

# **Living in public space in Warsaw. Street work by the Camillian Mission for Social Assistance.**

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**About the authors:**

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**Julia Wygnańska** (1975) is a Polish researcher focusing on homelessness and housing exclusion. Julia is strongly committed to the idea of policy-oriented research. She attempts to spread the knowledge on homelessness and housing exclusion to stakeholders in Poland, presenting the world's best practices and initiating innovative programs to support people experiencing extreme housing situations. Since 1996 she has been collaborating with the Warsaw Council for the Homeless – the Commission of Dialogue on Homelessness of the Municipality of Warsaw. Between 2004 and 2009 she was a member of the European Observatory on Homelessness FEANTSA. Since 2006, she has been running a Polish website on homelessness and housing exclusion [www.bezdomnosc.edu.pl](http://www.bezdomnosc.edu.pl). In 2010-2012, in the Foundation for Social Innovation and Research “SHIPYARD”, Julia implemented two innovative projects dedicated to the practical introduction of the ETHOS Typology and MPHASIS Core Variables on Homelessness into data collection systems run by various institutions serving homeless people. Since 2012 she has been cooperating with the Camillian Mission for Social Assistance as a Research and Advocacy Officer.

## Chapter I. Introduction

The non-governmental providers of services for the homeless, social welfare centres, police, municipal police and hospitals in Warsaw report having people living in public space among their clients. They come from gardening allotments, garbage allotments, abandoned buildings, staircases, pipes, railway stations and other places not meant for human habitation.

According to a pilot study covering the Wola district of Warsaw (Wygnańska, 2010), 23% of the patients of the Specialist Clinic for the Homeless run by the Association “Doctors of Hope” described their current housing situation as living in “public space” or “unconventional dwellings”.

During the 10 days of the first attack of frost at the end of November/beginning of December 2010, the Warsaw Municipal Police recorded almost six hundred cases involving homeless persons living in public space on a permanent basis.

This is despite the fact that Warsaw has a variety of facilities “for the homeless”, such as warming up facilities, night shelters (including one low-threshold night shelter, i.e. a shelter admitting people without any preconditions), homeless shelters and specialist shelters for the sick. Even in winter, the so-called Monday Reports based on the information on the number of beds available sent from the facilities to the Office for Social Policy and Projects, show that there are free beds in the facilities<sup>1</sup>.

The reports and research papers published so far (e.g. Kaźmierczak 2005, Mostowska 2009) show that people living in public space in Warsaw are a group addicted to alcohol and considering self-sufficient satisfaction of their needs as a forced obviousness. According to Kaźmierczak, whose research focused on scrap metal collectors from the district of Ursynów, they do not have an entitlement attitude towards the assistance system – they realise that being drinkers they may not count on any institutions. Mostowska watched scrapyards customers, among which there were many homeless persons.

Apart from the above-mentioned studies, which are more qualitative than quantitative, the population of people living in public space in Warsaw on a permanent basis has never been the object of comprehensive research that would provide exhaustive information on the scale of the phenomenon, its characteristics, needs, and internal dynamics. Perhaps that is why knowledge on the population is based on random convictions created on the basis of isolated observations of stakeholders having contact with the group as a part of their professional duties. They include social workers and managers of facilities run by non-governmental organisations, employees of social welfare centres, municipal police members, policemen, as well as people responsible for the development of social policy in the area of homelessness in the city. During discussions, several key slogans are repeatedly voiced and it seems that the common beliefs concerning people living in public space are based on them.

The first one is “homelessness as a choice”. The logic is very simple: since there are free beds in relevant facilities, then staying in the streets is a life choice to which every person is entitled. Similarly, getting rid of one’s active addiction to alcohol is perceived as a choice: there are free beds available both in detoxification wards and in facilities offering in-house therapy, so one may choose to use them and failure to do so must be one’s choice. This is in harmony with the stereotype (indicated as existing in Poland by addiction therapy specialists) referred to as a “strong will myth – if

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<sup>1</sup> Detailed data are available from the Office for Social Policy and Projects.

you do not want to drink, you do not drink<sup>2</sup>". The third slogan is a "good or bad prognosis for escaping from homelessness", used as a means for determining whether people qualify for a defined sort of assistance. For example, a middle-aged (50-60 years old) care leaver (remaining under state care in the communist times), an actively drinking alcoholic living on his permanent income support and scrap collection, has a poor "prognosis", and therefore there is hardly any sense in offering him a place in a shelter.

Although the above beliefs have been presented in a slightly exaggerated, most extreme version present, it seems that applying them all (or even their more delicate versions) at the same time, to a single group of people – staying in public space and unconventional places, puts it in a very difficult and rather unique situation in the aid system. The convictions actually legitimise decision-makers not to provide the group members with any assistance or to provide them with minimum assistance only; they allow one to "wash one's hands". No forms of housing support other than those currently functioning in the city are taken into consideration, while it is precisely their non-adjustment to the needs and capabilities of people from the public space which may be the reason why they are not used.

Kuhn and Culhane (1998) were some of the researchers who arrived at a similar conclusion. Their analyses of patterns of many years long use of assistance due to homelessness in Philadelphia and New York showed that from among people using support in the form of traditional night shelters, homeless shelters, and supported housing, approximately 10% do that chronically, moving from one facility to another, with breaks in the form of periodic living at their friends' places or in the street. Kuhn and Culhane have also showed that although the cost of the provision of assistance to the group constitutes 50% of the cost of the entire support system, the expected results in the form of independence are not achieved. The study has broken down stereotypes and gave an impetus to the development and implementation of an alternative housing service referred to as "Housing first".

The "Housing first" programmes assume that people with a certain life history, often shared by those long-term dwellers of bin shelters or abandoned buildings who "choose drinking", may effectively and successfully strive to reach permanent housing independence only when gaining the sense of security and stability of their housing situation. The programme consists in the provision of housing to a person, initially without any preconditions (such as a ban on drinking, obligation to be employed, to pay rents, to return home at specific time, etc.) and making it possible for him/her to use specialist support (mainly therapeutic and psychiatric in nature; the only condition to participate in the programme is to meet members of the support team a certain number of times a month). It turns out that after two years, from 60% to 80% of the tenants "without good prospects" get independent, do not return to life on the street and are able to maintain the housing on their own, or rent another one, reflecting their current possibilities<sup>3</sup>. The programme contributes to a radical change in their life.

In the context of the stereotypes concerning people living in public space in Warsaw, as referred to above, supplemented with a belief that the general housing situation in Poland is difficult, the "housing first" idea seems to be totally abstract. It is hard to make stakeholders interested in it by just referring to arguments connected with the harmfulness of labelling, granting social assistance on

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<sup>2</sup> Myths concerning alcoholism have been discussed in depth by Ewa Woźniak in her publications, including „Rak Duszy” Wydawnictwo Literackie, Warsaw, 2011

<sup>3</sup> For more information about evaluation research into programmes based on the "housing first" idea, see [http://www.pathwaystohousing.org/content/research\\_library](http://www.pathwaystohousing.org/content/research_library)

the basis of “deserving” (he lives in allotments due to his own fault), or the person’s willingness to cooperate with the social worker (assessed by how much he/she accepts the performance of activities imposed by such a worker).

In 2012, the Camillian Mission for Social Assistance, which did not agree with such stereotypes, believing that no one is lost and that everyone should be given a chance reflecting his/her current possibilities, decided to have a closer look at the situation of people living permanently in public space. Since the beginning of 2011, the Mission ran a street work programme, under which every social worker reached places not meant for human habitation in three districts of Warsaw, and maintained regular contact with the people who stayed there. The observations showed that the people, although flatly refusing to use the help provided by homeless shelters and night shelters, are objects of activity of many other institutions, including municipal police, police, courts of law, hospitals, emergency care, and social workers.

Inspired by research into the cost of inaction in homelessness performed for example by the Massachusetts Housing and Shelter Alliance<sup>4</sup> in the USA, the Mission attempted to carry out a similar study in Warsaw. We tried to identify institutions and obtain the evaluation of cost they incur in connection with cases or activity involving people staying in uninhabitable places. Initially, the goal was to show costs incurred by institutions per individual (i.e. the evaluation of the cost of assistance granted to one individual in a concrete situation). This was not entirely successful – as described further on – and finally the study focused on the presence of institutions and certain defined forms of assistance in the life of selected persons living in public space on a permanent basis.

Chapter 1 describes the street work programme carried out by the Camillian Mission for Social Assistance. Chapter 2 is an attempt to describe the direct link between the activity and the studies the methodology of which is discussed in chapter 3. The Mission is not a research institution – it was funded with a view to working directly with people in extremely difficult housing situation. The study is a result of a conscious introduction of the Advocacy Strategy based on the pillars of knowledge, cooperation and transparency<sup>5</sup>, through which the Mission attempts to influence social policy towards homelessness and housing exclusion. Chapter 4 describes a group of people living in public space – 138 persons covered by the CMSA street work programme, including respondents of the study into the presence of institutions. The last two chapters contain a summary of conclusions from our study and recommendations.

## **Chapter II. The CMSA street work programme**

Street work is a special type of social work, which involves reaching the homeless staying in public space and providing them with reliable information on the possible forms of institutional support: “Street worker works in compliance with the rules, tempo, and plan accepted by the homeless person. He/she does not make assistance dependant on the satisfaction of any preconditions, tries to

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<sup>4</sup> Massachusetts Housing and Shelter Alliance (2012) “Home and Healthy for Good. A Solution Driven Model”, Boston, <http://www.mhsa.net/matriarch/documents/June%202012%20HHG%20report.pdf>, access: December 2012

<sup>5</sup> More at: <http://www.misja.com.pl/polityka-spoieczna/>

be patient, unprejudiced, and non-critical. Street worker has an individual approach to the problem of the person he/she meets, attempting to provide adequate aid”<sup>6</sup>.

It is very important in street worker’s work to establish a relationship with the homeless persons and win their trust. It is often a long-term process. Homeless persons are often distrustful; they initially do not know what they may expect from the street worker. After some time, they say that their trust was abused a number of times and that they do not believe that anything good may happen to them.

CMSA street workers worked in one- or two-person patrols in places identified as not meant for human habitation but inhabited. The patrols included a social worker and a volunteer, a representative of another profession. In justified cases, the two were joined by persons living in St. Lazarus Social Boarding House, who experienced life in public space (establishment of the first contact, etc.). Persons covered by street work were told at what times they might expect a visit, which proved to be very important, since once the barrier of mistrust was broken, the visits were very much looked forward to. They were also told when and where they could meet the street worker, and were given his/her telephone number and work address, so that they could contact the street worker at any time.

The programme was implemented from January 2011 until December 2012 in three districts of Warsaw: Ursus, Włochy and Ochota. CMSA cooperated with the local municipal police, police, and social welfare centre. Joint patrols were undertaken and information on people’s places of stay was exchanged – which was particularly significant in the beginning of the programme. After receiving addresses, the street worker subsequently visited the places specified, trying to meet their dwellers, and establish contact with them. After some time, when they lost their initial mistrust, they reported other places in which people in need stayed. There were also some people who approached the street worker themselves, asking him/her to visit them in their dwelling place. While driving, street workers stopped by the buildings, which looked like places in which a homeless person might stay.

The programme was financed in four six-month cycles: in the first half of 2011 and 2012 from Mission’s own funds, which was tantamount to the street worker fulfilling the task in addition to her basic duties of a social worker in St. Lazarus Boarding House. In the second half of 2011 and 2012 the programme was carried out through the co-financing obtained in competitions for non-governmental organisations organised by the Governor of the Mazowieckie Province. In Warsaw there were no possibilities to win constant funding, and that is why the programme was suspended in 2013. Still, the social worker working as the street worker keeps visiting the uninhabitable places identified in 2011 and 2012, and the persons staying there, whenever she finds time. It is planned that the programme will be resumed in 2014 under a many-year contract concluded with the Capital City of Warsaw.

Since December 2011, the programme was covered by the internal system of the collection of data on persons obtaining assistance due to homelessness, based on the BIWM electronic database discussed in more detail in chapter 3. However, we already refer to the data collected in the database when describing the CMSA street work programme – the keeping of the database systematised the programme. Among other things, it made it possible to identify and classify types of activities or events taking place as a part of street workers’ work. The basic elements of street workers’ work included:

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<sup>6</sup> Dębski, M., Michalska, A. (2012) „Podręcznik street workera bezdomności” Pomorskie Forum Wychodzenia z Bezdomności, Gdańsk

- **“Covering a person with permanent street work activity”** is understood as the day on which we met a given homeless person staying in public space for the first time and decided to cover him/her with our permanent activity in the form of regular visits in the place of his/her stay.
- **“Contact in the place of stay”** is understood as street workers’ visit to the place of a persons’ stay, during which the person was present.
- **“Visit to the place of stay”** is understood as the patrols’ visit to the place of a person’s stay, during which the person was absent.
- **“End of street work”** is understood as the end of cooperation with a homeless person under the street work programme, which may result from a variety of reasons, such as moving to a shelter, starting work with lodgings, return to one’s family, death, or a long-term loss of contact with the person.
- **“Provision of food assistance”** is understood as the provision of a package with the basic groceries. Packages are normally provided in the shelter and serve as an incentive encouraging the homeless persons to come to the facility – even just to have a look at it.
- **“Meeting in the St. Lazarus Boarding House”** is understood as a person’s visit to the CMSA shelter, undertaken for a variety of reasons, such as admission to the Boarding House, talking to the street worker or any other specialist employed in the Boarding House (e.g. employment counsellor or psychologist), using the bathroom, obtaining clothes, eating lunch, etc..
- **“Assisting a person in his/her activity/event”** is understood as street worker’s participation in an event from the homeless person’s life, e.g. a visit to a doctor, funeral of a family member, visit to an Employment Agency, etc..
- **“Telephone conversation”** - street worker has a mobile phone and provides its number to persons staying in public space, enabling them to contact him/her if necessary, e.g. to give some information or agree on a meeting.
- **“Street worker’s contact with an institution regarding a person”** is understood as street worker’s attempts to obtain information important for the homeless person (at his/her request or consent) from some institution, e.g. information on his/her registered address/employment status, etc. The above is performed via phone, letter or in direct contact.
- **“Other event”** is understood as all events we cannot classify otherwise.

While working, street workers identified several repeatedly recurring problems:

- absence of persons in their place of stay during patrols. During several visits we failed to meet the person to whom we came.
- impossibility to be granted an identity card – the above applies to persons, whose last permanent address was recorded outside Warsaw. It is possible to file a request for an id card only if one has a recorded temporary residence in the city of Warsaw. Otherwise, one must go to the place of the last recorded residence and file his/her request there. Normally, homeless persons do not have money for that.



- frequent alcohol intoxication, which makes contact difficult; people often fail to remember some facts concerning their life situation, agreed meeting dates/times, etc.
- placement of homeless persons in shelters. When we manage to convince a person to make an effort towards change and move to a shelter, it turns out that we do not have a place we may offer. The CMSA street workers have a comfortable situation, because they have the facilities in the form of St. Lazarus Boarding House (although sometimes there are not beds here, either).
- absence of shelters for families. In public space there are many couples who are not formally married. Going to the shelter is tantamount to separation or pretending that they do not know each other.
- access to medical assistance – the majority of persons staying in public space are not insured. They may only use help from the “Doctors for Hope” and the emergency help from the public health care institutions in life-saving situations.

Further information about the group of people covered by CMSA street worker’s support is given in chapter 4. Now, we would like to describe how the data were collected, as it is fairly unique – based on street worker’s permanent cooperation with the researcher, grounded in the conscious strategy of influencing social policy in the area of homelessness and housing exclusion implemented by CMSA<sup>7</sup>.

### **Chapter III. The “no information loss” tactic and Advocacy Strategy**

Street work is a fairly unique form of aid, consisting in accessing people living in detachment from others, aid institutions and the mainstream society. The street worker obtains unique information about the situation, needs, and problems of a group of excluded persons. Maintaining confidentiality is his/her cardinal work rule. However, it would be difficult to imagine the development of an effective support system without in-depth knowledge. The mission solves the problem by applying the “no information loss” tactic, as described in the CMSA Advocacy Strategy:

*“It is the knowledge, the in-depth understanding of the social phenomenon in the development of the realities of which CMSA wants to participate, which is the foundation for the development of social policy. While trying to induce change, we must have basis for it in knowledge. The Mission conducts research into various dimensions of homelessness and housing exclusion in areas connected with the course of action and goals of the organisation. We apply the principle of losing no information we obtain while providing support. We are trying to do research based on concrete data as opposed to studies summarising opinions of various experts.”*

The information respect tactic consists in the systematised collection of knowledge gained during direct work for the benefit of people in a difficult housing situation. The above is performed with the help of the electronic database called BIWM, which owing to its appropriate construction makes it possible not only to record information about individuals, but also automatically generates

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<sup>7</sup> The CMSA Advocacy Strategy is based on three pillars: knowledge/research, cooperation and transparency. Respecting human dignity, professionalism and participation are considered the starting point. It is an example of ngo commitment to promotion of evidence based policy. Strategy is available at: <http://www.misja.com.pl/polityka-spoleczna/>.

summaries and basic analyses about the group of people covered by the support (including “flow” at any time and “stock” at any point of time), while fully protecting personal data. The database is a working tool used by social workers (also those working in the field), and is to replace paper notes and files kept more or less tidy in folders, binders, and strongboxes.

The Mission started to use the BIWM electronic database in 2011, participating in a project developed by the Foundation for Social Innovation and Research “Shipyard”, which focusing on the development of systems of information about people who are in the situation of homelessness and housing exclusion in the region of Mazovia<sup>8</sup>. The Shipyard’s database is based on “biwm data collection system”<sup>9</sup>, developed on the basis of European experience, including typology of housing situations tantamount to homelessness or housing exclusion ETHOS as well as the MPHASIC core variables file.

### **The BIWM<sup>10</sup> database for CMSA**

CMSA has a base facilitating the collection of information on persons using any forms of support offered by the organisation, such as a stay in St. Lazarus Social Boarding House, monitoring and support for the independent former inhabitants of the Boarding House, stay in a training flat and street work. Records include the basic demographic data, and core variables on homelessness (according to MPHASIC) and on housing situation (according to ETHOS<sup>11</sup>) both when a person reports for help and when the provision of assistance is finished. Included is also information about the benefits and forms of aid provided, and about refusals (e.g. a refusal to admit someone to the Boarding House due to the lack of free beds). The database is still at the stage of implementation, and the social workers gradually adapt the information collection procedures they used for many years to the new requirements. The database is also adjusted to finally being the basic tool documenting and supporting social work in the facility and allowing to measure its effectiveness.

The database module devoted to street work activity was designed in November 2011 and started to be used a month later. Initially, the street worker introduced only a small amount of data, including some historical data for 2011. The data were transferred from paper notes. The updating of the database on an on-going basis was commenced in July 2012. During patrols, the basic notes are still made on paper, but are introduced to the database immediately afterwards. The information covers the basic demographic data, types of assistance provided and events taking place during the street worker’s work with a given person (as described in chapter 2). The dates of the particular events as well as the places of stay covered by the Street worker’s work are rigorously recorded. Data of persons deciding to move to the Boarding House are automatically transferred to the module used for the recording of information on the current inhabitants.

When working with the street worker database, we may create glossaries of answers to some questions, such as those concerning forms of assistance or events taking place during street work activity. Thus, the database inductively creates classification of activity, a certain catalogue of tools used during street work activity. From time to time the glossaries are categorised in cooperation with the researcher (e.g. item “other events” is analysed in detail). If anything is often repeated, a new

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<sup>8</sup> For more information about the project, see <http://www.bezdomnosc.edu.pl/content/view/160/38/>

<sup>9</sup> <http://www.bezdomnosc.edu.pl/content/category/4/45/93/>

<sup>10</sup> BIWM stands for Homelessness and Housing Exclusion – Bezdomność i Wykluczenie Mieszkaniowe

<sup>11</sup> To access more information about the database, see <http://www.bezdomnosc.edu.pl/content/view/144/93/>

version of an answer is produced. Such a procedure may constitute a significant alternative to the “top-down”/deductive attitude to the development of the standard of care in social welfare.

Apart from the obvious advantages, work with the database is marked by obvious disadvantages. Firstly, the introduction of data is time-consuming, and after the patrol there is often little time to supplement the information. Secondly, it is difficult to record information about those places of stay covered by street worker’s activity, which are not inhabited by anyone. It is the person and not the place (in which several people may stay), which is the basic record in the database. Additionally, only one person may be introducing data to the database at a given time, which poses problems whenever other Mission employees (e.g. social workers from St. Lazarus Boarding House) need to use the tool simultaneously.

### **Checking the cost of one’s stay in public space**

The “no information loss” tactic facilitates an easy use of the knowledge collected with a view to the provision of assistance for research purposes, but it also has its own limitations – a narrow or unnecessary (for research purposes) range of information being the basic one.

To be able to better understand the situation of people living in public space on a permanent basis, the Mission carried out research into the cost of people’s stay in public space in the second half of 2012. The study aimed at an evaluation of the per person cost incurred by various institutions, whose employees meet persons in such a housing situation. The study was not meant to be representative – it covered selected persons, who (according to street worker’s intuition) were the object of activity of several institutions, which meant that their stay in public space might generate high cost: perhaps comparable or higher than the cost of alternative housing programme adjusted to the capabilities of this special group.

Initially, we assumed that data would be collected from two sources: selected persons staying in public space (on the types and scale of their contact with institutions) and from the institutions themselves (on the cost of activity aimed at individuals staying in public space).

Data from people from public space were collected by street workers on the basis of the interview scenario covering such elements as type of place of stay on the date of the interview, length of stay in the place, declared duration of subjectively perceived homelessness, income and a general assessment of life satisfaction. The main scenario model contained a list of institutions, with which the respondent might have had contact with. If during the work with the person information on contact with a given institution was given, it was discussed in more detail (how many times the contact took place, how many days it involved, etc.). Initially we assumed that we would record only information obtained during street worker’s regular work, but this attitude failed to be successful, and therefore we started to carry out concrete interviews devoted solely to the question. It was possible to carry out the interviews at any time in the four-month period, e.g. during a couple of visits.

The entrusting of the data collection process to street workers resulted from the fear that the credibility of information collected with the help of other methods (e.g. biographical method used by researchers) would be low. Mostowska (2009) wrote a lot about its disadvantages in relation to scrapyards customers, many of whom were covered by street workers’ care: “They are people, who tell “their story” over and over again to win sympathy, and often to obtain help from national or charity institutions. Irrespective of the truthfulness of the told biography, the homeless may engage in a specific psychological “game” with the listener, thus distancing themselves to their own history,

treating it as a tool, and manipulating it depending on their needs.” We believe that the spreading of the data collection process over a longer period, performing it along with the usual non-restrictive assistance activity (provision of help by street worker is not restricted by any preconditions) and the application of the free scenario-based interview allowed to limit the problem.

As a result, during the four-month research period, the street worker collected information about 38 persons. They were also covered by registration in the BIWM database for street work activity.

The respondent’s short and limited memory was a barrier to the task. They found it considerably problematic to determine the scale of contact with some institutions, such as social workers from social welfare centres, or municipal police, and with the determination of the number of days/weeks spent in an institution (e.g. in a hospital), as well as with distinguishing some institutions from the others (e.g. police from the municipal police). This hampered the collection of information necessary for the determination of cost incurred by the institutions towards individuals.

The collection of data on cost incurred by institutions in connection with the stay of individuals in public space was also unsuccessful. In their reports, many institutions do not discuss separately individual activities such as a municipal police’s visit with soup to a single person living in allotments. The same goes for the police, social welfare centres, and the ambulance service. It is easier to evaluate the cost of stay in a penal institution – in their financial statements, they include the daily cost of stay (the same is true for hospitals, sobering-up stations or even the homeless shelters). It is surely possible to make an estimate evaluation of cost, but it requires a closer cooperation with institutions and we are planning to do so in future.

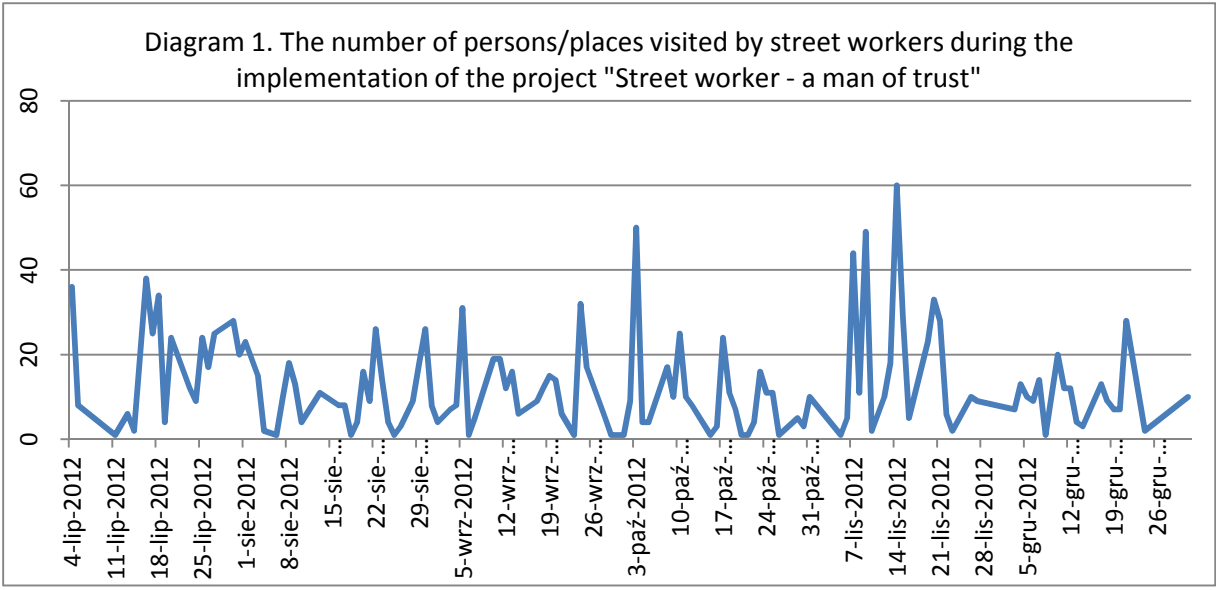
As a result of the above complications, the goal of the research was modified and focused on the determination of the intensity of the presence of the institutions in the life of people living permanently in public space. Together with data from the street work database, they were included in the description of the group people covered by CMSA street work activity discussed in the next chapter.

## **Chapter IV. Clients of CMSA street workers**

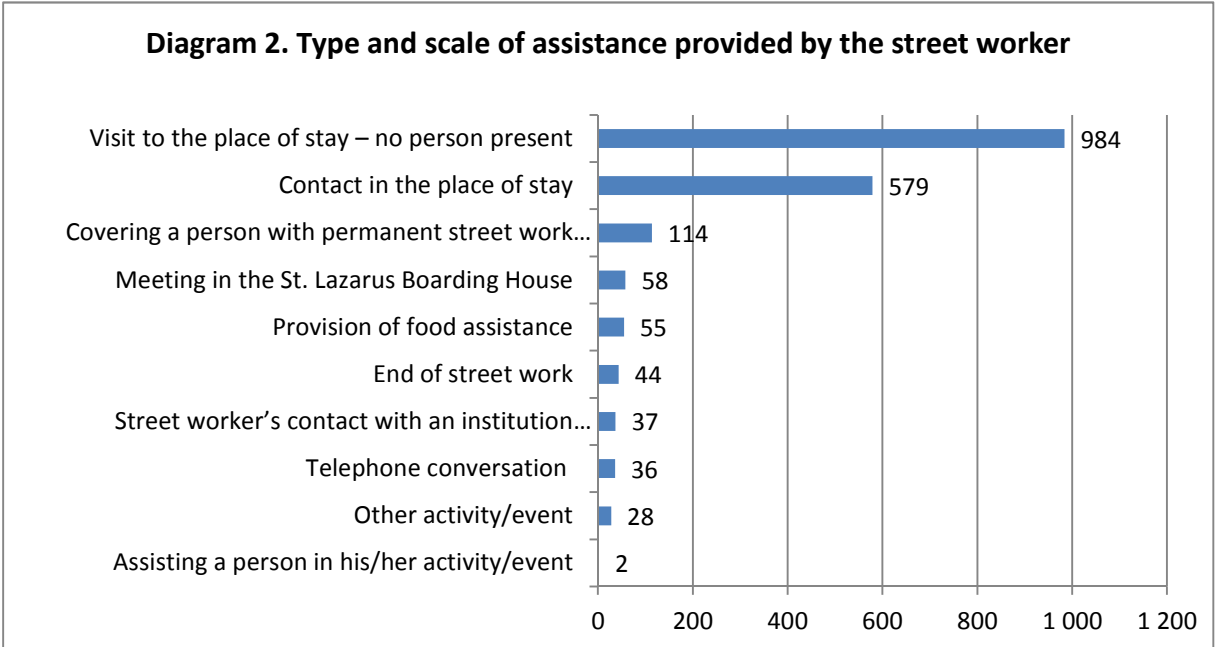
During the two years of their work, CMSA street workers covered by their activity **one hundred and thirty eight persons** permanently living in public space or in unconventional dwellings in three districts of Warsaw. At that time, it was the only street worker team working in the area. It obtained information about the inhabited places not meant for human habitation from the local inhabitants and services such as the municipal police, police and the social welfare centre. It is largely possible that the street workers managed to reach the majority of people finding themselves in the housing situation under analysis in the area defined, although it is impossible to determine what part of the entire group of the homeless was covered by their activity.

The persons the street workers reached lived in abandoned buildings, allotment huts, in the railway station and on the no longer used ramp adjacent to it, in unused car garages and in bin shelters. Constant monitoring covered 36 inhabited places, including 25 places ascribed to concrete persons and 11 places indicated as inhabited, in which the street workers failed to meet any dwellers, or their identity was not clear enough to be introduced to the database. Constant monitoring covered 114 persons.

The street worker worked most intensely during the implementation of the project “Street worker – a man of trust” in the second half of 2012, as shown in Diagram 1. It shows the number of visits made by the street workers on a specific day (horizontal axis) in the places of stay ascribed to the particular persons, and in collective places. The number of persons/places is shown on the vertical axis.



The monitoring of places ascribed to the particular persons, during which the expected person is not met, is a repeating element of street worker’s work. During her 2-year-long work, the street worker experienced such a situation almost one thousand times (visit to the place of stay – absence of the inhabitant). Meetings in the places covered by the monitoring took place 579 times (contact in the place of stay). This means that almost two-thirds of the visits planned as a meeting with a person were unsuccessful.



### Profile of persons covered by street work activity

The profile was developed on the basis of information introduced to the biwm database in accordance with the “no information loss” principle. Street work is a “low threshold” form of assistance, provided without preconditions, which also applies to the provision of personal information. The street worker recorded only the details given by the person interviewed, refraining from pressing him/her to answer the other questions. Therefore, it was often the case that the profile was incomplete – the above applies to a certain part of the group covered by the street work activity – its size was shown in the tables (from 45 to 67% - a lot).

A large majority of the street worker’s clients are men (81%). The average age in the group under study is ... years. 23% of the persons are divorced, 19% are unmarried. Information on the marital status of almost 50% of the group members was not provided. However, the “household” composition seen by the street worker in places not meant for human habitation does not have much to do with the official marital status. It is more of a persons’ status feature in “another, official life”. Uninhabitable places are mostly inhabited by single persons or persons living in concubinage/a “de facto” relationship.

Table 3. Marital status

Marital status	N	%
Divorced	32	23,2
Never married	26	18,8
Widowed	5	3,6
Married	5	3,6
Separated	4	2,9
No information	66	47,8
<b>Total</b>	<b>138</b>	<b>100,0</b>

Education-related information was provided by a small percentage of persons: 15% reported occupational education, 10% secondary technical or general education, and 8% primary education. We need to acquire information in this scope from the remaining 67% of respondents. One person reported that his/her nationality was other than Polish, and 60% did not give any information in this scope.

One third of the street worker’s clients are people who feel that they had been homeless for more than 5 years. Although it was not possible to record that in the database, many of them report a much longer period: 15–20 years. On the other hand, some of the people living in allotments and abandoned buildings reported that their homelessness had been very short. Both groups require totally different assistance.

Table 4. Period of subjectively-perceived homelessness

	N	%
More than 5 years	47	34,1
3 to 5 years	7	5,1
1 to 3 years	15	10,9
6 to 12 months	3	2,2
2 to 6 months	1	0,7
Less than 2 months	3	2,2
<b>No information</b>	<b>62</b>	<b>44,9</b>
<b>Total</b>	<b>138</b>	<b>100,0</b>

## **Geographic origin**

15 persons have always lived in Warsaw, while 32 lived there for more than 5 years. 30% intend to stay in Warsaw. Most people do not have any documents confirming their identity. 45 persons (one third of the group) were able to confirm their date and place of birth by an identity card. Identity cards of more than a half of them had an entry stating that they did not have a recorded permanent address – the address of the current or last permanent residence could be confirmed by 20 persons only.

25 persons reported that the Capital City of Warsaw was their current or last permanent place of residence. Under the Tenant Rights Act and the applicable resolutions of the City Council, the Capital City of Warsaw is obliged to provide such persons with appropriate housing conditions. The other persons reported the places specified below as their current or last permanent address. We hereby inform the local governments of the places, that their citizens are in an extremely difficult housing situation and stay in the public space of the capital city of Warsaw, i.e. in allotments, abandoned buildings, railway ramps, railway stations, or in shelters:

*Baranowo, Będzin, Biała Podlaska, Białystok, Borzęta, Bożewo Nowe, Broszków, Chełmża, Ciechanów, Curyń, Dietrzkowice, Dziunin, Elbląg, Huszlew, Kielce, Kobyłka, Konstancin-Jeziorna, Kruzy, Krzyżanki, Łódź, Małogoszcz, Miedzna, Murów, Ożarów Mazowiecki, Piastów, Pieszyce, Pionki, Pruszków, Przytyk, Radoszyce, Rogoźno, Ruda Maleniecka, Rzekuń, Sierpc, Sorkwity, Stare Gralewo, Stary Sącz, Sygnotka, Świdnica, Tarczyn, Tarnobrzeg, Wałbrzych, Wielka Nieszawka, Wiśniewo, Wola Młocka, Wysocka Wielkie, Wysocze, Zamarte, Zawiszyn, Ziemiaki, Żyrardów.*

40% of the support-covered group members reported in which province their registered permanent address was located; the majority specified Mazovia (27% of group members). Three persons each are administratively ascribed to warmińsko-mazurskie and wielkopolskie provinces, and two each to dolnośląskie, kujawsko-pomorskie, łódzkie, and śląskie.

## **Attempts to be admitted to St. Lazarus Boarding House**

31 persons covered by street work activity tried to be admitted to the Social Boarding House run by CMSA 102 times in total – on average, each of them made two such attempts. Two persons made five attempts, eight persons four attempts, two persons three attempts, and ten persons made two attempts. More than a half of the attempts were unsuccessful due to refusal, resulting from the lack of free beds in 46 cases. Finally, 31 persons were admitted, with five persons three times (for three stays), six persons twice, and the remaining persons once. Some stays took place before 2011.

In the Boarding House, the persons were covered with 246 services/forms of aid during 47 stays (six per stay and eight per person on average). Most often it was a supporting and motivating conversation, recording for a periodical stay, contact with the health care and social welfare centre, registration in the employment agency and job-search assistance.

31 stays ended with abandoning the facility, i.e. leaving it suddenly without informing the social workers or due to violation of rules. One person received the following note in the file: "DO NOT ADMIT EVER AGAIN UNDER ANY CONDITION – LAST STAY". Two persons were admitted to training flats made available under the new programme started by the CMSA, and seven left to other places as a planned step.

Data confirm that people living in public space find it difficult to adjust to shelter conditions. From among the 138 persons covered by street work activity, only 31 decided to move to the shelter, and

in the majority of cases their stay there ended with a violation of the rules, or leaving the facility suddenly. Several people decided to move to other facilities, but we do not have access to information about them. We know that two persons transported to shelters by municipal polices returned to the spots from which they were taken after a couple of days.

### **The presence of institutions in the life of people living in public space**

We tried to determine the history of contact with institutions during people's stay in public space in more detail in a separate study, and we have described its assumptions above. We managed to collect information about 38 persons. Most of them were men (29 persons); the average age in the group was 52 years, with the youngest person 31 years old, and the oldest one 71 years old. Before we attempt to describe the history of their contacts with institutions, we shall summarise some data about the general life situation of the group under study.

**Homelessness history.** The respondents declared a considerably long period of subjectively perceived homelessness – more than eight years on average. However, there were also such persons in this group, who were homeless for a very short time (less than a year, with one person homeless for a month). This is a significant difference from the point of view of assistance which should be proposed as support to moving out of homelessness. In our study, we asked about types of places of stay or housing situations (according to ETHOS) which the respondents experienced in the period of homelessness reported. On average, they reported three types of situations, among which the dominant ones were allotments, bin shelters, abandoned buildings, living with friends, renting rooms or other dwellings connected with temporary work, and facilities for the homeless. There was also a stay in a custody suit and living in friends' company cars (owing to informal connections). All the reported places of stay are considered housing situations determined as public space or unconventional places and are considered direct homelessness. People covered by the study were therefore permanently in the situation of direct homelessness. In the course of their homelessness there are no periods of housing stability, which leads to a conclusion that the housing exclusion they experience is permanent.

To understand in more detail the respondents' current housing situation, we also asked them how long they had been staying in their current place of stay identified by the street workers. Invariably, they were public space situations (such as a railway station or a bench in the park) and unconventional places (allotments, abandoned buildings). The respondents stayed there on average for three years. However, there were also such persons among them, who had been staying in a given allotment or abandoned building permanently for 6 or even 10 years.

**Life satisfaction and health.** In the study we did not attempt to objectively assess the inhabitants' life quality or their health. We only asked them to determine their general life satisfaction on a five-degree scale. Some persons selected maximum values. On average, the evaluation equalled to 3 or near 3. Often in their comments to the question, the respondents spontaneously discussed their dreams or intentions to do with the housing stability, e.g. "we evaluate our quality of life at 4, but we would like to move to social flat, we have been waiting for years"; "I'm finalising the question of living at my daughter's", "I'm waiting for a social flat in my home town", "If I got a flat, I would move there, I would escape from here", etc.. The person who declared maximum life satisfaction, said: "It is not bad, I have everything apart from electricity and water!"



5 persons were officially recognised as having a mild level of disability. 9 persons were regularly under the influence of alcohol to the degree which prevented the establishment of any rational contact. 2 persons receive psychiatric treatment; they had several suicidal attempts.

**Health insurance.** 2 persons were temporarily covered by health insurance for 90 days under the mayor's administrative decision, 4 (including one from the preceding group) were temporarily covered by it as a result of their contact with the District Employment Agency. 7 persons were covered by health insurance as a part of their permanent income support.

**Income and financial obligations.** The basic source of income the respondents declared was the collection of secondary raw materials (metal scrap, cans, bottles – everything that may be sold in the secondary raw materials purchase centre), casual work (understood as illegal) and permanent income support collected from the social welfare centre (7 persons). 1 person reported having received a considerably high amount of compensation for erroneous imprisonment, and another one inherited a high amount of money from his parent. 1 person obtains disability pension. The respondents admitted having external financial obligations, such as alimonies (4 persons), and numerous "fines" and tickets imposed by various institutions. "Fine" is understood as a fee for one's stay in the Warsaw Centre for the Drunk (the so-called sobering-up station). The record-breaker had 201 such fines to pay. A half of the persons reported unpaid obligations resulting from the above title. There were also fines for struggling and insulting the municipal polices or policemen, unpaid overdue alimonies, travelling without ticket in public transport, and failure to appear at a court of law. The financial obligations of ten persons exceeded 400 zloty, reaching in three cases 1.500 zloty.

#### **Presence of institutions in the life of persons inhabiting public space**

In our study we understood "contact with institution" as the fact of using assistance from an institution or being covered by assistance or activity of a specific institution. "Contacts with institutions" were divided into two groups: visits/cases, and stays. The list included the following institutions or "facts of contact with" (in alphabetical order):

- being transferred to a sobering-up station by the municipal police or the police,
- contact with a CMSA street worker \*
- stay in another hospital ward
- stay in a detoxification ward
- stay in a hospital emergency ward
- stay in a custody (not police custody)
- stay in a sobering-up station
- stay in a night shelter
- stay in a shelter
- stay in prison
- meal in a soup kitchen
- community work
- arrival of an ambulance
- participation in an inpatient addiction therapy
- visit of a social worker from a social welfare centre
- visit to a primary care physician,
- visit to a medical specialist
- visit to a local social welfare centre

- visit to an outpatient clinic for the homeless
- visit to/of the municipal police or police

\*filled in on the basis of a register kept by the street worker.

It was very difficult to analyse the information on the contact with institutions given by the respondents, because they were incomparable for several reasons, including various nature of support offered by institutions. Additionally, one person reported eating at the soup kitchen every Sunday, another one ten times in total in the entire homelessness period; the municipal police brought soup on a daily basis in winter, and once a week on other times, etc.. As much as possible, the data were calculated and expressed in numbers describing the frequency or the number of contacts in a selected period of time (e.g. number of times a week, number of days a year, number of months in total, etc.. in this way, we obtained rates of intensity of the presence of institutions in the life of our respondents.

In the first instance, however, we analysed the very fact of presence of institutions in respondents' life, without checking its intensity. We treated in the same way the daily and the sporadic presence of the municipal police in respondent's place of stay. Results of our analysis are given in Table 5. The institutions were classified according to the number of people, who indicated they had contact with them at least once.

Table 5. Institutions most often contacting/having to do with the respondents.

Name of institution/event	Number of respondents who experienced an event	Percentage of respondents who experienced an event
Visit of the Street worker	38	100
Visit of the Police Officer(s)	32	84
Visit of the Local Police Officer(s)	30	79
Soup in Winter	22	58
Visit of the Social Worker	20	53
Stay in a sobering-up station including transportation	20	53
Meal in soup kitchen	18	47
Arrival of an ambulance	17	45
Visit to a local welfare centre	12	32
Stay in hospital ward (other than emergency)	12	32
Stay in a shelter	12	32
Stay in a nightshelter	10	26
Stay in prison	10	26
Visit to an outpatient clinic for the homeless	9	24
Stay in an emergency room in hospital	8	21
Visit to a medical specialist	6	16
Stay in a custody (not police custody)	4	11
Participation in an inpatient addiction therapy	3	8
Visit to a primary care physician	1	3
Stay in a sobering-up station	1	3
Average length of self-perceived homelessness	11 years	

All the persons covered by our study had contact with a **street worker**, which results from the respondent selection method. The data come directly from the records of the institution providing support (CMSA), and not the respondents' memory, providing much higher accuracy in comparison with the other data (coming from the respondents' memory), in relation to which they may be

slightly exaggerated and with which they should not be compared. It results from CMSA data, that the average number of days, during which the respondent was covered by permanent street work activity was 328, and the average number of street worker's visits to a person was 25. The clients were visited on average every 13 days.

**Municipal police, police and "soup in winter"** are the other "institutions" present in the life of a considerable share of respondents. The two services are not always discernible for the respondents, which has a significant impact on the perceived frequency of their visits. Some people feel "looked after" by the district constable visiting them every two weeks, and claim that the municipal police comes to visit them every day, and sometimes even at night, etc.. In the group under study there was only one person who had no contact with either of the services. Generally speaking, the respondents remembered the visits of the municipal police as more frequent when expressed by the number of times a week (2.0 times a week per person on average), and the visits of the police as more frequent when expressed by the number of times a month (on average 74 times a year per person, i.e. 1.4 times a week per person). 60% of the group members under study report that they obtain soup in winter on a daily basis, which means that there is still a considerable number of people whom this basic form of help does not reach. The municipal police regularly "takes" respondents to the sobering-up station, sometimes finds a free bed and transports them to a shelter.

**Visit of a social worker from the social welfare centre in the place of stay and the inhabitant's visit to the social welfare centre.** Social workers are present in the life of the respondents. They visit them in their place of stay and admit them to the centre. This, however, mostly applies to the persons (7) who receive permanent income support. Apart from that, 2 persons reported having received designated benefits and parcels with food. On average, social worker appeared in their place of stay 7.9 times a year, and visits to the facility took place on average 4.5 times per person. In total, the social worker came to see the respondents in their uninhabitable place 158 times a year and was visited 45 times a year in his/her place of work.

The respondents have meals in the **soup kitchen** on a sporadic basis – from 10 to 15 times a year – with the exception of 5 persons who do that on a more regular basis: 1 person every day, several persons from 2 to 4 times a week, and one "every Sunday". On average, the 18 persons, who reported using this form of assistance, did so 64.4 times a year, eating the total of 1,159 meals a year. This leads to a conclusion that the respondents have their daily meals elsewhere – they possibly eat the soup brought by the municipal polices in winter, and in other seasons they possibly make their meals themselves.

**The night shelter and the homeless shelter.** 19 persons mentioned stays in night shelters and homeless shelters. They spend the total of 86 months (82 in homeless shelters, 4 in night shelters) in the facilities. In comparison with the reported period of the subjectively perceived homelessness, the respondents' stay in facilities for the homeless is "occasional". It is certain that they do not overuse this form of assistance.

As for institutions addressing their services to people addicted to alcohol (**sobering-up station, detoxification ward and in-house addiction therapy**), 20 persons covered by the study were transported to the sobering-up station, with some of them several times (the record breaker was there 201 times), and four persons from 30 to 61 times. In total, the respondents spent 409 days/nights in the facility. At the same time, only one person stayed in the detoxification ward, and 3 persons participated in an in-house addiction therapy (2 of them left after a week/10 days). Since one's stay in the sobering-up station does not have a therapeutic effect, the coverage of the group

under study (in which the problem of addiction seems to be universal) with the appropriate therapy seems to be fictitious.

The respondents used **medical assistance** of various kind. **The ambulance** came to 17 persons (31 times in total). The above was often followed by transport to a hospital (to the Accident and Emergency Unit or another ward). **Stay in the Accident and Emergency Unit** was reported by 8 persons for the total of 18 days. It results from the scarce information about the therapy experienced that they were examined with the help of magnetic resonance imaging and computed tomography. 12 persons spent the total of 69 days in **other wards**, including rehabilitation, psychiatric, maternity, and surgical wards.

The persons under study used the assistance of the **primary care physician** (1 person) and **medical specialists** on a sporadic basis, although the latter were visited by 6 persons (38 times in total). One person sees a psychiatrist on a regular basis. The respondents visited the non-public specialist outpatient clinic for the homeless much more often (the total of 82, with 9.1 visits per person on average). This form of assistance was used by 9 persons.

When asking about the respondents' stays in **penal institutions**, we explained that we only wanted information about the contact with the institutions within the period of the subjectively perceived homelessness. The information was necessary to make sure the study was reliable – some persons became homeless directly after a long-term stay in prison. 15 persons reported spending some time in such institutions – most of them in both types – during their homelessness period. They spent the total of 172 months in prison, and 37 months in custody suit. No doubt the resulting cost incurred by the system is huge – the cost of one day stay in prison exceeds 80 zloty – and it could be avoided with an appropriately developed housing assistance programme.

During the interview, the street worker asked the respondents whether they participated in **community work** – none of the persons under study reported such an experience.

Obviously, the institutions with which our respondents had contact do not have a uniform nature. Some of them provide assistance themselves (e.g. bringing soup by social workers or municipal police), while using the services of other ones results from the respondents' condition (e.g. notorious stays in the sobering-up station, temporary stays in custody suits and prisons due to unpaid "fines", including those for the use of the sobering-up station). The international research we discussed in the beginning of our study (e.g. US studies) show that the presence of the latter institutions would be smaller, if the composition of the former (as reported in herein) changed.

## **Chapter V. Summary**

Regardless of the research done, it is obvious to us that in the case of many-years stay in allotments, abandoned buildings, railway stations or bin shelters, the quality of life and degree to which the basic human rights can be used is very low and by no means harmonises with the vision of Poland as a civilised country.

Our observations – in particular results of research into the presence of institutions in the life of inhabitants of public space – may be interpreted in a variety of ways. We provide the reader with such a possibility, enclosing a table summarising all the information we collected (Enclosure 1).

First, however, we would like to turn the readers' attention to the extreme situations we recorded. We cannot present their scale, because we do not know it. We may only indicate individual persons, who had experienced them:

- I. **intense presence** of institutions in the **life of some inhabitants** of public space, which from the point of view of the system possibly generates considerable cost, not causing any/any meaningful change in the housing situation of the person: despite receiving assistance in various forms, the person continues living in allotments, abandoned buildings, etc..
- II. **absence or minimum presence** of institutions in the **life of some inhabitants** of public space, leading to a conclusion that the persons, while experiencing an extremely difficult housing situation, remain outside any support system.
- III. **intense presence** of some institutions in the life of inhabitants of public space, possibly generating considerable cost for the institutions as a result. The **police and the municipal police** seem to have looking after inhabitants of public space included in their daily tasks. We want to include the **sobering-up station** to the group as well, because a large group of respondents use the "services" it provides on an obligatory and intense basis. Therefore, the institutions indicated are among the main stakeholders of the problem, and are obliged to cooperate with each other with a view to improving the effectiveness of the entire support system. The determination of the cost of the activity of the police, municipal police and sobering-up station involving people in direct homelessness is of key importance for the determination of the cost of stay of people in public space.
- IV. **absence** of some institutions or forms of support in the life of inhabitants of public space. These include: **primary care physician, stay at a detoxification ward, and participation in an in-house addiction therapy**. There is no doubt that the health-related situation of inhabitants of public space indicates that these forms of assistance would be by all means adequate to their needs. It seems that the basic health problems must be solved by the individuals themselves, until the condition is serious enough for an ambulance to come and take the person to the Accident and Emergency Unit. The inhabitants use the "addiction treatment" frequently – but only when they are made to do it by force, i.e. transported to the sobering-up station by the police or the municipal police. They do not use forms of therapy which require one to report for the treatment independently.
- V. **(inadequate) selection of forms of assistance to the needs of the group**. It should be considered whether municipal police, police, employees of the sobering-up station and the social workers employed with social welfare centres or acting as street workers are the persons who should carry the most considerable part of responsibility for assistance addressed to people in public space. Although the development of a psychological profile or diagnosis of respondents' needs was not the goal of this study, our findings show that the people are also in need of other type of assistance. The likelihood that they suffer from some psychiatric disorders/diseases is high, which among other things may result from long-term addiction to alcohol. For some reason, they are also unable to use the traditional support offered by facilities for the homeless – communal housing facilities.

Reasons may include inability to co-operate in some housekeeping areas, to live with others, or to obey externally imposed rules. It seems that the institutions supporting people living permanently in public space should also include psychologists, psychiatrists, and therapists.

## **Chapter VI. Recommendations**

Some recommendations concerning the shape of the system of assistance addressed to the persons living in public space on a permanent basis have been given in the text. We believe that in order to formulate them in a comprehensive manner, we need to collect more data, which will exhaustively describe their situation and provide indisputable arguments constituting a straightforward motivation to develop the system of assistance in the adequate form. The following activities may contribute to the above:

- a study in which it will be possible to verify the contacts of concrete persons with the institutions which most frequently appear in their life on the basis of data from the institutions. Personal data protection regulations, under which various administrators must not provide each other with the data pose a barrier here. Additional restrictions apply to data concerning health, including stays in hospitals;
- evaluation of administrative cost incurred by institutions supporting people living in public space and comparing the cost with the cost of alternative forms of aid (e.g. housing aid);
- diagnosing psychiatric health of people living in public space. The General Health Questionnaire 30 used for screening may be used for the purpose. It seems necessary to make psychiatric circles interested in the problem.

The Camillian Mission for Social Assistance is going to undertake activities leading to the implementation of these recommendations. We will be happy to cooperate with you.

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