«Caring for the Homeless and the Poor in Greece: Implications for the Future of Social Protection and Social Inclusion»

Executive Summary

Arapoglou V.P., Gounis K., Assistant Professors, Department of sociology University of Crete

With the assistance of Siatitsa D., PhD candidate, National Technical University of Athens

Rethymno, October 2014

This is the executive summary of the report presenting findings from the study "Caring for the homeless and the poor in Greece: implications for the future of social protection and social inclusion," which was supported by the Hellenic Observatory at the LSE and the National Bank of Greece Research Innovation Fund on South East Europe Crete. The research was carried out between November 2013 and October 2014. The aim of the research, divided into two distinct work packages, was: a) in "WP1: Mapping homelessness, shelter and service provisions in Athens," to provide estimates of housing deprivation and homelessness and to map their spatial distribution,in connection with the services that are addressed to the affected populations, in the metropolitan region of the city of Athens; and b) in "WP2: Exploring the efficacy of existing provisions and social innovation strategies,"to highlight innovative policies to tackle homelessness, which have been introduced during the last decade in the US and Europe, and discuss the applicability of diverse forms of supported housing schemes to Greece.

The core of the research relating to WP1 was a survey amongst the most significant and largest shelter and other homeless services providers in the wider metropolitan area of Athens. The overall aim of the research and the design of the survey, and subsequently the findings, wererepresented and discussed in workshops with representatives of local authorities, the ministries of Health and Employment, the Greek Housing Network, and the Greek Anti Poverty Network. Forty organisations were asked to complete the survey and 25 of these responded. (Amongst those unable to respond were the welfare agencies of the Church of Greece, some charities administering community homes for children and juveniles, and one shelter for asylum seekers.)

The twenty-five organisations that completed the survey were implementing a total of 77 projects of direct assistance, addressing the needs of approximately 120,000 people – 30 schemes of housing assistance and 47 schemes providing access to other elementary resources. The survey collected a variety of diverse data – numbers of accommodation units; types of services offered, numbers of individuals accommodated and/or served in 2013; data on shelter capacity, costs,

sources of finance and personnel; and open questions to capture the effects of austerity on both the organisations and the people they serve.

The survey data were supplemented and elaborated with on site visits and fourteen (14) in-depth interviews with directors and administrative personnel of shelters, clinics, and day centres, and four (4) interviews with central administration organisations: the National Centre of Social Solidarity and the Ministry of Employment.

Research also accomplished the consolidation of a database that maps the spatial distribution of various levels of housing inadequacy and insecurity. The database combines variables mainly derived from the registries of mental health and welfare agencies in Greece, the reports of the Greek Ombudsman, and the 2011 census on population and housing conditions.

Relating to WP2, three case studies with NGOs examined the challenges for expanding supported housing schemes in Greece. Focus groups with the personnel of each organisation explored their experiences from the daily operation of shelters and the applicability of supported housing schemes to meet the complex needs of the homeless.

The body of the report is divided into two parts (a total of 8 chapters, including the introduction and the conclusions and recommendations). Part I addresses the questions relating to WP1, while Part II presents the three case studies with NGOs after a review, a) of international developments regarding policy changes and innovations, and b) of the key policies, gaps in delivery of services, and demands for change in Greece since the onset of the current crisis.

Following the introduction in **CHAPTER 1**, which specifies the objectives of the research, the methodologies adopted, and the process of completing the various phases, as outlined above, **CHAPTER 2** reviews the literature relevant to the documentation of homelessness in the US and Europe.

The main points of this discussion regarding the US include an appraisal of a shift into perceiving homelessness as a housing issue, rather than a "cultural"

phenomenon; and an assessment of attempts to provide estimates and to document the demographics of the homeless population, which highlight their diversity, as against former perceptions of a homogeneous group of social deviants and/or dropouts.

InEurope, on the other side, homelessness is linked to social exclusion and to the state of precariousness, following the crisisand demiseof the welfare state. There is a lack of reliable quantitative data, while the formation of FEANTSA (*European Federation of National Organisations working with the Homeless*)and the development of the ETHOS typology(*European Typology on Homelessness and Housing Exclusion*) constitute significant first attempts to measure the different types of housing exclusion and homelessness.

CHAPTER 3 assesses existing evidence and the most recent research to document the extent of homelessness in Greece, noting the limitations of available data, especially as relating to the proposed differentiation between the 'old' and the 'new homeless.'

CHAPTER 4 presents estimates and maps different forms of homelessness and housing deprivation in Athensbased,a) on a survey of service providers – organisations that operate shelter facilities and/or other types of relief to the poor; and b) on secondary sources, by using the European Typology of Homelessness and Housing Exclusion (ETHOS) developed by FEANTSA and a taxonomy of visible and invisible homelessness proposed by Kim Hopper.

Overall the measures and estimates following ETHOS indicate:

- An increase in the roofless population since 2009/2010, which seems to have been halted during 2013.
- Excessive levels of insecure and inadequate housing, which generate demands that can hardly be met.
- A significant increase in numbers concerns people in accommodation for the homeless, both Greeks and immigrants. This can be taken to reflect the increase in the needs expressed from a hidden homeless population to which the system of care responds in a partial and fragmented manner.

By utilising Hopper's visible-invisible and formal-informal axes in mapping the spaces of homelessness, the report provides estimatesthat speak to the magnitude of the problem in the Athens metropolitan area:

Invisible informal: Depending on how narrow or how broad the applied (ETHOS) criteria, anywhere between 93,920 to 514,000 individuals are estimated to subsist

in the face ofextremelydifficult conditionsand be exposed tohigh risk of becoming literally homeless if some additionalfactor is activated(e.g. major health problem, eviction, inability to be hosted from kin or friends, loss of supportpersons or breaking ofinterpersonalbonds, etc.).

Invisible formal homelessness,which affects approximately 9,000 people, includes the useof unsuitableaccommodationin public institutionsand residential care(hospitals, mental institutions, homes for the elderly poor, child careinstitutions) orcontainment(detention centres, prisons) in deviation fromtheir primaryfunction orunjustifiedextension ofstayordischargewithout planning for accommodation.

Visible formal homelessness, which concerns approximately 4,400 people, refers to the spaces explicitly designated as spaces of accommodation for the homeless – primarily of an emergency type such as shelters, or an extremely limited type of pilot schemes for supported housing.

*Visible informal homelessness*concerns the range of 1.200 to 2.360 persons estimated to have been chronically or periodically living in the streets.

Our findings, adapting the ETHOS typology developed by FEANTSA, demonstrate a significant rise of visible homelessness and an excessive magnitude of hidden poverty, housing inadequacy, and insecurity, which generate demands that hardly can be met. A total number of 17,800 people in the wider metropolitan area of Athens were estimated to have been in the categories of rooflessness and houselessness of ETHOS during 2013. However, this figure is only a fragment of the whole picture: in a metropolis of 3.8 million people, 305,000 Greek and 209,000 foreign nationals in privately rented accommodation face the risks of poverty and social exclusion as defined by Eurostat.

The total figure of 514,000 individuals can be taken as an estimate of insecurely and inadequately housed individuals whose trajectories into and out of visible homelessness depend on strict regulations for receipt of assistance and complex societal processes shaping access to secure housing, income, and community care. Significantly, the demand for assistance comes not only from people in the streets but from an invisible, insecurely and inadequately housed population, whose needs can hardly be met by existing shelter-type accommodations.

These numbers indicate a rise for all the ETHOS categories of homelessness. The increase of the roofless and houseless is moderate, mostly due to the establishment of new emergency and crisis related structures, but at the same time their exclusion has been deepening while their physical and mental health conditionshave been deteriorating at alarming rates.

Most significantly, the figure for the insecure and inadequately housed has doubled since the early years of the decade of 2000. The comparison of our recent findings with similar studies in the past also reveals that the demographic profile of the serviced population has changed and includes more Greeks, because the dramatic rise of housing insecurity due to unemployment is now coupled with loss of insurance coverage and income. At the same time, our research confirmed reports by international human rights organisations and FEANTSA concerning the degrading conditions in which refugees and asylum seekers are forced to subsist in prisons and detention centres, along with the increased coercion by the police and the violence perpetrated against them in public spaces.

Part II considers the efficacy of social policy initiatives in addressing widespread and growing homelessness. In particular, it focuses on the applicability of supported housing schemes in Greece.

CHAPTER 5 reviews the literature on policy changes in the US and Europe, and places the debate over 'Housing Led' vs. 'staircase' approaches within a broader framework of social policy changes. The international discussion on innovative 'best practices' has concentrated on the applicability of the so-called Housing First model, initially designed in the US, to the European context. Much of the current debate relies on comparisons between traditional 'staircase' and Housing First

models – that is, whether it is more efficient to give priority to emergency provisions, health care, psychiatric, and substance abuse treatment, or to stable housing solutions.

The exploration of the applicability of supported housing schemes is placed within a historical context regarding broader social policy changes, which have an effect on key dimensions of homelessness by allocating resources to service providers and to the homeless. Most suggestions for policy reforms come within a new global consensus with regard to 'welfare pluralism,' 'urban governance,' and 'social innovations' (partnerships, networks, capacity building, NGOs and civil society) permeates.

CHAPTER 6reviews the most significant initiatives to address the problem since 2011 in Greece, and draws on the main findings of our survey to identify the main types of provisions and gaps in delivery of services. Specific policy changes directly affecting the provisions for the poor and the homeless in Greece are traced back to 2011 when the Greek government and the EU had to finalize the bailout package and to secure the transfer of emergency aid for Greece. At that juncture, the Greek administration produced an operational definition of homelessness, so that homeless people could be recognized as a 'vulnerable group' and, accordingly, EU funds could be drawn for their relief. However, the subsequent legislative and administrative measures that sought to formulate arelevant 'Action Plan' were mired in a field of competing philosophies and implementation disagreements between the different administrative branches, i.e., the Ministry of Health and the Ministry of Labour, responsible for its implementation.

In the assessment of the policy landscape, the report identifies possible, yet unrecognized,pathways of positive changes and good housing practices in initiatives financed with European funds prior to the crisis, in the areas of asylum provision and mental health reform, through the collaboration of international human rights organisations and European institutions with NGOs, professional associations, and pioneers within the Greek administration, particularly under the auspices of the Ministry of Health. In both cases, policy change has proceeded in complex and often conflicting ways. Such practices remained unexploited in

policies to tackle homelessness, largely as a consequence of adopting a narrow definition of visible homelessness amongst Greek citizens, which excludes refugees and asylum seekers. Overall, the attempts of NGOs and local authorities to use the new financial instruments of the EU and other international agencies remain fragmented and the capacity for developing integrated social inclusion policies is severely diminished.

The effect of these factors is captured in the presentation of the report's findings concerningthe capacity and responses of shelter and assistance providers to the homeless.

The results of the survey of 25 agencies and 77 projects addressing the needs of more than 120,000 persons in acute poverty suggest thata definiteorientation toward short-term solutions, the shift of social policy tasks to non-governmental organisations, reliance on charitable funding, and preference for assistance in kind have given rise to an 'emergency management model.' The responses of the agencies gathered in the survey indicatehow this model sets barriers to inclusion of the homeless and weakens the capacities of agencies to respond to their needs:

The provision of care for the poor and homeless in Greece, such as it is, is effected through various NGO projects, rather than public welfare programs. Survey data and interviews that NGOs are on the epicentre of what has been described as the 'humanitarian crisis' in Greece since 2010.

Private sources of finance are now the most vital source of finance for NGOs and increasingly local authorities.

The numbers of persons sheltered and receiving assistance by NGOs, again, outweigh those who have relied on local or public providers.

Transitory shelters are the prevalent form of accommodation and include both shelters for the general homeless population (mainly older Greek men), as well as shelters for specific target groups of women, children, and refugees. Emergency shelters are a new form of accommodation in the Athenian context and mainly attract Greek homeless men who do not have access to transitory shelters.

A model of 'emergency' shelters and assistance in kind has been introduced by the policies of the Ministry of Labour, and is gradually consolidating. Night shelters, Day Centres, food banks, social pharmacies and social groceries have been established in this context.

Access to health, housing, and benefits has deteriorateddramatically.Initiatives specifically designed to serve destitute citizens could not counterbalance changes in the regulatory framework for use of public services.

CHAPTER 7discusses how innovative supported housing schemes could contribute in addressing the existing gaps and responding to the needs of the homeless and presents the findings of three case studies concerning the services and policy proposals of organisations working with the most deprived and visible homeless persons.

The ways in which these organisations viewed the applicability of housing-led approaches to Greece were explored through focus groups, and in some cases additional interviews. The areas covered focused on questions directly related to the dimensions that would be key ingredients in distinguishing traditional continuum-of-care models from housing-led ones. These dimensions include: a) the **link between services and housing**, i.e., whether different modalities of treatment –mainly for psychiatric disabilities and/or substance use – should be prerequisites for housing eligibility and conditions for continued tenancy, and b) **housing choice and structure**, in particular, whether they view congregate housing arrangements or scatter-site, autonomous apartments as most appropriate for the homeless persons that they have been serving.In essence, these dimensions aimed to assess the "Housing-First (or Housing-Led) Readiness" of each organisation.

ENVISIONING HOUSING FIRST IN GREECE: A TOP-DOWN APPROACH

The first case study concerns an NGO active in the areas of public health, children's welfare, refugees and asylum seekers, and poverty and homelessness. The assessment of the organization's Housing-First Readiness is especially pertinent

since the organization was, according to its leadership, in the process of planning the implementation of a Housing First initiative in Athens.

However, leadership and front line staff held divergent views when it comes to the applicability of the Housing First model in Athens. Front line staff finds it difficult to move beyond their established practices and to a certain extent there was a tacit resistance to thinking in terms of hypothetical scenarios. Day Centre staff tended to front-load immediate needs and limitations, especially with respect to issues of access to appropriate therapeutic services, on the one hand, and client functioning and risk considerations, on the other. On the other side, the leadership seemed to be well acquainted with, and to espouse, the principles of Housing First. This divergence is perhaps to be expected and the shift to an altogether different mode of thinking and operating cannot but be a "top down" approach that will gradually permeate the culture of the specific agency. Similarly, considering the fact that a collateral effect of the adoption of Housing First will inevitably be a realignment of the network of service provision, within which it will operate, the need to convince other stakeholders to go along and the thorny issue of collaborations and roles, a problematic area as it is, is a matter of utmost concern. Last but not least, the uncertainty surrounding the funding that is necessary to sustain such an initiative, beyond the limited time periods in which current project-based, emergency-oriented initiatives are launched, constitutes an additional challenge that will be difficult to address. Ultimately, a Housing First program in Greece will have to withstand the test of convincing a diverse set of stakeholders, including some among these who, in our interviews and conversations throughout this research project, have expressed serious doubts concerning its viability in the current crisis-ridden environment.

STAIRCASE TO THERAPEUTIC COMMUNITIES

The second case study concerns homeless drug users specifically, and the views proposals of members of three units of a large drug rehabilitation organization in Greece.

The organization's approach reflects the evolution of the"Modified Therapeutic Communities" (MTCs) model towards the development of programmes for the

[9]

homeless, women with children, and prisoners. Such programmes reduce the duration of residential stay and treatment 'stages' according to individual needs;they enhance use of non-residential settings; they ease structured activities, work intensity, and behavioural norms in the communities; they involve family members in rehabilitation; and they place emphasis on professional staff and flatten the peer work hierarchy

In seeking to explore to what extend different units of the organization would be open to changes as to address the multiple needs of the homeless population and whether their suggestions would be compatible with either a staircase or a housing first model, focus groupparticipants emphasized the magnitude of unmet housing needs related to the weakening of the family and the support environment of users, especially amongst unemployed Greeks and young refugees and immigrants, young women and mothers.

The current crisis not only creates visible needs, related to drug use and living on the street, but also aggravates the invisible needs related to economic strain and the negative impact of long standing policy neglect. Meeting housing needs was seen a precondition for any kind of treatment. Significantly, such populations are excluded from existing night shelters and transitory hostels due to strict regulations and incapacity to care for their complex health and housing needs.

Front line staff and street workers reported severe gaps in service and shelter provision for drug users, within a context of weakening supportive capacity of informal systems of care and of deepening marginalisation of those already in the streets.

Overall, the views of the staff come closer to a 'staircase' model, according to which different forms of housing accompany the process and preparation of clients to treatment in the communities.At the same time, they envisioned a wider framework of care in which a modified staircase model would be compatible with involvement in Housing-Led partnerships.

HUBS AND SPOKES: LANDSCAPES AND LEGACY OF COMMUNITY PSYCHIATRY

The third case study focused on the impact of deficiencies in mental health services that are greatly exacerbated in the current circumstances, and on possible remedies that could address treatment and housing needs of both the visible homeless population, as well as those of a significant segment of precariously housed individuals on the verge of becoming homeless. These issues were explored with mental health professionals of a pioneering organisation in Greece's psychiatric reform.

Considering that the Pathways to Housing pioneering Housing-First approach was developed as a specific variety of the Assertive Community Treatment model, it was greatly pertinent for the research to probe whether the organization's distinctive approach to out-patient treatment had the potential to develop similar or alternative forms of supported housing for the homeless in Greece.

Direct access to independent living, but supplemented by intensive rehabilitative services, either on- or off-site, is the preferred mode of intervention. However, the complexity of dual diagnosis and personality disorders urges the application of housing readiness requirements. Services with a strong rehabilitative component are normally seen as indispensible for the transition of most of their clients, first from institutional hospital settings to community settings such as hostels, and then to independent living.

The organization strongly advocates that the whole system of community care should be organized by the principle of sectorisation. Within sectors, Day Centres were initially introduced to follow-up deinstitutionalised patients and reduce readmissions, but have gradually come to play a pivotal role in assessing and responding to the mental health and social support needs for the most deprived members of the communities. Thus, Day Centres should function as hubs that are capable, through the collaboration and synergy of diverse agencies and types of services, the different "spokes," to serve as a point of reference. Through such collaborative arrangements, these hubs can also serve as entry points for the homeless.

Limitations on adequate service delivery for satisfaction of multiple, diverse needs, both clinical or social and related to housing, are invariably linked to, and

caused by, state policy restrictions and budgetary cuts. Based on experience, grounded on long involvement with severely disabled psychiatric patients – whose disability is closely related to institutionalization, the organization espouses a philosophy of a flexible range of services and housing types, closely integrated with other services on a sectoral level. Independent living supported by mobile services, not only mental-health-related, in scatter-site, autonomous, apartments and intensive efforts to achieve quality of life and counteract social isolation was presented as the most therapeutically effective option. The organization considers it a challenge to expand the range of operations of the Day Centre and the mobile units so as to more directly address the needs of the homeless.

The **CONCLUSIONS** highlight the implications of gaps in existing provisions for the future of social inclusion policies in Greece and also offer some recommendations for regulatory changes to support alternative models of housing and care.

A significant increase of (visible) homelessness that mostly concerns people in various shelters, both Greeks and immigrants. Nonetheless, it seems that flows from insecure housing to the street are not as extensive as assumed by the wider public. Yet, there has been an increase in the needs expressed from an invisible poor population to which the system of care responds, if at all, in a partial and fragmented manner. Indeed, survey respondents reported an increase of shelter users since 2010, which reaches 40%, and, for the same period, an increase in the demand for housing assistance that approximates 60%.

Census data updates and indices of deprivation reveal an unprecedented situation regarding the levels of insecure and inadequate housing, which generates demand for support that can hardly be met.

Not only the numbers of the visible homeless have increased but also an alarming situation has been reported for deepening the conditions of their exclusion and especially for the deterioration of their physical and mental health conditions. Crisis interventions, on the one hand, and intensified policing, on the other, scale down the visible aspects of homelessness but do not facilitate access to adequate health services, secure accommodation and income.

Forms of containment become evident in the rising numbers of the 'houseless' population in prisons and detention centres. Regarding immigrants, containment is a complementary practice to clearance of public spaces from 'non-Greek citizens.' Despite some positive changes in asylum granting procedures, policies of the Ministry of Public Order tend to cancel out the expertise and experience of social inclusion and housing initiatives obtained during the last ten years with the assistance of European funding.Furthermore, NGOs and their clients are often found struggling to safeguard basic human rights in a context where austerity policies not only set barriers to accessing public services but also serve as reference for justifying discrimination and institutional racism.

Wider changes in the welfare system influence the capacity of providers and the type of care on offer.

A top-down introduction of an 'emergency' model of care cannot confront the rising numbers of destitute citizens. 'Project-led' solutions increase uncertainty and fragmentation, possibly contributing to the recycling of the homeless and the poor.

Traditional bureaucratic and philanthropic responses in managing generic temporary accommodation for mostly chronically Greek homeless are, also, in discrepancy with the new type of demand.

NGOs working with immigrants, asylum seekers and refugees, as well as mental health agencies, are in a position to introduce innovative supported housing schemes tailored to new types of demand and vulnerabilities.

The three case studies provided evidence on the value of diversity of approaches in policy-making and treatment. At the same time, it is noteworthy how unfamiliar are many providers, and especially front-line staff, with different models of supported housing. The idea of long-term housing assistance schemes was almost unthinkable. Policy progress, then, relies on breaking away from a culture shaped in conditions of emergency, as well as from a culture of 'social and employment rehabilitation' that unrealistically ties all forms of re-insertion to employment and neglects the needs for quality treatment.

[13]

In the Greek case, both 'staircase' and Housing First models could be of value in addressing fragmentation and gaps in service provision. Housing first, in the first case study, was seen as a means of introducing a novel way of thinking not only to Greece but also to the organization itself. It is a challenge for the leadership of humanitarian aid agencies, as the ones we studied, to find the appropriate partners with experience in psychiatric treatment and solidify a receptive Housing First culture of their own personnel. The legacy of community psychiatry and its strengths in operating Day Centres and in running apartments and mobile units has been not been properly capitalized in current policy making as the second case study suggested. The distinctive European orientation of Community Psychiatry, adjusted to Greek reality, creates spaces of care in-between the 'staircase' and Housing First dichotomy. It is a challenge for community mental health agencies to expand their outreach to inner city areas and to collaborate with agencies already operating there. In our third case study, the experience of front line staff with every day drug-use in the streets, as well as their motivation and commitment pointed to a clearer 'staircase' model, whereby crisis-interventions open the road to community treatment.

Access to mental health care is major challenge for effective implementation of supported housing. Supported housing schemes can better function within well-defined spatial territories (sectors) organizing different levels of treatment, housing, and mobile services in the community. Coordination between the Ministries of Health and Labour is vital. Currently, planning is confined within only the Ministry of Labour, focusing on the costly rehousing of an extremely small segment of the population, whilst the Ministry of Health limits access to existing community units. This type of fragmentation increases public spending and the total cost on the government budget.

The significance of supported housing remains partly unknown and partly unexplored, in a residual welfare regime where both housing and support have been exclusively assigned to families, their security, or social mobility strategies. In the very same context, the introduction of ultra-liberal, market-oriented values of individualized survival and success creates a series of deadlocks. Consequently,

we appreciate that any form of intervention should respect diversity, and, most importantly, capitalize the existing experience of pioneers in the field.