Ogólnopolska Federacja
na rzecz Rozwiązywania
Problemu Bezdomności

Health outreach services for those who are rough sleeping in Poland

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Homelessness in Poland

- Post-war baby boom vs the bankrupting state's inefficiency in providing housing
- "Shock therapy" in the early 1990s leaves many behind
- Local Authorities sell their housing stock to the tenants
- Lack of affordable housing for rent
- Housing legislation focused on private sector & supporting mortgages
- No reasonable legislation on private rentals
- Social housing almost non-existent
- Poland at the bottom of EU's housing indexes

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Homelessness in Poland

- National headcount 2019 reveals 30.3 thousand homeless people
  - Decreasing - 33.4 in 2017, 36.1 in 2015
- 19.8% (ca. 6 thousand) rough sleeping on the headcount day (decreasing)
  - But – credibility of the rough sleepers headcount questioned
- 14.6% homeless are women, 3.3% - children under 18, 2.6% - youth 18-25
- Majority of the homeless men are in their middle age or elderly, age of women more evenly spread; growing age of the overall homeless population
- Youth not using shelter services / not seen by the system
- Growing length of homelessness episodes (54.6% over 5 years; 49.0% in 2017, 43.0% in 2015) – chronic homelessness becoming a major issue

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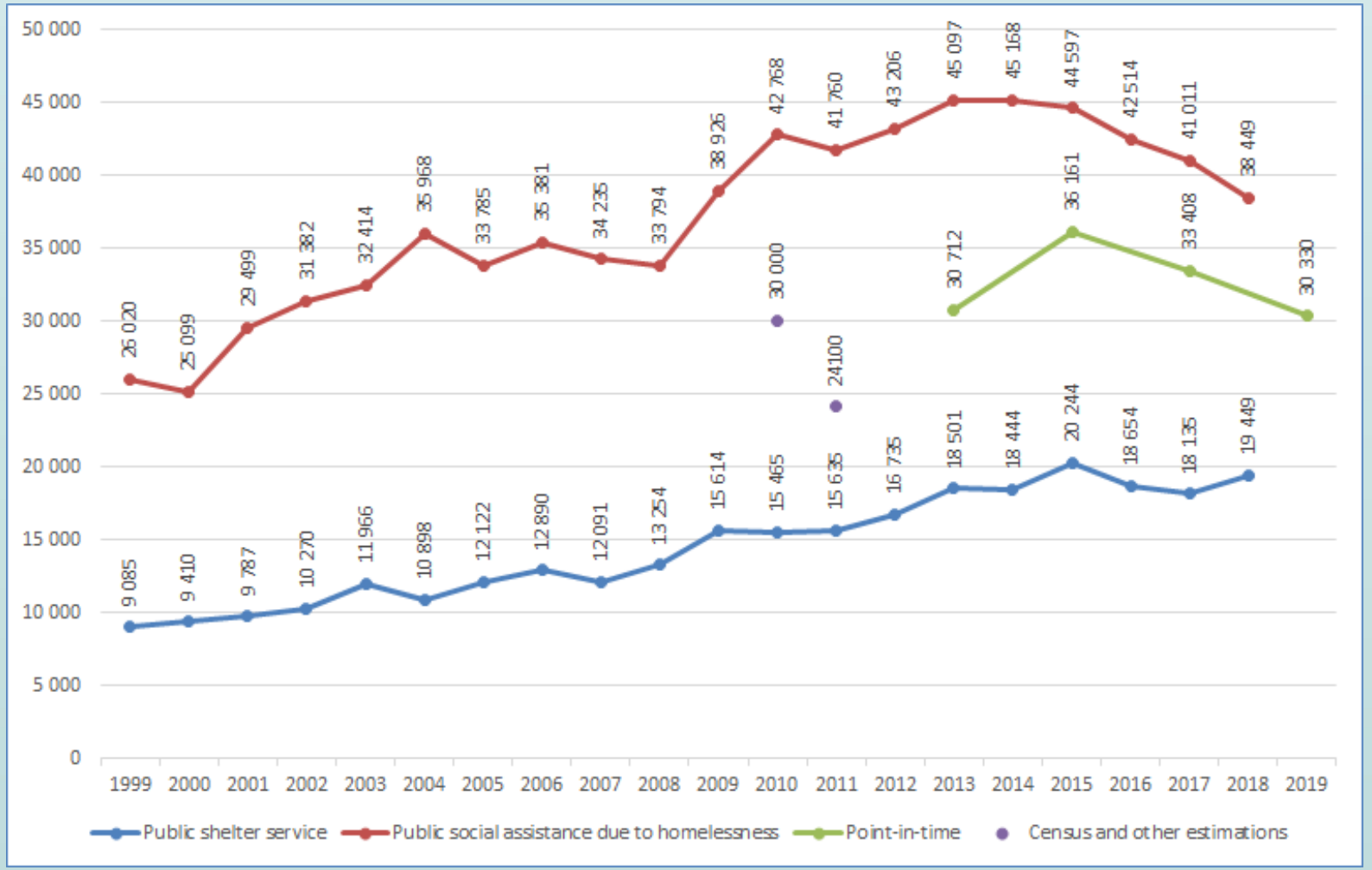
Measuring homelessness 1999-2019



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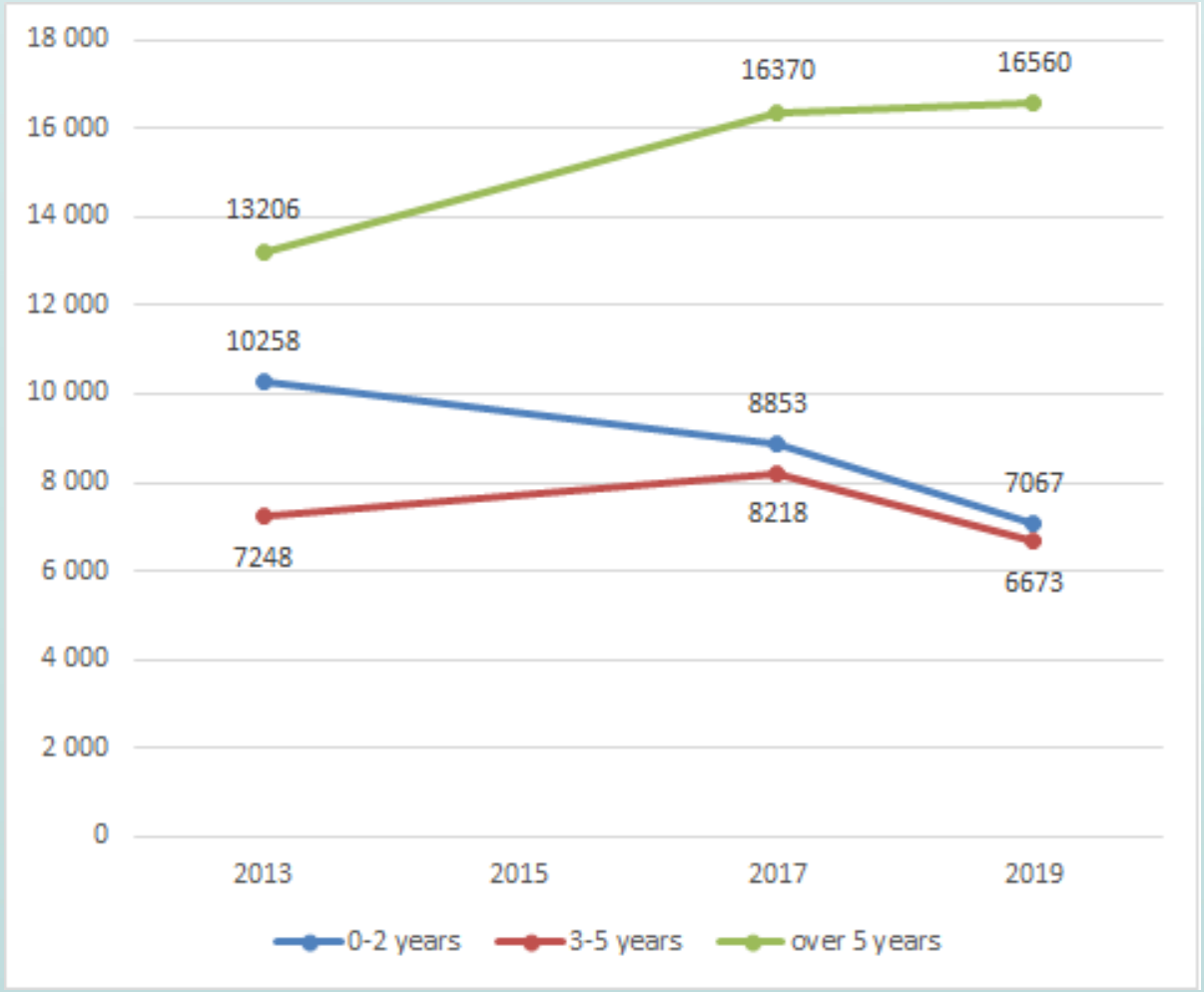
Length of homelessness episodes



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Legal framework for homeless support

- Constitution – authorities should prevent homelessness, but no housing rights
- Shelter-based system (ca. 25,000 beds) focused on intervention
- Sheltering homeless is a Local Authority task
- High third sector involvement via commissioning
- No cooperation with housing and health system – homelessness is seen as social assistance problem only
- Outreach services not regulated by law but becoming quite popular in major cities
- Very limited services for substance users (abstinence required even in most of emergency shelters)
- Housing programmes for homeless scarce
- Barriers in access to health services

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Access to public health services

- Health insurance – by registering as unemployed or signing a social contract
- Emergency health insurance – Local Authority / social assistance (up to 90 days)
  - But: complicated procedure requiring ID, often delayed – people “disappearing”
  - On the other end – problems with post-hospital care
- Health system reluctant to admit homeless people
  - ER services only without admission to hospital bed
  - Requiring sobriety
  - Bad attitude/basic treatment
- Homeless people reluctant to use health services
- Specialist services require long waiting times
- Limited access to psychiatric services – homeless people remain undiagnosed
- Detoxification treatment free only for insured

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Ambulatory outreach services in Kraków

(approx. 300 rough sleepers on any given night)

- Initially (2017) – very basic services connected with other outreach teams
- Began with a few volunteers and one backpack on a bench in ”Planty” park
- Wound treatment, diagnosing somatic diseases
- Motivation to take up treatment, supporting medications take, dressing change
- Visits to emergency shelters (prevention, diagnosis, post-hospital care)
- Cooperation with the police in reaching rough sleepers (information, transport)
- Ambulance with ECG bought thanks to crowd funding & donations
- 24h on call service – calls from the police, streetworkers and citizens (incl. social media)

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Ambulatory outreach services in Kraków

Presently:

- ”Bench” service in ”Planty” park continued
- Regular (weekly) visits to emergency shelters
- On call 24h ambulance team (a doctor, 2 paramedics/nurses, other volunteers)
- Voluntary service performed by doctors and medicine students (40 volunteers)
- Financing from the city (from social assistance funds)
- Still largely funded from donations (35% in money; band-aids, disability aids)
- Problems with obtaining medications (tight sales control regulations)
  - Distribution of donated mediacations forbidden
  - Invoices – buyer vs payer
- Follow-up with specialists difficult (queues)

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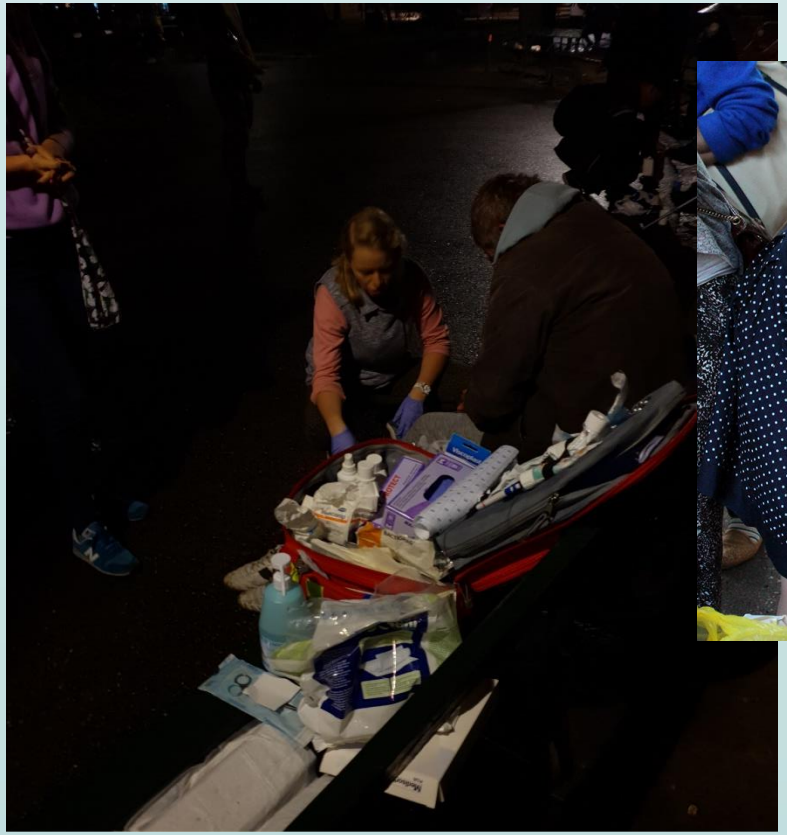
Ambulatory outreach services in Kraków



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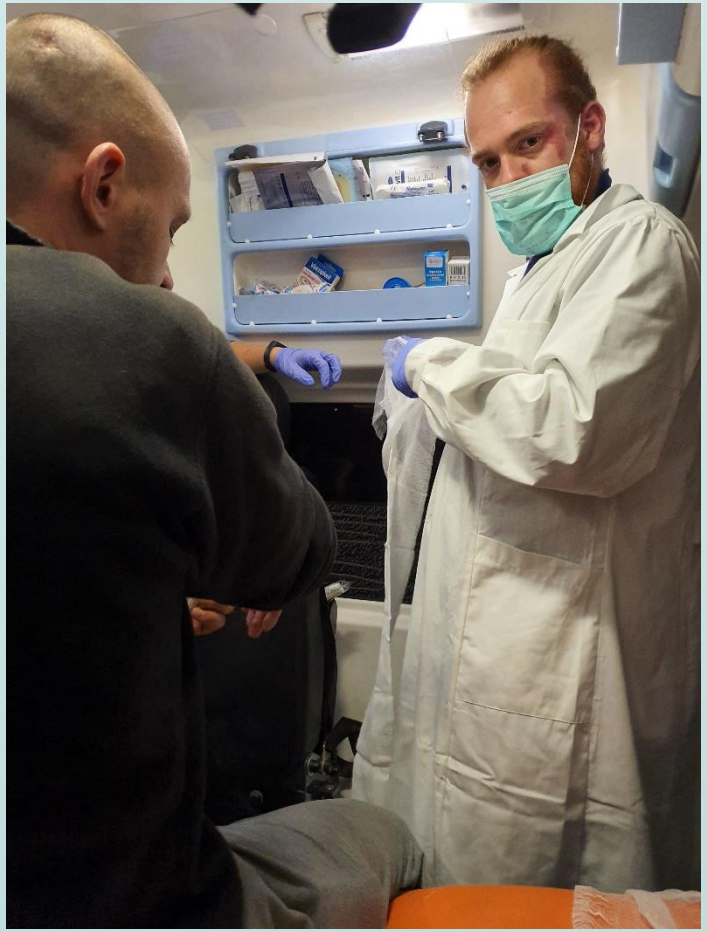
Ambulatory outreach services in Kraków



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Ambulatory outreach services in Kraków

- Reached 480 rough sleepers and 150-200 people in emergency shelters in 2018
- 2000 consultations / year
- 800 dressings / year
- 30 consultations on every emergency shelter visit (2 shelters)
- Good cooperation with the city
- Growing network of contacts (social media)
- Educating hospital / ER management & staff
- Networking with similar services in other cities
- Intensive promotion (potential volunteers and benefactors) – social media, Patronite, press (incl. medical), medical self-government bodies, medical universities etc.

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Psychiatric outreach services in Gdańsk

(approx. 200 rough sleepers on any given night)

- Undiagnosed mental problems a major issue causing barriers in accessing shelter
- No access to public psychiatric services
- Service started in January 2020
- A team of 2 outreach workers (streetworkers) & a psychiatrist
- Outreach based on streetworkers' map of rough sleepers' dwellings and cooperation with the police – 6 times / month
- The psychiatrist also visits emergency shelters
- Diagnosis and motivation to take up treatment

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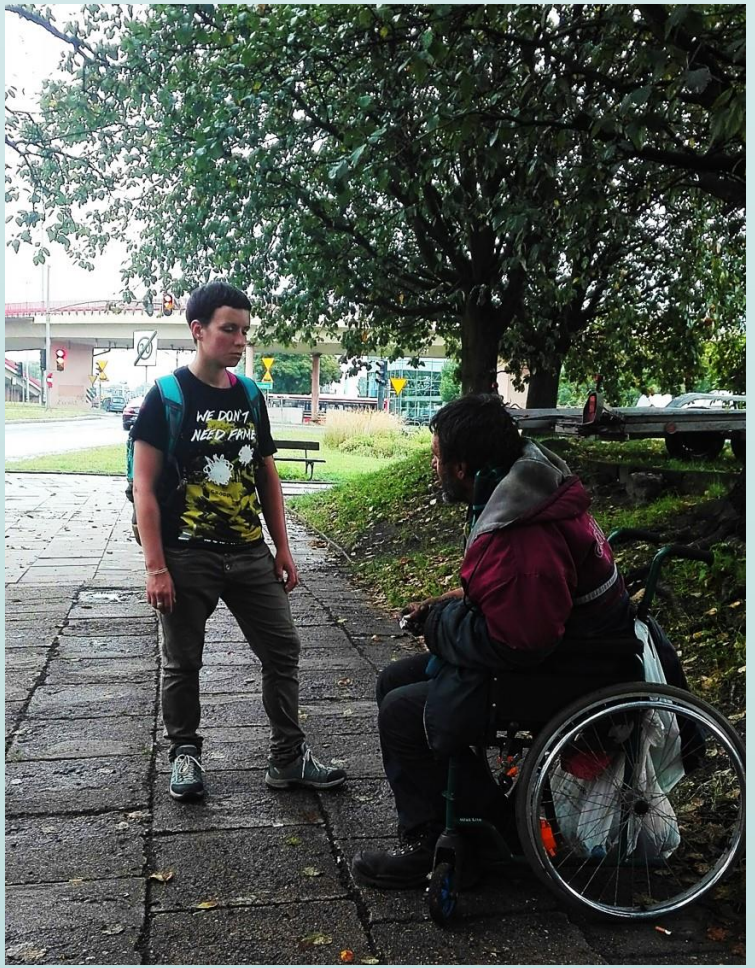
Psychiatric outreach services in Gdańsk



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Psychiatric outreach services in Gdańsk

- Financing from a larger project (central government fund for third sector development)
- Psychiatric services extremely expensive (thus scaling-up difficult)
- Psychiatrists unwilling to take up field work
- People taking up treatment insured by the Local Authority (emergency path)
- Project pays for medications if prescribed, the team motivates to keep up with the treatment
- Project planned for 2 years, too early for conclusive results
- Rough sleepers not easy to convince to take up treatment

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Using medical outreach in rural outreach services in Scotland

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Thank you for your attention

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