

# HOW HAS THE CORONAVIRUS OUTBREAK AFFECTED THE HOMELESS SHELTER SYSTEM IN POLAND?

In Poland, supports for people dealing with homelessness exist largely in the form of shelters. This proved to be an obstacle in trying to provide services to homeless people during the height of the pandemic. The findings of a survey carried out by the Polish National Federation for Solving the Problem of Homelessness reveals some of the main difficulties that shelters encountered in trying to support those experiencing homelessness while also keeping infection rates to a minimum.



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## INITIAL RESPONSE AMID OUTBREAK OF CORONAVIRUS

When the first person in Poland was identified as infected with SARS-CoV-2 (4 March 2020), the preparations to protect homeless people were already a concern for service providers. In the face of the easily transmitted virus, a support system based on collective institutions (i.e. shelters) proved to be a fundamental problem – at the time of the outbreak of the epidemic it seemed impossible to secure people who live in dormitories and who regularly move in and out. An even greater unknown were the rough sleepers, whose situation in the face of a total lockdown seemed hopeless. Therefore, in the initial phase of the epidemic, the focus was turned to the implementation of basic sanitary regimes in the shelters, the provision of information (both to support workers and the homeless) and the implementation of new procedures in outreach and street food distribution services. The role of the non-governmental sector turned out to be crucial here – the organisations took many independent initiatives in this area without waiting for the government's reactions. At the same time, negotiations with the government have been initiated to ensure that the seven measures specified by FEANTSA to protect homeless people from coronavirus are in place.

## ANALYSIS OF POLISH RESPONSE AND THE IMPACT ON THE HOMELESS POPULATION

In the aftermath, Poland's response to the crisis was rather mediocre. First of all, we did not succeed in testing the homeless population. The testing rate was and still is very low, not only among homeless people, but also among the general population. The postulate to

house homeless people was fulfilled only to the extent of providing new solutions for people who wanted to enter the shelters – so called "buffering" services were introduced in selected shelters (in some cases whole institutions, in others – separated zones only), in living containers or (in some rare cases) in hostels or students' dorms that had been closed due to the lockdown. The purpose of these places was to isolate the newcomers for 14 days before admitting them to the destined institutions. Numerous measures were introduced to ensure safety within institutions, but in the first weeks of the epidemic the supply of personal protective equipment and disinfectants was a serious issue. However, the central and local governments provided a lot of support in this area. Another unsolved issue was (and still is) the access to non-COVID related health services which became extremely difficult for homeless people as well as for the general population. At

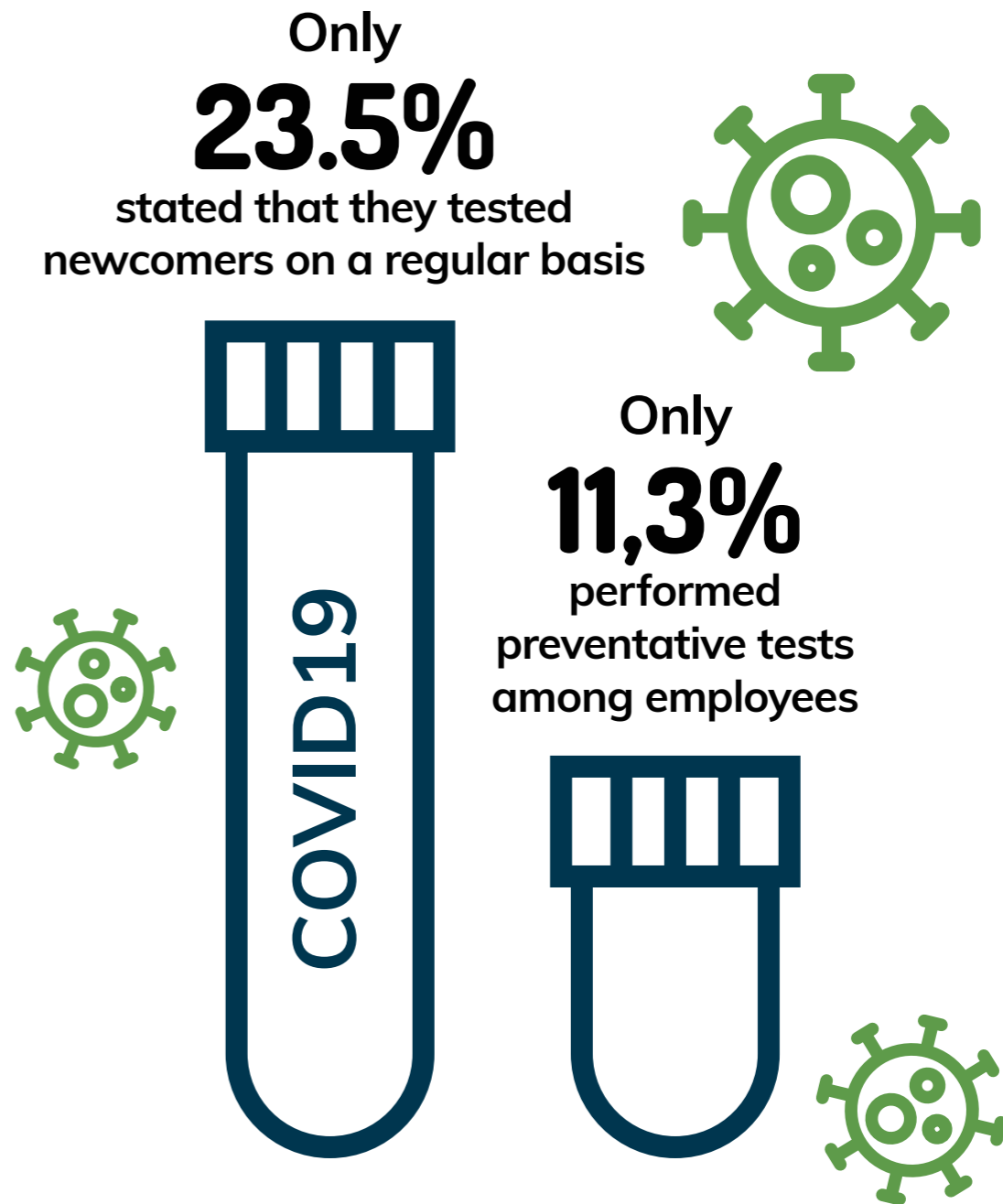
“[...] the number of homeless people on the streets is growing anyway and there is fear of a wave of evictions after the state of emergency is lifted”



the same time, the procedures for homeless people (especially rough sleepers) with suspected cases of COVID were not working in many cases, usually due to the fact that it was assumed that a person with symptoms should stay home unless there was a threat to their life. The outreach services changed significantly to ensure safety, while at the same time a huge effort was made to secure food distribution and provide personal protective equipment to rough sleepers. An important support from the government was changing the FEAD rules to facilitate access to food. In Poland the data on people who sleep rough is very scarce, but based on the anecdotal information from outreach services, there was no mass outbreak of COVID-19 among rough sleepers. All evictions were banned by the government for the time of the epidemic emergency. However it seems that the number of homeless people on the streets is growing anyway and there is fear of a wave of evictions after the state of emergency is lifted. Finally, even though there were numerous reports of the police being far too punctilious in enforcing the lockdown and sanitary regimes (including some cases of unnecessary use of force), the evidence of homeless people being sanctioned for not staying at home is very scarce.

Despite this unimpressive reaction, the spread of COVID-19 among the homeless people in institutions was quite low compared, for example, to the number of outbreaks in elderly care institutions. At the moment (mid-September) the situation is rather stable and the negotiations with the government focus mostly on providing financing (with ESF/CRII use) for “buffering” and outreach services for the winter, but also for housing solutions.

## SURVEYED INSTITUTIONS




## FINDINGS OF AN ONLINE SURVEY

The above information is largely based on data collected by the Polish National Federation for Solving the Problem of Homelessness within an online survey “Counteracting COVID-19 in homeless institutions in March-June 2020”. The survey was carried out in June 2020 and it involved 83 respondents representing 98 institutions for homeless people. The aim of the research was to obtain collective information on the impacts of the epidemic among homeless people and in the homeless institutions, and to describe the changes in the functioning of the Polish system of assistance for the homeless related to numerous sanitary restrictions, including restrictions of movement caused by the epidemic. The key findings of the study can be found below.

- The percentage of people infected with coronavirus among the residents of the institutions covered by the study was relatively small (0.06%). However, it increased rapidly (to 0.7%, which exceeds the national average several times) after a multi-person outbreak of the virus in one of the shelters in Warsaw. This shows the key importance of preventing the spread of the epidemic in the institutions – testing homeless people and creating “buffering” places for newly admitted clients. It is also important to note here that the Warsaw case was the only multi-person outbreak identified in homeless shelters in Poland in March - June 2020.
- The percentage of homeless people tested for coronavirus was very low too (ca. 2%). This percentage also increased significantly after new outbreaks in several institutions were revealed in June, however there was an alarming example of an institution where it came to light that a person had been infected, the whole facility had been quarantined, and yet none of the residents had been tested. Only 23.5 % of surveyed institutions stated that they tested newcomers on a regular basis. Only 11.3% of surveyed institutions performed preventative tests among employees.
- 9 cases of quarantine in institutions for homeless people were identified.
- Relatively few municipalities set up alternative places of shelter. These places served primarily to “buffer” newcomers; places for people going out to work regularly were very rare. These services were launched mainly in existing facilities. 38.1% of respondents from towns and cities which had decided to establish such a form of assistance believed that the number of alternative shelter places was insufficient.
- The most frequent (90-100% of surveyed institutions) preventative measures were: written announcements about the epidemic and restrictions, disinfection of hands and surfaces, prohibiting visitors’ access and measuring body temperature. Slightly less, but still very popular were restrictions on the admission of new residents, restrictions on leaving institutions, suspension of group meetings and the obligation to use personal protective equipment (applied more often to employees than to the homeless). Only 52.0% of the institutions were able to establish isolation rooms. Even less so, i.e. 34.7%, provided the possibility to meet with a therapist or psychologist in order to alleviate tensions related to prolonged restrictions and isolation. As many as 37.8% of institutions banned going outside completely at some point. 30.6% of the facilities completely ceased admitting new people.



- Supply difficulties affected 38.8% of the surveyed institutions, especially concerning disinfectants and personal protective equipment, and 9.2% reported problems with food supply. However, the supply difficulties probably intensified only at the beginning of the epidemic – at the time of the survey 87.8% of the surveyed institutions did not report any supply difficulties anymore.
- The epidemic had a very serious impact on the access to medical services. As many as 56.1% of the institutions reported problems with their inhabitants' access treatment of chronic diseases, and 46.9% with access to a general practitioner. In total, 743 homeless persons in the surveyed institutions were affected by cancellations of planned specialist visits, treatment and rehabilitation dates. Only 5 institutions declared that this problem did not concern their inhabitants.
- The epidemic also had a very high impact on the mental health and functioning of the homeless people in the institutions – numerous tensions related to the imposed restrictions appear. As many as 67.5% of respondents observed problems in this area.
- No correlation could be observed between the epidemic and the change in the number of the homeless people in institutions.
- A relatively small percentage of respondents (8.5%) had knowledge of cases of punishing homeless people for breaking the lockdown restrictions.
- The epidemic proved to be serious a threat to the functioning of non-governmental organisations providing assistance to the homeless. As many as 60.6% of respondents representing the non-governmental sector reported that the epidemic caused a difficult financial situation in their organisations. Almost half of those reporting financial problems declared that these problems may pose a threat to the provision of aid .
- At the time of the survey the needs of the entities running institutions for the homeless included primarily: provision of tests and personal protective equipment, creation of alternative places of shelter (“buffering”), establishing clear rules of functioning of facilities for the homeless during the epidemic, good communication from public administration and improved access to medical services.
- A great number of concerns was also expressed by the managers of the institutions, both in relation to the financial situation of their organisations, as well as the health of the homeless people and the staff in institutions.

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