

EXECUTIVE SUMMARY

The results of the study are based on qualitative research carried out on a sample of 30 individual one-hour interviews with people who obtained accommodation under the Housing First project (referred to as “respondents”). The target group included people who were homeless before participating in the project – people who were staying in the streets, people with mental illness, people suffering from addiction to drugs and/or alcohol, living in a household with a partner/spouse with children, single parents and people with recent experience of domestic violence. Data collection took place between November 30th and December 12th, 2021.

The results show that respondents are highly satisfied with the housing acquired. Almost all respondents claim that for them, the apartment provided under the Housing First project is a significant step towards better living conditions. In some cases, the respondents talk about being saved from life in the streets or from another period of living in difficult and literally harmful conditions of the previous type of housing and not only their way of life but also that of their family members, including children.

Peace and privacy, bigger space (especially for children) and significant improvement of sanitary conditions and housing conditions in general tend to be the main advantage of the accommodation provided under the Housing First project highlighted by the respondents.

Almost all respondents rate their health as poor. In a similar way they rate the health of some other members of their household. Some mothers explain that one or more of their children suffer from birth defects and serious mental illnesses. Older people or their partners mention chronic diseases, diseases which they associate with the previous period of life in unsatisfactory conditions or which they attribute to advanced age.

Even if the respondents themselves have not yet registered noticeable changes in their physical health since moving into the apartment provided under the Housing First project, an improvement of their mental health is crucial for them (and their children). Once again, this positive change is reported by all respondents. The strongest impact is observed among those who have experienced days, months or years completely without a roof over their head, those who have experienced dramatic moments and extremely difficult time in hostels, and those who have experienced domestic violence.

Most respondents were rather surprised when asked about their free time during the interviews and it was also difficult for them to find an answer. The answers and the free time activities mentioned reflect who the respondents are. Single parents permanently take care of their children or focus their leisure activities on children, respondents who work talk about heavy workload and people with mental illness, those who live alone and are already retired (people on disability pension or old-age pension) have a daily routine which they perceive as

free time. Therefore, most of the respondents spend their free time housekeeping, watching TV or taking walks.

Basically all respondents (according to their own statements) claim that their family and even non-family ties from the past have been broken to such an extent (by the number of conflicts, their seriousness and the duration of disputes or dysfunctional ties) that they do not hope for an improvement in this regard and do not think it could be real either. Approximately half of them admit that their own resignation or reluctance to take action on their own to change the situation is also a part of the problem.

To a large extent, this position can be explained by the gained privacy that practically all respondents highly appreciate and consider crucial. These respondents (except for 3 people) claimed to be quite reluctant to engage in social interaction, to establish or renew relationships, etc.

The interviews showed that respondents have several limits that prevent them from fully participating in the labour market, often there is a combination of those, such as pre-retirement age along with poor health. Roughly a third of respondents are economically inactive (either because of advanced age or because they are raising children), half of them have fundamental medical restrictions that prevent them from participating in the labour market (frequent serious medical restrictions, partial or full disability), most respondents are relatively heavily indebted from the past. The small part of respondents who are capable of working are part of the informal economy and "undeclared" work due to debts or threats of property seizures.

Financially, a large part of respondents are partially or fully dependent on the state system of social benefits. The price of rent and services related to housing under the Housing First program varies significantly depending on location, size and quality of the apartment, but mainly on whether it is a municipal apartment, municipal apartment already a priori intended for social housing, or whether it is an apartment privately owned by a natural or legal person.

The respondents' testimonies show that the apartments provided for use vary in quality and the equipment provided. When moving in, there are two possible scenarios. Either the apartment is a practically unfurnished "bare" apartment that only has a kitchen and sanitary facilities (bathroom fittings) or an apartment that is partially or fully furnished (basic furniture, in some cases even sheets, dishes, cutlery, etc.). In most cases, the implementer of the Housing First project actively participates in furnishing the apartment because it is quite exceptional for the people moving in to be able to arrange the equipment on their own and from their own resources.