

This paper will compare the situation of roofless Polish people in two different European countries, Belgium and Norway, and in their respective capital cities in particular. The comparison may be undertaken from a welfare regime perspective, based on the fact that many argue that levels of homelessness are influenced by the interplay of welfare regimes and housing systems (see for example, Stephens and Fitzpatrick, 2007). Thus, pressure on housing markets and levels of inequality, as well as social assistance policy and prevention policies and programmes, may alter the risk of homelessness. Although there are differences between the Belgian and Norwegian housing markets, both are dominated by owner-occupation and highly commodified private rental sectors. Both in Brussels and in Oslo, basic welfare provision for homeless people is largely in the hands of non-governmental

organizations, but this similarity on the provision side does not take into account the many other variables that can influence an individual's homelessness and coping strategies, such as personal characteristics, and human and social capital.

The situation described in this paper is not limited to the two cities studied. Rising numbers of rough sleepers from the new EU accession countries have also been observed in other Western cities, and the phenomenon is a cause for concern. In the UK, for example, the percentage of homeless people from Eastern Europe is increasing; currently about two thirds of them are Polish, and they are overrepresented in the street populations of Nottingham, Cardiff (Mackie *et. al.*, 2010) and London (Bowpitt *et. al.*, 2010), where in 2008 it was estimated that 20% of rough sleepers were from Eastern Europe (Lane and Power, 2009), and where the presence of migrant workers (not necessarily rough sleepers) in soup run queues was said to be raising fears of conflict among the "indigenous homeless" population (Lane and Power, 2009, p.20).

Social Welfare Capital

The concept that underpins this paper is that of 'social welfare capital'. Social welfare capital encompasses knowledge, awareness of, and access to welfare services (Wright, 1997), and it is located somewhere between human and social capital: education and skills on the one hand, and social networks and communicative competences on the other. Social welfare capital refers to eligibility, individual competences and social capital (generalized trust, norms of reciprocity and social networks), and it includes access to social networks or other sources of information such that it is not strictly an individual resource. It is thus a form of capital that depends partly on the nature of relationships with others, with trust being one of its crucial elements – not only in other people, but also in institutions. Social welfare capital, as with other forms of capital, can be turned into other assets or forms of capital – economic, social or human, and it is shaped by previous contact with welfare agencies (or the lack of such contact) and a sense of being fairly treated (Rothstein and Stolle, 2003).

The resources of labour migrants are likely to differ from those of the native population in terms of human capital and social safety nets, as well as in the interplay of those competences with regard to entitlement to services – that is, social welfare capital. Finally, access to assistance is influenced by the daily practices of all actors involved: the actions of those enforcing the policies and regulations of support organizations, migrants' strategies in approaching certain places and avoiding others, how migrants present themselves, and so on.

This paper focuses on how social welfare capital is used by Eastern European, and specifically Polish, rough sleepers in the two Western cities of Brussels and Oslo, and attempts to answer the following questions: what are the survival strategies of Polish rough sleepers? What kind of service providers do they approach? What is the role of support providers in their strategies? What role do language and social skills play in excluding them from services? What institutional policies include/exclude foreigners from provision? What do employees and volunteers of these institutions think about Polish clients? How do Polish rough sleepers evaluate these services?

In the first part of the paper, background information on Polish migration to Belgium and Norway and on rough sleeping in Brussels and Oslo is presented, as well as the methodology used in the project. The main part of the paper involves a discussion of which services are accessed by Polish rough sleepers, why certain services are avoided and what these are, and the reasons that Poles are included in or excluded from certain practices. Attention will be paid throughout to the interplay between eligibility and social competences that enable recourse to these services. How Polish migrants are viewed by employees and volunteers of the institutions used by these migrants will also be considered before some concluding remarks are outlined.

Polish Migration to Belgium and Norway

The situation of Polish migrants in Brussels and Oslo has not received as much attention as their situation in cities like London or Dublin. There has, however, been substantial Polish migration to Belgium and Norway, with the former representing an 'old' migration destination and the latter being a 'new' host country for Poles. Patterns of Polish migration to Belgium and Norway thus vary to a large extent, but there are also similarities.

Polish migration to Belgium

There is a long tradition of Polish migration to Belgium, but the largest inflow of Polish workers, largely from rural north-eastern Poland, took place in the 1990s. In 2008 there were about 30 000 Polish citizens officially residing in Belgium (Statistics Belgium, 2010) and many more irregular migrants; in 2007 this was estimated at around 50 000 (Kaizen and Nonneman, 2007) and it was further estimated that over 60% of Poles working in Belgium, of which about 20 000 were based in Brussels, did not have a permit (Grzymała-Kazłowska, 2001; *Współczesne migracje...*, 2008). 45% of all Poles in Belgium worked in construction, the majority of which were men, while undocumented female migrants usually worked in domestic services. Since Polish accession to the EU and the subsequent opening up of the labour market, migratory strategies have diversified, yet a large proportion of Poles in Brussels continue to work off-books and to circulate between the sending and receiving countries.

Pendular migration to Brussels was the focus of a large ethnosurvey conducted by the Centre of Migration Research in the years 1994-96 and 1999 (Iglićka-Okólska, 1998; Okólski, 2001; Kaczmarczyk, 2005). This revealed some characteristics of migrant households, as well as particular links between Brussels and local communities of the Podlaskie voivodship province in north-eastern Poland. It was shown that many households from this sending region used 'incomplete migration' as a survival strategy; the resulting circular mobility meant that the receiving country was perceived only as a working place, while investment, family and other status-related interests continued to be based in Poland. In the 1990s this became an easy option for virtually every household, and the study showed that during this time the typical migrant to Brussels was male, the head of a household, quite poorly educated, and often unemployed or having problems finding stable employment in Poland (Kaczmarczyk, 2005).

Qualitative studies have demonstrated, however, that 'incomplete migration' usually leads to the marginalization of migrants in both the host and the sending country (Osipowicz, 2001). The provisional nature of arrangements, undocumented work and absence from home can lead to marginalization in the home country, while in the receiving country migrants often consent to long hours of exhausting work and very poor housing conditions in order to accumulate as much money as possible. The undocumented nature of work and the tendency to treat migration as temporary led to a willingness among Polish immigrants in Belgium to put up with very poor housing conditions. They lived in overcrowded apartments, often with no basic facilities and with equipment in poor technical condition. Accommodation was rented without legal agreements, and temporary housing was sometimes provided by the employer; Polish migrants slept at construction sites, in vehicles, abandoned buildings and temporary shacks and tents, or in public spaces (Pauwels *et. al.*, 2007). They barely learned the local language, and contacts were limited to within the national groups.

According to self-reported data from a study carried out in 2007, only 10% of Polish workers in Belgium had a proper contract for their rented accommodation at that time; 30% had living quarters arranged by their employer (mainly those doing live-in housework or working in agriculture, and thus mostly outside of the main cities); 35% admitted that they sublet accommodation without a contract (*Współczesne migracje...*, 2008); and many shared dwellings with friends or acquaintances. In 2007, 60% of respondents claimed that they paid less than 100 euro per month for accommodation and that the dwellings often lacked a separate bathroom, kitchen, refrigerator or proper furniture (Pauwels *et. al.*, 2007).

Polish migration to Norway

Poles are currently the largest foreign national group in Norway. The number of Polish migrants registering in Norwegian communities rose steadily for many years, most sharply between 2004 and 2008, and reached a peak in 2008; since then numbers have begun to decrease, probably due to the economic recession. In 2010 there were more than 50 000 Poles officially registered in Norway (Statistisk sentralbyrå, 2010). Polish migrants are predominantly young and male; more than two thirds of those granted work permits in Norway in 2008 were men (Daugstad, 2009, p. 17).

From a 2006 survey conducted by the FAFO institute, it is known that more than 90% of male Polish migrants in the Oslo area worked in construction, while three quarters of female migrants worked in the cleaning business. The survey showed Polish women in Oslo to be generally younger than their female counterparts elsewhere, and that the majority held undocumented positions. The construction sector is a grey zone for Polish workers who are often paid less than their Norwegian counterparts. Poles have been found to have, in general, very little knowledge about their rights and entitlements to benefits such as healthcare; many were unemployed prior to migration and believe they would have difficulties finding employment in Poland, making them unlikely to plan a return home within the next number of years (Friberg and Tyldum, 2007).

The living conditions of these Poles have not been studied, but a number of fires in which Polish workers died (including the incident that claimed seven lives in Drammen in November 2008) have suggested that at least some of them live in very overcrowded and insecure conditions. A recent survey of the Polish community in Oslo shows that there may be a trend towards more settled migration patterns: in 2010, compared with 2006, there were more Polish women in Oslo; more Poles reported having a partner in Norway; and there were more reports of stable jobs at Norwegian firms. There was also a significant drop in the number of people sharing accommodation with colleagues or friends (from 58% in 2006 to 27% in 2010). Still, it seems that employment in the construction sector has changed very little, and there are signs of permanent segregation between Polish and Norwegian workers; in 2010 a large proportion of workers continued in undocumented positions and Polish firms continued to be subcontracted for work. In the second half of 2008 there was a sharp rise in the number of Poles registering as unemployed, and at the time of the latest survey, 46% of Polish men taking part in the study in Oslo claimed to be out of work (Eldring and Friberg, 2010).

In sum, Polish migrants in Brussels and Oslo work in similar sectors – men in construction and women in domestic services, with a significant number working in the informal economy. Brussels, which is also a larger city, probably has a larger concentration of Polish migrants than Oslo, and it would appear to have more

unregistered workers. The share of females and older migrants is probably higher in Brussels than in Oslo, and informal migration networks are more firmly established here; circular migration in this group of migrants is more prevalent, while in Oslo rising numbers of family reunions indicate movement towards more settled patterns of migration.

Street Homelessness in Brussels and Oslo

In this paper the concept of homelessness is used to mean exclusion from all three domains of 'home': physical, legal and social. This study was therefore interested in two operational categories of the ETHOS typology of homelessness: persons sleeping rough and those staying in short-term night shelters. Those persons referred to in ETHOS terminology as 'roofless' are deprived of physical protection from weather conditions, of privacy and intimacy, and of any legal title to the spaces they inhabit (Edgar *et. al.*, 2004). In this paper the terms 'rough sleepers' and 'homeless persons' are used interchangeably.

Like in many other large cities, there are no reliable estimates of the number of physically homeless persons in Brussels. We do know, however, that there are about 970 beds in 22 shelters and 180 beds in crisis centres, and a city count in November 2008 registered 995 homeless persons, 545 of which were rough sleepers (*Resultaten av telling...*, 2009). The largest crisis centre, Centre d'Action Sociale d'Urgence (CASU), receives more than 400 phone requests for shelter and houses an average of 175 people every night. In 2008, 5600 individuals spent a night there, 11% of whom were from Eastern Europe (*Centre d'Action...*, 2008).

In Norway, studies are carried out on the situation of homeless people every couple of years, from which it is known that most Norwegian homeless people are middle-aged men and that almost two thirds of them are addicted to drugs. Further, almost a third of Norwegian homeless people stay with friends or relatives, and only about 3% in the country are rough sleepers. These surveys tell us little about homeless people with foreign backgrounds, though they have shown Oslo, with its 1500 homeless persons, to have the largest share of homeless people of African or Asian background, and they reveal that, of over 6000 homeless people in the whole country, about 2-3% are from Eastern Europe (Dyb and Johannessen, 2009). These figures alone provide little information, and considering the methodology used in these surveys it is likely that East European migrants are underrepresented, as these tend not to come into contact with public agencies.

Methodology

The first aspect of the project involved an exploration of the ethnographic field of both city centres: public spaces, institutions, and other places where Polish rough sleepers gathered. Participant observation was the main method used in those areas; I visited the same places and institutions on many occasions and talked with the same people, both individually and in groups. Contact was made in such situations as standing in line for free food, waiting for shelters or day centres to open, and spending time and having meals inside soup kitchens, churches and so on. In this way I had the opportunity to observe interaction between staff and the group or individual I was with, and I was often considered a member of the Polish group by employees.

The other data used in this paper was obtained from individual interviews with Polish migrants sleeping rough in Brussels and Oslo, in which I asked, for instance, about their survival strategies and their evaluation of service provision. The principal fieldwork data from both sites is compared in Table 1. As a Polish researcher, my nationality initially gave me a high level of trust among informants. Although my role as a sociologist was probably not well understood (and was often confused with journalism), I was seen as a person completely outside of the Belgian or Norwegian welfare system, and my informants were aware that I could not help them in getting access to specialized services. Even in Oslo, where I volunteered at a faith-based organization, I believe my informants perceived me more as their peer than as a social worker.

Fieldwork in Brussels took place in three rounds: 12-26 August 2008; 3-13 February 2009; and 17 August-22 September 2009. Although I visited a variety of locations, I spent most of my time with one group of between five and ten Polish rough sleepers. These were my principal informants; they guided me to new locations and provided contact with other informants, and they also commented on a text I wrote. Altogether, in Brussels, I was in contact with about 80 different people of different nationalities, not all of whom were homeless. Of those, 45 were both Polish and homeless (sleeping rough) at some time during the fieldwork. Six of them were women, 39 were men, and the age range was wide; I talked to 13 men who were older than 55, while 16 persons were under 35. At the time of my fieldwork, seven of my informants were in very poor physical condition. Most were living in Brussels, or had been coming regularly to work in Belgium for many years – often more than ten. Younger informants in their twenties and early thirties had usually been in Brussels for a couple of years, while still others had been in Belgium for a very short time, only ‘passing by’ on their way to Germany, Ireland, France, Spain or Poland. I was aware, and had seen, that the population of Poles living in public spaces in Brussels city centre was much larger than the group I was in contact with. When

asked how many Polish homeless people lived in Brussels, my informants could not provide any reliable information; typical answers included “very many”, “hundreds”, and “at least a couple of thousand”.

Fieldwork in Oslo took place between January and June, and in August of 2010. There, I was in contact with about 40 Polish men who were either sleeping rough at the time, or who reported having had previous episodes of sleeping rough in Oslo. Apart from carrying out participant observation at sites where Polish street regulars gathered – food distribution places, cafeterias and soup kitchens, I also volunteered at one of the faith-based centres that distributes food packages and clothes. All of my informants in Oslo were men; their ages varied between 23 and 62, but most were between 35 and 55 years of age. For all of them, the principal reason for coming to Norway was to look for work, and most of them had worked or were working in construction or renovation. Most of my respondents had come to Norway for the first time in the years 2005 – 2007, but some had been in Norway for much longer, and there were also men who had arrived only a few days or weeks before I met them. The groups and individuals that I observed in Oslo probably constitute the entire population of Polish rough sleepers in that city, especially during the winter months. The circumstances of my informants in Oslo were also much more changeable than those in Brussels; not only did some of them disappear from view having only met them once, but friendships and alliances between informants changed quickly according to opportunities, and according to personal animosity or goodwill between respondents.

I estimate that there were about 100 Poles sleeping rough in the centre of Brussels every night in 2008 and 2009. Due to large queues and the large numbers of people served at various service points, it was difficult to estimate what share of those seeking help was Polish, but I would guess that approximately one in ten was a Pole. The same was true for Oslo. According to my observations and estimates, Polish people made up about 10% of the total number of those seeking help at various street-level help organizations such as the ‘night bus’, food distribution lines and cafeterias. Of all the places I observed in Oslo, the largest share of Polish users during the January-March period was at the ‘night bus’ – a bus parked in front of the railway station while the building is closed at night during the winter months; in February and March my informants themselves estimated that the core group of Polish rough sleepers in Oslo numbered between 12 and 15 men.

For both cities this data is supplemented by interviews with the employees and volunteers of various help organizations, and with members of the wider Polish communities in Brussels and Oslo.

Table 1. Information on fieldwork and informants in Brussels and Oslo

	Brussels	Oslo
Fieldwork	7 weeks: August 2008, February 2009, August-September 2009	28 weeks: January-June 2010, August 2010
My informants (rough sleepers)	circa. 80 men and women	circa. 40 men
Ethnographic field	Public spaces, gathering places, services	Services, gathering places, public spaces
Polish rough sleeper population	About 100 people	About 15 people (in the winter months)
Duration of rooflessness	Usually long periods of rough sleeping	Usually short episodes of rough sleeping
Groups of rough sleepers in the public space	Well established groups in the public space	Individuals in public space
Institutional perspective	7 interviews with employees and volunteers	11 interviews with employees and volunteers; volunteer work

Institutional Help in the Daily Survival Strategies of Polish Rough Sleepers in Brussels and Oslo

The daily survival strategies of my informants included both informal economic activities and access to service providers. As these two kinds of resources are complementary, I will briefly sketch the informal means of daily survival outlined by my informants, and their individual language and social skills, before focusing on institutional provision.

In Brussels, Poles living on the streets often beg. Other strategies to supplement income include collecting deposit bottles and scrap metal, and petty theft. In Oslo, on the other hand, Poles do not beg; this is considered a degrading activity in which only drug addicts and Roma people engage. Homeless Polish migrants in Oslo do, however, collect deposit bottles and cans, and they are involved in small-scale barter deals (for instance the exchange of food packages for smuggled alcohol and cigarettes) and theft – often as proxies for others. The high price of alcohol in Norway makes shoplifting a daily practice, while in Brussels rough sleepers usually buy alcohol with money acquired from begging.

In Brussels I was in contact mainly with people who worked, or used to work, off-books and who had few language and professional competences. However, some of the street regulars and rough sleepers could speak French and had been in Belgium long enough to know their way around various institutions; while temporarily out of work or during a drinking binge, they would join their friends on the streets.

My informants in Oslo, on the other hand, could be divided into two groups. People in the first group were entitled to some benefits and there was a strong sense of entitlement among them. They made no distinction, however, between the public agencies from which they obtained allowances, and charities or other non-governmental organizations such as soup kitchens. Knowing the welfare system and knowing how to use it was a highly valued skill for them, and they bragged about how they had approached or even tricked the system – for instance, by collecting unemployment benefits while working off-books, or by saving money by coming to soup kitchens for dinner. While the system was not transparent to them, once they were in it they wanted to make the most of it and were very demanding. They felt that because they had been paying taxes, they were entitled to all kinds of help. It was through being out of work and using the services or coming to meet friends that they entered my ethnographic field.

People in the second group in Oslo, which I will compare with the group in Brussels, had much fewer social and language skills. Most often they were working illegally in Norway and hence were not entitled to any benefits. They didn't know how the welfare system or other service providers functioned, they didn't know the names of institutions, and they were not familiar with street names – they were getting around 'blindfolded' and arriving at destinations by chance, through word of mouth, and by trial and error. They feared exclusion from low-threshold services, and were in fact excluded from some of them. They evinced a great deal of resentment and bitter feeling towards other groups of service users, including Norwegians, people of other races and, for instance, drug-addicts.

The next part of the paper focuses on the use of shelters, soup kitchens and other food providers, as well as on medical help, in an effort to gain a better understanding of 'social welfare capital' and the interplay between eligibility, and individual and collective resources that enable or limit the use of services. The observed frequency of institutional help being used in the two cities is compared in Table 2.

Use of shelters

Securing a place for the night is a major concern for Polish street homeless people in both cities. There are, of course, some individuals that sleep outside in all kinds of weather and do not use any shelters, but most seek a refuge for the night. In Brussels some groups of Poles had informal agreements with managers that allowed them to stay in metro or railway stations. In emergency shelters in Brussels, documents are not checked and there are no eligibility criteria; due to high demand, different selection techniques are therefore used. One involves calling a toll free number and reserving a bed for the coming night, while in another, playing cards are drawn to decide randomly who gets in and who doesn't. Other rules may also apply, such as not being allowed to spend two nights in a row in the same place.

Polish rough sleepers acknowledged that there aren't sufficient places and that finding a sleeping place is the biggest problem. They alternate between railway stations, walking the city, and sleeping in warehouses, or in abandoned buildings and shelters. The system of random admission to the shelters is generally regarded as fair; one just has to be persistent and plan in advance, as this informant explained:

Q: But... isn't there a problem with spending the night?

A: [...] It's the worst problem.

Q: What about shelters? How many are there? A couple?

A: No, no, not a couple. A couple of hundred. [...] There are 48 beds [in one of the shelters]. There with the black and red [system of drawing cards] where you were yesterday. There it's not so crowded. But the others... there are a lot of fucking people there

Q: [...] And what if you don't get into a shelter? What do you do?

A: You'll get in. You just can't drink. There is no shelter you cannot get into (Brussels, 48-year-old man, 07.02.2009)

My informants in Brussels used only low-threshold shelters with a 'no questions asked' approach. They helped each other to make phone calls, and introduced each other to new places. They exchanged information about addresses and admission systems, and news from different shelters, so that everyone was moving within the limits of a well-known shelter system equally accessible for everyone.

In Oslo, on the other hand, the lack of shelters was the most pressing and the most frequently discussed problem. It was often mentioned that a couple of years earlier the situation was different; at that time Poles were admitted to some of the shelters, but now "there is nothing for normal people", my informants complained, meaning that non drug-addicts and non-Norwegians are not admitted anymore. Since it was 'general knowledge' that "there are no shelters in Oslo", many Polish rough sleepers did not even attempt to find a place in such institutions. Strategies for securing shelter included staying with friends; sleeping in basements, attics, abandoned buildings, caravans, railway and bus stations; and the 'night bus'. The night bus was frequented more by Polish rough sleepers than any other users, and many spent all their time there. In Oslo, eligibility for shelters did not arise as an issue as it was assumed by my informants that they were not allowed into any night shelters, despite the fact that many of them had not themselves been rejected.

Table 2. Services used by informants

Service	Brussels	Oslo
Low-threshold services		
Soup runs	++	+
Soup kitchens	+++	+++
Street workers/street nurses	+	-
Food distribution	+	+++
Clothes distribution	+	++
Showers, laundry	++	+
Night shelters	+	-
Longer-term shelters	+	-
Emergency medical assistance	++	++
Welfare/unemployment benefits	+	+++
Social housing (rent allowance)	+	++

- not at all, + seldom, ++ sometimes, +++ often.

Using a service depends on availability (provision), eligibility, knowledge and skills.

Food provision and day centres

One of the basic survival strategies of Polish rough sleepers in both cities is using the provision of free food. Soup kitchens and other places are visited on a daily basis, and food is quite widely available; often there is much more than one can eat, and Poles usually take whatever food is distributed for free, often discarding it later. The quality and quantity of food, the ‘no questions asked’ approach, and the clear rules about queuing make many Poles talk warmly about welfare and prosperity in Belgium and Norway. Unlike shelters, soup runs, soup kitchens, cafeterias and food distribution centres are generally very well regarded, though there were also discouraged and sceptical voices, particularly of those who had experienced exclusion. Even where exclusion criteria were clear – such as age in the case described below – exclusion seemed to them to be unfair and to hurt them personally.

Q: They say there is good welfare here. That they help. What do you think? Do they help a lot or not?

A: It's no good! (pause) Here you come to [faith-based organization] for dinner. They let in people over fifty [years old]. I pay for this dinner. Not much, but I want to pay. I want to eat. No, you are not fifty years old. They didn't let me in. (Brussels, 30-year-old woman, 11.02.2009)

Due to high demand, access to day centres where one can shower, wash one's clothes, or request medical assistance is usually limited, and information on how to gain access is valuable. In one such place in Brussels, people are asked to provide a ‘certificate’ from a night shelter – a sort of ‘proof of homelessness’. Among the Polish street regulars, these slips are traded for other goods and favours. For Poles

in Oslo, the main problem with some soup kitchens and day centres is that they are targeted at persons with drug related problems; not being in their target group, Poles are often turned away at the door, as in the case of this young man:

28-year old man who doesn't drink, uses only cannabis, tells how he lived in a basement and had no shower. He went to the [institution] to get a shower. But they told him that it's only for drug addicts. "What am I suppose to do? Go and buy heroin and pump it up my vein so that I can have a shower?" (Oslo, fieldnote 11.05.2010)

Experiencing such exclusion exacerbates resentment towards Norwegians, 'drug heads' and 'Blacks'. In fact, this exclusion is based on prejudice and a lack of communication rather than the enforcement of explicit policy. In one of the soup kitchens, after having a meal with my Polish informants, we were asked not to come back. For my informants, this was the only message that could be conveyed, whereas I, being able to speak with the gatekeepers in English, learnt that as a foreigner I have to 'prove' that I have an addiction in order to be allowed access to the service.

A: This is not a place for you. This is a place for drug addicts, not for everyone to save money on food. Those [Polish] people are working; they have money to buy their own food. You have to have papers to prove that you are a drug addict or have a serious alcohol problem.

Q: What kind of papers?

A: A certificate from a Norwegian doctor. (Oslo, fieldnote 16.05.2010)

It seems, therefore, that the gatekeeper used different eligibility criteria for natives and migrants. He said he could "recognize drug addicts by looks", but for a foreigner (someone that doesn't speak Norwegian well) 'looks' were not a sufficient criterion and a doctor's certificate was also required. In this case, eligibility had to be enforced by a migrant using his or her personal resources – such as language skills. In order to utilize social welfare capital, one has to control all of its components.

Medical help

Emergency medical help is provided in both countries regardless of legal status. However, once a health problem becomes prolonged, eligibility for health care must somehow be regulated. In Belgium everyone may receive an emergency medical card, but obtaining such a card demands knowledge and language skills. Polish migrants that speak French or know the system may help others in obtaining a medical card, sometimes in exchange for other favours. Generally, however, Poles try to avoid the health care system; they put off their visits and wait with their ailments as long as they are able to. In my informants' view, treatment of chronic illnesses may lead to "problems with insurance", which they would rather avoid. In Oslo one Polish rough sleeper who could no longer walk was admitted to hospital only to be deported to Poland a couple of weeks later because he had never worked

in Norway legally. Still, many Poles find themselves in the emergency room of a hospital because they were found drunk on the street, had an attack of epilepsy, or were beaten or even stabbed. The quality of medical help in both Brussels and Oslo is very highly valued.

Not having the necessary individual competences to communicate, my informants generally avoided the health care system. At the same time, most of them have been admitted to an emergency room, and they were therefore confident that in acute cases they would be taken care of, regardless of their documents or language skills. This gave them a sense of security and confidence in the health care system.

In Brussels, Polish street regulars come into contact with outreach workers; because some of my informants had relatively stable spots in the public space, they were regularly visited by street workers distributing food, the city police, street nurses, or a mobile team offering to take them to an emergency shelter in the winter. I did not observe the same kind of contact in Oslo, probably both because there is less outreach work in the city and because Polish street regulars do not have fixed spaces where they can be approached.

Institutional Perspectives

Service providers in Brussels and Oslo, mainly non-governmental faith-based organizations, do not have any programmes targeted specifically at homeless migrants. They acknowledge, however, that there are growing numbers of foreign nationals seeking help. Among the different groups of migrants, Eastern Europeans (and Poles in particular) are recognized as the largest. In one place I heard the opinion expressed that Poles are aggressive and demanding, while in another it was said that they are more passive than other migrants, particularly non-European migrants. The main issue that service providers say they encounter in dealing with Poles is that of communication, as Polish people rarely speak foreign languages. In Brussels two main points were stressed by the representatives of service providers. First, that help is taken by people that do not really need it and are taking advantage of free services to save money.

Help is for the homeless. And mainly for Belgians. Belgium cannot pay for those who don't feel like working here. There are many people who work hard, and then it's all right if something happens – we have to help. But you mustn't abuse this help. (Brussels, volunteer at a faith-based organization, 09.09.2009)

The other problem identified by Belgian institutions is that Polish people tend to come in large groups and cannot therefore be dealt with easily.

Normally, homeless Belgians come individually. They are individual clients. And here all of a sudden groups are coming, people who stick together and are often aggressive. (Brussels, fieldnote from conversation with head of a faith-based organization, 29.08.2009)

The same concerns were raised by employees of a Norwegian faith-based day centre.

Now there is a group of about 15 Poles coming every day. We gave them a sort of green card for two months because, honestly, we don't know what to do with them. They learnt very quickly what to say at the interview; they all answer the same. We are not going anywhere with this. For Norwegians and English-speaking people we have the same rules – we treat them individually. But for the Polish people we have no rules. We have to treat them as a group, and this is not our policy. Norwegians think that the Polish people are taking THEIR place; they come and they see them, and they say, they're taking over MY café, MY table, MY place (Oslo, volunteer at a faith-based organization, 01.03.2010)

Eastern European immigrants are seen as labour migrants – employed workers who have sufficient means to provide for themselves. Poles are also viewed as in a distinct category from the 'drug addicts' who are the principal beneficiaries of Norwegian homelessness programmes; they are seen as the ones that cause trouble and steal, that do not obey the rules, and that have conflicts with the 'indigenous' clients.

Norwegian clients complain to me that I let those East Europeans in; they do not feel comfortable. If something is stolen from here, unfortunately it appears to be the East Europeans. Norwegians know that they cannot steal in here – they know the rules here. (Oslo, doorkeeper at a faith-based organization, 16.05.2010)

From the interviews with those working or volunteering for Norwegian service providers it appeared that having to deal with the influx of Poles and other migrants seeking help was something quite new for them; they had no explicit policies. During my fieldwork in Oslo I observed how the daily practices of employees and workers changed over time, and how these changes impacted on official policy and evolved into more institutionalized regulations. This was clearly a case of bottom-up policy-making, where street-level employees and volunteers became the principal gate keepers and negotiated or enforced existing rules, thereby taking part in the process of defining new ones.

Dealing with new types of clients also led some organizations to limit their services. One soup kitchen excluded East Europeans from everyday services in 2009, on the basis that they are enforcing their policy of targeting drug addicts. Since then Poles have been coming only on Sundays, but in 2010 there were attempts to exclude migrants even from Sunday meals. A food and clothes distribution centre implemented a computerized registration system in 2009 to enforce the limit of one food

package per household per month; in 2010 the centre excluded asylum seekers from their services, stating that they do not have the capacity to serve everyone and that asylum seekers receive basic help at their asylum centres.

Another faith-based cafeteria and day centre in Oslo, whose principal funding comes from drug prevention programmes, and who therefore targets primarily people with drug-related problems, tried to include Poles in their programme. Admission to the service was granted based on individual interviews, and Poles who did not speak Norwegian or English were helped by a peer acting as an interpreter. All of them provided the same answers and claimed to have an addiction problem, and they were admitted conditionally. The organization sought legal advice from the city council on whether it could admit the migrants or not, but it did not receive a clear answer – in 2010 it remained the only cafeteria in Oslo where groups of Poles were served on a daily basis. Employees of the centre further expressed their wish to accept migrants onto other programmes, not limiting help to the provision of food, and later the same year a Russian-Polish native speaker was hired. This step towards improving communication was treated with suspicion by my informants, however, who believed that the organization was looking for ways to exclude them.

Some homeless Poles continued to go to places they had previously been asked to leave. They went individually – trying to disguise their foreign identity – stayed only a short time, and behaved well so as not to be perceived as a problem. In this way the strategy of coming with a group of peers, which helped them to feel more secure in a foreign environment, was sometimes replaced by a strategy of coming individually, and thus not raising suspicions about their foreign status and consequent entitlement to services.

Conclusion

For Polish migrants living on the streets of Brussels and Oslo, accessing low-threshold services was a basic survival strategy. The provision of services varied in the two cities – for instance in terms of emergency night shelters, which in turn influenced migrant survival strategies and demand for some forms of assistance. Organizations that provide low-threshold services for the homeless are facing growing demand from European labour migrants, leading to the negotiation of daily practices of assistance and an ongoing process of policy adjustment. In the case of Polish homeless migrants, it has been shown that the three elements of social welfare capital – entitlement, social capital and individual resources – interact and influence how and whether certain services are accessed. Eligibility, for instance, may be negotiated depending on individual's language skills. Social networks

provide information and peer guidance but, as with the example of shelters in Oslo, may also hinder the use of some services. The welfare system, and the provision of services, is not well understood by Polish rough sleepers; they rarely speak foreign languages and usually avoid services that require any sort of communication. In addition, not knowing the language may lead the migrant to believe that s/he is not eligible for certain services. Polish migrants tend to favour the places they know or those which are recommended by other Poles via word of mouth, and they tend to arrive in groups. However, competition with other groups over access to those services generates conflict; Polish street regulars compete for space with other panhandlers on the streets, and they compete with other migrant groups for access to night shelters in Brussels. The rules for access in Brussels are, however, clear and rarely questioned. In Oslo, on the other hand, Poles feel they are treated differently, and they feel excluded because low-threshold services are targeted at drug addicts. This lowers their trust in the welfare system as a whole. In addition, organizations may treat migrants differently where they cannot communicate with them, such as by requiring them to provide certain documentation. In these ways homeless migrants face exclusion on a number of levels.

Economic migration in the enlarged European Union has become an increasingly accessible option. The dynamics of migration indicate that the concept of citizenship, and therefore eligibility for particular benefits in Europe, is in the process of redefinition. Migrants are not only particularly vulnerable in terms of the housing market, but they may also find coping with physical homelessness much more difficult. It seems that for assistance programmes to function successfully, all resources of a target group should be taken into consideration. For instance, generalized trust is lowest among the marginalized segments of society (Hooghe and Stolle, 2003), and some characteristics of welfare regimes (degree of universality of eligibility for welfare provision) may further lower trust in institutions (Rothstein and Stolle, 2003).

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Understanding the Homeless Experience in Hungary through a Narrative Approach

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› **Abstract_** *In Hungary, there have been regular data collections based on people living in hostel- and shelter type accommodation, as well as on rough sleepers, and this paper will briefly introduce readers to this knowledge and the methods used to obtain it. However, there is still much that remains unknown. The main question behind the research introduced in this paper is why some people remain homeless for a long period of time, while others manage to exit homelessness. The author has decided to use expertise in the field of trauma survival to investigate whether chronic homelessness can be viewed as a form of post-traumatic stress disorder. The main question, however, is not how best to understand the experience and narrative of individuals, but how to take this knowledge a step further: what can field workers and policy makers do to help their users move forward and leave the past behind?*

› **Key Words_** *Chronic homelessness; post-traumatic stress disorder; narrative approach.*

Introduction

Hungary may be unique among Central and Eastern European countries in having conducted annual research on homeless people since the 1990s. Although much information is available about certain groups of homeless people, it tends to come from quantitative forms of research. In the first section, the paper will outline the definition of homelessness used in Hungary and the existing base of knowledge. The question the paper poses is why some people remain homeless for a long

period of time while others manage to exit homelessness and move on with their lives. The hypothesis is that the symptoms shown by many homeless people are identical to those found in survivors of traumatic experiences: survivors of war, torture, criminal attacks and domestic abuse; and refugees. This paper takes a qualitative approach – the narrative analysis of interviews with homeless individuals – to explore these issues.

Research on Homeless People in Hungary

In order to understand existing research in Hungary, it is vital to outline the definition of homelessness that is used. In the Social Act of 1993 there are two definitions. The first states that a person with no registered abode, or with the address of a hostel/shelter, is to be regarded as homeless. This is the definition applied when deciding on eligibility for certain benefits, for example, but it is rarely used outside the area of public administration. The second definition states that a person is homeless if they sleep in public areas or in premises not built for residential purposes. The latter seems to cover certain situations within the ETHOS frame of reference: people living in public spaces (1.1), night shelters (2.1), homeless hostels (3.1), temporary accommodation (3.2), transitional supported accommodation (3.3), women's shelters (4.1), residential care for older homeless people (7.1), mobile homes (11.1), non-conventional buildings (11.2), temporary structures (11.3) and occupied dwellings unfit for habitation (12.1).

Among support workers and researchers in Hungary, another frame of reference is widely used with regard to homelessness (see Table 1). Most broadly this is literal homelessness – people without a home, which basically incorporates the whole range of ETHOS categories. A smaller subset of this group consists of people without a flat; this was the official definition in Hungary before 1945. However, when discussing research on homeless people, we really mean people who are effectively homeless (which is closest to the second legal definition) and rough sleepers, an even smaller subgroup.



Table 1. Possible levels of homelessness

It is beyond the scope of this paper to provide details on the political and economic history of homelessness in Hungary. Suffice it to say that the problem of homelessness and housing was largely concealed during the socialist era, where official discourse denied that poverty existed in the country. There were no services for the homeless *per se*, and there were no people sleeping rough, as it would have been illegal to do so. There were homeless people and people without a flat, but no-one was seen as effectively homeless. The problem of homelessness appeared after 1989; services were set up and researchers started to collect data in order to understand the problem better.

Since 1999 and on the same day every year (February 3rd), a survey is carried out where researchers ask homeless people a set of questions. During the first number of years, researchers made contact only with homeless people sleeping in shelters and hostels in Budapest, the capital of Hungary, but service providers in other towns later decided to participate, and since 2005 rough sleepers have also been targeted. The research is carried out annually as a civic initiative, originating from experts working in organizations that provide services for homeless people. The survey does not reach everyone sleeping rough or in homeless shelters and hostels, as participation by hostels, shelters and outreach teams is voluntary. The data therefore does not cover every homeless person in the country, but it nonetheless provides a good overall picture of the homeless population. While in 1999, 2539 homeless people were included (among them 67 rough sleepers), in 2010 the survey reached 8075 individuals (including 3090 rough sleepers), covering 17 towns.

The survey is anonymous, but the initials of respondents are recorded along with their date of birth. This allows for longitudinal comparison not only between years, but also within the lifespan of an individual, assuming that they are homeless on the 3rd of February over several years. The survey contains the same set of basic questions every year, as well as blocks of differing themes. The basic questions include information about the length of homelessness, the reason for becoming homeless, income and expenditure during the previous month, where they spent the previous night, and where they slept on February 3rd the year before. The changing set of questions has covered such topics as health issues (2002), substance abuse (2007), finances and employment (2009–2010), and the use of and opinion of services (2005).

Between 2007 and 2008, researchers conducted a more in-depth study on the lives of rough sleepers based on 165 interviews with people living in Budapest and Debrecen, the second largest city in Hungary. This research was named 'People of the Streets'. The interviews, conducted by outreach workers, were structured

around 6 themes: a description of where interviewees sleep; the story of their becoming homeless; the time before they became homeless; childhood; personal experiences; and opinions on services for homeless people.

From the resulting data, researchers concluded that many of those interviewed had grown up in families with high levels of poverty, and where parents were often uneducated, had serious health conditions and were addicted to alcohol. A high proportion of respondents had spent time in foster care, or had lost one or both parents at an early age. It was found that many people were attached to the place where they slept, not only because they did not have any other place to go or to store belongings, but also because of having developed a network and a degree of social prestige there that they were not willing to give up.

Even though there is a wide base of knowledge about homeless people in Hungary as a result of the efforts described, there are some questions that remain unanswered. The main question posed in this paper is why some people remain in homelessness for a long period of time while others manage to get out. As Liebow (1995) puts it: homeless people are homeless because they do not have homes. Yet, although the unjust structures of society affect everyone, not all of those with the above mentioned vulnerabilities become homeless, and not every homeless person remains homeless for a long period of time. Could there be a connection between individual life stories and the individual interpretation of what is experienced before and after the start of homelessness?

Trauma and Post-traumatic Stress Disorder

It has been observed that survivors of various extreme life situations behave in similar ways throughout space and time. The French doctor, Charcot, treated *hysterical* female patients in the Salpêtrière hospital in Paris in the late 19th century. He noted that their symptoms included, among others, a state of nervous agitation, loss of appetite, incontinence, loss of sexual drive, sleeping disorders, fainting, general weakness and suicidal thoughts. He also discovered that male patients – survivors of railroad accidents – sometimes exhibited similar symptoms. The American psychoanalyst, Abram Kardiner, in 1947 observed that veterans of the two world wars complained of similar problems, and he called their condition ‘war neurosis’ or ‘war stress’. Refugees, victims of domestic abuse, and survivors of acts of crime have been described as acting in similar ways (Herman, 1997), and it has been noted that many people finding themselves in such situations turn to alcohol or drugs to help them through (see for example, Pennebaker, 2005).

These symptoms have become widely known as post-traumatic stress disorder, and they are characterized as follows, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM):

- Re-experiencing – the mind and/or the body replays events connected to the trauma. Symptoms might include flashbacks, nightmares, hallucinations, dissociation or distress.
- Avoidance – the mind tries to keep painful memories away. Symptoms could include a narrowing in the field of interest, detachment, lack of interest, lack of response, closing in of the self or, in extreme cases, dissociation.
- Hyperarousal – the body keeps itself in a state of continuous alert. Symptoms might include sudden bursts of anger, irritability, aggressive behaviour, problems sleeping or nightmares.

Herman (1997) distinguishes between trauma and chronic trauma, suggesting that chronic trauma is a state in which the danger does not pass and the traumatic event is present for a long or repeated time. She uses the examples of hostages, political prisoners, and victims of domestic abuse, human trafficking and child abuse, and notes that when people find themselves in a situation of chronic trauma, avoidance may be their best survival strategy: not making long-term plans and trying to focus on immediate survival. She calls for a new, independent diagnosis to be added to the DSM – that of ‘complex post-traumatic stress disorder’.

Trauma, loss and homelessness

La Capra (1999) notes that there is a difference between the effect of loss and an absence of something, submitting that the loss of a thing, person or status can be experienced as traumatic, while the absence of something that the person has never had can lead to psychic tension. According to the February 3rd annual research, as well as the People of the Streets (see above), homeless people have all lost things that were dear to them. Even though many come from underprivileged households and had difficult childhoods, the loss of family, friends and neighbours; health and beauty; toes, or even whole feet or limbs; jobs, skills and income; homes, daily routines and social status or a place in society can all be traumatic experiences in and of themselves. It has been noted that some homeless people behave ‘irrationally’, in that some neglect personal hygiene, display involuntary movements or sudden outbursts of anger, are depressed and withdrawn, complain of bad thoughts or flashbacks, have difficulties making plans or concentrating, and so on. While such symptoms are most visibly obvious in rough sleepers, they are certainly not confined to this group. Is it possible, then, that traumatisation due to the loss of significant people, things or positions in a homeless person’s life can lead to the display of (complex) post-traumatic stress disorder symptoms?

The following are some quotes from interviews with homeless people that illustrate the above.

A 50-year-old homeless woman's account of what it was like to sleep rough after she fled with her children from a rented room as the landlord wanted to rape her 15-year-old daughter:

I did not sleep much [on the street]; I could hear the people passing by. This experience completely ruined me. I got asthma, all kinds of health problems, psychiatric ones as well. My mental state has got worse, especially after the children were taken – I did not want to let them go, it was the police who took them. They came at night, shone a flashlight on us. They asked for my papers... then they sat the children in the police car. My daughter was screaming: "Mother, mother!" Then I was arrested as well, and was imprisoned for three days.

A 45-year-old homeless man lost his housing when he could not pay rent, being unable to work after an accident:

Then I had my accident. For a long time afterwards I was feeling very unwell, not only physically, but I also had emotional problems as well... I had what they call suicidal thoughts, and all kinds of stuff, but thank God now they are gone.... If I start to think, they come back, because I still don't feel well, even though it happened four years ago. But I am still not well, if I start to think. When I don't think, but just let myself be, than all is well. Especially if I drink a bit; it really calms me down.

A 58-year-old homeless man tells the confusing story of the death of his sister, and his reaction to it:

I really loved my sister, as any man can love his sister. But my father, he was drastic and hated women. He even hated his own daughter and used to beat her up really bad. My mother too.... Then my sister died. She was thrown in a well. My father realized... Let's leave it. Let's not talk about this. I wish she was still alive. I blame my father for all this. He hated women. I know he murdered her... I should have shot him when I had a gun, then my sister would still be alive.... I have been drinking since, and look where I've ended up. I left our house, which is still there, abandoned. I don't want it. I would not want to go back there. If I went back, I might end up becoming even more crazy than I already am.

Robinson (2005) investigated how the social exclusion of homeless people was influenced by personal factors. Using a biographical method, she found that whenever homeless people lost their housing, which often happened on several occasions during their lives, other traumatizing events also occurred: the breakdown of a relationship, substance abuse, sexual or physical abuse, mental problems,

hospitalization or imprisonment. Together, these triggered a tragic chain reaction that resulted in the loss of housing. Even when the housing problem was solved, in that the person managed to secure some sort of housing – whether independently or in an institutionalized setting, vulnerability in terms of the crisis remained, posing a risk to the sustainability of what had been acquired. According to Robinson, it is not homelessness that is constant and ‘chronic’, but traumatic experiences. She thinks that this state of constant traumatising is the reason that some individuals are excluded from mainstream society and keep finding themselves at the risk of, or actually homeless again and again.

The Narrative Paradigm

Bruner (1987) explains that the main difference between modern (positivist) and postmodern thinking is that while the first aims to find out the one and only truth about things, the second holds that meaning lies in interpretation. He claims that this also marks a shift in how we think of psychology; positivist understanding (paradigmatic thinking) meant that for centuries it was believed that people developed in a linear way and that psychological problems could be described, categorized and cured like any other disease. The postmodern shift holds that there are no universal truths, and while some people might develop in a linear way, others do so spirally or skip certain ‘stages’. By this way of thinking, psychological problems cannot be understood and treated in a uniform fashion – all depends on interpretation: the interpretation of the patient and that of the listener. Bruner calls the latter narrative thinking. In narrative thinking, there are two ‘landscapes’: the landscape of action (the story itself; its actors, events, situations, tools) and that of consciousness (what the actors think and feel; how they interpret events). Using these together, truth is formulated – not the one and only truth, but the one that seems most plausible at a given time and in a given situation.

Identity

The narrative paradigm holds that there is no such thing as a static, permanent identity (as opposed to the perspective, for example, of Rogers (1961) on stages of psychosocial development) – rather, people can learn to understand themselves in different ways and communicate these truths about themselves to others more accurately (Gergen, 1991). Postmodern thinkers criticize Erikson’s stages of psychosocial development as they ignore the social context of the individual. According to the narrative paradigm, the social context is an active influence on how individuals understand themselves and their role in society. Foucault (1995) draws our attention to the way that power and knowledge are connected through language; the one who has the power can use language to label, shame or judge others, influencing how

people think about those who have been labelled, shamed or judged. Our identity is thus shaped by the language available to us. To illustrate this point, Simblett (1997) explains how the DSM can be interpreted as a tool of oppression rather than an objective and universal manual of psychological illnesses and their symptoms. If a doctor thinks of the DSM as a universal manual, they are likely to ask questions that try to highlight certain symptoms, and to try and find a pattern that will help in making the diagnosis – while neglecting the real experience and problems of the person concerned, and leaving certain complaints unnoticed! Psychiatrists of a biological persuasion might ask their patients detailed questions about their family history, while others would put more emphasis on (early) childhood experiences or medication, ignoring the fact that the patient and his history is constantly changing.

The language we speak shapes our thinking about ourselves and the world around us; it influences how we think about concepts, what we have names for and what we leave unnoticed. When creating their life stories, people sort through their memories and chose to include certain stories that fit the script they have created. This means that stories that do not fit this script are excluded, and maybe even forgotten. Social concepts and discourse become internalized, and through the spoken or written story they are transmitted to people around us. Our identity or our life story is not constant but changes through time. It is shaped by our understanding of the past and our present situation, but also by our view of the future. Those whose script is rather more negative tend to have a more negative outlook on the future, while those with a brighter vision of their past and present tend to be more optimistic (Shanahan and McMillan, 2008).

Narrative research

Kvale (1996) illustrates the difference between positivist/modern and narrative research by two metaphors: the miner and the traveller. The miner gradually digs his way down to unearth the hidden treasure that already exists independently from him. The traveller, on the other hand, travels around the world talking to locals everywhere he goes and gathering bits of knowledge; his experiences and the information gathered are shaped (and reshaped) in the stories told – just as the traveller himself changes over time. Lieblich *et al.* (1998) explain how the expectations of quantitative research (which they call traditional or old school research) – reliability, objectivity, replicability and validity – do not and cannot apply when conducting narrative research, as they are opposed by their very nature. The basis of the narrative paradigm is that there is no one, single truth, and there are many angles to any issue; contradictory findings do not mean, therefore, that the research has failed. While it is true that most narrative studies are conducted with a small group of individuals, the text that is interpreted is usually very large and full of

information, and it can be analyzed on various levels. Narrative research emphasizes interpretation, meaning and exploration, so the process can never be absolutely finished, and there are no final solutions or interpretations.

The biographic narrative interpretive method

In the process of an interview, the knowledge of the two parties involved is united, and the dialogue can bring added value to both participants (Kvale, 1996). This, however, can also mean that the respondent is influenced by the questions asked, or that certain things remain unsaid as the dialogue is driven in a particular direction. The narrative interview consists of three sub-sessions. In the first one the interviewer poses a single, carefully constructed, introductory, narrative question and then remains silent for a long period of time. In this question the interviewer orients the interviewee by telling them what the focus of the interview is. The initial question could be something like: "Please tell me the story of your life... how you have become homeless?" The interviewee is given complete freedom in their response, and in remembering and constructing the story that they feel best responds to the question. The interviewer is fully present, but does not influence the story-telling by asking questions. If the interviewee needs help or does not know how to continue, the interviewer can ask them to expand on the last event ("Do you remember anything else about this?"), or simply help them to move on by asking: "And what happened after that?" When the story is finished (usually marked by a closing sentence such as "This was the story of my life"), the interviewer might ask the interviewee to speak more about certain events that have been mentioned and then wait for the story to be developed without asking further questions. This sub-session is called the narrative follow-up. Questions in this sub-session remain strictly narrative in nature (see examples above). The third sub-session is optional. If the interviewer feels that more, non-narrative material is needed, they can conduct a second interview – this time a semi-structured, in-depth interview. This could be the case, for example, if the research requires the birth date of the respondent or more information about their family, or even if the interviewee has not spoken about certain areas of their lives that could be important, such as their childhood.

In conducting a narrative interview, there are usually no prior hypotheses to be tested, although Lieblich *et al.* (1998) do allow for these in certain cases. The interviewee is thus free to construct their life story, and the interviewer is there only to help this process while actively listening. The interview is then transcribed and the second, analytical phase can begin. There are two levels of analysis: that of the lived life and that of the story told. When talking about the lived life, researchers try to find a pattern in the choices that led to the objective life events of the subject. Objective life events are those events that can be objectively verified and placed in a timeline, such as birth, school attendance, employment, marriage, birth of

children and so on. At the second level of analysis, the researcher tries to understand why the story is told in a certain way: what the interviewee might have meant, what they were trying to convey by talking about events in the way that they did, and what they want the moral of the story to be – or not to be.

In the first part of the analysis, the researcher identifies each objective life event and places them in chronological order. The researcher (or a research panel) is presented with one item at a time and, pretending to be future-blind, they suggest hypotheses of how this event could influence the future of the respondent. After they run out of possibilities, a new item is presented – some hypotheses are strengthened, some can be crossed out. In this way the researcher(s) slowly work their way through each item. In the second part of the analysis, the transcript is broken down into segments. A segment ends when a new topic, or a different speaker or manner is introduced. Segments are presented one at a time, and the researcher or panel tries to imagine how the event described might have been experienced when it happened, as well as at the time of the interview. Hypotheses are formulated that will either gain strength or be abandoned further in the process.

Traumatic experiences and the narrative

Traumatic memories differ from other memories because of their unprocessed nature; they disturb the individual's peace of mind, while processed memories are part of their conscious self-image. Traumatic memories are characterised by the following (according to Békés, forthcoming):

1. Emotional and sensual memories are dominant; there are strong emotions present, and there is an emphasis on sensual memories – pictures, smells, tastes, physical sensations.
2. Incoherence of traumatic memories: they can be simultaneously intrusive, vivid and strong on the one hand, and fragmented, vague and dizzy on the other. This can be a sign of the dissociative aspect of traumatic (and especially chronic traumatic) experiences. Memories of traumas are more difficult to make sense of and are less structured than other memories.
3. Fragmentation of time: the perception of time can change within a memory or between other memories; this is why it is so difficult to integrate traumatic memories into the timeline of other memories.
4. Lack of self-referentiality: the self is either completely absent in the trauma memory, or if present, plays the role of victim – either of fate or of bad people.

As traumatic memories are difficult to verbalize, they are often concealed in silence. Rosenthal (2009) describes her work with survivors of traumatic events using narrative interviews. She warns that while an interview conducted in a research setting can

help process traumatic memories and bring about healing, there is also the danger of re-traumatization, especially when the crisis has not passed and there continues to be danger in the present, or even future, situation of the interviewee. Her advice is not to refrain from talking, however, but to make sure the interviewee does not feel under pressure to talk about events in their life that they would rather not share, and to offer them help if painful memories do arise. This, however, should be done in the form of (narrative) counselling or therapy, and not as part of the research interview.

Narrative Analysis of Interviews with Homeless People

The narrative approach was chosen to find out more about the lives (both lived lives and storied lives) of homeless people, with a view to answering the question of why certain people remain homeless for a longer period of time than others. Even though most narrative researchers stop at an initial research question and do not formulate any hypothesis, a hypothesis was formulated in this instance as the author believed that an additional angle would bring added value to the analysis. In addition to the two levels of analysis involving the lived life and the storied life, a third level was introduced: the presence or absence of traumatic memories in the stories.

Three interviews were chosen for analysis from two rounds of research; the first round was carried out in the autumn of 2007, and the second in the spring of 2008. Interviewees were all homeless at the time of the interview, some living in hostel or shelter type of accommodation and some sleeping rough. The theme of the interviews was homelessness; interviewees were asked to tell their story of “how they became homeless”.

The interviews were selected to represent the differing life stories of a heterogeneous group of people; they do not purport to be representative of the population as a whole, but they are, rather, random or ‘average’ stories that, at first glance, do not seem to be any more or less traumatic than the life stories practitioners hear on a daily basis. There is no room in this paper to give a full account of these life stories, so readers will first be introduced briefly to the three homeless people interviewed, after which a short summary of the uncovered traumatic experiences will be given.

Margaret (all names have been changed) is a woman of 32. She was born in Budapest, but after the divorce of her parents moved to a small village in the northeast of Hungary with her mother and two siblings. She is of Roma ethnic background. She finished school at the age of 16 and started to work in a chicken factory. She had a brief lesbian love affair when she was in Budapest for a summer holiday as a teenager. She married a Roma man from the next village at the age of 18 and had several children with him. He was an abusive husband, and Margaret often ran to her mother’s house with the children for short periods of time. There,

she and her children lived in a separate bedroom at first, eventually moving to a small building that had been a pigsty. Some time later she left her mother's house unannounced, leaving her children behind, and went to Budapest where she slept rough in a park. She was starving and often cold, and she tried to earn money through prostitution. Several times she attempted suicide. She later moved into a shelter for homeless women where she fell in love with another homeless woman, and they now live together in a private room in a hostel. Margaret has had several jobs since moving to Budapest. Her children are in foster care, and she speaks with them regularly on the phone.

The first signs of trauma appear at the break-up of her first (lesbian) love affair. She tells the story in a fragmented way, mostly using short sentences consisting only of a noun and a verb. She offers no thoughts, emotions or reflection of her own.

The next traumatic memories relate to her family – mostly her mother. She gives various accounts involving shame: her mother wants to have her hospitalized after her break-up; she and her children are housed in a former pigsty when she runs away from her husband; her mother calls her dirty and disinfects the cups she had used when on a home visit from Budapest, etc. These stories are also told in a fragmented way; Margaret pauses frequently and sighs loudly. When talking about the removal of her children by child protective services after she had left for Budapest, she jumps back and forth in time, changing tenses while referring to the same events. The story is told in an incoherent way, and it is difficult to understand what happened.

She talks about her suicide attempts in the same way, jumping back and forth in time, depicting herself as a victim, and speaking almost from a third person's point of view.

Joseph is a 47-year-old man. He was born in a big town in the northeast of Hungary, the oldest child in a family of six. They lived at the edge of the city, next to the poorest area of town. His family had a plot of land where he used to help after school. He was trained as a mechanic for agricultural machines, but at the age of 18 decided to move to Budapest and work in highway construction. He later inherited his grandparents' house close to his hometown, which he renovated and moved into with his wife. They soon had a son. Joseph took a mining job in the Soviet Union and worked there in a Hungarian colony for three years. He earned a lot of money. When he moved back to Hungary he found that his wife had left him and sold his house. He started drinking and lived with his parents. He then sought treatment, became sober and found a well-paying job in Germany. When he moved back to Hungary, he bought an apartment in Budapest and found a job as a crane driver. He met a woman and, after two years of courtship, sold his apartment and moved in with her; she lived with her parents and her two teenage sons. He spent

the price of an apartment renovating the house of his new family. He had conflicts with his step-sons as well as with his in-laws. Eventually his girlfriend asked him to move out, packing his clothes in a suitcase. He has been sleeping rough ever since, and has now moved in with a group of men who sleep in an uninhabited ruin; they share their income and food.

The first time Joseph lost his family seems to have had a traumatic effect on him; although he describes his arrival home from the Soviet Union in great detail, he speaks in a very emotional way, as if his emotions were still raw. He frequently slides between the past and the present tenses, talking about his past experiences as if they were happening at the time of the interview. When he describes his state of abandon and the heavy drinking that followed, he speaks with a complete lack of self-referentiality.

When Joseph tells the story of his becoming homeless, the researcher (and probably even the interviewee himself) is at a loss to understand exactly what happened, and how. Could this be a sign of dissociation? Joseph talks about his life as a crane driver and head of a family, describing his then daily routine in the present tense. He breaks down crying at several points, and he pauses for long moments. He not only shifts back and forth in time, but also mixes up spatial references, talking about here and now when referring to events of the past. The most striking sign of being lost in time is that at two points in the interview he mixes up his age – he says twice that he is 45, and once that he is 47. According to his date of birth, he is 47. It is possible that these indicate being unable to process the last two years of his life.

Lajos is a 27-year-old man of Roma background. He was born in a small town about 30 kilometres north of Budapest. His family (he is unsure of the number of siblings) lived in extreme poverty; his mother collected iron, his father was often imprisoned, and they were homeless, living in a 'bus' with no windows. The police removed him and his siblings from his mother in a raid at the age of two. He never saw his mother again. He grew up in various residential homes. At the age of 10 he was placed with a foster family, but after the death of the father of the family, he was rapidly sent back to the residential home. He did well in school, was talented in music and biology, and passed his A-levels. His father first visited him in the group home when he was 16, but was drunk and did not get permission to take his son home on a visit. The next time Lajos was allowed to stay with his family for the weekend, his father got drunk and chased him out of the house with an axe. At the age of 17 and a half he met a woman who was 20 years older than him, and moved into her house as a step-son, taking his coming of age state support with him. Within six months he had to leave; this led to a dispute and he claimed he was beaten up by the police. He moved to Budapest where he slept rough in the staircases of high-rise buildings

and prostituted himself in gay bars. Eventually he found a job as a shop assistant and he moved into and lived in various hostels, sometimes renting rooms in the apartments of people he knew. He worked in Rome for two years as an assistant to a tour guide at the Coliseum where he learnt English and Italian. He tried to find work in England, but with no success. He cannot find employment in Budapest.

There are traces of trauma when Lajos speaks about his early childhood memories, and of the police raid in particular. The retold events lack structure, and there are many holes and uncertainties. Images dominate the account, as if we were watching a silent film, and there is a complete lack of self-referentiality. Even though all of this happened when he was two, memories could have developed into a more coherent narrative in the time since then. Instead, they seem to have remained unchanged.

The second chaotic part of the narrative – that is otherwise very articulate and very straightforward – comes when he speaks about his next meeting with the police when he is evicted by force. Lajos jumps back and forth in time and it is very difficult to follow the story line. Other events that stood out as being possibly traumatic after the objective life event analysis are retold in a sketchy, detached way; these include the death of his foster-father and having to go back to the group home, and his meeting with his real father. They seem to be mentioned only to illustrate something and not as major life events. These may represent holes, though their traumatic nature does not seem as evident as in the above two cases.

Conclusion

Ever since the discovery of how trauma affects people's lives, various professionals (doctors, psychologists, social workers) have been constructing different methods to try and relieve people of their symptoms. There are two schools of thought on how best to talk with people when trying to help them cope with traumatic memories. If identity and the self develop and are portrayed through the use of language then, as Pennebaker (2004) points out, post-traumatic stress disorder can be seen as a problem of language; the patient cannot express his experiences and memories, which hinders their being processed. The goal of helping professionals, then, can be to help people talk about their traumatic memories and thus transform them to fit in with the other, simpler memories of one's life. For example, some research has shown that social support is a key factor in the ability of people who are re-housed to sustain their independent living (see for example, Dane, 1998; Tsemberis et al., 2006).

Nonetheless, in many Central and Eastern European countries, and certainly in Hungary, cuts are currently being made to all areas of social expenditure, and the social housing stock is already so insignificant as to be almost nonexistent. Social support is clearly not all that is needed to solve the problems of homeless people. Adequate structures, such as affordable housing and access to this housing, financial support, health services, and training and employment, must also be in place to provide the support with which professionals can help homeless people to live the lives they dream about.

This paper has introduced readers to a new understanding of chronic homelessness using a narrative approach. We have shown that even though a considerable amount is known about homeless people in Hungary, most of it comes from quantitative forms of research. The question of why some people remain homeless for a long period of time while others manage to exit homelessness and move on with their lives has not been answered. The hypothesis behind the research discussed in the paper was that homeless people have unprocessed traumatic experiences in their life stories that manifest themselves in symptoms similar to those of post-traumatic stress disorder. We have chosen a qualitative approach to test this, using the narrative analysis of interviews with homeless individuals. By analysing three interviews, several traces of traumatic experiences were found both in their lived lives and in their life stories.

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Young Homeless People in the Czech Republic: A Comparative Perspective

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› **Abstract_** *This article looks at results from the project Combating Social Exclusion Among Young Homeless Populations (CSEYHP), funded by the EU Seventh Framework Programme under the Socio-economic Sciences and Humanities theme. The project was a comparative investigation of youth homelessness (across different ethnic and migrant statuses) in four countries: the Czech Republic (CZ), the Netherlands (NL), Portugal (PT) and the UK, and this article reports on responses from non-governmental organization (NGO) workers with regard to the risk of homelessness for young populations in the four countries, comparing samples drawn in CZ with those of the three other participating countries. Available evidence on visible and invisible homelessness, particularly in CZ, is summarised, and risk factors associated with youth homelessness in CZ are discussed, as is the need for housing, supported accommodation services and health services, including social services and link workers.*

› **Key Words_** *youth homelessness, street homeless, institutional care, social services, risk factors, reasons for homelessness, housing services.*

Introduction

The Combating Social Exclusion among Young Homeless Populations (CSEYHP) project involved four countries: the Czech Republic (CZ), the Netherlands (NL), Portugal (PT) and the UK. The aim of the project was to investigate histories of youth homelessness in the four countries, the comparability across these countries of reasons for young people becoming homeless, and the similarity of risk factors for homelessness across European states. A considerable amount of research has been done in the UK with regard to risk factors for homelessness among young people, but the question remains as to whether these risk factors are shared with other European countries where less research has been done on the topic. It was possible to anticipate some of the findings from Portugal on youth homelessness based on the known strength of the family welfare regime in that country. It was not, however, possible to anticipate findings on risk factors for youth homelessness in the Czech Republic. As such, the situation of young, Czech homeless people is of particular interest.

The first hypothesis to be tested was that homeless youth across Europe experience similar risk factors. From previous studies of youth homelessness it is known that the social contexts in which young people become homeless are particular to each country. In 2008, an EU-funded research project on young people and social change – the Up2Youth project – compared the structure of welfare policies, education and training systems, labour markets, youth unemployment policies, gender relations and representations of youth across the EU27 countries. Findings suggest that attaining adulthood has become more problematic, as has the timing of the transition from youth to adulthood; many young people experience this transition as reversible, where they may alternate between independence and returning to the parental home where they again become dependent (Walther et al, 2009). Up2Youth identified the current life courses of young people as de-standardised, fragmented and diversified, and found that transitions to adulthood take place distinctly within the different welfare regimes: liberal (Anglo-Saxon); universalistic (Nordic); sub-protective (Mediterranean); employment-centred (Continental) and post-socialist (Central and Eastern European).

The second hypothesis of this article is that it is not the type of welfare regime or its relative poverty (in terms of financial benefits and services) that makes it so difficult to address the problem of youth homelessness in CZ; instead, a lack of awareness-raising, of prevention programmes, and of special services for young homeless persons make reinsertion more difficult. There are currently no such services aimed specifically at young people, and all services target adult homeless persons.

The research posed a significant challenge, as both government agencies and NGOs working with homeless people believed it almost impossible to reach young homeless people. However, comparison with the NL, the UK and PT proved enormously beneficial to understanding youth homelessness in CZ, as NL and the UK have extensive facilities for young homeless people, while PT has a family welfare system. This article will focus on youth homelessness in CZ and refer to other countries in the project for comparative purposes.

Methodology

This article reports on results gathered in Phases 1 and 2 of the CSEYHP project. In Phase 1, each national team interviewed 12-16 expert respondents from non-governmental organizations. Expert interviews were conducted using a semi-structured schedule in order to cover common topics across the four countries, and to allow respondents to express their views on issues not explicitly raised in the schedule. Interviews lasted up to 2 hours and were audio recorded. Phase 2 involved interviews with homeless youths that were conducted by co-researchers, themselves homeless or formerly homeless young people. Following training, each team of co-researchers interviewed 54 young homeless people including young men and women, and young people from different ethnic groups and nationalities, and they provided comments on the interview process and the actual interviews.

The sample of young homeless people recruited in CZ was drawn mainly (88%) from young people living either in unfit accommodation – such as squats – or on the streets; this compares with 11% of the Dutch sample (6 were living on the streets), 9% of the Portuguese sample (6 were living in shanty-type accommodation), and 7% of the UK sample (4 were living on the streets). The UK sample consisted principally of young people living in long-term supported accommodation (72% had lived in foyers or hostels for more than three months), compared with 17% in NL and PT, and none in CZ. The samples used in the CZ and UK demonstrate the extreme divergence in provision in these two countries. The NL sample included those living in short-term accommodation of less than three months (37%), long-term supported accommodation (17%), private rented accommodation (9%), refuges (7%), with a partner (6%), social housing (4%), and other. The PT sample was made up of those living with parents in owner-occupied accommodation (11%), social housing (19%), private rented (19%), long-term facilities (17%), squats/shanty-type accommodation (9%), and with a partner (7%).

The sample of young homeless people in each country was not intended to be representative, but to reflect the range of young people across Europe who are homeless or at risk of homelessness. Quotas allowed us to ensure that, within a

limited sample size, people born outside of the host country were included. The UK and PT samples have equal numbers of young women and men, the CZ sample includes 15 young women and 39 young men, and the NL sample includes 23 young women and 31 young men. The total survey population therefore comprises 92 young women and 124 young men. Overall, a third of the sample is under 20 years of age, while two thirds are 20 years and over; however, those under 20 account for 61% of the UK sample, a third of the samples in NL and PT (35% and 30% respectively), and only 7% of the CZ sample. The women included in the sample are younger than the men, with 46% of women aged less than 20 and only 24% of men.

Table 1. Sample of Young Homeless People in 4 countries. CSEYHP database.

Sample Quota	UK	PT	CZ	NL	Total
Born in country/ ethnically dominant	17	18	44	20	99
	(8F/9M)	(9F/9M)	(14F/30M)	(8F/12M)	(39F/60M)
	7,9%	8,3%	20,4%	9,3%	45,8%
Born in country/ ethnic minority	21	18	3	15	57
	(12F/9M)	(9F/9M)	(0F/3M)	(7F/8M)	(28F/29M)
	9,7%	8,3%	1,4%	6,9%	26,4%
Immigrant	16	18	7	19	60
	(7F/8M)	(9F/9M)	(1F/6M)	(8F/11M)	(25F/35M)
	7,4%	8,3%	3,2%	8,8%	27,8%
Total	54 (25%) (27F/27M)	54 (25%) (27F/27M)	54 (25%) (15F/39M)	54 (25%) (23F/31M)	216 (100%) (92F/124M)

Note: F – Female; M – Male

The representation of ethnic minority youth in the NL, PT and UK samples reflects the colonial pasts of those countries; many of those interviewed are of mixed heritage, having one parent from either the dominant ethnic group or from another ethnic minority group. In PT and CZ the ethnic minority sample includes a number of young Roma: 8 in PT and 3 in CZ. The majority of the Czech sample (47) was born in CZ, while the remainder is from Slovakia; the other three samples include a variety of countries of origin. Achieving a balanced sample of young people was most difficult in CZ because of the patterns of migration and youth homelessness in that country.

Interviews were conducted using a two-part schedule. The first part began with an open-ended question about turning points in the young person's life, while the second part was semi-structured in nature and included many open-ended questions. This design was chosen to ensure the provision of comparative information across the four countries while also gathering information specific to each respondent.

Our research into youth homelessness in CZ followed the pattern of the other three countries. First, a national report reviewed existing evidence on the situation of young people in CZ, including previous studies of homelessness, and reported on expert interviews with key respondents working in homeless NGOs. Secondly, co-researchers were recruited and trained, and thirdly, young homeless people were recruited for interview by means of leaflets distributed by the Salvation Army, outreach workers and by other NGOs. This article compares evidence on youth homelessness in CZ with situations in NL, PT and the UK, and reports on the outcomes of Phase I (key respondent interviews) and Phase 2 (interviews with young homeless people).

Definitions of Youth Homelessness

As there are no specific provisions on youth homelessness in CZ, the definition of homeless youth used in the research is, in some cases, broader than the ETHOS categories of 'roofless' and 'houseless'. Young people were included for interviews if their living conditions corresponded to one of the following: without proper and/or legal housing; sleeping rough or staying with friends; in hostels or other accommodation intended for less than one year; dependent on support services; living in care or using move-on support; social council tenant having experienced family homelessness (inadequate housing) followed by re-housing. In CZ one of the main problems was, and continues to be, the absence of an official and generally accepted definition of the concepts of 'homeless' and 'homelessness'. The term 'homeless' is used in Czech legal terminology to describe a person without citizenship. In the 2006-2008 national reports on Strategies of Social Protection and Social Inclusion (NAPSI), homeless people are described as those persons "without any roof over their heads and finding temporary shelter in various charity organizations" (Ministerstvo práce a sociálních věcí, 2006, p.76). The Act on Social Services, valid since 2006, uses only two concepts of homelessness: people without shelter, and people in an unfavourable social situation due to loss of housing. Following pressure for a definition of homelessness from academic circles and NGOs dealing with the issue of homelessness, the Czech government adopted the FEANTSA definition, but extended it to include young people who had previously been living in social care.

The Scale of Youth Homelessness

The visible homeless youth

A considerable amount is known about the scale of youth homelessness in the UK where the scale of service provision ensures good visibility, and the relevant information for NL comes from both regional and national studies; in PT and CZ, however, a lack of services means that estimates of the 'invisible' homeless are likely to include young people that would be visible in the other two countries through their engagement with services. In 2006-7, 43 000 young people were accepted as being statutory homeless by local authorities in England, Scotland and Wales, and 31 000 young people were living in supported accommodation (Quilgars *et al.*, 2008). The total estimate of young homeless people in NL is 6 090, but such estimates are problematic due to inadequate registration. In PT, the main studies on visible homelessness focus on those sleeping rough or living in shanty-type accommodation; a national study (Castro and Caeiro, 2004/05) identified 560 people living in shanty-type or unfit dwellings; 2 173 people who were housed but "sporadically sleep on the street/in shelters"; and 1 855 people sleeping on the streets. The majority of these were between 25 and 34 years old, and the reasons they gave for their homelessness were: family problems (25%); health (23%); unemployment (22%); and housing problems (17%). Of 1 100 contacts with homeless people registered by a group of outreach teams in Lisbon, 33% were immigrants.

The issue of homelessness began to appear in CZ in the 1990s as one of the negative consequences of the overall transformation of Czech society. After 1989, the first general estimate of the total homeless population was 35 000 in 1996 (Hradecká and Hradecký, 1996). However, homelessness issues only became part of the political agenda with the accession of CZ to the European Union. In CZ, estimates of the problem focus on the visible homeless living on the streets or in winter shelters, but the number of homeless in the ETHOS operational categories 1-4 (Roofless, Overnight Shelter, Homeless Hostel, Temporary Accommodation, Women's Shelter) is not known to the Czech Statistical Office (CSO), the government body responsible for the periodical census of people, households and flats. Obtaining estimates for these categories is dependent on research carried out by NGOs working in the field, and on data from NGO grant applications to the Ministry of Labour and Social Affairs, and European Structural Funds (administered by the Ministry) (Hradecký, 2006b).

A 2004 field census of the visible homeless population in the Prague area identified 3 096 such persons (Hradecký *et al.*, 2004), of which 2 662 were men (86%) and 434 were women (14%); those under the age of 25 made up 14% of the total (337 men, 102 women). The predominance of men and older homeless persons among the visible homeless in Prague is similar to that found in other Czech cities. In 2006, research was carried out on the clients of Prague's temporary winter shelter. It was

found that a diverse client group used this service, including recently released ex-prisoners, young people from institutional care, and people who had moved to the capital to look for work. On 29 January 2006, 227 people (206 men and 21 women) were in the shelter between 8 and 9pm. A third (33%) was from Prague and 48% came from other areas of CZ, while 19% held other nationalities (Slovakian, Lithuanian and Ukrainian). The majority of the homeless were aged between 26 and 65, with only 20 persons between the ages of 18 and 25 (Hradecký, 2006b). Of the shelter's clients, only 10% were women – usually partners of the men who slept in the centre; single women were rare.

The 'invisible' homeless

In the UK and NL, administrative procedures such as homeless applications make visible some homeless young people who remain 'invisible' in countries without such services; this is the case in both PT and CZ, where it was found that young homeless people were mostly invisible. In CZ, the circumstances of many homeless people are invisible to the general population, but are partially known to the government; some data on accommodation for immigrants (operational category 5) and people living in insecure accommodation (operational category 8) are available, and the CSO has precise and detailed data on households that fall into ETHOS categories of inadequate accommodation (categories 11, 12 and 13; Hradecký, 2006b). According to the 2001 census there were 222 persons living in mobile homes not intended as a place of usual residence (Ethos category 11.1); there were 44 836 persons living in dwellings defined as unfit for habitation by national legislation (12.1); and 12 519 persons were living in recreational facilities or weekend houses. 9 018 young people aged 15 to 24 were found to be living in such categories – 0.6% of the whole population of this age group. 7 537 (84%) of them were living in dwellings defined as unfit for habitation, 1 413 (15.7%) were living in recreational facilities, and 32 (0.3%) in mobile homes.

Overall in CZ, estimates of the scale of youth homelessness are based on evidence from NGOs who work with young homeless people but who mostly work with older homeless people; they report that the former make up less than 15% of the total homeless population and that the majority are Czech citizens and male, with few or no qualifications, often with a history of drug-abuse and a background of institutional care or broken homes. Many are from the dominant ethnic group, although none of the organizations interviewed kept ethnic or religious statistics, and in any case those with Roma backgrounds are often reluctant to declare themselves as such due to social stigma. In 2005, a three month study of the young homeless people in one Prague district led to the development of a dual typology of youth homelessness in the area, comprising squatters and drug-users. The squatter group consisted of those who wanted to lead an independent and free lifestyle with

a group of peers or like-minded people sharing alternative values. They were mostly 20-30 years old and lived in vacant houses which they kept in more or less good condition. They tended to abuse alcohol and soft drugs; family relations were often disrupted but some contact was retained; and social isolation was not as deep as in the drug user group. They worked occasionally at temporary jobs in construction or cleaning services, and also got some money from begging; the help identified as being most required by this group was hygiene and medical services (Naděje, 2005). The drug-user group consisted of young people facing a deeper social decline due to drug abuse. Generally under 25 years of age, they tended to have broken family relations and to live in abandoned and remote places with which they felt no emotional bond. They earned money by doing temporary jobs and through petty theft, or by collecting items they could later sell. Their interest in social services was limited to satisfying basic needs (food, hygiene), and their main focus was on obtaining drugs (Naděje, 2005).

Expert Respondents on Reasons for Youth Homelessness

In Phase 1, as well as reviewing the literature of each country on the issue, each team interviewed 12-16 experts from organisations working with young homeless people. Expert witnesses from each country identified a range of issues that they believed were associated with an increased risk of homelessness.

In NL, expert interviews linked youth homelessness with family background problems, and it was found that young people who had had to deal with multiple support agencies and social workers later had problems with attachment. Dutch experts also emphasised the risks associated with debt. They reported that young homeless people lacked the ability to handle money or pay fines that they had accrued, and debts led to their being unable to pay their health insurance, find accommodation, or return to education. Several Dutch experts also identified specific problems for migrant youths: being raised by single mothers and having to take on the responsibility of an adult male at a young age; differences between young men and women in migrant cultures; clashes with traditionally orientated parents; and having to deal with cultural differences without a support network. Migrants may have further problems with residence permits.

Some NGO experts in PT also linked the issue of youth homelessness with 'dysfunctional' families – families lacking in discipline, or in some cases abusive, broken families. Experts also referred to young people without parents and whose extended families were unable to take care of them, leading to their going into social care. A second major area that Portuguese experts linked with homelessness is the low level of education among young people with learning difficulties. A third area,

also identified in the UK, is the problem of families that have always lived on benefits, and whose children also adopt this approach. In the UK, NGO experts reported that the young people they work with become homeless for a variety of reasons. They spoke first of individual risk factors for young people in terms of their own behaviour (including low aspirations), not getting on with their family, and parental behaviour. In the UK, key respondents also reported a problem of area violence and gangs leading to homelessness.

Expert interviewers in CZ identified four reasons for young people becoming homeless: being taken into institutional care, becoming criminalised, the lack of housing and homeless services for young people, and family breakdown. Expert interviewers who reported family breakdown as an issue also emphasised institutional care and criminal records as important reasons.

“I would tick ‘B’ (disintegration of the family, conflict in the family), ‘D’ (poverty in the family), and ‘F’ (institutional care). In the case of poverty in the family, the problems are with alcohol, gambling etc., which are transmitted (to the children)... We could say all points from your list play a role, but family disintegration is a major risk factor with our clients... Families are usually not biological; i.e. they have a step-mother or step-father or just one parent. For example, the client finds out when he turns 16 that he was adopted. It usually ends up that he ‘monkeys around’ and when he turns 18, he runs away. Death in the family is rare; poverty is frequent. Abuse or violence is also rare. Institutional care – that is regular and so are criminal records.” (Naděje, NGO)

As in many other countries, the age of adult responsibility differs in the civil and criminal codes. According to the Czech Civil Code, a person becomes an adult and fully capable of taking on rights and responsibilities at the age of 18; they obtain the right to vote and to marry under the Family Act (Nr. 94/1963). According to the Czech Criminal Code, on the other hand, a young person becomes criminally responsible at 15. If a young person has a criminal conviction, it is five years before that conviction is spent.

“We have contact with prisons and mental institutions that our clients contact us from. In CZ nobody counts the fact that such a person was convicted twice. When our clients do something while on the run from a children’s care institution and nobody tells them that it’s a crime, then when they turn 18, they go to prison. Once we had 3 boys in such a situation. When they returned from prison we thought – ‘what should we do with them?’ So we went with them to the hospital, hoping they could do the simplest and most basic work. But they wanted a clean criminal record. Two boys gave up after half a year looking for a job. The third one was very upset that he couldn’t work, as he was trained to be a butcher but hadn’t completed his training. So I suggested he could watch over a garbage site. The first thing they

asked for was a clean criminal record. This is why we can't find a job for him – not even temporarily. His record will not be clean for another 5 years, so a boy like him is blocked for 5 years... He wanted something permanent to pay the rent because housing is the biggest problem.” (Projekt Šance, NGO)

Several Czech expert interviewees reported that young people who have lived in institutional care are at particular risk of homelessness. In child care institutions there are currently around 20 000 children under the age of 18, and each year more than a thousand have to leave care when they reach that age. However, there is no follow-on support available for them, despite the risks for these young people having been acknowledged in recent legislation. Being taken into institutional care may be related to the inability of parents to provide care, or it may relate solely to their poverty. In the case of the latter, CZ has been criticized by the EU for not applying family support policies and for breaking up families; unsupported families experience poverty, a lack of adequate family housing, and a lack of social housing.

“It is necessary to abolish children's institutions in CZ. There are countries in which they have only one or two. In the CZ there is no adequate substitute for family care and the potential of foster care is unused. Indeed it is a truism that all problems begin in childhood, but if care homes did not do so much harm to the kids, which they have to deal with all their lives, we would never have such an influx of badly integrated and badly socialized clients... But some things are getting better; there are already institutions of a family care type where they at least learn some basic things like how to take care of themselves, and are not shocked when they see bread which is not sliced.” (Dom, NGO worker)

The impact on young people of being taken into care is far-reaching. Exclusion from education is not the biggest concern, as child care facilities are usually connected to some sort of educational institution; instead the problem is that children attend schools that they did not choose, and if they leave these institutions prior to the age of 18, they may be at risk of becoming criminalised (see above), and they may be refused accommodation. The focus on institutional care means that until 18 years of age, the housing and care of young homeless people are the responsibility of the state. For children and young people under that age, who are not yet legally adults, nothing but emergency care can be provided by NGOs, who must refer them to state agencies. However, some key respondents said this situation could be avoided by not checking documents.

Key respondents in CZ also mentioned the disadvantages that homeless young people have when searching for employment – even without a criminal record. The most disadvantaged groups entering the job market are young people without education, or with incomplete or unfinished elementary education, and those graduating from so-called ‘practical’ schools (Ministerstvo, 2006, p.48). Most homeless

youths have had a basic education or an apprenticeship. Some of the main issues for homeless youths include the quality of jobs they can obtain, their (in)ability to keep jobs, and their general lack of the necessary qualifications. Employment Offices offer jobs to the homeless and some NGOs work in cooperation with them.

Housing problems more broadly in CZ are seen as a major contributing factor to youth homelessness.

“I think that the issue of housing in general is highly problematic and relates to the whole of society, but even more to the socially vulnerable and also young people. One of the factors influencing ending up on the street is a lack of adequate housing – especially in Prague, where it is very expensive. But the issue of employment in this region (Prague) is not such a big problem – maybe in some other parts of the Republic. In Prague employment is high and I think a young person can find work if s/he wants to. But there is a problem with qualifications and lower salaries, so we return to the housing problem.” (Naděje, NGO)

The Risk of Youth Homelessness

Three clusters of factors can be identified: risks for young people relating to their family background and parental behaviour; risks for young people relating to their own behaviour (school exclusion, truanting, running away, drugs and alcohol); and risks relating to social exclusion and poverty (workless households, poor areas and poor families). The situation of young homeless people in the Czech Republic is of particular interest.

Family background and parental behaviour

The Czech sample had the highest proportion of respondents who had lived with two or one birth-parents at the age of 12 (70% as opposed to 63% in the UK, 56% in NL and 50% in PT). However, more young people in the CZ sample reported difficult childhoods; a third of both NL and CZ samples reported that they were hit frequently during childhood, and they were also more likely to report mental health and alcohol problems in their parents. Young people in the PT and UK samples were most likely to report a good relationship with two parents or their lone parent (PT 37%; UK 29%). They were also more likely to report having a good relationship with one parent and a bad relationship with the other (PT 30%; UK 33%). A majority of young people in the PT and UK samples reported a good relationship with at least one parent (67% and 62% respectively), compared with 49% in NL and 28% in CZ.

A quarter of the total sample from all four countries (216) had had experience in care, while another quarter would have liked social services intervention when they were growing up; overall 53% had either lived in care or had wanted intervention.

Further, some young people who had experienced care episodes would have liked more social services intervention, and earlier. The sample containing young people most likely to have experienced care was that of NL (49%), followed by CZ (24%).

Table 2. Care experiences and requirements for care.

Lived in care or wanted care	CSEYHP	
Never in care and didn't want social services intervention	47%	NL exceptionally low at 24%, PT 50%, CZ 51%, UK 61%
Never in care but wanted social services intervention	27%	Highest in PT at 33%, NL 28%, CZ 24%, UK 22%
In care at some time in their childhood	26%	NL exceptional at 49%, CZ 24%, PT 17%, UK 16%

Young people's behaviour

Nearly half of the young people in the UK and NL samples reported having been excluded from school (43% and 48% respectively) while this fell to 30% in CZ and 26% in PT. However, 80% of the CZ sample admitted to truancy, as did 70% of the NL sample but only 57% in PT and 46% in the UK. Three quarters of young people in the NL sample had problems with teachers (74%); this figure was 56% in CZ, 48% in PT and 35% in the UK. Over half of the CZ sample had no school certificate. More than half of the NL and CZ sample stated that they had argued with parents because of being in trouble with the police; this was only a third in the UK and PT.

Homelessness and poverty

More young people in PT than in any other sample reported that their parents had been homeless (16 out of 54); this was 11 out of 54 in the CZ sample, and although both UK and NL respondents were likely to say they didn't know, 8 UK and 13 NL respondents also reported that their parents had been homeless. The parents of most CZ young people had worked, though 7 reported having received a range of out-of-work benefits. Nine parents in PT and 8 in CZ received money from other family members to survive, compared with 3 in NL and 1 in the UK.

Services for Young Homeless People

Social housing

In all four countries in the CSEYHP project, the availability of housing services differed greatly. 33% of all households in the NL are part of the social housing stock, and young homeless people can sometimes be moved directly into independent accommodation; support is provided for the first year, after which they will be offered a tenancy. In the UK, the decline in the social housing sector – now down to 18% of all households – means that while some young people are offered social housing tenancies, many others are supported in private rental accommodation. In PT the social housing currently available consists principally of units that were built to re-house people from ‘barracks’ (shanty towns). However, there is likely to be a considerable amount of ‘invisible homelessness’ here as many young people at risk of homelessness turn to family for support and live in the homes of parents or grandparents.

There has been no social housing in CZ since the reform of housing policy in 1989. The young people in our study, however, had limited access to family support networks (see below), such that the lack of social housing was identified by managers and key workers in most NGOs as a major issue leading to youth homelessness, along with issues of institutional care and the criminalisation of young people leading to unemployment.

Supported accommodation

It was notable that while the homeless youths of the NL and UK samples were predominantly living in supported accommodation and/or were supported by key workers, and those in the PT sample were mainly living in supported accommodation or with their families, the CZ sample was largely made up of young people living on the streets or in squats – few use hostels, which mainly cater for older homeless people. While the majority of young homeless people in NL and the UK had a key worker or a link worker (83% and 74% respectively), this fell to under half in PT (48%) and CZ (45%).

In CZ most services for the homeless are provided by non-governmental and non-profit organizations, including charities, which are funded predominantly by the government from the state budget or through European funds, often administered through governmental institutions. The major funding agencies are the Ministry of Labour and Social Affairs and the European Social Fund, but some leisure-time centres and their activities that form part of homelessness prevention activities strategies are financed by the Ministry of Education, Youth and Physical Education.

Reinsertion policies, which are complex and require inter-ministerial cooperation, are often co-funded by more than one agency. Overall, therefore, NGOs are dependent on government policy and funding guidelines.

Czech NGOs provide two types of housing. The first and most common is emergency accommodation, usually dormitory-style, where clients spend the night and leave in the morning. In this type of accommodation, contact with clients tends to be somewhat anonymous, and often relates to the provision of basic necessities such as food, clothing or hygiene facilities. The second, less frequently offered type of accommodation is the hostel – a more long-term type of collective housing where clients can access other types of support such as legal, social, psychological or monetary help. These facilities cater not only for individuals, but also for young mothers with children or whole families, and residence here often lasts for up to a year. In hostel-type accommodation, users are supported in becoming independent through the simultaneous provision of the shelter they need, and help with finding jobs and their own housing.

“There is no systematic protection from homelessness; all solutions are ad hoc. Besides the half-way homes, there are hostels, social flats in cooperation with municipalities, and a form of protected housing within children’s institutions. In such institutions there are 44 underage mothers and 18 underage pregnant girls. In such cases we don’t find systematic protection either...” (Hradecký, 2006a, p.14).

In CZ, supported accommodation is mainly directed at clients who simultaneously participate in re-socializing and integration programmes. According to NGO workers, applicants most often have little education, limited or no family support and mental and/or physical health issues, as well as limited capacity for relationships with others, all of which limits employment prospects. Within the NGO housing network there is also a very limited capacity for couples or families with children, and there is even less accommodation available for single women; this is in spite of the fact that 23% of those seeking appropriate accommodation are women aged 25 and under, while men make up 13% of the same age group. A further problem is that even some NGOs will not accept young people with criminal records:

“In our case, we have mostly clients with debts, unemployment problems and criminal records. We are one of the few asylum homes that take people with criminal records.” (Dom, NGO worker).

Most service providers offer some kind of training, such as the development of computer skills, state-financed re-training courses or, for motivated clients, the possibility to finish high-school or do an apprenticeship. Some have special contacts with job agencies that are trained to deal with their clients in a sensitive way and to look for jobs appropriate for, and available to them. Because many

clients are from dysfunctional families or have been in institutional care there is an emphasis on life skills training and managing in everyday life: how to obtain documents, pay bills, apply for social benefits etc. In some projects, clients are taught how to manage a household. Some NGOs have their own workshops where clients produce objects for sale; they might make pencils or bracelets, or colour mugs and candles, and each object carries the name of the person who made it. The goal is to accustom young homeless people to working and then refer them to job agencies connected to the NGO. One issue reported by key workers is that institutional care tends to lead to the development of dependency patterns in some young homeless people, which is partly reinforced by the NGO system of care.

Informal Support

To what extent did family support or other informal support systems compensate for the lack of services available to young homeless people in the Czech Republic? First, young people in PT and CZ were more likely to have a supportive relationship with grandparents whilst growing up: 24% in PT and 20% in CZ. After their mothers, grandparents were most frequently cited by young people as their main source of support growing up; grandparents were listed ahead of fathers – even by those who had also named their father as offering them support. However, the availability of support from the extended family in these two countries was very different from that in NL and the UK. Just over three quarters of young people in the Portuguese sample (76%) currently had support from adult relatives, including grandparents or godparents; in the three remaining samples, a minority of respondents had such support: 28% in CZ, 24% in NL and 19% in the UK. Grandparents were taken in PT to be part of the extended family network, while in CZ, support from grandparents was more frequently a substitute for parental support, and there was rarely support from any other family member.

Young Czech respondents were the most isolated. The majority (61%) of young Portuguese homeless people had multiple attachments to family and/or partners; this was 30% in NL, 28% in the UK and only 9% in CZ. Those in the NL and CZ samples were most likely to report having wanted to return home without being able to (67% and 65% respectively). Expert interviewers in CZ reported that the social networks of young homeless people usually consist of peers in similar situations. The combination of dependency, poor social capital, and a lack of trust in society often makes it difficult for young people in CZ to change the course of their lives.

Conclusion

In terms of the risk factors associated with youth homelessness, those interviewed in the CZ differ from other respondents in a number of ways; they were more likely to have been raised in a two birth-parent household, but with parents who were more likely to have had drug or alcohol problems. In CZ, before young people turn 18, homelessness services can only be provided to those in institutional care; the main problems with this type of care are that it tends to produce passive and dependant individuals, and it fails to provide follow-on support (mostly housing support) to those that have left. We would argue that for young people who are at risk of homelessness and are living with their parents, there is a lack of preventive services, such as services for drug addiction, that are specifically tackling this risk. We would also suggest that there is a lack of awareness-raising about this social phenomenon among the non-homeless population, where there is often a tendency to blame the victim. In the case of young adult homeless persons, we argue that the main issues are the lack of social housing and early intervention services, but also the lack of supported accommodation, which would provide young people with facilities over a sufficient period of time to enable long-term work with individuals. Last but not least, the lack of services specifically targeting young homeless people in the Czech Republic is a serious issue that often leads to a reluctance on the part of young people to seek services that are available, but also makes it even more difficult to get rid of the stigma that accompanies homelessness in the Czech Republic.

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Homelessness in Poland: An Analysis of the Pomeranian Province

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Pomeranian Forum of Getting Out of Homelessness

› **Abstract_** *This review presents the most important aspects of homelessness in Poland based on the results of long-term research carried out on homeless people in the Pomeranian Province by the Pomeranian Forum in Aid of Getting Out of Homelessness. The author uses the results of quantitative surveys carried out in 2003, 2005, 2007 and 2009 to present an analysis of the demographic characteristics of the homeless population, and to indicate crucial problems connected with social and vocational reintegration. Such aspects as health conditions, professional activity, causes of homelessness, and the Polish system of assistance used by the homeless are significant in the description of Polish homelessness, which also contains a critical analysis of the social assistance system for homeless people in Poland.*

› **Key Words_** *social exclusion, homelessness, getting out of homelessness, causes of homelessness, homeless assistance system*

Introduction

Homelessness is a complex problem that can be and is, certainly in the case of Poland, approached from a range of perspectives. The broadly interdisciplinary nature of research into homeless people in Poland has resulted in the application of a range of theoretical concepts and approaches, with a consequent multitude of definitions and typologies of homelessness, and numerous proposals of how to offer practical support to people experiencing housing exclusion (for recent

examples, see Dębski and Retowski, 2008; Dębski and Stachura, 2008; Browarczyk and Dębski, 2010; Browarczyk *et al.*, 2011). Homelessness is now often related to domestic violence, criminality or addictions, and it is also viewed through the lens of social policy and social work. Despite the fact that efforts to conduct national research have so far proved futile, and even though the issue of homelessness is not yet well established in sociological and psychological research in Poland, it is nonetheless the case that our knowledge of homelessness is no longer rudimentary. There has been increased interest in this issue in academia; the curricula of a growing number of higher education facilities include classes on social aspects of homelessness and homelessness prevention, mainly directed at sociology, psychology and pedagogy students. However, the issue is also addressed through social work with the homeless, namely homeless assistance and street work, and the latter has become a frequent topic of courses organized and conducted by non-government organizations (NGOs) that use this method (e.g. St. Brother Albert's Aid Society in Gdańsk).

It seems that a growing interest in the issue of homelessness is the consequence of an increase in the number of people sleeping rough in Poland, which in turn is the result of the social and economic changes of political transformation (Przyemeński, 2001, p.56). So far homelessness, broadly understood in terms of social exclusion, has been categorized somewhere between poverty and unemployment. It is currently the subject of research as well as of practical activity in terms of the various forms of support offered to homeless people; this support, or intervention, is by no means limited to financial and material aid, but also encompasses social and vocational activation through programmes and projects aimed at excluded groups (integration), and includes support for those at risk of homelessness (prevention).

The practical aspects of combating homelessness are increasingly important, not only for social politicians that frequently present problems such as housing exclusion in local and national policy documents, but also for the growing number of NGOs that include this issue in their statutory activities. Regardless of their legal status, these organizations and institutions work with homeless people and those at risk of homelessness using various tools and methods of social work.

A glance at the map of Poland and its sixteen administrative units or provinces leads to the conclusion that the interest in homelessness appears to be correlated with the activity of dynamic NGOs providing assistance to the homeless in specific regions. At present, the professional activity of third sector organizations in the field of homelessness is observed as contributing substantially to the development of a holistic support system for homeless people, and integrating academic circles through the establishment of regional networks of institutions and organizations dealing with the problem of homelessness. These organizations include St. Brother

Albert's Aid Society, Caritas of Kielce Diocese, Open Door Association, Monar Association, Barka Cooperation Network and the Pomeranian Forum in Aid of Getting Out of Homelessness.

The aim of this article is to provide a brief overview of homelessness in Poland and of the Polish support system for those experiencing housing exclusion. The article firstly focuses on the system's major flaws; despite visible progress in the last 20 years, much remains to be done. A critical analysis of the homeless support system, based on the most recent studies (Olech, 2010a-e; Dębski, 2010), will show that its flaws result from a combination of the currently inadequate social assistance legislation and the lack of a long-term approach to combating the homelessness problem. A detailed analysis of the homeless population is then outlined based on extensive research; as no national research has been carried out, the discussion is based on local research recently conducted in Poland. This data is used to define the main socio-demographic variables of the Polish homeless population, and to present the most common causes of homelessness, a geography of homelessness, and the principle health, social and vocational problems that homeless people have to contend with. The article then turns to panel research that was conducted with homeless people in the Pomeranian Province of north-central Poland, and the results of surveys conducted in 2003, 2005, 2007 and 2009 will be presented.

Major Drawbacks of the Homeless Support System in Poland

An analysis of the homeless support system in Poland clearly shows that it is principally an emergency service. Regulations and systemic solutions in the sphere of homelessness support serve mostly to 'manage' the current problem rather than to reduce the incidence of homelessness through long-term solutions. Prevention programmes for those at risk are still rare, and the social and vocational reintegration programmes currently being conducted, set up after Polish accession to the EU in 2004, seem to lack coordination, monitoring and long-term evaluation.

Homelessness is not well established in official local and national policy documents

Poland is one of the few European countries that does not have a national strategy of solving social problems. Further, many Polish cities and towns do not consider homelessness a major social problem. Efforts to introduce the national strategy for exiting homelessness in 2008 proved futile, and the National Programme for Transitioning from Homelessness and Developing Social Housing 2009-2015 (Ministerstwo Pracy i Polityki Społecznej and Ministerstwo Infrastruktury, 2009) serves to organize the homelessness support system rather than define national strategies for solving homelessness. Moreover, an analysis of over 160 'commune

strategies of solving social problems¹¹ concluded that the issue of homelessness is, indeed, of marginal significance to the authorities; in most cases it is neglected and, where mentioned, is frequently treated superficially. The commune strategies lack in-depth and long-term analysis of the problem of homelessness, an issue that is frequently highlighted in the context of intervention which usually takes place in the autumn and winter months without consideration being given to a year-round approach to helping homeless people. It is also significant that the homelessness issue is mostly overshadowed by such problems as unemployment or poverty in commune strategies of solving social problems.

Current solutions and the homeless support system are not based on empirical research and monitoring

Research on homelessness in Poland largely consists of local surveys, most of which are conducted in areas with active NGOs, and are carried out with homeless people staying in such facilities as shelters or night-shelters, or living in other institutional accommodation. Surveys of homeless people – within and outside of institutional accommodation – covering entire provinces have also been carried out, but unfortunately are still rare, and the lack of in-depth national research that would provide us with specific information on such things as the volume and geography of Polish homelessness is increasingly keenly felt. The purely practical activity beyond the research field, such as monitoring the homeless population, is equally deficient, and the databases used are frequently incomplete or outdated (Wygnańska, 2005, p.7).

Lack of comprehensive housing policy that includes all social policy institutions: homelessness as a problem of social assistance

It is a major flaw of the Polish homeless support system that the issue of homelessness is rarely linked with other social spheres and thus becomes locked in the sphere of social assistance. Such a one-dimensional view of the support system means that government and non-government organizations acting in the spheres of health, housing or the judiciary play almost no role in solving the problem of homelessness.

Unfavourable housing situation

In a detailed description of housing problems in Poland, Olech (2008) describes the general dearth of accommodation and an inadequate structure of ownership, inadequate and insignificant social accommodation for rent, and substandard and

¹¹ A commune strategy of solving social problems is an official document which must be developed and implemented by every commune in Poland. This document forms the basis for long-term programmes aimed at reducing the scale of such problems as unemployment, poverty, domestic violence, alcohol addiction and homelessness.

crowded accommodation. There are two consequences of Poland's slow move away from the social and community housing scheme that was used between 1945 and 1989 (Przyemeński, 2007), and the poor housing situation that has been observed in Poland for many years; first, situations commonly arise in which people at risk of homelessness are evicted, sent to temporary forms of accommodation and later end up in long-term facilities for the homeless, and secondly, the process of transitioning from homelessness is negatively affected. Those at risk of homelessness are in a difficult position as the inadequate number of social rental flats seriously limits their chances of living in decent conditions. Poverty and consequent financial debt means that those threatened with homelessness are frequently forced to leave their residence to stay with friends, move into substandard flats with unacceptable standards (no electricity, water, sewage system etc.), or have recourse to a facility or other form of institutional support for the homeless.

Lack of cooperation between those directly involved in helping the homeless

Instead of close cooperation in bringing about an end to homelessness, the situation in Poland resembles more of a competition, an issue that is exacerbated by the frequent underfunding of those working most closely with the homeless: the NGOs. Regional fora of institutions providing assistance to the homeless are currently being created but they are still very rare.

Failure to work with the homeless towards getting out of homelessness

Before the accession of Poland to the European Union, social work in homeless facilities was basic, but the availability of EU structural funds enabled non-government institutions and organizations to develop and conduct reintegration programmes. However, social workers are still only able to tackle homelessness at the level of the individual, and the number of those successfully getting out of homelessness remains very small. It seems that in many organizations the system of short-term assistance for the homeless, so popular in the times of communism, is still applied, and this is especially visible in social assistance centres. Improvements are observed among NGOs, which use EU funds more frequently than social assistance centres and whose staff members are mostly young people.

Lack of national standards for working with the homeless

There are some coincident standards for working with the homeless across Poland (in Gdańsk, Gdynia and Kielce) but no national guidelines have been worked out yet. Local working standards, which provide a framework for the provision of assistance to the homeless, focus on a number of areas, including standards of housing, social assistance, employment, education, street work and ethics. The lack of such guidelines may engender a variety of consequences: homeless people of different ages, health conditions, vocational statuses and prospects of getting out of home-

lessness share the same homeless facilities; assistance for the homeless is inadequately professionalized; services for the homeless are inadequate for their needs; and there is no possibility of developing complex and integrated support systems.

Selected Demographic Characteristics of the Homeless Population in Poland based on Local Research

There is no doubt that understanding the character of homelessness in Poland in terms of its scale, demography and geography is crucial to shaping national policy on the prevention of homelessness, as well as on temporary assistance, and social and vocational (re)integration. However, the fact that no national research has been conducted with a representative sample of the homeless population greatly hinders the process of defining the demography of the homeless population; most research on homelessness is local in character and usually limited to the homeless populations of particular facilities. At least three reasons for this may be identified: first, funds allocated to the scientific research of homelessness are insufficient; secondly, many people, organisations and other bodies fail to see the importance of researching the causes of homelessness; and finally, there is a belief that communes bear the greatest responsibility for solving the problem of homelessness in Poland, a view that accords with Polish legislation. Surveys conducted by communes are therefore currently used to help solve the problem of homelessness in a given region.

In order to provide an approximate demographic profile of the homeless population in Poland, I drew on the results of local research that had been conducted using various methods at different times and across different regions in Poland (CBOS, 2005; Śledzianowski, 2006; Masłowski and Sosnowski, 2009; Przewoźnik, 2009). Significant factors in defining the homeless population include: the number of homeless people, age, sex, education, marital status and place of residence. The views presented are based on socio-demographic research since 2001. Research data on the Pomeranian Province, deliberately excluded from the observations presented below, is presented in Part Three of the article.

Determining the scale of homelessness may be approached in two ways. The first involves the number of homeless people staying in a given area, provided using the headcount method and without additional social or psychological profiling. The second involves making policy recommendations to end homelessness (Kwaśniewski, 2006) and the monitoring of homelessness (Busch-Geertsema *et al.*, 2008). Efforts to provide a definitive count of homeless people are problematic for at least three reasons. The first relates to the large number of existing databases established by various government and non-government organizations and institutions; these are frequently outdated and incomplete, and each presents a different number of

homeless people. Another reason stems from the difficulty in providing a comprehensive definition of homelessness; according to Sochocki (2010), the number of definitions and typologies of homelessness is an important factor in the divergence of homelessness counts in Poland. The third reason relates to the impossibility of monitoring homelessness resulting from labour-related migration (Goryńska-Bittner, 2010); there are currently no accurate data on homeless Poles, either abroad or having returned to Poland due to a lack of success abroad, and although articles have appeared relatively frequently on homeless Poles in various EU states, there is a clear lack of professional monitoring of the problem (Kurzeja, 2010; Mostowska, 2010).

Information on the scale of homelessness in Poland, first released by government departments and the mass media after 1989, was mostly based on statements provided by Marek Kotański, the founder and leader of MARKOT centres for the homeless (Przymeński, 2001). According to this information, the number of homeless people increased considerably from 200 000 in the early 1990s to 500 000 in the first decade of the 21st century (Przymeński, 2008a; 2008b). However, Przymeński (2008a) claims that this data lacks credibility for two reasons: there is no information on the methods used by Kotański to research this problem, and numbers were deliberately overstated in order to draw the attention of politicians to the issue.

An effort was made in the 2002 national census to count the number of homeless people in Poland; while census takers had no difficulty contacting those in homeless facilities, there were problems reaching homeless people in the so-called uninhabitable places like railway stations, shafts, train sidings and so on. As a result, the Central Statistical Office did not publish the data collected at the time which registered: 771 group accommodation facilities for the homeless with 13 997 inhabitants; 2 271 people in 112 social assistance centres for pregnant single women or women with children; and 5 700 dwellings (uninhabitable places) with 11 500 inhabitants. Another attempt will be made to count those in homeless facilities such as night-shelters and other shelters, as well as in uninhabitable places (as per the roofless category of ETHOS – European Typology on Homelessness and Housing Exclusion) in the 2011 National Census of Population and Housing (Browarczyk *et al.*, 2010; Sobieszak *et al.*, 2010).

A very clear method of defining the scale of homelessness in Poland was devised by Przymeński (2001) who used the results of his research and the opinions of practitioners working with the homeless to evaluate the proportion of homeless people using facilities (shelters, night-shelters etc.) as against those remaining outside institutions; this proportion ranges from 1: 1 to 1: 2 for the homeless sleeping rough. At that time – in 2000, Przymeński evaluated the number of homeless as ranging between 24 000 and 45 000, though observed in a later publication that the upper range limit had been overestimated as the numbers of homeless people using

temporary forms of accommodation had been overstated by 2-4000, and he determined that the number of homeless people amounted to 35000 (Przymerński, 2008a), figures largely in accordance with data collected by the Ministry of Labour and Social Policy (MPIPS). According to information provided by MPIPS on 26 January 2010, there were 20960 people staying in homeless facilities, with as many as 10000 homeless people staying outside institutional forms of temporary accommodation. So far, the most significant data has been collected by Wygnańska (2010) but, as can be seen in the table below, the figures are still very inaccurate.

Table 1. Indicative statistics on, and estimations of, the size of the Polish homeless population

SOURCE	FIGURES	DESCRIPTION/DEFINITION	CONSTRAINTS/DRAWBACKS
National Population and Housing Census, GUS 2002	27 748	People living in facilities of multiple occupation: welfare homes, homes for women with children and non-residential facilities	Incomplete data – the number of facilities in databases exceeds the number of surveyed facilities; no information on the homeless sleeping rough
National Welfare Statistics, MPIPS, 2007	34 235	Clients of public welfare centres who received support due to difficult life situations caused by homelessness	Many homeless people do not receive benefits and are not mentioned in the statistics
National Welfare Statistics, MPIPS, 2007	11 145	Clients of public welfare centres who were granted shelter	Incomplete data – shelter is provided not only by social assistance centres but also NGOs
National Programme “Return to Society”, MPIPS, 2007	83 804	Clients of NGOs that received grants from the National Programme “Return to Society”	Data possibly overestimated – one homeless person may receive support from several organizations and be counted several times
National Extrapolation of Regional Data on Homelessness from Socio-demographic Portrait of the Homeless in Pomerania (Dębski, 2008)	41 524	Roofless and homeless people defined according to ETHOS typology, measured in the Socio-demographic Survey in Pomerania, and extrapolated proportionally to overall population of the country	Provinces differ in terms of population size, structure of homelessness and homeless support structure – figure mentioned here is a generalisation

Based on Wygnańska (2010)

Demographic analysis shows that the average homeless person is male; men constitute over 80% of the homeless population and are usually older than homeless women (Masłowski and Sosnowski, 2009; Przewoźnik, 2009; Dębski, 2010). Most

homeless people are 40 or over, and people aged 40-60 constitute the majority of this population. There is also, however, a notable rise in the number of young homeless people whose condition is frequently related to the inefficient social policy system; these are young people who have left children's homes, school and education centres or penal institutions. Although research on youth homelessness is not extensive, this group seems to be continuously expanding.

The isolation experienced by homeless people relates to the decline of particular aspects of life, education being one of them. The analysis of education among homeless people leads to the conclusion that the majority have basic or vocational education, with those declaring higher education not exceeding 3%. Research conducted locally also shows that homeless people are frequently divorced. Homelessness in Poland is largely an urban phenomenon. Research carried out using the street work method shows that the problem is related to "migrations from rural areas and small towns, where unemployment is considerable, to highly industrialized regions" (Przyemeński, 2001, p. 41). Migration from large cities to small towns and rural areas is limited to groups of men that move according to their seasonal agricultural work. Other important factors that determine the choice of city or region include the availability of accommodation, the possibility of employment, and in general, the presence of conditions and options that allow homeless people to live in dignity.

The issue of homelessness can be approached either from a structural or an individual perspective, but increasingly researchers consider this distinction a major oversimplification of the complex social reality (Fitzpatrick *et al.*, 2000); believing that it is not the division between social and individual factors that is of crucial importance, but the interaction between those two dimensions. Despite this criticism, let us consider the macro-social factors that appear in Polish literature as contributing factors to the homelessness problem:

- a. the social and economic situation of the country (Moczuk, 1999),
- b. flawed social and economic policy (Piekut-Brodzka, 2006),
- c. difficult labour market situation (Piekut-Brodzka, 2006),
- d. unemployment (Porowski, 1998; Sikorska, 1998),
- e. loss of entitlement to benefits, lower benefits, shortened benefit entitlement period, radical reduction of resources allocated to labour market programmes, failure to respect the right to work (Zalewska, 2005)
- f. poverty (Porowski, 1998; Sikorska, 1998; Romański, 2002),
- g. inefficiency of the health service (Moczuk, 1999; Zalewska, 2005),

- h. inefficiency of the social assistance system (Bartosz and Błażej, 1995; Moczuk, 1999; Zalewska, 2005),
- i. demographic changes and social mobility (Porowski, 1998; Piekut-Brodzka, 2006),
- j. difficult housing market situation (Bartosz and Błażej, 1995; Porowski, 1998; Zalewska, 2005),
- k. dysfunctional institutions (children's homes, education facilities, young offenders' institutions, prisons) that fail to provide aftercare (Bartosz and Błażej, 1995; Porowski, 1998; Moczuk, 1999; Piekut-Brodzka, 2006); poorly funded post-penitentiary aid (Pol, 1997),
- l. legal regulations (Bartosz and Błażej, 1995; Piekut-Brodzka, 2006) or the general legal situation in which evictions for rent arrears are possible without having to provide the tenant with substitute accommodation (Moczuk, 1999).

Turning to micro-social factors of homelessness, the most significant include:

- a. addiction (Bartosz and Błażej, 1995; Moczuk, 1999; Piekut-Brodzka, 2006; Porowski, 1998),
- b. delinquency (Moczuk, 1999; Porowski, 1998; Piekut-Brodzka, 2006); imprisonment (Frąckiewicz-Wronka and Zralek 1998),
- c. domestic violence (Bartosz and Błażej, 1995; Moczuk, 1999; Porowski, 1998; Piekut-Brodzka, 2006),
- d. breakdown of formal and informal relationships (Sołtysiak, 1997; Moczuk, 1999),
- e. breakdown of family, and divorce (Sołtysiak, 1997; Moczuk, 1999),
- f. lack of care from, and rejection by, family and friends (Bartosz and Błażej, 1995; Moczuk, 1999),
- g. lack of support in primary social groups (Porowski, 1998),
- h. disrupted socialisation process (Sołtysiak, 1997),
- i. mental disorders (Porowski, 1998; Piekut-Brodzka, 2006); personality disorders (Piekut-Brodzka, 2006; Moczuk, 1999; Popielarska, 2001/2002).

Homelessness in Pomerania: Selected Aspects of Panel Research on the Socio-demographic Profile of the Homeless Population

Selected aspects of research methodology

The afore-mentioned research project on the Socio-demographic Profile of the Homeless Population in the Pomeranian Province is a response to the lack of research on homelessness. What makes this survey different from others conducted in Poland is the fact that it is conducted cyclically – every second winter since 2001 – and it also includes those homeless people not using or staying in homeless facilities. The definition of homelessness adopted in the Pomeranian surveys was operationalised according to ETHOS and the surveys include two initial categories of homelessness: roofless (no abode) and houseless (in temporary accommodation).

The surveys are carried out using the questionnaire method, with separate questionnaires for adults (over 18) and children (who are represented by their parents or guardians), and survey conductors try to reach all homeless people in the region; surveys are always conducted in a 24 hour period with the participation of the uniformed services (police forces, railway protection services, border guards), social workers, social assistance workers (care assistants, managers and staff of homeless facilities), street workers, volunteers and students. 400 people from the Pomeranian Province are involved in carrying out the census, the aims of which are to provide a relatively definite number of homeless people in the region, to define basic socio-demographic data and the structure of the homeless population, and to present selected aspects of living conditions of the homeless population in a given time frame (Duracz-Walczak, 2001/2002). Apart from these principle aims, further objectives include:

- a. to develop spatial maps of the location of homeless people outside institutions,
- b. to provide a better understanding of the whereabouts of the homeless,
- c. to ensure homeless people are brought to appropriate facilities when their life is in danger,
- d. to highlight the homelessness problem,
- e. to strengthen cross-sector cooperation,
- f. to provide data for comparative analyses of the dynamics of homelessness in Pomerania,
- g. to improve methodologies of research on homelessness (Dębski, 2007).

The information presented below represents only part of the research results. As a co-author of the survey reports, I decided to focus on the information that seems most interesting or significant in terms of long-term aid for homeless people in the Pomeranian Province. Although the surveys have been conducted since 2001, the results presented here are from 2003 onwards, as the database and questionnaires from the first surveys were unavailable.

Demographic characteristics of the homeless population in Pomerania

As many as 2841 homeless people – 2620 adults and 221 children – took part in the 2009 survey. To compare this with previous surveys: in 2007 we reached 2211 homeless adults; 2470 in 2005; 2169 in 2003; and 1871 in 2001. When analysing the sex of respondents, it becomes clear that homelessness is predominantly a male issue; men constituted 85% of respondents in 2009 while 15% were women; similar results were obtained in 2005 and 2007. The results of the 2003–2009 surveys are comparable in terms of educational levels; in 2009 the majority of respondents claimed to have vocational or basic education, while only 15% had secondary education. A minority claimed an incomplete basic education or higher education.

The surveys highlight the ageing process of the homeless population in the province; the average age of a homeless adult increased from 46 years in 2003 to 50 years in 2009, and the age difference observed in the span of six years (2003–2009) is statistically significant. The relatively old age of the homeless population considerably influences their attempts to get out of homelessness; those who have been homeless for many years have little chance of finding a job compared with young people who have been homeless for a relatively short period of time. The age difference between men and women in 2003 amounted to seven years (average age of men – 47.6, women – 40.5) and was only four years in 2009.

The research also shows that the average period of homelessness increased from 5.9 years in 2003 to 7.6 years in 2009. There are visible differences between men and women, and men tend to be homeless for longer periods of time. To analyse this aspect in detail, periods of homelessness should be considered from the perspective of phases of homelessness. We can distinguish five phases: the initial phase (less than two years); the warning phase (between two and four years); the adaptation phase (between four and six years); the chronic phase (between six and ten years); and, finally, long-term homelessness (over ten years). In Pomerania, there has been a visible increase in the number of people in the final two phases; the percentage of respondents classified as long-term homeless increased from 13% in 2003 to 22% in 2009, and those in the chronic phase increased from 19% in 2003 to 26% in 2009.

There are several aspects to consider with regard to the location of homeless people in Pomerania. First, respondents live mainly in large cities; the surveys reveal that the majority are in Gdańsk (687 people), Gdynia (430 people) and Słupsk (142). The second point to consider is the current place of residence of respondents. At the time of the 2009 survey, over half were in facilities for the homeless, 16% were living in garden allotments and 15% were staying in other uninhabitable places such as railway stations, or uninhabited flats or buildings. Only 5% of respondents were in supported flats, and 4% were staying with friends. As such, two thirds of those surveyed in 2009 represented the so-called institutional homelessness and a third fell into the category of non-institutional homelessness. The three latest surveys show a gradual and steady increase in the percentage of homeless people using various forms of institutional support.

Aid provision

Homeless respondents in the Pomeranian province are willing to accept the support offered to them. Research shows that only 17% of the total homeless population have not used any form of assistance. Those who did receive assistance were given food (65%), shelter (57%), financial support (50%) and clothing (35%). Opinions were sought for the first time in 2009 survey as to whether the assistance offered to the homeless helps them to combat the problem of homelessness, and responses are largely polarized: 42% of respondents (mostly women and younger people) believed that the aid they received generally helps them get out of homelessness, while 58% claimed the opposite. Respondents were asked whether they had received support from social assistance centres prior to becoming homeless; one third of respondents had – mainly women below 40 years old and in the initial phase of homelessness.

Subjective health conditions

That there were health issues among the homeless Pomeranian population was recognized following the 2005 survey, which indicated that poor health conditions were gradually becoming a widespread social problem, visible both in terms of the growing number of disability certificates among the homeless and the rising death rate. As a result, a project called 'Homelessness and Health' was created that involved a number of debates between theoreticians and practitioners in the field of homelessness, as well as a cross-sector conference on the issue. An extensive guide to the relevant issues was subsequently published, which in turn led to research on the health conditions of the homeless in Trójmiasto (Dębski, 2008). The surveys reveal that the majority of homeless people are insured, and the percentage of this group remains constant (78% in 2003 and in 2009), with a gradual increase in the number of homeless people with disability certificates – from 39% in 2003 to 46% in 2009, when as many as 11% of the remaining respondents were waiting to obtain a certificate. This group largely consists of men in the 51 to 60 age group.

Life changes and approaches to combating homelessness

As the issue of getting out of homelessness began to receive increasing attention from commune and district authorities, members of the Pomeranian Forum decided to examine this problem in more detail, and included a question in the 2009 survey on the likelihood of respondents acquiring their own place of residence by the end of 2010. Respondents evaluated their chances on the scale of 0 to 100, or as a percentage. 23% of respondents considered it possible to combat homelessness, though the median of 5% was reached by less than 50% of respondents; the majority considered the possibility of changing their life situation to be zero, meaning that 1 126 homeless people believed it impossible for them to regain their independence over the next two years.

In terms of the independent variables affecting respondents' belief in the possibility of combating homelessness, gender analysis shows that women more frequently consider it possible. Analysing according to age reveals that young people tend to be most optimistic, while the readiness to combat homeless decreases in the over-60 age group. Respondents in two first phases of homelessness (initial and warning) have a greater chance of exiting homelessness than those who have been homeless for more than four years. Another group of factors which influences respondents' approaches to getting out of homelessness are the so-called housing factors. These include applications for flat allotments (social flats) and being on the flat allotment waiting list. Undoubtedly, homeless people expecting to be allocated a flat tend to perceive the possibility of getting out of homelessness as far greater than those who are either not on the waiting list or have not applied for it.

The 2009 survey shows that health conditions also affect respondents' perceptions of getting out of homelessness. Respondents with disability certificates are less inclined to consider themselves as having a high chance of combating homelessness (the ratio of 25.6% of respondents without disability certificates to 19.3% with disability certificates, with the median of 0% and 10% respectively). However, it is found that the subjective view of one's health (*How do you evaluate your health condition?*) does not have an impact on this perception, while willingness to take up employment does. According to the results of the recent survey, those who responded positively to the question *Would you be willing to take up employment in the immediate future?*, put their chances of combating homelessness at the level of 28% (the median of 10%), as opposed to 15% (with the median of 0%) for those who are not prepared to take up employment immediately.

The homeless population may be divided into two groups in terms of their perceived chances of getting out of homelessness; those with little perceived chance and those with a relatively high chance, where 15% is considered borderline. According to this analysis of frequency, up to 58% of homeless people in Pomerania consider

that they have a relatively small chance of combating homelessness (up to 15%), while the remaining 42% perceive a relatively good chance. The 2009 survey shows that over a half of respondents made no attempt to change their situation, with 27% claiming to having made sporadic attempts to do so, and every fifth respondent claimed that they frequently tried to get out of homelessness.

Two-thirds of respondents consider that acquiring a flat is the most important factor facilitating the process of combating homelessness. Employment and assistance in finding employment ranked second (42%), followed by financial support and benefits (28%). Other forms of support include: improvement of family relations, family support, professional medical attention, medical care, treatment and rehabilitation, therapeutic support, assistance in applying for documents (registration for permanent residence, ID, health insurance) and material support. Only 7% of the respondents suggested that nothing could help them combat homelessness. In terms of the forms of assistance required to get out of homelessness, the majority (41%) of respondents consider one form of support sufficient, every third respondent (31%) said they would need at least two forms of support, and less than 20% would require three different forms. The remaining 10% consider that they need more than three forms of assistance in order to regain independence.

Vocational activity of homeless people – missed opportunities

A large majority of the homeless men surveyed and over half the homeless women stated that they had professional qualifications. However, being qualified does not necessarily lead to employment, and only 17% of respondents had gainful employment in 2009; comparing this with the 2003 and 2005 surveys, it emerges that the numbers of homeless people taking up gainful employment decreased considerably from 25% in 2007 to 17% in 2009. This is likely to be linked to the deterioration of the local job market after 2007. Taking up employment is largely dependent on the age of the homeless. It should be emphasised that no marked differences are observed for different phases of homelessness, but it is notable that those *not* staying in homeless facilities constitute the majority of the working homeless population (25.6% as against 13.6% of those living in the institutions).

One of the questions in the survey concerned the legality of the employment held by respondents. The numbers with employment contracts in 2009 were four times higher than in 2003 and 2005. In 2003 only 6% had a contract, 8% in 2005, 29% in 2007 and 25% in 2009. According to the data obtained in previous surveys, homeless women reported having permanent employment much more often than homeless men, and the 2009 research shows that over half of homeless female respondents have legal employment.

Sources of income and debts

Welfare benefits are the main source of income for the majority of homeless respondents in all research periods. What is noticeable, however, is the slight growth in the number of people who receive benefits from aid institutions (39% in 2003 and 45% in 2009). The second most important source of income for the homeless is seasonal work, mentioned by 19% of respondents in 2009. It was followed by scrap collecting (16% in 2009) and retirement and pension benefits (13% in 2009).

Table 2. Sources of income by year of survey

	2003		2005		2007		2009	
	N	%	N	%	N	%	N	%
temporary seasonal job	537	25.7	650	27.9	529	25.8	446	18.8
social assistance benefit	806	38.6	946	40.5	857	41.8	1065	44.8
other benefits	142	6.8	185	7.9	173	8.4	147	6.2
scrap collecting	436	20.9	496	21.3	358	17.4	374	15.7
begging	101	4.8	150	6.4	110	5.4	104	4.4
alimony	56	2.7	41	1.8	28	1.4	50	2.1
pension	190	9.1	226	9.7	201	9.8	308	13.0
other	137	6.6	146	6.3	142	6.9	92	3.9
no income	347	16.6	311	13.3	315	15.4	428	18.0

Looking at the percentage structure, it emerges that 74% of all homeless respondents with some form of income indicate that this is from only one source; 21% of respondents report having two sources; and the remaining 5% claimed to have three or more sources of income. The 2009 survey shows that 39% of the homeless have debts, representing a slight increase from 2007 (34%). The majority of those with debts are men, which may relate to maintenance arrears. Financial problems are also closely related to the phases of homelessness; unpaid debts and loans are very common in the initial (45%) and warning (46%) phases of homelessness.

Conclusion

The 2009 Pomeranian survey clearly shows that in most cases the same people have been interviewed, which means that there has been little migration of the homeless population. This may relate to the mainly interventionist nature of the assistance system and the obvious lack of elements aimed at preventing, and facilitating getting out of homelessness. Thus one might say that the results of this research reveal not only information about the lives of the homeless but also point to the drawbacks of the homeless support system. Poor housing situations in Gdańsk, Gdynia, and many other Polish cities may contribute to the low incidence of homeless people successfully combating homelessness. Research on homelessness is undoubtedly a great challenge. The analysis of needs in the sphere of homelessness shows that research carried out in Poland in the future should:

- be conducted nationally and not only locally,
- include the homeless staying outside specifically designated homeless facilities,
- focus on homeless women and children,
- follow examples provided by other countries in Europe (e.g. electronic databases),
- use electronic databases and paper records to find out about the clients of the homeless support system (e.g. period of aid provision, seasonal homelessness, flow of the homeless through the support system),
- refer more to social sciences and social economy.

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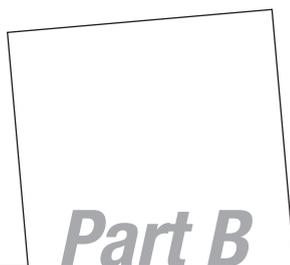
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Review



Part B



Boróka Fehér, Eszter Somogyi and Nóra Teller (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, pp.120

After a long preparation period, the EU-funded project FOGLAK (literally ‘I hold you’, with the acronym implying ‘employment and housing’) was launched in Hungary in 2008. According to its title, the aim of the project is “to support the social and labour market integration of homeless people” – more precisely, to provide homeless people with supported housing and access to labour. Up until the end of the project in mid-2011, those homeless service providers that participated in the project helped a few hundred homeless people to acquire jobs and housing with the use of allowances. In the framework of the FOGLAK project, the authors were commissioned to examine how the supported housing programmes implemented so far in the framework of the project, and operated by the mainstream homeless service provision system, could be further improved and extended to exceed the scope of the current project. In addition, the research explored how these special homeless provision programmes could be linked to national and local housing schemes that target non-homeless groups.

The report offers a broad summary of issues that are highly significant to experts and decision-makers in the field of housing and homeless policies. The authors present and analyse the main elements of national housing policies from the last twenty years, and of housing schemes at municipal level, and they describe special initiatives developed in the homeless provision system in recent years.

First, the authors deal with roofless and houseless people. As they are concerned with the margins of the housing sector, they attempt to uncover reasons for not only chronic, but also episodic homelessness, and to connect these to the homeless and housing policy framework. Based on recent housing survey data, they claim

that there are large groups living in Hungary whose physical housing conditions are basically of the same severity as those of houseless people, and who also lack the legal titles to their houses. The authors' intention is to give evidence as to why there is a need in Hungary to restructure the institutional setting of provision for homeless people that was basically established during the housing crises of the transition, to establish connections with (social) housing policy, and to support the integration of homeless people, as well as tackling new forms of homelessness that arose in the wake of the 2008 financial crisis. Based on documentary analysis and summarizing policy analyses of various sectors, they explore national and local housing policy developments, paying special attention to how these take the needs of marginalised groups into consideration, and to the services available to homeless persons and their families.

In the next section, they explore housing interventions specially designed for homeless people based on experience gained from involvement in the implementation of the FOGLAK project and on reviews of monitoring documents. This section of the report summarizes international best practice for the development of policy and programmes. The authors conclude by drawing on each of the analysed fields to create a set of policy recommendations for the harmonisation and extension of housing programmes for homeless people in Hungary.

Their starting point is that there are approximately 15000 homeless persons in Hungary, who come from various backgrounds and who need a variety of interventions to exit homelessness. In addition, there are 'missing figures' – those who are not included in surveys and other statistics - which means that the number of those with acute housing needs (hidden homelessness) may be a lot greater.

However, neither social policy intervention nor housing policy instruments facilitate exiting homelessness, or prevent the loss of one's home where breadwinners lose their jobs and income. Homeless housing programmes usually last for a maximum of 12 months, which means that after a year one returns to an inadequately functioning social safety net and there are no programmes offered to roofless or houseless people to facilitate entering either the private or the social rental sector, or to promote integration by any other means. The social housing sector is small and mainly targeted at the 'deserving poor', such that housing- and rent allowance schemes are inaccessible for most homeless people (title and eligibility issues stem from informal rental agreements and the lack of a registered address). Homeless people therefore remain trapped in institutional provision – if they have managed to access it. The authors emphasize that those at the margins of the housing sector can easily slip through the social safety net as debt and arrears are also not effectively tackled by mainstream service delivery. Those who lose their homes are basically forced to lodge with friends or family members and to make private rental

arrangements, which can be a very insecure situation in Hungary; it is not easy to get into transitory accommodation and there is no way to get public housing even where the need is acute due to long waiting lists and complicated allocation systems. Many homeless people therefore return to homeless institutions after having spent some months or years in mainstream housing – mostly privately rented accommodation.

The authors present a critical review of institutions for homeless people, claiming that despite a twenty-year history, the Hungarian homeless provision system is still not able to handle anything more than the most acute situations. It functions within the framework of a 'staircase' model which, as has become clear in recent years, does not seem to be working for various reasons: rough sleepers are often unable to access shelters, fee-paying transitory accommodation is not popular as it does not offer any better services than free shelters, and it is all but impossible for people with a history of homelessness to enter the regular housing market as the 'highest stairs' are missing.

The authors point out that after 1990 national housing policy in Hungary was targeted almost exclusively at owner-occupation and new private housing construction. Only small-scale and ultimately unsuccessful measures were made to strengthen and increase the rental sector. Most national resources (60-70%) went to support the middle-classes in acquiring owner-occupied housing, while low-income and poor families were unable to gain access to national housing schemes. A similar conclusion is drawn in relation to the housing allowance scheme introduced in 2003; this scheme does not reach out to the poorest families, and subsidies are insufficient to prevent the accumulation of arrears and the loss of housing.

A debt management scheme for housing-related costs was introduced parallel to the housing allowance scheme, and it was aimed at helping families with rent and utility debts. This scheme is also criticised for being on too small a scale and not reaching out to low-income households. The authors argue that none of the housing support schemes reach homeless people or in any way contribute to the reintegration of homeless people to the housing market. However, the authors do not discuss how the deficiencies of national schemes affect the process of becoming homeless. They could also have dedicated more attention to an analysis of how mainstream housing policies affect those belonging to ETHOS homeless categories other than rough sleepers and houseless people.

The authors historical overview of the development of national housing schemes also fails to explain that the timing of the launch of housing and homeless schemes significantly influenced the appearance of large-scale homelessness. The housing schemes described by the authors were launched 10-15 years after large-scale housing problems had evolved; because of the lack of housing subsidies during

these 10-15 years, families accumulated debts on a large scale as they were unable to pay their housing costs, and many of them therefore lost their homes and became long-term homeless.

In Hungary, municipalities have a decisive role in the allocation of municipal (public) rental housing. In the 1990s the public rental sector was privatised at a forced pace as the Housing Law gave sitting tenants right-to-buy options. The number of public rental units decreased from 720 000 to 140 000, which at only 2-3% of the total housing sector is the lowest proportion in Europe. The authors do not point out that housing privatisation has effectively resulted in people becoming homeless. Nor do they elaborate on the increasing risk of becoming homeless because of privatisation. They do, however, draw attention to the fact that the very small public rental sector drastically decreases the potential of municipal social housing policies; none of the 16 city municipalities examined has a local housing policy or housing strategy, and this is also true for other municipalities. Analysis of the housing management practices of the examined municipalities shows that these exclude poorer and lower income households rather than letting them enter the local public rental sector.

The capital city of Budapest has a special position in its role as a provider of social housing. The 23 district governments and the Budapest local government, as the 24th independent local administration, manage their housing independently; as Budapest is the only local government that has adopted a housing and homelessness strategy in the last 10 years or more, it would have been useful for the authors to say more about this strategy and to address it through critical analysis and evaluation.

Rough sleepers and those who live in institutions for homeless people are either completely excluded from, or have severely limited access to government and/or local level housing benefits and housing services. This is a paradoxical situation, as it is these people in particular that should be assisted by such housing schemes. For this reason, it was perceived as a major development by professionals active in the field when, a couple of years ago through the reduction of the crisis intervention budget (for food, medication, therapy, etc.), unprecedented new resources became available to assist the 'housing and integration' of homeless persons. The research deals with the operation and effect of this new scheme in detail and points to its several drawbacks. One of the major challenges, as the authors point out, is that if a homeless person exits homelessness via this scheme and moves to assisted housing (whereby he or she receives a housing allowance and floating support), assistance will not be continued either by mainstream social services or by any housing support schemes after participation in the scheme ends. As a result, the integration process is interrupted and the formerly homeless people either have to arrange housing themselves, or become homeless again.

In the Hungarian context, that homeless service provision is poor on the whole is the straightforward consequence of the lack of social housing policy, or rather the lack of social aspects of housing policy. The Hungarian homeless service is a *substitute* for the social housing policy that has been absent for decades. There is not only a gap between housing policy and homeless policy, but more often than not no common language is spoken by stakeholders in the two sectors that would allow them to elaborate on problems that are common to both fields. The authors cite the document “‘Where to go from here...’: A Framework for a National Homeless Strategy’, which made an attempt to harmonize concrete housing policy measures and homeless provision measures, regulations and subsidies. The recommendations made in this document have still not been implemented, and as such the question remains as to how the assisted housing programmes in Hungary could be applied to a broader group of homeless people, and how better to harmonize and synchronize local and national housing policy tools and homeless services.

The measures included in the critical analysis demonstrate that in Hungary, there are plentiful institutions, tools and regulations focussing on housing issues. However, most of these are fragmented elements that are poor, inefficient, and lacking the synchronisation that could allow for a coherently functioning system. They may succeed in preventing homelessness on a case-by-case or individual level, and they may help selected persons out of homelessness, but they are not capable of preventing housing exclusion and ending homelessness on a larger scale.

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