

**The Possibilities of Longitudinal Researches on
Homelessness and the dynamic aspects of the
existing researches in Hungary**

Hungarian Short paper for CUHP

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I. Introduction

Talking about longitudinal surveys in Hungary the first important thing that has to be pointed out that up to now there has been no real longitudinal research carried out on Homelessness that follows the same persons through a given period of time. In this paper we summarize the reasons for the absence of such longitudinal researches. Then in the second part of the paper we present four researches that have longitudinal aspects. Two of the presented researches have also given the possibility to make further analysis. Both researches were repeated in several subsequent years and the researchers were also able to identify those homeless who participated in more than one year in the research, thus some consequences could be drawn regarding trends of composition and life events of homeless population. The Appendix includes two papers: Peter Gyori summarizes shortly the possibilities of longitudinal researches in general then, a secondary analysis of the Maltese Charity's survey is shown.

II. Reasons for the absence of longitudinal researches

One of the main reasons for the absence of longitudinal researches with dynamic aspects is connected to the history of homelessness in Hungary. As the "effective" homelessness appeared (again) after the change of regime in 1989, the related regulations and institutional system had to be established (for more details see the Hungarian first paper). Thus the initial researches on homelessness focused on the basic information on homelessness: the number of homeless, the main socio-demographic feature of the homeless population and on the operation of the institutional system.

It was only at the end of the nineties when the homeless policy started to shift from the so called "crisis management" to programs with a more reintegrative approach, namely how to lead back homeless to "normal" society. With this shift in the homeless policy the researches became more detailed and concentrated more on the causes of homelessness, the daily routine, the life strategy of homeless people and drew conclusions concerning how to restructure the institutional system according to the homeless' needs.

Despite these new efforts no longitudinal research was carried out on the same sample that could give more valid information on how homeless people's life evolved over time. It would have been also important as there were several hypotheses about homeless people's life, for example how they move in and out from literal homelessness, how often they have access to some kinds of dwelling and through what kinds of personal relations, etc. These hypotheses could be tested by such research. However, the opportunities for longitudinal researches are quite limited first, because they are expensive and the funds for researches usually very limited.

Secondly, it is difficult to track people in the institutional system (that could make easier a panel survey or research through the institutional registers) because often the register systems of the institutions do not operate properly, cannot give the needed information. Also the institutional cooperation among the different sectors (homeless, social, health services) generally is very weak, and the lack of cooperation is also a significant problem inside the homeless providing sector as well. Another difficulty is that the personal data protection has very strict regulation in Hungary, which often impedes access to personal data in the institutions' registers¹ (Gyori, 2004).

As for smaller researches measuring some programs' efficiency, one of the main problems is that the institutions have no capacity and often they do not really want to follow and administrate the program developments, mainly because it requires extra work for the overburdened institutions.

III. Researches with dynamic aspects

In the followings we present those surveys, which have dynamic aspects. These surveys were also discussed in our earlier papers but here we focus on the dynamic elements of the researches.

1. *Yearly survey of homeless people in Budapest from 1999 on*

Since 1999 there has been a yearly survey in Budapest on homeless people carried out always on a specific day, 3^d of February². Regarding the methodology of the research it is a point in time survey and the examined population consists of those who use the service providing system on that day and those rough sleepers who can be reached in the streets. Consequently the research is not representative, but it gives an overall picture of the service users and a certain share of the rough sleepers in a specific time. One part of the questionnaire is constant, including basic demographic data of homeless people. The other part of the questionnaire is different each year focusing on a given problem (for example employment, health condition, housing situation, causes of homelessness etc.). Despite that this survey methodologically is not a panel one but as it is repeated in every year it enables the researchers to draw conclusions of dynamic nature. (Gyori, 2003)

As a result of the questionnaire structure those persons can be identified who have participated in more than one survey. Between 1999-2001, the share of those homeless who participated in all the three surveys was surprisingly low, only 15%, while 29% of the homeless respondents was surveyed in the years 2000 and 2001, and 24% in the years 1999 and 2001. These results show that about one-third of homeless people stays in the homeless institutions and/or streets for longer period.

1 For more details of this problem see Appendix A with Gyori's paper.

2 For more details of the methodology and the basic results of the surveys see the earlier CUHP short papers (Erdosi jr, Somogyi, Tosics, 2004, and Erdosi jr, Somogyi 2004) .

What happens to the other two thirds is not really known, supposedly they move out from and into the literally homeless existence. The surveys has pointed out that homeless people do have periods when they live in some kinds of housing (in the apartments of relatives, friends, partners) but these periods less frequent parallel with the length of time spent in homelessness.

As only the basic data (age, sex, education etc) are surveyed in each yearly questionnaire and no questions are asked about the subsequent life events, therefore even in the case of those who are represented in more than one survey, no dynamic analyses can be made on individual level, the exit from and reentry to homelessness cannot be detected.

However, the yearly surveys enabled the researchers to make longitudinal analysis on the changes occurred in the composition of the homeless population and in the use of the homeless institution system. Regarding the composition of the homeless people the share of the disabled and the share of people with bad health condition increased during the three years. Parallel with this process the share of those who receive social security (pension, disabled pension, etc.) also increased. On the other hand, a higher proportion of homeless people lived on work-income and a smaller proportion had no income at all than 3 years ago. The share of those who live on allowances also decreased. Basically there was no change in the age, gender, education distribution of the homeless population.

Significant changes could be detected regarding the structure of the use of the institutional system: before higher share of homeless had used the temporary shelters than the night shelters, but by 2001, the share of those using the night shelters exceeded the share of those who slept in the temporary shelters. However the scale of difference in the use of the two institutional forms decreased. Regarding the social attributes of the two groups of institutional users (those who use night and who use temporary shelters) it was shown that the former significant differences that used to characterize the two groups, have been disappearing. This equalization process is mainly due to the fact that older people have appeared recently in larger proportion in the night shelters (part of them probably was displaced from the temporary shelters) and more young people have got access to the temporary shelters. The changes in other social attributes mainly derive from this alteration in the distribution of age structure of the different shelters. The fact that younger people have appeared in the temporary shelters in larger scale than before, may be caused by the change of behaviour of the institutional selection practice, which prefer the younger people to the older ones. The reason for the new selection practice is to give help for the young at the beginning of their homeless carrier, with the aim to prevent them from adjusting themselves entirely to the homeless lifestyle. The study also analyses in details the lifestyle, the daily schedule and the social-family relations of the homeless people.

Another important finding was that those who became homeless more recently were more likely to go to a shelter (night shelter or temporary hostel) than those who experienced homelessness earlier. So the probability increased that one would go to a shelter right after losing his/her home.

The pattern of the homeless peoples' institutional usage mapped by the surveys allowed the researchers to draw conclusions on the institutional structure of the homeless provision and the necessary changes. The most important finding is that the present institutional structure is not sufficient to meet the basic needs of the homeless. The establishment of the present institutional system was based on several premises that recently proved not to comply with the more complex reality of the homeless people's life. Such premises were that the most basic need of those people who lost their home is to ensure a place to sleep for longer or shorter period and that the different stages of homelessness follow each other in a specific order. However, in reality homeless people do not suffer from only because of the lack of home but they suffer the constellation of several deficiencies that are connected to the basic needs of human existence, namely the needs of "love-food-dwelling", as the researchers phrased. To ensure security, to enjoy social and private relations, to organize the access to everyday goods such as food, drink, clothes, etc are such activities, which cannot be implemented in the framework of the present institutional system. Homeless people are forced to choose from their different needs: for the social / private relation their security (to sleep in a shelter) has to be given up, for the priority to have a more comfortable, secure dwelling (temporary shelter) they have less money to spend etc. The important conclusion is that the institutional system should be restructured and diversified more according to the needs and lifestyle of the homeless (Bényei-Gurály-Mezey-Gyori, 1999, 2000, 2002).

The basis of a personal identifying system that includes the homeless institutions of Budapest Municipality, the Menhely Foundation and the yearly surveys as well already exist. This system will allow further analyses enabling the researchers to follow the clients at least while they are still or again in the homeless providing system. The extension of the system to other social institutions - such as special care centers, elderly homes etc - would give more possibilities to study the exit forms from homelessness (Gyori, 2004).

2. The Hungarian Maltese Charity Service's research on homelessness

Another important survey that was carried out for several subsequent years is the Hungarian Maltese Charity Service's research. The research was related to the organisation's lung-screening program among the homeless people. The lung-screening program was started in 1995 as a pilot program and as it proved to be successful it continued and it still goes on. From 1997 the organization used a mobile bus that with X-ray equipment. People were asked a questionnaire while they were waiting for the health examination. The first questionnaire was a shorter one that was improved first in 1997 and then in 1998. From 1998 until 2001 the same questionnaire was asked. Unfortunately, the research was terminated thereafter due to lack of financial resources. The main results of the 1997 survey (the main socio-demographic features of homeless and the network analysis) were presented in our earlier papers. Since then some further analyses of the databases have been going on, including the comparative analysis of the surveys made in 1998-2001. In this paper we present the main results of the analysis that compares the data of those homeless who were interviewed each year during the three-year period between 1998-2000, from a longitudinal aspect.

Before discussing the results of the longitudinal analysis we shortly show the main data of the research. During the seven years the surveys were made among the homeless in Budapest altogether 10321 inquires were accomplished, which means quite a high yearly number. (It is interesting to note that the pulmonary screening and survey have been implemented also in other places where people live at higher risk of tuberculosis, thus regularly in prisons, in occasionally urban slums and social institutions.)

Table 1 The number of interviewed homeless between 1995-2001

Year	Number of interviewed homeless
1995	1586
1996	2451
1997	1142
1998	1391
1999	1054
2000	1754
2001	943
Total	10321

Source: Hungarian Maltese Charity Survey

The locations of the surveys were night shelters, day-shelters, communal kitchens, communal baths and during winter time the streets, following the “tea-services”. In some of these places those homeless people could be reached who did not use homeless institutions regularly, at the same time those homeless who stayed in temporary hostels or social institutions, which provide a more stable dwelling opportunity for homeless people, were missing from the sample because their health monitoring was ensured by the institution itself. As a result the sample is not representative even for the homeless institutions, thus does not include the entire group of homeless. Generally those homeless people were over-represented in the surveys, who were in the worst health condition and homeless in better health condition were underrepresented (Dávid – Oross – Vecsei, 1998).

As the same questionnaire was asked between 1998-2001, it gives an opportunity for a longitudinal analysis among those homeless who were interviewed more than one time. The total number of interviews during the period was 5142 and 712 persons were interviewed at least twice (this number does not include those who were interviewed several times in one year). The length of time between the two interviews spread from one to four years, and it also occurred that one person was interviewed three-four times. Thus the rate of the persons with at least two interviews is around 20% of the total number of the interviewed people.

Despite that the questionnaire originally was not planned for a dynamic survey, it contains such questions that allow tracking changes in the circumstances of the homeless people. These questions concern the following issues:

- Lodging condition of the person. Although the possible conclusions may have limited validity as the question concerned only the night and the night before the interview was made.
- Size and type of the income resources. The questions concerned different type of income sources: regular work, social allowances, pension, odd job, begging etc. The size of the income was measured on monthly level and in daily level as well.
- Health condition. Health condition was measured with questions on how the person considered his own health (subjective measure), whether he had any eye, hearing, speech problem or any other deficiency. It was also asked whether he/she was treated in hospital or in psychiatry institution (objective measures).
- The personal connection network. These questions mapped how strong the homeless' connections with other homeless people and with their families (parents, children, etc) were.
- Patterns how homeless use social institutions, which homeless providing institutions they use and what kind of help they need from the institutions.

Exploring the opportunity for a dynamic research, a secondary analysis was made on the database creating a sub-sample of 100 interviewed homeless who participated in the survey in all three years between 1998-2000 (see Appendix: Dávid-Gálig-Vályi, 2004). The aim of the secondary analysis was to follow the changes in the homeless' life events through a longer 3 years period. The limits of the analysis derive from the facts that (a) the original methodology of the survey was a point in time survey (as it was already mentioned), therefore, questions concerned the homeless' conditions at a certain time and did not refer to the changes occurred during the period between the two interviews, (b) the size of the sub-sample was quite low though still suitable for statistical analysis. Despite the indicated limits the research has a high importance as it is the first one with a dynamic nature tracking the same group of homeless for a longer period.

As a first step the researchers compared the main demographic features of the sub-sample and the total survey sample (N=1500) taking the year 1998, as the starting year of the research. Furthermore some comparison was made with the results of the Budapest yearly survey on homelessness³ (). A significant difference was measured concerning the ratio of women, in the sub-sample it was the lowest one, only 6%, while in the other two it were 10% (Maltese total survey) and 19% (Budapest survey). Regarding the age distribution in the sub-sample the population is somewhat younger, the average age is 2 years less than in the total sample. Comparing both the total sample and the sub-sample of Maltese survey to the Budapest survey the homeless over age 60 are under-represented while the middle aged ones (30-49 years old) are over represented. These differences derive mainly from the location where the people were surveyed, in the Maltese survey more homeless with occasional accommodation and rough sleepers, while in the Budapest survey more institutional users participated.

3 For the detailed results of Budapest survey see the III.1 chapter and our previous CUHP paper (Erdosi jr., Somogyi 2004).

Regarding the homeless' education level in the sub-sample the ratio of vocational training is much higher, and the ratio of the least educated (completed/uncompleted elementary school) is lower than in the total Maltese and the Budapest survey.

There were no significant differences in the length of time spent in homelessness in the two Maltese sample, almost half the sample were homeless more than 4 years.

Results of the sub-sample analysis

Lodging conditions

During the three years the lodging conditions of the examined population worsened. In the first year of the research half of the homeless stayed in temporary hostels, which provide the most secure service, this rate decreased by 15% in the second year, in the third year there was some increase, few homeless succeeded to get a place in temporary hostels.

Examining the trends on individual level despite the indicated negative changes 2/3 of the homeless remained so called institutional users (stayed in temporary hostels, night shelters) during the years. Meanwhile 1/4 of the homeless experience worsening in their situation, in the first year they stayed in institutions or some kind of housing later they ended up as rough sleepers. They were named as the "descending" by the researchers. The researchers also identified a group as the "ascending", they were those whose lodging condition improved during the period, in terms they get access to some kind of housing (it meant only they could stay friends', partner's etc flat). The ascending represented 1/10 of the homeless.

Income circumstances

First, it has to be noted that the average monthly income of the sub-sample was extremely low, though it slightly increased during the 3 years from 8000 HUF (32 Euro) to 10761 HUF (44 Euro). Despite this increase of the average income, the proportion of those who had no income at all increased from 34% to 46%. Taking the individual trends it was only 10% who had no income at all, and it was 1/3 homeless, who always had some income, while 1/4 of homeless lost their income during the examined period.

Health conditions

Regarding the subjective measure, 90% of the homeless considered their health condition as good or acceptable in the first year of the research (it corresponded to the result of the total sample of the Maltese in the same year). This result can be seen as quite surprising bearing in mind that half of the people spent more than 4 years in homelessness. Examining the trends, there were no significant changes regarding the whole group, on individual level 2/3 thought that their health condition did not change, 1/5 experienced decline and a bit more than 1/10 felt improvement. The changes in health condition correlated with the age: improvement occurred mostly in the case of the younger ones (below 40 years old), while mainly older ones (above 40 years old) suffered from health decline.

As for the objective measures, there were no substantial changes in deficiencies and permanent illness the proportions were 8% and 25% respectively, but the proportion of those who had psychiatric treatment increased from 8% to 18% between 1998 and 2000.

Personal relations

Personal relations were analysed from two aspects: the non-homeless and homeless relations. In 1998 only 1/3 of the homeless had non-homeless relations mostly with family members. During the period 42% had no non-homeless relations at all, 15% lost contact, while 21% improved relations with non-homeless relatives, friends etc.

The large majority of homeless had personal relations with other homeless people and the importance of this kind of relation increased with the length of time spent in homelessness. In 1998 80% had homeless relations, this proportion increased to 89% by 2000. The average number of homeless relations also increased by 7 persons, from 12 to 19 persons. An important result is that the institutional users always have homeless relations.

3. Complex pilot program to support the reintegration of homeless people into the labour market, 2001

The main goal of the pilot program was to reintegrate the homeless people into the labour market that would enable them to obtain a stable, legal income, which, in turn, would help them in acquiring appropriate housing (Maróthy, 2002). The socio/demographic features of the program participants (Gyuris-Ladányi, 2002) were presented in our former paper, in this section we show the results of the program and the methodology of how the program was structured and how the information was planned to be gathered and what kind of problems were raised during the implementation.

According to the original plan the pilot program results would have been evaluated through a longitudinal survey, with the help of a personal identification code the program participants could have been followed through the programs and the preliminary situation would have been matched with the recorded life events and the final results of the program on individual level. Unfortunately this kind of dynamic research failed at the beginning of the program as no personal identification and registration system was elaborated. A second alternative was that social workers would fill a questionnaire for each client at the end of the program. This survey could have given information about the program details for each homeless person but would not have allowed the comparison of the initial and the final status of the participants. Unfortunately this second version could not be implemented either as the program developments were quite badly administered. Therefore at the end of the program the social workers had to summarize the results at their own institution on the basis of a question list given by the Social Ministry's research institution (NCSSZI) so only an aggregated evaluation could be done.

The reason for the failure of the personal registration system of the program can be detected in the circumstances of the pilot program evolution. The pilot program idea was developed by several experts who worked in the homeless providing system and who played an important role in researches on homelessness and institution building process as well. However, the concrete program was elaborated by the Ministry of Labour and Social Affairs without any consultation with the experts who originally planned the program, thus many important aspects of the program were lost, among them the issue of the research possibilities through the program period.

The split of the Ministry of Labour and Social Affairs into two independent ministries caused further difficulties in the program implementation as the two main elements of the program (the homeless institutions and the employment programs) were divided into different ministries and the difficulties of sectoral cooperation had a negative effect on the program coordination.

Another reason for the poor administration of the program developments was related to the homeless institutions. The pilot program was introduced in four regions, in 16 homeless institutions and 3 public companies dealing with the employment of vulnerable groups. The local program implementation relied mainly on the social workers of the homeless institutions that were selected for this task and who received a special four-week intensive course that trained them to fulfill it. Their task consisted of a wide range of activities:

- they had to introduce the program to the institution managers and gain their support for the program,
- they had to organize and control the work related to the homeless people,
- they had to keep contact with the regional labour centers, the municipalities, the training organisations and the employers (Maróthy, 2002).

One of the main problems was that in many institutions the social workers, while most of them were fully committed to the program, could not get a real support from the institution management. At the final evaluation of the program the social workers were asked to summarize their experiences beside the main results of the program. Two thirds of them indicated that one of the main impeding factors was the institution management's attitude towards the program. Other hindering factors were the social workers' overburdenness, that they had to arrange the program beside their regular work (without any additional honorarium), the short time to choose the program participants from the homeless people, and that the financial funds of the program were transferred to the institution with significant delay. This latter fact was related to the very strict account requirements that the institutions could meet only with difficulties because of the lack of such experiences. Concerning all the mentioned factors it can be understood why the initial conception for the program administration could not be implemented.

Despite the difficulties that occurred during the implementation and despite that some of the goals could only be partly achieved the program had significant advantages as well. The main advantage of the program was that it made connection among the different social providing systems: the special employment program for vulnerable groups became available for the homeless population as well and it became possible to reintroduce the homeless people into the housing system. The program gave a positive example for the policy makers that the problem of homelessness can be managed only with intersectoral social policies.

Apart from the actual results of the program (legal job and dwelling opportunities) the other important values for the homeless people were the personal attention they received during the program, that they regained control over their life, they learned again how to plan their life and the team-work where they could learn self-recognition, communication and how to handle conflicts.

The main results of the program regarding the reintegration of homeless:

- Regarding the attrition rate, out of the total 353 homeless people who participated in the programs during the two years 22% (77 persons) fell out of the program mainly because of the lack of cooperation, some of them moved to other settlement, others got married and four persons died. 20 new persons were drawn into the program to substitute those who fell out.
- Regarding the housing situation of the program participants, 20% was on the housing market in either their own home or in public or private rentals, while 56% still lived in institutions. An 11% lived in so called semi-market housing such as protected private rentals, worker hostels, 4% returned to their family and it was only 7.5% whose location was unknown, and only 1% returned to the streets.
- As for the training during the program, all together 30% (106 persons) participated in trainings. Among them 55% received trainings that enabled them to do semi-skilled work, 33% received vocational training, while the others took part in some other labour course. It was reported that 41% of the training participants could get a job that fit to their qualification, about the others there were no information.
- 31 % of the program participants had a job in the primary labour market and 15% worked in public employment programs (Gyuris-Ladányi, 2003).

4. *Attempt to establish a regional register system*

In 2003 the regional methodological centers were set up with the aim that they should give technical assistant to the homeless providing institutions' work in their own region. The West-Transdanubian Center, called Savaria Rehab Team Kht proposed a program to use the same register system in all the homeless providing institutions. The Rehab Team Kht started to elaborate the register system on the base of some preliminary concepts and results in the cooperation with the other methodological centers. However, the new register system got introduced only in the West-Transdanubian region, the other regional centers did not implement the program. The reason was connected mainly to the uncertain existence of the centers, they got funds only for the first year and their further finance was unsure.

The main idea was to establish such register system that would provide useful information to the institutions themselves and would serve for sociological analyses as well. Thus the system is more than a register sheet but somewhat less than a "real" sociological database. When someone enters into an institution for the first time a register sheet has to be filled out. This register sheet was structured as follows:

- the first part includes the personal data of the homeless (the so called hard data: sex, age, date and place of birth, education, qualification etc.),
- the second part consists of a questionnaire with information on the life, housing and homeless carrier, the income and activity/work situation, health condition (measured by the officially defined illness categories) and the strength of the personal network of homeless,
- the last part of the register sheet includes a list of the necessary measures that have to be taken related to the homeless client.

The first part of the register sheet related to personal data is filled out only once when the person enters into the institution first time. The second part, the questionnaire is planned to be asked once a year from the institutions' client. The third part concerning the measures taken by the institutions is filled out continuously.

As it was mentioned the system has a double function. On institutional level it serves as a base for the individual treatment of clients and also enables the institution to measure the level of its capacity exploitation. On regional level it compiles a database that can be the base to esteem the needs of homeless.

Regarding the system operation, the institutions can have an excess only to their own clients' files, while it is the regional methodological center that collects the personal register sheets from the institutions and compiles them to a database. With this database the regional center makes statistical analyses. The register system will also make possible to follow the clients in the institutional system, however it has a spatial limit as the register system works only in the Transdanubian Region. If all the regions introduced such system it would allow to track on national level how homeless people move inside the homeless providing institution system.

With the help of the second part of the register sheet, the yearly questionnaire asked from homeless people staying in the institutions it would be possible to examine the changes in their life circumstances. Thus important information could be gained regarding where homeless people spent their nights during the previous year, how much they used shelters, how often they stayed in housing. It also detects whether the person had a stable job, the income sources (job, odd jobs, allowances, pension, etc). The limitation of this examination is that after the homeless people leave the institution system there would be no information on them (Horváth – Némethy – Stankovics, 2004).

It seems now that the financial resources are ensured for a five-year period to carry out the yearly survey in the West-Transdanubian region after the first survey was completed in 2003. On institution level the register sheet is already used to administer the clients, and these institutions will take part in the survey as well. However the success of the regional database depends not only on the financial funds but also on how precisely the institutions keep the requirements of clients register, in other words how good will be the data that comes from the institutions.

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IV. Appendix A: Possibilities for a longitudinal analysis of the homeless in Hungary by Péter Gyori

The longitudinal analysis of homeless people on the same sample has to face at least three major obstacles in Hungary:

1. Longitudinal studies are as a rule rather **expensive** and require a lot of resources. Not only due to the survey having to be repeated at least once (if not several times) but because of the additional cost of follow up and also management, maintenance, update and accessibility of the information and data base.
2. The longitudinal analysis of homeless people is extremely difficult due to special “**traceability**” and “**monitorability**” problems. The social security network sees these people as clients in a supported problem group occasionally, on a temporary basis, then they are lost from sight, and their residence is no longer recorded. The magnitude of the difficulty varies from country to country:
 - it depends on the level of **cooperation** between welfare- or in a broader sense, public service organisations and systems and within that cooperation between their information and registrative systems.
 - it depends on how popular the so called **subsequent care** or social follow up is and consequently if there are contacts to those no longer homeless.
 - it also depends on what kind of **privacy** regulations are in effect to control registry of information on private persons, transfer, or association of these data.
3. Finally, the difficulties of a longitudinal analysis arise from a special nature of the **methodological** requirements, which can only be solved by way of an even research effort planned for the long run – conditions for which cannot easily be ensured.

These facts may have contributed to the lack of a real, significant longitudinal survey of homeless people in Hungary. Some initiatives, however, could be mentioned.

1. Regular surveys of national institutions

The ministry in charge of social affairs and its agency (ESzCsM, NCsSzl) conduct a survey with questionnaires of homeless care institutions every 3-5 years. These surveys are aimed at finding out about changes of institutional capacity in space and in time, and provide a suitable means to compare the internal structure of institutionalised homeless care at the end of a certain period (it ensures useful information for the relevant national strategy).

Though these official surveys usually indicate the number of people the institutions take care of and their composition by demographical characteristics, the individuals are not questioned. Therefore these surveys will, at the most, give

a generic picture about chronological changes in the composition of the group of people benefiting from the services of homeless care institutions.

2. Permanent files of repeat customers

Certain homeless care institutions for years have been running client registry systems (softwares), that facilitate easy identification of those people that have not had contacts with the institution for several years even (or who may have changed their homeless status), but now they are again in a situation which requires help from the institution. The files of the Menhely (Shelter) Foundation in Budapest contain the data of over 50 thousand clients for more than ten years, a chronological comparison of which has only been partially conducted. Analysis of files of this kind greatly contributes to definition, description and assessment of the various homeless career types. It can be utilised in diagnosing the events and changes between two homeless periods, but cannot be used in case of people who have left their homeless status behind for good.

3. Tracing homeless people between institutions

Right now the possibilities to track the movement of homeless people even within the homeless care system are extremely limited in Hungary. It is partly due to the deficiencies of personal data registry, partly to shortcomings and incompatibility of the electronic systems managing client files, also to the rather stringent nature of Hungarian privacy regulations as well as to the lack of cooperation between those providing homeless care. In spite of all this there have been initiatives like for example a personal identification system to be rolled out to 13 different functional units of BMSZKI, the largest homeless care system in Budapest, which is capable of tracking movements within the system; it is expected that other care providers in Budapest will join this tracking system. (Even now this filing system is compatible with the files of the Menhely Foundation – to be described later – with information on several ten thousand people, and with the identification system of the so called “February 3rd surveys”, as well as with the homeless care registry of the Municipal Government of Budapest.) As a result it is to be expected in the future that data processing and analysis of at least movements within the system will be possible.

4. Career research with homeless people

Despite the recurring question of how and for what reason people become homeless there have been surprisingly few empirical sociological studies made by way of the classical method of career or deep interviews. (Probably it will also go back to some of the reasons mentioned in the introduction.) Of the members of the so called “February 3rd Team” social workers and sociologists György Mezei and Péter Breitner conducted such studies in the mid-nineties. It is known that a shortcoming of this technique is the difficulty of producing high quality results in processing and in the analysis; for longitudinal surveys, at the same time, it is a basic limitation that this research will ‘only’ yield a retrospective picture of the life of the people that happen to be homeless at the time of the survey and they will not produce any information of the career of those no longer homeless.

5. Annual study of the homeless in Budapest

On February 3^d each year a questionnaire is conducted with the clients of the homeless care institutions in Budapest (including those people that live in public areas). The personal data gathered in this survey regularly conducted for five years can be compared (it has yielded the intelligence, for example, that only 17% of the clients have been the same people for three years); apart from changes in the composition of the homeless population – and apart from the empirical study of certain special issues – these surveys, though suitable to track the career of a part of homeless people already/no longer using homeless services, cannot be used to reach people that are no longer homeless.

6. People in transitory homes, people in follow up care

Though on a very small scale, there are some attempts in Hungary to provide social help in the form of allocating controlled rent or private rental units to the assisted independent of the homeless care institutions. The Municipal Government of Budapest ran a program for several years in which homeless people were given rental units facilitated by the homeless care organisations. After some years an impact analysis was made to find out if previously homeless people that obtained housing units in the program still live in those apartments and to what extent their employment, family or other status changed.

During the past one or two years the so called rehabilitation program of the homeless gained new momentum, in which program the assisted homeless people get rental units and they receive follow up social care as well. The impact analysis of these new programs, as well as a subsequent sociological study may offer possibilities for some minor, focused longitudinal surveys.

7. Use of data in the national registers

In Hungary the registry of one's permanent residence is mandatory. (Of course, it is the homeless that will not have a permanent address, or the address is fictitious, or they do not live at the address reported). In case of a well and economically designed survey it is possible to request the current addresses of a group of those having used homeless services earlier (and were recorded by the homeless care institutions) from the national registry and to conduct a longitudinal survey of people who have such an address and the address is real (not fictitious). Quite a lot of errors can be anticipated and at surprisingly many points in a survey like this, and it will drive the cost up – but a theoretical possibility of such a study cannot be excluded.

V. Appendix B: Three years – three snapshots among 100 homeless in Budapest between 1998 and 2000 by Beáta Dávid, Ph.D. – Zoltán Gálig – Réka Vályi

MTA SZKI, Hungarian Maltese Charity Service, Budapest Center

As part of the TB screening programme started in 1996 – funded by the Hungarian Soros Foundation and run by the Hungarian Maltese Charity Service – questionnaire surveying among the homeless of Budapest was ongoing for six years (until 2001). The content of the questionnaire changed in the first two years; between 1998 and 2001 the questions remained the same, supplemented by the questions referring to the previous year's screening. 1483 people filled in the questionnaire in 1998, 1109 in 1999, 1785 in 2000, and 2354 in 2001⁴.

The last four surveys are suitable for comparison and trend analysis. It is perhaps even more important, that since the interviewees were identifiable, a panel-like longitudinal approach was also applicable. The creation of the databases suitable for the application of the so-called follow-up method is ongoing. First, we collected those who filled in the questionnaires in 1998, 1999 and in 2000 as well. This sub-sample of 100 can be considered as the database of a 3-phase panel survey.

In this study we are analysing this longitudinal sample of 100, examining the changes measured during the three years in five topics: lodging, income, health, insult and relationships. Since the longitudinal sub-sample (henceforth: “*longitudinal survey*”) was selected on a special basis, we find it important to make a socio-demographical comparison between the sub-sample and the full TB database of 1998 (henceforth “*TB 98*”), that was the starting point of the whole survey. At the same time, wherever possible, we will try to compare our data with the results of a survey conducted in February 1998 by the Shelter Foundation (Menhely Alapítvány), the Twist Olivér Foundation and the Local Government of Budapest. (henceforth “*Ten years after*” research). Considering the small size of the sample, in this study we shall deal with only those data where the differences are significant.

⁴ The 2001 questionnaires have not been processed.

1. Sample

Comparing the basic demographical patterns we find that the proportion of women is the lowest in the longitudinal survey⁵, therefore the results of the follow-up survey can be generalized most regarding male homeless. (Table 2)

Table 2 Comparison of samples by gender (%)

	„TB 98”	Longitudinal survey	„Ten years after”
Male	89,5	94	81
female	10,5	6	19
Total	100	100	100

The sample of 100 shows a similar age group-pattern as the “TB 98” sample of nearly 1500. (Table 3) At the same time the average age is two years lower in the longitudinal sample. Compared to the sample of the “Ten years after” survey conducted among inmates of temporary shelters, the middle-aged (between 30-49) group is overrepresented in the “TB 98” sample by 9%, and by 5.5% in the longitudinal sample, while the group above 60 is underrepresented. This deviation may result either from the gender or lodging type differences. While the “Ten years after” sample includes only those who visit homeless shelters, a greater proportion of those living in public places or in a friend’s or relative’s place is represented in the „TB 98” sample.

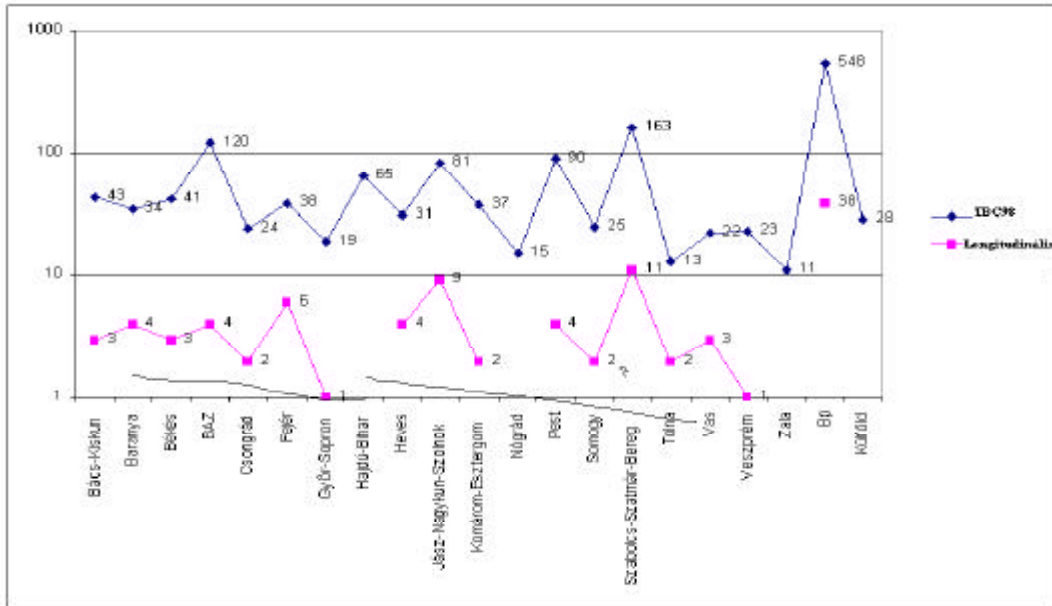
Table 3 Comparison of samples by age groups (%)

Age (years)	„TB 98”	Longitudinal survey (data of 1998)	„Ten years after”
x-29	13	12	12
30-39	27	23	21
40-49	37	38	34
50-59	20	22	23
60-x	3	5	11
Total	100	100	100

In the “TB 98” and the longitudinal samples the largest group by place of birth is those who were born in Budapest (37-38%), another large group was born in the Szabolcs – Szatmár – Bereg county (North-Eastern part of Hungary) and the number is equal in the two samples (11-11%). (Chart 1) Thus nearly 50% of both samples were born in these two counties. The “small” sample compared to the “large” one is significantly underrepresented regarding those born in Borsod – Abaúj – Zemplén county (North Hungary) , and most overrepresented regarding Jász – Nagykun - Szolnok, Fejér (Middle part of Hungary), Tolna, and Baranya (South-Western Hungary)counties.

⁵ Comprehensive surveys usually register a female proportion of 10-15 % among the homeless. (e.g.. László Molnár D.- Klára László 1995. State of health of the homeless in Budapest (manuscript)

Chart 1. Place of birth by counties (N)



Family status shows a very similar pattern in both samples (Table 4).

Table 4 Comparison of family status (%)

Family status	„TB 98”	„Longitudinal survey” (date of 1998)
Lives with a spouse	3	0
Lives with a life partner	1	2
Separated or divorced	54	54
Single, widow/er	42	44
Total	100	100

There was no significant change in family status during the three years examined. Table 5 and 6 shows the main trends. Four people divorced or separated from a life partner while one person found a partner.

Table 5 Family status (%)

	1998	1999	2000
Lives with a spouse		2	
Separated	7	5	6
Lives with a life partner	2	2	2
Divorced	47	48	49
Single	42	41	42
Widow/er	2	2	1
Total	100	100	100

Table 6 **Changes in family status (%)**

Still separated	4
Still lives with a life partner	1
Still divorced	48
Still single	40
Still a widow/er	2
Divorce took place	1
Life partner-alone	1
Alone-with a partner-alone	2
Alone-life partner	1
Total	100

Regarding the educational level, the two sub-samples (the “TB 98” and the longitudinal) differ in two respects (Table 7). We can state that the homeless in the “small” sample are more educated than those in the “large” sample. The proportion of skilled workers is higher in the longitudinal sample, while the proportion of those having only 8 years’ primary school education or less is lower. One of the reasons for this may be the two years age difference between the two samples. The proportion of those with secondary school or higher education is similar. The „Ten years after” sample differs from the other two: the proportion of those with low and high levels of education is high, while the proportion of skilled workers is a lot lower.

Table 7 **Comparison of samples by the educational level (%)**

	„TB 98”	Longitudinal survey (data of 1998)	„Ten years after”
8 years primary school or less	41	33	45
Industrial/trade school	39	47	30
Secondary school (G.C.E.)	15	14	20
College or university	5	6	5
Total	100	100	100

The longitudinal sub-sample of 100 shows a more diverse picture regarding the years spent in homelessness than the large sample of ‘98. The proportion of those having been homeless for more than 4 years is higher here, and the proportion of those having been homeless for a year or less is a lot higher as well (Table 8). The differences are hid by the average, this is 4 years in both samples.

Table 8 Homeless for how long? (%)

	„TB 98“	Longitudinal survey (data of 1998)
0 (less than 1 year)	11	16
1	18	14
2	14	10
3	12	12
4 (4 years or more)	45	48
Total	100	100,0
average	4	4

2. Trends of the Panel Survey

After describing the basic demographical characteristics of the longitudinal sample in comparison with other surveys, in the following we are analysing the most important changes showed by the longitudinal sample.

2.1 Lodging conditions

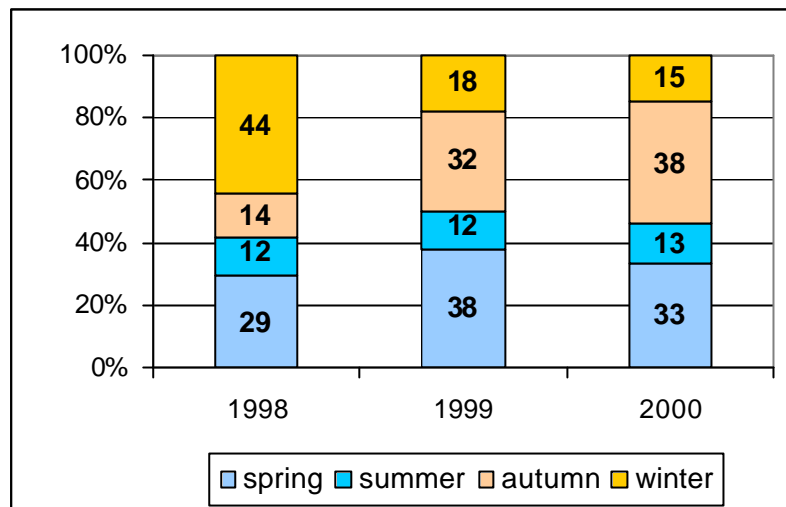
Table 9 Where are you going to sleep today? (%)

	1998	1999	2000
Own apartment	1	2	1
Apartment of a friend, acquaintance or relative	9	6	8
Temporary helter	55	29	34
Night shelter	25	44	39
Railway station	4	3	2
staircase, cellar		3	2
Open air	5	9	12
hut	1	1	
workplace		1	
Not known		2	2
Total	100	100	100

The majority of the longitudinal sample visited an institutional shelter of some kind in all the three years examined, although the proportion is somewhat decreasing (Table 9). There is a change however in what kind of shelter was chosen. While in 1998 the number of those visiting the temporary shelters is larger, in 1999 the ratio turned round, and in 2000 it is more or less balanced.

The decreasing proportion of those visiting institutional shelters results in an increase of the proportion of those sleeping in public places (open air, staircase).

Chart 2 The year of screening (%)



The types of lodging did not show a correlation with the time of screening, i.e. in which season the screening was conducted (Chart 2).

Table 10 Sleeping trends 1998-2000 (%)

always at a friend's, etc.	2
always a shelter	11
always an night shelter	9
always open air	5
at a friend's-open air	7
shelter-night shelter	39
night shelter, shelter-open air	14
3 different	7
shelter, night shelter-at a friend's	6
Total	100

Table 10 summarises the changes in the different lodging solutions. As we can see more than half of the sample stays within the institutional homeless care during the three years, even if they change the institution type changes. Another larger group is of those who leave an institution and spend the night in the open air. The smallest group consists of those who manage to move to an apartment from night shelters or temporary shelters (this is usually a friend's, relative's or acquaintance's apartment). Based on the above we created the categories that reflect the changes well, and divided the sample into three larger sub-categories. These are the (1) „institutional homeless”, who spent their nights at a temporary shelter or night shelter during all three years. The (2) „the descending” group, who lost their lodging in 1999 or in 2000, and spend their nights on the street. The last one is the group of the (3) „the ascending”, who manage to move to an apartment of some kind. Their proportions within the longitudinal sample are shown below in Table 11.

Table 11 Groups by lodging (%)

Institutional homeless	64
The descending	27
The ascending	9
Total	100,0

2.2 Income

When looking at income changes, we compared the net monthly salaries of the three years (Table 12). There was a significant change in incomes between 1998 and 1999. While the average income in the sample was 8000 HUF⁶ in 1998, it grew to 10369 HUF by 1999. The change between 1999 and 2000 is not so big. Beside the average, the income range, i.e. the difference between the lowest and the highest incomes also increased remarkably – it almost tripled between 1998 and 2000.

Table 12 Net monthly income (HUF)

	1998	1999	2000
Average	8004	10369	10761
Range	35000	80000	90000
Minimum	,00	,00	,00
Maximum	35000	80000	90000

If we divide the incomes to terciles, we get three categories according to the income conditions of the given year (Table 13).

Table 13 Net monthly income groups

	1998		1999		2000	
	Income (HUF)	%	Income (HUF)	%	Income (HUF)	%
Low	0	34	0	43	0	46
Medium	1-10000	33	1-12267	24	1-13000	24
High	10001-x	33	12268-x	33	13001-x	30
Total		100		100		100

If we analyse the figures, we see that while the proportion of those with “high income” stayed almost the same (around 30%), the changes took place between “low” and “medium” incomes. The proportion of those with 0 income grew by 9% in the first year, and by another 3% in the next.

The types of change are shown in the table below.

⁶ The exchange rate between Euro and Hungarian Forint: 1Euro = 247 HUF.

Table 14 Income changes 1998-2000 (%)

always 0	10
always some income	30
obtains an income	13
looses an income	25
fluctuating	22
Total	100

Although the proportion of those with no income is high each year, the number of those who did not have an income in any of the years examined is a lot smaller (10%). The group of those who loose their income is a lot larger (25%). The largest group (30%) is of those who have some income each year – irrespectively of whether they belong to the “medium” or “high” income category (Table 14).

2.3 Asking for help

We have examined the interviewees behaviour regarding asking for help – i.e. turning towards homeless care - in two phases. First, we looked at whether the interviewees had applied for an accommodation during the years we examined, and how this application changes through the years. Secondly, we analysed the other types of support (food, washing, job search, money, etc.).

The number of applications for lodging (Table 15) decreased during the three years, by 8% altogether.

Table 15 Have you applied for any lodging? (%)

	1998	1999	2000
Yes	80	73	72
No	20	27	28
Total	100	100	100

There were 13 people who did not apply for an accommodation even once. Two of them live with their friends/relatives, the others belong to the category we have called “the descending”, they had either lost their accommodation, or had not used the shelters available (Table 16).

Table 16 How many times did you apply for lodging? 1998-2000 (%)

Not once	13
Once	8
Twice	20
Each year	59
Total	100

The number of those applying for other types of support increased by 8 during the years examined (Table 17). The highest increase was related to applying for food (6 people). In 2000 we registered the first requests for medical care, while requests for help related to obtaining official documents fluctuates and shows a decrease by 8 between 1999 and 2000.

Table 17 Have you asked for any other kind of support? (N)

	1998	1999	2000
Food	5	5	11
medical care			4
Washing	1	1	2
job search			1
Documents	11	14	8
Financial	6	7	7
lodging (in case not living in the temporary shelter)			3
Other	7	8	2
Total	30	35	38

About one third of the whole sample did not ask for help even once. Almost the same proportion of the sample applied for some kind of help – other than lodging - from homeless-care institutions each year.

Table 18 How many times did you apply for help – other than lodging? 1998-2000 (%)

Not once	36
Once	9
Twice	25
Each year	30
Total	100

There is a significant correlation between requests for help and the lodging trend category we created. Members of the group we called “the descending”, who did not apply for lodging, use other kinds of support much more frequently than those who stay at temporary shelters, the latter group use other kinds of support less than the average of the sample.

Table 19 Did you ask for help? / Lodging trend category (%)

	yes	no	Total
Institutional homeless	57	43	100
The descending	84	16	100
The ascending	63	37	100
Total	65	35	100

2.4 Health status – deficiency – permanent illness – psychiatric treatment

Table 20 Subjective health status – on a 1- 4 scale

	„TB 98”	Longitudinal survey (data of 1998)
very bad	4	2
bad	10	9
fair	39	43
good	47	45
average	3,27	3,32

As Table 20 shows there is no difference between the two groups in terms of their subjective assessment of their health status. In 1998 nearly half of the interviewees found their health status good. From a methodological point of view it is important to mention, that relying on previous results we had omitted the alternative “*very good*”. This category is not to be left out in the future, because the differences and changes will probably be easier to notice.

Table 21 Health condition (%)

	„TB 98”	Longitudinal survey (data of 1998)
Has a deficiency ⁷	15,5	8
Has been treated in a hospital with permanent illness	29	25
Has been treated at the psychiatric ward	16	8

If we look at the figures of Table 21, we have to modify our statement on health status we made earlier. According to these data, in terms of the factors examined, the 100 people in the longitudinal sample are less ill. The proportion of those with a deficiency and those who have been through psychiatric treatment is **half!** of the full TB sample of 1998.

We could not interpret this difference by any structural variables; we assume a difference in attitude instead. Those who show up at the chest screening each year are probably more health conscious than those who do not do this regularly.

Trend/change related to health status

Looking at the averages only, we see that the subjective assessment of health status did not change notably: 3.31 in 1998, 3.16 in 1999 and 3.23 in 2000. Analysis on the individual level shows the following changes during the 3 years: there is no change in the health status of two-thirds (66%) of the interviewees, there has been an improvement in 13 %⁸ and deterioration in 21 % i.e.-in case of every fifth interviewee.

⁷ limitations of sight, speech, hearing and/or motion

⁸ We regard as improvement if, compared to what they said in 98 they chose a higher category in any of the next two years. We regard as deterioration of health condition if a lower category was indicated than in the year 1998.

Among the socio-demographical variables examined, age is the only the influencing impact of which can be observed. (Table 22) One fourth of the young feels that their health improved, while the same proportion of the group above 40 feels the contrary, deterioration. This table shows that although there is a connection between health status and the number of years spent in homelessness, this connection is not linear, i.e. the highest numbers of homeless years are found with the two extremes (deteriorating – improving).

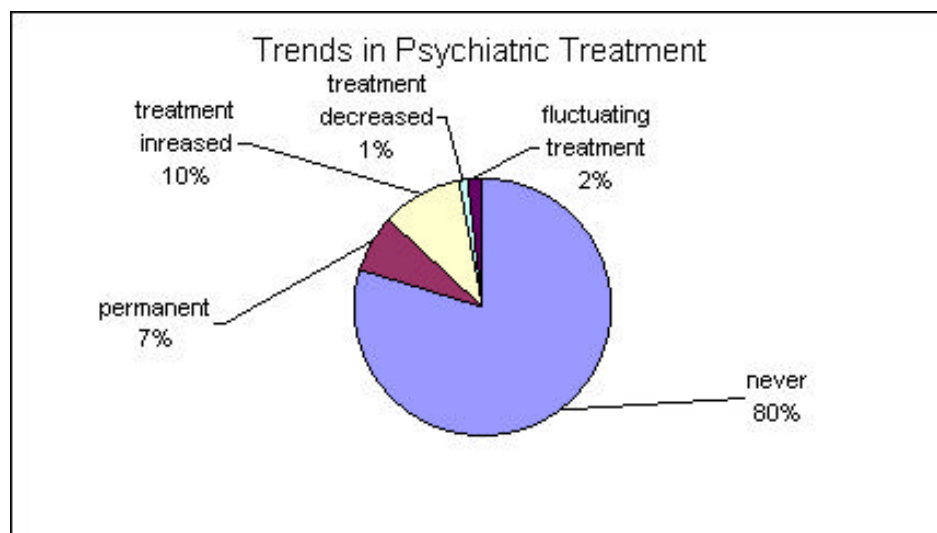
Table 22 Longitudinal survey: assessment of health status between 1998-2000

	age (years)				number of homeless years
	x -39	40-49	50-x	average	
has deteriorated	11	27	25	45	4,8
has not changed	63	62	75	43	3,7
improved	26	11	-	36	4,6

The proportion of those with a deficiency of some kind did not change during the three years. The proportion of those living with a permanent illness grew by two percent each year: in our sample this is 2 people, therefore not suitable for further analysis.

Unfortunately there has been a growth of 10% in 3 years among those under psychiatric treatment: Chart 3 shows this trend in more detail.

Chart 3 Trend in psychiatric treatment (%)



2.5 Insults

Through the three years there is a fluctuation in the answers about having been insulted during the period.

Table 23 Were you insulted this year? (%)

	„TB 98”	1998	1999	2000
yes	27,5	38	29	39
no	72,5	62	71	61
	100	100	100	100

The distribution of the large „TB 98” sample resembles a lot more to the distribution of the longitudinal sample of 99. We could not find a significant reason for this. In the longitudinal sample the proportion of those insulted decreases by 9% from 1998 to 1999, next year however it increases by 10%. In the background of this fluctuation we find the increasing number of insults suffered from strangers.

Table 24 Insults from (%)

	1998	1999	2000
Fellow homeless	10	7	14
Stranger	23	17	23
Skinhead	1	1	1
Policeman	5	3	2
Social worker	0	1	0
Other	3	6	2

People with deteriorating health status become more defenceless against insults – this is shown in Table 24.

Table 25 Longitudinal survey: number of years with an insult⁹ in relation to change in health status

		number of insults
Change in health status between 1998-2000	deteriorated	1,2
	did not change	1,09
	improved	0,69

There is a significant correlation as well between the number of insults and age; and the number of insults and the trend of sleeping habits. There were insults in more than on of the examined years among the middle-aged and the so-called “the descending” group, i.e. those who lost their accommodation.

Table 26 Longitudinal survey: number of years with an insult by age groups

		number of insults
Age	x-39	0,88
	40-49	1,35
	50-x	0,81

⁹ The possible maximum was 3 in 3 years.

Table 27 Longitudinal survey: number of years with an insult by sleeping trends

		number of insults
Sleeping trend	Institutional homeless	0,79
	The descending	1,52
	The ascending	0,5

2.6 Relationships

Non-homeless relationships

Table 28 Help/support from non-homeless (%?)

	„TB 98”	Longitudinal survey (data from 1998)
Existing non-homeless help	31	31
Proportion of family relationships	43,5	63

About one third of the interviewees can turn to a non-homeless for help in both samples. In the longitudinal sample people turned to their families in a lot higher proportion. It is interesting that while in the „TBC 98” sample family relations mostly mean the children, in the longitudinal sample the proportions of parents and children are more balanced. The sample is unfortunately too small for further comparison.

Table 29 Keeping in touch¹⁰ during the 3 months preceding the survey (%)

		„TB 98”	Longitudinal survey (data from 1998)
parents	yes	23	23
	they died	42	37
brother/sister	yes	35	35
	does not have siblings	14	12
children	yes	33	26
	does not have children	31	37
other relatives	yes	19	19
	does not have relatives	11	11
spouse/life partner	yes	17	14
	does not have one	54	52

¹⁰meeting – conversation - correspondence

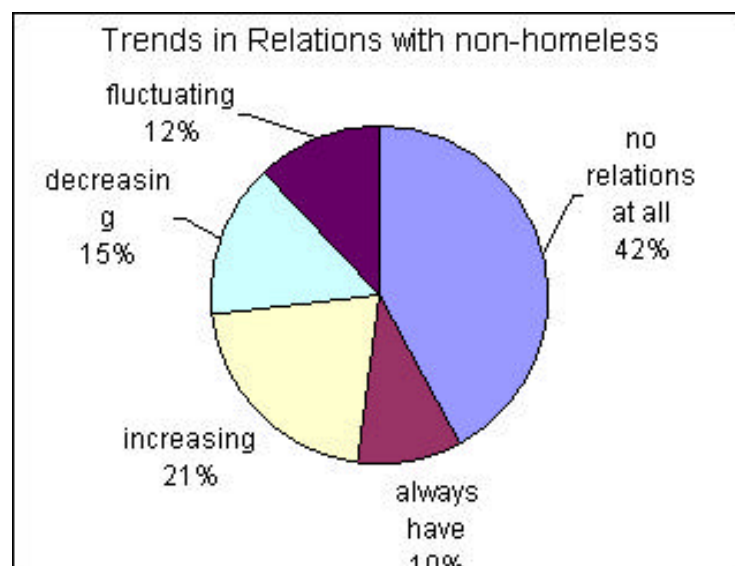
The two samples are again similar regarding keeping in touch with the family members. There is only one difference: people in the longitudinal sample have less connection with their children, at the same time the proportion of those having no children at all is higher in this sample, too. There is little difference regarding parents: (a) the proportion of those who do not have contact with their parents is higher and (b) the proportion of those whose parents are not alive is lower in the longitudinal survey.

Trends regarding non-homeless relationships

In three years, the proportion of those receiving some kind of help from a non-homeless increased by a few percent: in 1998 it was 31%, in 2000 it grew to 36,5%. Family relationships change from year to year, the highest was in 1998 that is 63%, and the lowest in 1999 with 47%.

Nearly two-thirds of the interviewees (58%) turned to a non-homeless for help at least once. (Table 30) Only 10% gets continuous support. At the same time during the three years nearly one-fifth of the interviewees found support of some kind.

Chart 4 Non-homeless relationships during the three years



According to our figures it seems that there is a remarkable difference between those who get support and those who don't as regards age, number of years homeless and number of years spent in Budapest. (among those who were not born in Budapest) Trend analysis shows that only age and number of years as homeless count.

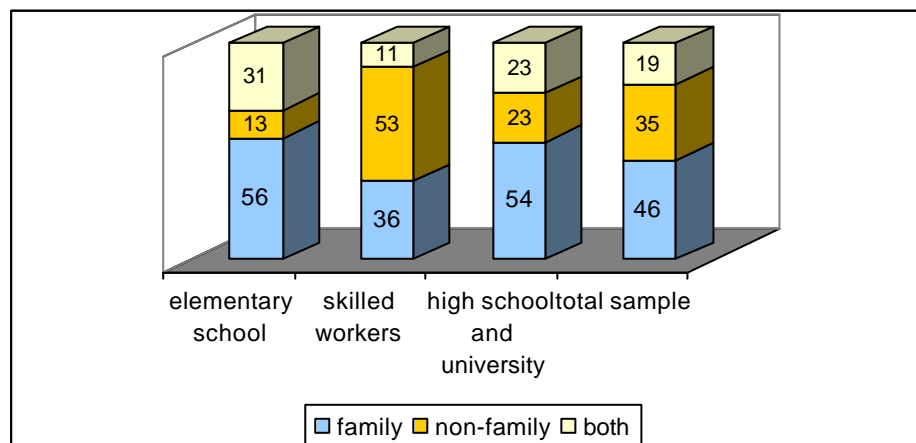
Table 30 Longitudinal survey: age and number of years as homeless in relation to non-homeless relationships (average)

V.2.1.1.1 Support	age (years)	number of years as homeless
none	45,8	5,4
always there	39,6	2,5
increasing	41,1	3,1
decreasing	43,9	3,3
fluctuating	34,9	3,1

The table shows that those who do not have any support are the eldest and with the highest number of years spent in homelessness. Age and the number of years spent as homeless are significantly correlated only in the „TB 98” sample. The youngest are those who get fluctuating support, just when they need it the most. Those who spent the least time as homeless have continuous support. It looks as if 3 years would be the borderline, above which the threads of helping connections would be tearing.

Most of the supporting relationships mean family relations only (46%). 35 % is the proportion of those turning to people outside their family, and 19 % has both kinds of support. In this regard the only significant correlation we could find is with the interviewees educational level (Chart 5)

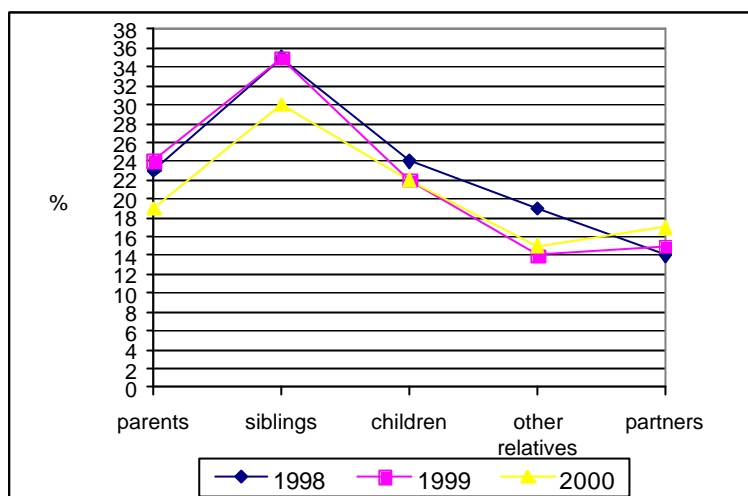
Chart 5 Longitudinal survey: The type of support in relation to educational level



People with lower levels of education can rely on their family members mostly, and it is very rare in their case to have supporting relationships only outside the family. It is just the contrary in the case of skilled workers: the largest proportion here is of those having support from outside their family, while they can rely on their family members to an extent less than the average.

No significant change could be registered during the three years in terms of keeping in touch with family members (Chart 6) In two cases – siblings and other relatives – a slight decreasing tendency is visible: as the years go by, these are the relationships falling away. It is interesting but not significant, that keeping in touch with life partners is increasing: these are new “fellow sufferer” kind of relationships.

Chart 6 Longitudinal survey: Changes in keeping in touch with family members during the 3 years



Fellow/homeless relationships

Table 31 Homeless relationships (%)

	„TB 98”	Longitudinal survey (data from 1998)
Has a homeless relative	6,8	5,2
Has relationships with homeless	72	79
Number of homeless known by their names		
1-4	26	27
5-9	15	19,5
10-19	27	19,5
20 or more	32	33
average	12,94	11,5

Less than one tenth of the interviewees have a homeless relative: According to the „TB 98” database about one third of the relatives are life partners (35%) or siblings (30%). Other relatives constitute 18%, the proportion of parents/children is 8,5 % in both cases. According to the database of 1998, the existence of a homeless relative has no connection to how long the interviewee has been homeless.

The existence of relationships with fellow homeless and the number of people known by name is closely connected to the number of years spent in homelessness. The age and the sleeping place are other influencing factors. It is not less important however, whether the person has a non-homeless support: it seems it is about the accumulation of „relationships capital” in this case as well. Those who have a non-homeless helper is more likely to know other homeless, too.

As we can see from Table 30, the two samples do not show significant differences: in the longitudinal survey the interviewees have more relationships with homeless, at the same time they know less people by name.

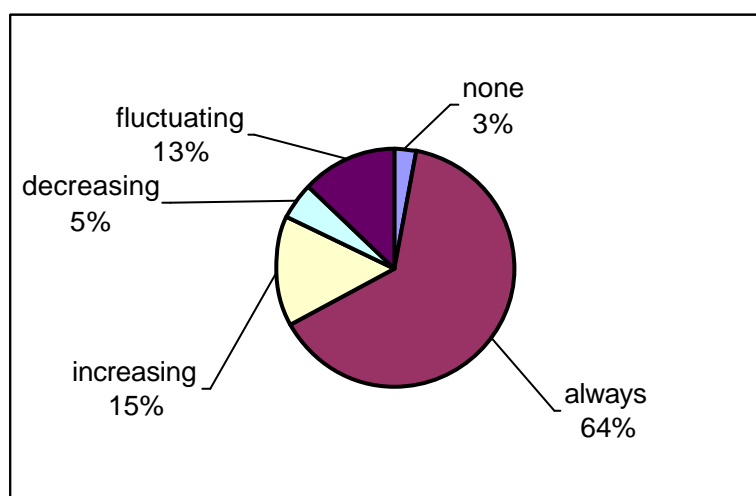
Trends in fellow homeless relationships

Our figures prove well that with the number of years spent in homelessness increasing, the number of homeless acquaintances is growing as well. (Table 31) During the three years examined, the proportion of those who established a new connection with fellow homeless grew by almost 10%. The number of acquaintances increased as well, by an average of 7 people in three years.

Table 32 Longitudinal survey: homeless relationships in 3 years

	1998	1999	2000
Has homeless relationships	79	80	88,5
Number of homeless known by their names			
1-4	27	22	14
5-9	19,5	26	19
10-19	19,5	23	27
20 or more	33	29	40
average	11,5	13,4	18,9

Chart 7 Homeless relationships in 3 years



Almost everybody said at least once during the three years that they know at least one fellow homeless. Two thirds have continuous relationships: these figures do not tell anything about their quality or the type of help/support. As for the trends in relation to other variables we found a significant correlation in one case only: the trend of turning towards homeless care institutions is in connection with having homeless relationships. Those using the institutions on a regular basis always have homeless acquaintances as well, while among those without any acquaintances the proportion of people who never go to any institution is five times higher.

3. Summary

Our study has been an attempt to conduct a panel survey on a smaller sample taken out of a large database. Its significance is mainly that there is no other survey available in which the same homeless were monitored for 3 years. Though the results are rather tentative, a few of them are still worth highlighting once more.

During the three years examined, between 1998 and 2000, about one third of the interviewees made use of an institutional accommodation, though their proportion is somewhat decreasing. The sleeping habits of about one third of them is unchanging. The sleeping conditions of almost one third of the interviewees had worsened, while these got better for about 10%.

The average income increased from 8000 HUF to about 10 800 HUF, this growth was more significant in the first two years. It seems that the proportion of those with a "high income" did not really change (about 30%), while there was a shift between the "low" and "middle" income groups. Those who had no income at all during the three years is 10%, and 25 % lost their regular stable income.

The proportion of those who have suffered an insult is fluctuating due to the changing ratio of insults by strangers.

Data reflecting health conditions are not too favourable. The health status of one fifth of the interviewees has worsened, and 10% started their psychiatric treatment during these three years.

As for social support, the proportion of those receiving some kind of help from non-homeless people has increased by a few percent, which is not a significant, but still a positive change. Thus, one fifth of the sample had „found support". It is a sad fact that only 10% gets regular support. Our data prove well that with the increasing number of years spent as homeless the number of fellow homeless acquaintances is increasing. During the three years examined 10% built a new fellow-homeless relationship.

The above results strengthen our conviction that the secondary longitudinal analysis of the available data is important, since it provides a more exact understanding of the homeless life and forecasts events that should be avoided.

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