



BMSZKI

Budapesti Módszertani
Szociális Központ és Intézményei

Programmes and support methods for elderly people who are sleeping rough to accept accommodation services



Erasmus+

Introduction



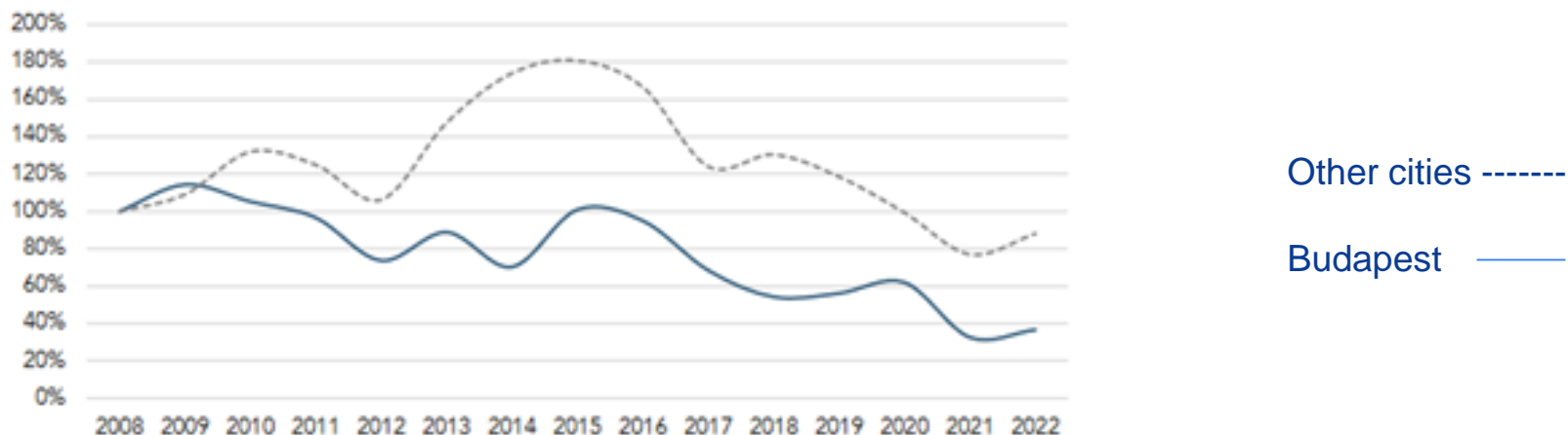
- The Budapest Methodological Centre of Social Policy and Its Institutions (BMSZKI) is the homeless service provider of Budapest Municipality.
- It was established in 1993, and currently we provide services to homeless people in 38 units in 20 sites.
- There are about 5000 placement for homeless people in accommodation services in Budapest and almost 2250 are operated by BMSZKI.





Street homelessness in Budapest

- No counts about the number of people sleeping rough
- There are findings of a survey („3rd February research”) repeated in every year and asked among customers of homeless services (including outreach services) about trends and social background of people who affected.



Source: „Home for everyone” - Metropolitan strategy for reducing homelessness (2022) Data based on the findings of findings of 3rd of February researches



Street homelessness in Budapest

- There are 36 outreach services operating in Budapest. By 2022 the number of people reached by outreach services in Budapest reduced with 23 % compared to 2016. Number of costumers involved in regular support of outreach services reduced with 39% compared to the data of 2016.

Possible explanations:

- Death among customers become more frequent because of bad health conditions of people living on the street
- People moved away from visible places - threats of punitive measures allowed by Hungarian legislation issued in 2018
- Better access to accommodation services because of the extension of labour market before COVID 19 (It is possible that former service users with regular jobs had better options to move out to accommodations provided by companies they work for.)

Street homelessness in Budapest



- ❑ **Only a minority of rough sleeping people live constantly on the street** (*3rd of February research 2022*)

- 24% of responders among the clients of outreach services slept in accommodation services in the year before the questioning
- 32% slept somewhere else - primarily in the apartment of a relative or friend
- 58% of the homeless people interviewed in night shelters and temporary accommodations slept in public spaces in the year before the survey

- ❑ **Obstacles regarding admission from street to accommodation services identified by outreach workers:**

- Finding placement for people with nursing care needs
- Finding placement for people with serious mental health issues
- Finding placement in barrier-free accommodation for people with mobility problems
- Customers refuse accommodation services because parasites
- Institutional placement is a step back for people living in huts
- Finding placement for people with more severe alcohol dependence / alcohol consumption is prohibited in most of the accommodation services
- Finding placement for couples where they can stay together
- Many people do not consider accommodation services as a safe place

Street homelessness in Budapest



□ Health condition and care needs of people sleeping rough

In 2018 a data collection was carried out among homeless service providers about the care needs of their clients in Budapest. Its results based on social workers accounts and perceptions.

There is this information about **682** people living of the street and have regular contact with outreach workers.

Findings:

Average age 49,5 year.

12,8 % of those sleeping on the street were over the pension age. (65 years)

59,5% are between 46-65 year.

53,9% of them suffer from mental health problems (based on the perceptions of social workers) **while 0,9 % of them had contact with psychiatric services.**

59, 6% of them affected by alcohol of drug misuse

54, 6 % of them has serious health problems or difficulties in self-care

(24,3 % of them need support in more than one type of health problem)



Our organisational programs for the inclusion of people who are sleeping rough

„Opening to Street” program – 2008

Service development process to reduce the number of people living on the street

Key elements still in operation:

- Day centres operate in sites of low threshold accommodation services (special night shelters)
- Operating of special night shelters where the outreach team is involved in admission process
- Providing accommodation for couples
- Providing post acute care services

„Inclusive BMSZKI” program – 2023

Organisational action plan to meet the objective of „Home for everyone” - Metropolitan strategy for reducing homelessness (issued in May 2022)

Main challenges identified:

- Significant aging of the customers
- Many costumers affected by mental health problems (key area of the support of people sleeping rough)
- Strong indication of care needs (key area of the support of people sleeping rough)
- Llimited options to move out to independent living



Pathways from street to accommodation services

Conventional ways

- Using the service of night shelters
- Temporary Hostels: Admission after being interviewed by the Admission Preparatory Team
- Admission to post acute care service – (referred by doctors or admission from hospital)

Facilitated admission processes

- Admission to special night shelters: This type of service can offer placement only for those who were interviewed and delegated by the Admission Preparatory Team or was brought in by outreach workers.
- Moving-in rooms of temporary hostels: Only for people who are sleeping rough. Outreach teams can delegate people here.
- Life rescue point



Experiences of facilitated admission processes

Special night shelters

- Half-way service between emergency shelters and temporary hostels. There is not accommodation fee but the time of stay is limited.
- Case work is provided for service users.
- Challenges: Difficult to motivate service users to move forward. Many of them move back to street after a short period, mainly those stay longer who have higher care needs.

Moving-in rooms in temporary hostel

- It works only in the winter period and give more opportunity for outreach services to offer help for those who refuse to go to emergency shelters. Case management is offered and provided after moving in. Those who are engaging with this kind of support are offered temporary placement in the same site (max. 2 years)



Experiences of facilitated admission processes

Life rescue point

- Operates only in winter period.
- Only outreach services can transport people to the service
Accommodates only for short term (10 days -according to the recommended protocol but staff can be flexible regarding this)
- Clients could stay in the service all day.
- Provides intensive support work to direct people to other services replying on their needs.
- Accepting men, women and couples



Experiences of facilitated admission processes

Life rescue point Results from 2022-23:

- 142 clients were supported. 26% of them were over 55 and 64 % were over 45 years old.
- 53 people moved forward to night shelters, 18 to temporary hostel, 14 needed to be transported to hospital, 12 moved to rental flat, family or friends, 5 other social services, 5 to embassy and 34 people moved to unknown place.
- 1 from 3 people needed immediate medical service at the time of admission (ambulance or doctor in duty called)

Case study

A street social worker brought Adrien to our hostel at Alföldi street. The hostel is in the center of the city and we can accommodate people straight from the streets.

He has lived here before multiple times but frequently choose moving back to the streets. He was in pretty bad shape when he was brought in, he has COPD, heart problems, high blood pressure, vasoconstriction, he also had problems with alcohol. After one week he was sent to the hospital with his COPD acting up, he was not under regular medical care, did not have the proper medication. After staying in the hospital for almost a month, he came back to the shelter, he was prescribed medication and also an inhaler. He did not have any income so we organised to give him for free.

After a short period of time we realized that he was not taking the medication. Meanwhile he has a lot of conflicts with his roommates, as he couldn't sleep at night, but his roommates could not bear this. He were not able to appropriate self-care, left his food lying around, he drank and smoked in the room. For his benefit his sister who was staying in the next room, made her cook for him and occasionally tidy up around him. Usually he did not stay in the hostel during the day as he was out for begging. The social worker and the medical staff tried to motivate him to take medication, go to the doctor, taking better care of his personal hygiene but we did not have success in it. When the weather become better he left the hostel and gone back to the street.

Questions to consider

- What should we do differently next time?
- How we could motivate him to better self-care?
- What should we do to reduce conflicts among roommates?
- Would it be more efficient to change the profile of temporary shelters to be designated nursing homes for homeless people of old age and poor health quality?



Thank you!



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