

Housing First (Belgium, 16-17 March 2016)

Homelessness and the spots of Housing First in Hungary¹

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1. Does your country apply a “Housing First” approach? How is it implemented?

If not, what are the current approaches in your country in relation to tackling homelessness?

Background

To understand the Hungarian system, it is important to summarise its political, legal, regulatory, organisational and financing features. Hungary only became a democracy in 1990. Before the change of the regime (1989-90) homelessness in Hungary was hidden for a long time. During the socialist era, homelessness was not an accepted terminology by the official government policy as homelessness was a denied phenomenon.

The first post-1990 homeless care services were largely established by the non-government organisations (Shelter Foundation, Red Cross). The operation of these organisations was not yet regulated by specific pieces of legislation and they were financed through central government and/or municipal tenders and subsidies. The Social Act, as implemented in 1993, contains a framework description for some type of the homeless care services existing at that time (night shelter, temporary hostel) but no detailed legislation was yet laid down, and financing was still based on subsidies through tenders.

Since then, substantial changes have been made to the legal, regulatory, organisational and financing environments. The Social Act (several dozens of amendments were made between 1993 and 2016), as well as the related central legislative instruments, give a detailed description of:

- the different types and forms of care services for homeless people (see Appendix);
- the detailed contents of the individual forms of services, as well as the necessary personal qualifications, material, objective and operational requirements;
- duties assigned to municipalities to set up and operate different forms of services depending on the scale of the local population of homeless people;
- the requirement of the homeless care service providers defined in legislation (operated by the local municipality or civil organisations) to apply for permits for their operation from the County Government Offices/Authorities (Guardianship and Justice Department). Once they comply with the legal requirements, the office/authority permits their operation. But this permit does not automatically make them eligible for state subsidy.

¹ Prepared for the Peer Review in Social Protection and Social Inclusion programme coordinated by ÖSB Consulting, the Institute for Employment Studies (IES) and Applica, and funded by the European Commission.



- the 'normative state subsidy' is a guaranteed and uniform sum of support per place in a homeless hostel or per person in a soup-kitchen. The amounts of the normative subsidies are declared in the state budget law of the actual year.

Most of the people only come into contact with homelessness when they see somebody sleeping rough on the street or begging one's bread, or when they read something in the papers about them.

Most of the homeless in Hungary stay in night shelters or temporary hostels or sleep rough on the street. One part of homeless people, who do not live in temporary hostels, spend their time in a day centre during the day. (These day centres are also used by temporary hostels' residential and local people.)

The biggest problem is that homeless services are not able to give alternative responses for "out of homelessness", they just can focus on the actual problem of people who are homeless because housing policy is separated from homeless policy.

Between 2004 and 2009, there were tenders available for social care services providing care for the homeless by which the rent of a house or a flat could be covered, however, this support was limited: it was not enough for the whole rent, it was short-term (12 month) and the number of supported homeless people was also limited.

Main programmes, developments specialised for homeless people using the Housing First method

The programmes financed through EU funds also play a prominent role in the reintegration of homeless persons into society and the labour market (*The foundation of the social reintegration, employability promotion and successful labour market integration for the homeless people*). As a result of the programmes, which started in 2009 and finished since then, more than 1,000 homeless persons have received support to be able to have self-sustaining accommodation and to enhance their employment and employability.

The main target group of these programmes were:

- homeless people, who live on the street, public places or other buildings not used for residential purposes,
- older than 18,
- registered cases of social workers, known as a homeless person.

This target group could be divided into two types:

- living on the street for more than 12 months, or
- living on the street at least for 30 days but not more than 12 months.

Some methods and services used in the project related to the Housing First method:

- Using individual, group and community social work forms in order to achieve and keep employment and housing, e.g. psychological and addiction counselling; mentoring for the development of independent living, creating a personal development plan; organising skill-building groups in order to support labour market participation.



- The so-called *Back from the Streets* programme conducted by the Public Foundation for the Homeless supported projects that provide tailor-made, innovative solutions adapted to the local environment. These projects offer help for persons, couples, groups, families threatened by or being in crisis and living in public places, in order to assist them in overcoming their current situation and in finding long-term solutions for their housing problems. The 18 projects supported by the programme in 12 settlements around Hungary helped to improve the situation of at least 400 homeless persons.

Homeless Strategy in progress

The primary goal is to enable people to leave the crisis situation and to quit living on the streets by providing different services for them, which significantly shorten the time of institutional care and make use of supply costs more efficiently. The effective integration needs a wide range of social assistance, medical treatment, ability and mental development, use of passive and active employment policy measures, but these can only be used successfully if the basic human need for safe housing is fulfilled.

Within the framework of the *Human Resources Development Operational Programme* (EFOP) Hungary plans a Housing First programme, which can be facilitated according to the plans for homeless people living on the street; a multi-disciplinary team can assist the rehabilitation of independent living and the outcome can be built in to the Homelessness Strategy in progress.

The "street people" are made up of significantly different groups, so it is not possible to find the one single good and effective method to solve their problems. There are different types of services required for people in different living situations. The following groups can be distinguished, based on their life situation and their needs:

The most vulnerable people, who are struggling with serious health and/or mental health problems, frequently included disability and addiction problems.

For groups and gangs the street life has an advantage over the rule-following social inclusion, because they can live their own way of life – albeit on a very low standard of living. They are prepared for the street life, they can make ends meet by begging and using the services provided to the homeless people. It is very difficult to dislodge them from the streets, because this is the main source of their income.

Permanent "street people" are partially fit to work. They often have employment or other sources of income and are trying to sort their lives out. They use shelters and other services often.

Newcomers have not yet adapted to the homeless lifestyle. Although they experience a serious crisis situation after losing their housing, with some help (or even without) they can be able to independent living.

It is not possible to sort out the problems of these groups with identical methods, as they are all very different – they come from different situations, they live on the street for different reasons and they need different services.

To achieve the goal – namely that these people do not sleep or live on the streets – Hungary has to create attractive services that must be adapted to their actual needs.



2. What are the main measures of the “Housing First” approach (or the approach to tackle homelessness) applied in your country?

Since there are only sporadic examples of the Housing First approach in Hungary, the measures can refer to the system of the social services provided for the homeless as a whole.

The national registry of clients of social, child welfare and child protection services enable the control of financing and gives accurate numbers of the clients (Government Decree No. 369/2013 [X. 24.] *on the authority registry and control of social, child welfare, child protection services, institutions and networks*). This allows for planning according to the real needs of the clients and avoiding double financing.

The available data indicate the rate of utilisation of places and also the regional differences in capacities. In this way it can be detected how social services for the homeless are used simultaneously.

The number of homeless persons is hard to determine. The definition of the number depends on what is considered as home, how extended and what kind of period is examined (winter/spring, crisis), whether only those persons who spend the night in shelters or public places are taken into account, or all of those who factually do not have a home.

According to the data of the national registry for the year 2015, there are 60 soup-kitchen services and more than 1,300 services provide social meals, and 7,582 capacities are available in day-centre, 4,350 capacities in night-time shelters (+ 1,350 further capacities in seasonal shelters operating during the winter period) and 5,416 capacities in temporary hostels for homeless people per day countrywide. In the year 2014 more than 21,000 persons had access to accommodation in night-time shelters and temporary hostels. Institutions offering long-term care and rehabilitation programmes provided services for 684 persons.

One of the most important sources of information amongst non-governmental researches is provided by the Third of February Working Group. Since 1999, the Working Group has been repeatedly conducting a survey among rough sleepers and persons living in shelters in Budapest, with the same methods, on the same day every year (3 February). In 2005, the survey has been expanded to other major cities, as well.^[1] In 2015, researchers attempted to count the number of rough sleepers in the capital city on a given day.

Number of rough sleepers in Budapest, the night of 2nd and 3rd February, 2015			
	shelters + hostels	sleep rough (slept in visible or non-visible places)	total (estimation)
Budapest	3,529	1,201	4,730
other towns	3,710	2,488	6,198
total (estimation)	7,239	3,689	10 928

^[1] The survey conducted on 3rd February does not extend to the full scale of social services, not all street work services and shelters participate. Due to the voluntary nature of the questionnaire, not the full circle of respondents give answers and those homeless persons who live in settlements out of the scope of the research or those in hiding, the so-called “invisible homeless persons”, who cannot be reached by assistance services do not appear in the survey.



Drawn from the experience gained in your country, what are the major challenges and learning elements you would like to share?

The main challenges to face in Hungary are the opposition of the society, especially the close environment near the houses and flats of people in Housing First, and the scattered examples that were carried in the framework of different projects therefore measuring and comparing the outputs is also a difficulty.

Another major problem is the recent huge increase in the rental fee of the flats and houses and the lack of available social housing that makes it more difficult to provide a more acceptable lifestyle for this group of people.

3. Which elements of the Belgian “Housing First” practice could be of learning value for your country and where do you see barriers for transferring the approach to another country?

The Belgian Housing First model can give us an insight into the possible implementation of synthesising different types of Housing First projects in one country which has been carried out as a bottom-up process.

In Hungary, the social services for the homeless people can be considered as a well-functioning system. However, the conventional and mainly institutional concept of these services makes it more rigid and therefore the innovative idea of Housing First is more difficult to be established in a systemic way.



Appendix

Different types and forms of care services for homeless people:

Type of social care service	Description	Problems
Night Shelter	<p>This type of accommodation provides short term use just for one night. It does not determine for how many nights they may use it.</p> <p>Mainly supplying dormitory style room; food; laundry, cooking and bathing facilities; social workers are available.</p> <p>The services are free of charge. (Determined in the Social Law.)</p>	<p>Big part of users spend their nights in the same night shelter for a long time and most of them do not want to move further.</p> <p>As the shelters are just open in the night (average opening time: 6 p.m.–8 a.m.) social workers do not have any time to care for their all needs, except the physical needs. The same problem is present in Day Centre.</p>
Day Centre	<p>It provides short term use just during the day. It is not determinate how often they may use it. Mainly it provides food, laundry, cooking and bathing facilities; social workers are available.</p> <p>Many day centres provide special services (especially in Budapest): jobseekers club, film club, art club, etc. which try to help people who are homeless to settlement.</p> <p>The services are free. (Determined in the Social Law.)</p>	<p>Many homeless people who sleep rough on the street use the Day centre only during the winter so the circulation of Day Centre is increased during the winter.</p> <p>Many people use this kind of provides only for the physical items – food, bath, etc.</p> <p>The support of Day centre is received per capita from the budget for this, therefore many services aim at raising the number of users.</p>
Temporary hostel	<p>It provides temporary accommodation. The maximum residency time is determined in the Social Law – 12 month, but could also lengthen one more 12 month.</p> <p>The type and quality vary; the compulsory material conditions are determinate in the Social Law.</p> <p>Homeless people have to make contact to the social worker.</p>	<p>However, the term is determined by the Social Law; big part of users had been living in it. Many people wander from hostel to hostel if the term is over.</p>
Street care service	<p>Social workers assist homeless who sleep rough on the street and do not use day centres or shelters, and thus do not receive any other institutionalised help. Care includes social and mental support, lifesaving in emergencies, prevention and integration.</p>	<p>The permit of working is also an issue for area by two authorities: local authority or administrative office and are not co-ordinated. Because of this it can occur that the same area has two or more street care services, but it may not need.</p>



<p>Medical Care Crisis Centre</p>	<p>It provides medical assistance to the homeless. Family doctor, convalescence centre, homeless hospital.</p>	<p>A "normal" hospital let homeless people go before getting over an illness totally. The financed numbers of homeless hospital's bed are limited.</p>
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Provisions for the prevention of homelessness

The social service system contains numerous provisions specifically designed to avoid homelessness. Within this category, there are specialised services to assist families in need with payment difficulties – but not yet in arrears –, as well as services for the management of arrears already accumulated.

Care provision for homeless persons

Institutional system providing care for homeless persons

Services available for homeless persons appearing on the radar of the care provision system allow for the elimination of immediate threat to life in the winter months, too.

The engagement of non-governmental institutions and civil organisations in the field of homeless care has become more and more widespread, presently reaching a proportion of more than 50 %. In practice, institutions providing accommodation are constantly operating at full capacity.

Forms of basic care:

Social street work: The objective of social street work is to provide social and mental support for rough sleeping individuals who are without any provisions, but have no confidence in institutional care – primarily to save lives, to prevent, and to integrate. Social street work arranges for the monitoring of the situation and living conditions of rough sleepers, initiates care if necessary, as well as takes measures to ensure the care. In particular, social street work covers the search for homeless people, taking them to the appropriate institution if needed; offering information services; administration; provision of services; social work with individuals, groups and communities.

Daytime warming room: It provides the opportunity of daytime stay for homeless persons, along with community life, relaxation, personal hygiene, laundry facility, as well as heating, serving and eating food.

Soup kitchen: It is a special form of social catering provided for homeless people, which is often available in public places, too.

Forms of residential care:

Institutions providing temporary accommodation:

Night-time shelter provides night rest and overnight crisis accommodation for homeless persons who are self-sufficient and able to comply with the rules of community co-existence.

Temporary accommodation provides residence for those homeless persons who are self-sufficient with the help of the habitual use of accommodation and social work. The temporary accommodation of homeless people provides the premises for night rest; personal hygiene; food warming and eating; the isolation of patients; community life.



Periodical capacity expansion is implemented during the winter months. Maintainers of temporary accommodations, night-time shelters, as well as daytime warming rooms may provide seasonal capacity for homeless persons who reside in public places or in premises with inappropriate living conditions habitually, to avert immediate threat to life.

Institutions providing long-term placement:

Rehabilitation institution serves the development or restoration of the ability of independent living for residents. The rehabilitation institution provides accommodation for homeless persons in the active working age with a reversible health, mental or social impairment, whose social care is therefore justified, and who voluntarily agree to participate in the rehabilitation assistance programmes.

Permanent residence for homeless people:

Meal at least three-times a day; clothing and textiles supply if necessary; mental health care; health services as defined in a specific regulation (hereinafter referred to as all-inclusive); as well as housing need to be provided in the care provision institution for those people who are not, or only with continuous assistance self-sufficient. Permanent residences for the homeless are where the service provision targets those persons whose care cannot be provided in temporary accommodations or in rehabilitation institutions but are in need of long-term care due to their age and health conditions.

