

# HOMELESSNESS IN UKRAINE



# DEPAUL

Homelessness has no place

Cover: XXXXXXXXXXXXXXXXXXXX

# HOMELESSNESS IN UKRAINE

## Contents

Executive summary	2
Introduction	4
Methodology	8
Causes of homelessness in Ukraine	10
Needs analysis	14
Provision: homelessness services in Ukraine	27
Solutions	33
Recommendations	44

## Authors:

Ewan Day-Collins, Laura Donkin and Chloe Rudnicki

## Acknowledgments:

The interviewees for educating and inspiring us with their personal stories and suggestions.

The key informants for sharing their expert insights.

Depaul Ukraine and Depaul International staff for their commitment to understanding and ending homelessness in Ukraine, including Volodymyr Balabanov, Bohdan Berdnyk, Oleksandr Borysov, Dmytro Dmytrenko, Caitlin Disken, Laura Hillier, Oleh Horobets, Krzysztof Kawa, Annie Morris, Kateryna Moskvichova, Olena Nikhaenko, Mark Robinson, Olga Romashkina, Anna Skoryk, Oksana Somkina, Natalia Vasalatii, Mykola Yarmak and Volodymyr Yevsyukov.

European nations.<sup>2</sup>

## 2. Needs analysis

People interviewed report a range of needs. Circa a third of people experiencing homelessness identify support to secure permanent accommodation, medical assistance and legal advice to restore documentation as priority needs. Mental health needs are high although likely underreported. Support to meet basic physical needs is also required. People in temporary accommodation report needing support with employment in particular.

The needs of the rough sleeping population (people sleeping rough or in emergency shelter) are severe and complex. Levels of entrenchment (how long people sleep rough) are very high in Ukraine: 95% of people interviewed have slept rough for over a year, and half (49%) for over five years. Rough sleeping is very unsafe for multiple reasons, and 69% of people interviewed report experiencing violence on the street. A quarter (24%) of the rough sleeping population are survivors of domestic violence, rising to half (50%) of women. Levels of addiction are high: half (49%) of the rough sleeping population report a need relating to alcohol misuse, substance misuse and/or gambling. Rough sleeping, offending and imprisonment are heavily linked: a third (31%) of the rough sleeping population are formerly imprisoned people; and interviews with people in prison show high proportions have experienced homelessness previously and are at-risk of homelessness upon release.

## 3. Provision

The availability of services in Ukraine for people experiencing homelessness, and especially for people sleeping rough, is alarmingly limited. The extent and composition of services nationwide is insufficient to meet the needs of people experiencing homelessness. Homelessness services are almost exclusively emergency and temporary in nature, designed to meet people's basic physical needs.

Our research suggests people sleeping rough in Ukraine are functionally excluded from almost all forms of assistance they need. The most common response was 'none' when we asked people accessing Depaul Ukraine's rough sleeping services what support they have received from other organisations. In this category, only one or two individuals (out of 133) report receiving support from another organisation with: permanent or temporary accommodation; legal advice (to restore documentation); employment; addiction treatment. Not a single person said they have received mental health support. Some 91% of people imprisoned who are at-risk of homelessness said they have not received support from another actor. Whilst there is comparatively more provision available for other groups of people experiencing homelessness (such as displaced people in temporary accommodation), support is reducing and many people are in precarious circumstances.

## 4. Solutions

Strategies to address homelessness in Ukraine, which are currently nascent, can benefit from reviewing international best practice and adapting models implemented in other contexts. This should focus on two areas in particular: prevention and housing-based solutions. Prevention strategies work at multiple levels including timely interventions for people at imminent risk of homelessness; plans to prevent homelessness for people discharged from institutions including prison, hospitals and the military; and systemic measures such as an increase in social and affordable housing. Responses for people already experiencing homelessness should over time transition away from a reliance on emergency provision and instead centre housing. Ukraine should pilot Housing First, which is the most well-evidenced model ever designed to address homelessness, as well as test and adapt other solutions which improve service quality, and form public-partnerships between civil society and government actors.

## Executive summary

This report aims to advance the understanding of homelessness in Ukraine so better strategies can be developed to address the issue. This is the most comprehensive assessment yet published on homelessness in Ukraine, structured by four sections:

1. Causes: an analysis of the drivers of homelessness and impact of the full-scale invasion;
2. Needs analysis: trends in the needs of people experiencing different forms of homelessness;
3. Provision: an overview of existing services for people experiencing homelessness;
4. Solutions: an analysis of international best practices and their application to Ukraine.

This report draws on interviews and focus group discussions with 234 people experiencing or at-risk of homelessness, and key informant interviews with service providers. The report is authored by Depaul Ukraine, a national NGO founded in 2007 specialising in support to people

experiencing homelessness.

The scale of homelessness in Ukraine is unknown because reliable data is not collected, although undoubtedly hundreds of thousands of people are experiencing homelessness and millions are at-risk. This includes people sleeping rough, in emergency shelter, in temporary accommodation and at-risk in institutions such as hospitals and prisons.

### 1. Causes

The full-scale invasion, and particularly displacement, is now the main driver of homelessness in Ukraine: 3.5 million people are internally displaced and the homes of two million households are destroyed or damaged.<sup>1</sup> Impacts of the war are causing people to sleep rough, the most extreme form of homelessness: almost a quarter (22%) of people sleeping rough or in emergency shelters are displaced. Intersecting factors causing homelessness include redundancy, injury, breakdown in family or other relationships, eviction and addiction. The United Nations describes conflict as a 'systematic driver' of homelessness globally and the war distinguishes the Ukrainian context from other Central and Eastern

<sup>1</sup> Global Protection Cluster, "Ukraine Protection Analysis Update: July 2024," accessed August 12, 2024, [https://www.globalprotectioncluster.org/sites/default/files/2024-07/ukraine\\_protection\\_analysis\\_update\\_-\\_july\\_2024.pdf](https://www.globalprotectioncluster.org/sites/default/files/2024-07/ukraine_protection_analysis_update_-_july_2024.pdf).

<sup>2</sup> United Nations General Assembly, "Inclusive Policies and Programmes to Address Homelessness," A/75/310, August 6, 2020



Image: Depaul

## Introduction

Homelessness is present in every country and is a severe form of marginalisation. The United Nations (UN) describes homelessness as ‘both a concrete violation of human rights and an indicator of extreme poverty and social exclusion’.<sup>3</sup> Despite its severity and urgency, there is limited evidence on homelessness in Ukraine. The country is not alone in this. Limitations in available evidence is common to both conflict-affected countries and the Central and Eastern European (CEE) context. This hinders the ability of societies to prevent and respond to homelessness effectively.

To begin to address the gap in evidence, we conducted interviews, focus groups and surveys with 234 people experiencing homelessness across the country. We

spoke to providers delivering a range of services to people experiencing homelessness. Our team conducted a context analysis and assessed trends in international models and evidence. Combined, this forms the most detailed assessment ever produced on homelessness in Ukraine. The report’s recommendations are designed to inform the development of strategies which improve the prevention of and response to homelessness in Ukraine.

### Impact of protracted conflict

Ukraine has experienced ongoing conflict for a decade, with the 2014 crisis followed by the Russian Federation’s full-scale invasion in February 2022. The UN identifies conflict, and particularly displacement owing to conflict, as one of the ‘systematic drivers’ of homelessness.<sup>4</sup>

Much of the analysis of homelessness in Ukraine can be situated within the wider CEE context. Ukraine has begun accession to the European Union and analysis of trends across the continent are also pertinent. However, the impact of a decade of conflict and the ongoing war distinguishes Ukraine from both other CEE countries and the wider European context. This relates to the scale, nature and severity of existing and projected need, and the unpredictable operating environment. The war has put immense pressure on the economy, social welfare systems, medical services and caused widespread trauma.

Large-scale internal displacement and destruction of homes caused by the war are fundamental factors leading to homelessness in Ukraine which are not relevant to the wider European context. Some 3.5 million people have fled their homes to other parts of the country. One in ten houses have been damaged or destroyed, affecting an estimated 2 million households. Whilst for the sake of analysis and brevity this report will usually summarise the national context, there is significant regional variation which must be acknowledged. For example, 75% of the damage to housing is confined to four regions (Donetska, Kharkivska, Luhanska and Kyivska Oblasts).<sup>5</sup>

The war in Ukraine has become protracted. People throughout the country continue to live under the threat of indiscriminate air attacks, resulting in further civilian casualties and destruction of homes and infrastructure. An estimated 3.3 million people living along the frontlines in the East, North and South and those living in occupied areas are at highest risk.<sup>6</sup> The front remains dynamic. In May 2024, a new cross-border offensive was launched by the Russian Federation in Kharkivska

Oblast, resulting in the deterioration of the security situation, forced evacuations and new displacements. Protracted conflict, which is dynamic and unpredictable in nature, presents a profound challenge. It leads to a deepening severity and complexity in the needs of the affected population, exacerbating issues such as homelessness. At the same time, the unpredictable environment makes it challenging to implement the kind of longer-term strategies required to effectively address the complex needs war creates. Any response to homelessness in Ukraine must therefore be flexible and adaptive to the dynamic context. However, strategies must also heed the UN’s warning on the danger of failing to craft a longer-term response: ‘Emergency accommodation and responses play a vital role in addressing sudden housing loss due to disasters or conflicts. However, short-term support is often prioritized in emergency measures, with the long-term housing and comprehensive needs of people neglected. This institutionalized focus on emergency accommodation can trap people in a system that lacks tailored psychosocial, legal and health-care assistance for integration and rehabilitation.’<sup>7</sup>

### Definitions of homelessness

Ukraine’s legal definition of homelessness is set out in a 2005 Law: Number 2623-IV, ‘On the principles of social protection of homeless persons and street children’.<sup>8</sup> This defines homelessness as an individual who does not have a place of residence and does not reside in a residential premises, meaning they lack permanent or temporary housing. The law distinguishes between those who are homeless and those who are temporarily without housing, emphasizing that homelessness is characterised by the absence of both a permanent and a temporary place to live.

<sup>3</sup> United Nations General Assembly, “Inclusive Policies and Programmes to Address Homelessness,” A/75/310, August 6, 2020

<sup>4</sup> United Nations General Assembly, “Inclusive Policies and Programmes to Address Homelessness,” A/75/310, August 6, 2020

<sup>5</sup> Global Protection Cluster, “Ukraine Protection Analysis Update: July 2024,” accessed August 12, 2024, [https://www.global-protectioncluster.org/sites/default/files/2024-07/ukraine\\_protection\\_analysis\\_update\\_-\\_july\\_2024.pdf](https://www.global-protectioncluster.org/sites/default/files/2024-07/ukraine_protection_analysis_update_-_july_2024.pdf).

<sup>6</sup> Global Protection Cluster, “Ukraine Protection Analysis Update: July 2024,” accessed August 12, 2024, [https://www.global-protectioncluster.org/sites/default/files/2024-07/ukraine\\_protection\\_analysis\\_update\\_-\\_july\\_2024.pdf](https://www.global-protectioncluster.org/sites/default/files/2024-07/ukraine_protection_analysis_update_-_july_2024.pdf).

<sup>7</sup> United Nations General Assembly, “Inclusive Policies and Programmes to Address Homelessness,” A/75/310, August 6, 2020

<sup>8</sup> Law of Ukraine, “About Bases of Social Protection of Homeless Persons and Street Children,” June 2, 2005, No. 2623-IV.

# ALMOST A QUARTER (22%) OF PEOPLE SLEEPING ROUGH OR IN EMERGENCY SHELTERS ARE DISPLACED.

The European Union, to which Ukraine will accede in coming years, endorsed a typology of homelessness and housing exclusion called ETHOS in 2007.<sup>9</sup> This aims to harmonise understanding and improve data collection and statistical analysis. ETHOS adopts a broader definition of homelessness than Ukrainian legislation, as with several other European nations. A simplified version of the typology (ETHOS Light)<sup>10</sup>, to which this report will refer throughout, summarises homelessness in six categories:

1. People living rough, e.g. on the streets;
2. People in emergency accommodation, e.g. in overnight shelters;
3. People living in time-limited homelessness accommodation e.g. hostels, temporary accommodation, refuges;
4. People living in institutions (e.g. hospitals, prisons) who stay longer than needed due to lack of housing or who have no housing available prior to exit;
5. People living in non-conventional dwellings due to lack of housing e.g.

mobile homes, temporary structures;

6. People living temporarily in conventional housing with family or friends e.g. 'sofa surfing'.

This report will particularly focus on the experiences and needs of people in categories one to four. At times we will examine the groups separately for analytical purposes, although in the reality of individual lives the groups can overlap and people move between them. Within category 3, we will focus specifically on the experience of internally displaced people (IDPs), as this represents the overwhelming proportion of people in such living situations and displacement is a significant driver of homelessness in Ukraine, as explained above, and requires detailed attention.

It is worth remembering that at any one time in all countries, many more people are 'at-risk' of homelessness than experiencing it. This category of people 'at-risk' – for whom preventative approaches are critical – is more difficult to define and count but is a key consideration for comprehensive homelessness strategies.

<sup>9</sup> FEANTSA, "ETHOS: European Typology on Homelessness and Housing Exclusion," accessed August 9, 2024, <https://www.feantsa.org/download/ethos2484215748748239888.pdf>.

<sup>10</sup> FEANTSA, "ETHOS Light: European Typology on Homelessness and Housing Exclusion," accessed August 9, 2024, <https://www.feantsa.org/download/fea-002-18-update-ethos-light-0032417441788687419154.pdf>.

## Scale of homelessness

Most countries across the world do not have reliable data on homelessness and the precise scale of homelessness in Ukraine is unknown. In 2021, one year before the full-scale invasion, over 50,000 people were officially registered as homeless – relying on the narrow legal definition detailed above – according to Ministry of Social Policy records.<sup>11</sup> More recent data has not been collected and some experts believe even the pre-war figure is a gross underestimate: the President of local organisation Narodna Dopomoga suggested in 2019 that the true figure was closer to 200,000 people.<sup>12</sup> Estimates based on registration of the type reported by the Ministry of Social Policy can be unreliable because they require interaction with state services. Some people experiencing homelessness are reticent to interact with the state owing to experience of marginalisation. In any case, the scale of homelessness has risen dramatically owing to the impact of the full-scale invasion, as discussed above. There are undoubtedly hundreds of thousands of people experiencing homelessness in Ukraine (per ETHOS Light), and millions of people are at-risk, but it is not possible to be precise given the lack of reliable data.

## Legal frameworks

The legal framework on homelessness in Ukraine is relatively developed. Law Number 2623-IV, referenced above, not only considers responses to homelessness but includes text on prevention and security of tenure. It encourages a 'system of actions directed to the elimination of legal, social and other origins of homelessness, preventing them including actions to decrease the risk of loss by persons of the rights to premises

and prevention of loss of these rights...' As discussed towards the end of this report, a preventative approach is vital to effective strategies. It is positive that Ukraine's legislative framework already considers the issue from a prevention standpoint. Security of tenure is another vital mechanism to prevent homelessness and Ukraine has existing legal frameworks and processes intended to protect tenants from unfair or arbitrary eviction. However, in practice much of Ukraine's rental market operates informally, with rental agreements made on a verbal basis. This is designed to circumvent tax liabilities and the regulations associated with formal rental processes. The prevalence of these practices reduces the cost of housing through eliminating tax liabilities but serves to undermine any legal protections available to tenants. This environment also means it is difficult to promote standardisation of rental conditions, deposits and the like. This increases the risk of unfair eviction which contributes to homelessness.

Importantly, Law Number 2623-IV also took steps to decriminalise aspects and behaviours associated with rough sleeping such as vagrancy and begging. The decriminalisation of homelessness and associated behaviour is an important enabling step for positive action which both prevents and addresses it. Ukraine's legal framework is more progressive than many other contexts. Its neighbour Hungary has introduced laws making it illegal to sleep rough in public spaces. Denmark criminalises begging and some cities in France de facto criminalise rough sleeping by making it illegal to lie or sleep in certain public areas. Further efforts may be needed in the current context to further embed the progressive trend in Ukraine, for example people sleeping rough may be susceptible to fines mandated by curfew laws.

<sup>11</sup> Yuliia Turba, "Local government relationships in addressing homelessness" (Master's thesis, Central European University, 2023), accessed August 12, 2024, [https://www.etd.ceu.edu/2023/turba\\_yuliia.pdf](https://www.etd.ceu.edu/2023/turba_yuliia.pdf)

<sup>12</sup> Yuliia Turba, "Local government relationships in addressing homelessness" (Master's thesis, Central European University, 2023), accessed August 12, 2024, [https://www.etd.ceu.edu/2023/turba\\_yuliia.pdf](https://www.etd.ceu.edu/2023/turba_yuliia.pdf)

# NOW, I HAVE BEEN SOBER FOR MORE THAN TWO MONTHS, I HAVE COMPLETED A RECOVERY COURSE. I AM TREATED WITH RESPECT BY THE SHELTER STAFF.

## Methodology

This report is based on research and analysis by Depaul Ukraine, with support from sister agency Depaul International. Depaul Ukraine is a national NGO operational since 2007 and specialising in support to people experiencing homelessness. Depaul Ukraine is part of the Depaul Group, a global network of homelessness agencies and whose small central team have supported the production of this report. Depaul Ukraine staff conducted interviews and focus groups with 234 clients (service users) across a range of the organisation's services supporting people in living situations as defined by ETHOS Light categories one, two, three and four, and people at-risk. We also interviewed staff from other Ukrainian organisations supporting people experiencing or at-risk of homelessness. Depaul International staff conducted consultations with Depaul Ukraine staff delivering services, and reviewed external documents. The findings are informed by the following data:

- 200 structured questionnaires with Depaul Ukraine clients experiencing or at-risk of homelessness, of which:
  - o 94% are currently experiencing homelessness (at time of interview) per ETHOS Light categories 1-4
  - o 6% are at-risk of homelessness

- o 18% are imprisoned people and 6% are formerly imprisoned people supported by Depaul Ukraine's dedicated prevention service

- o 69% are male and 31% are female

- o 0.5% are aged under 18; 48% are aged 18-45; 30% are aged 46-60; and 21.5% are aged over 60

- Nine focus group discussions (FGDs) with 34 clients experiencing homelessness
- 25 client case studies with people experiencing or at-risk of homelessness
- Nine key informant interviews (KIIs) with representatives of Ukrainian organisations working to address homelessness
- 11 KIIs with Depaul Ukraine staff working in homelessness services
- External literature review of data and evidence on homelessness in Ukraine and other CEE countries, and of data and evidence on international best practices and models
- Depaul Ukraine's service monitoring data

## Target groups:

- People sleeping rough (ETHOS Light Category 1), engaged via Depaul Ukraine's outreach and day centre services
- People accessing emergency shelters (ETHOS Light Category 2), engaged via Depaul Ukraine's shelter services
- People living in homelessness accommodation (ETHOS Light Category 3), engaged via Depaul Ukraine's temporary accommodation services for single adult and family IDPs
- People living in institutions (ETHOS Light Category 4), engaged via Depaul Ukraine's criminal justice prevention service
- People at-risk of homelessness, engaged via Depaul Ukraine's outreach, day centre and criminal justice prevention services

Homelessness is experienced by many different people across society, and as such the groups above represent a broad cross-section of experiences. Categories 1 and 2 broadly represent what might be considered the rough sleeping population: people who sleep on the streets, or who rely on emergency shelter provision. Overwhelmingly, this group is represented by single adults, predominantly men, and many have multiple support needs. Category 3 broadly represents those living in IDP temporary accommodation. This group is predominantly comprised of households with children displaced as a result of the conflict. It is much less common for households with children to sleep rough – there is a legal duty to accommodate children sleeping rough in Ukraine – and their level of support needs varies considerably. Given the differences in profile, needs and experience, where relevant the report disaggregates data by those accessing rough sleeping services (categories 1 and 2) and those accessing IDP temporary accommodation (category 3). Those in category 4, particularly people in prison due for release, tend to be at-risk of sleeping rough (category

1) if not supported to secure adequate accommodation and where relevant this data is disaggregated too. Additionally, data is disaggregated where relevant by characteristics including age, gender and IDP status.

It is important to note that whilst the report achieves a broad and sizeable cross-section of people experiencing homelessness, and is based on a more detailed data set than any previous study on homelessness in Ukraine, there are inevitably gaps. Notably, due to data collection taking place at Depaul Ukraine services, this includes people sleeping rough who are not engaging with services. Certain populations marginalised or more 'hidden' within Ukrainian society were also difficult to reach. For example, only two respondents in our interviews identified as LGBTQI+, and over a quarter of people did not feel comfortable answering this question. LGBTQI+ identifying people are stigmatised in parts of Ukrainian society and are a largely hidden group. Effective strategies to address homelessness must include approaches which reach people disengaged from services as well as groups who are particularly marginalised or 'hidden' in society, even if their needs are more difficult to assess in data collection. In our analysis of people living in time-limited accommodation (ETHOS Light Category 3), we chose to focus on IDPs as they now represent an overwhelming proportion of people accessing such services. It should be noted there are people not displaced who access such services and their needs and experiences may be different.

## Location

Data was collected by Depaul services in Kharkivska, Kyivska and Odeska Oblasts. Of the 200 respondents to structured questionnaires: 38% are in Kharkivska; 23% are in Kyivska (plus 1% are in Zhytomyrska supported by Depaul services based in Kyiv city); and 38% are in Odeska.

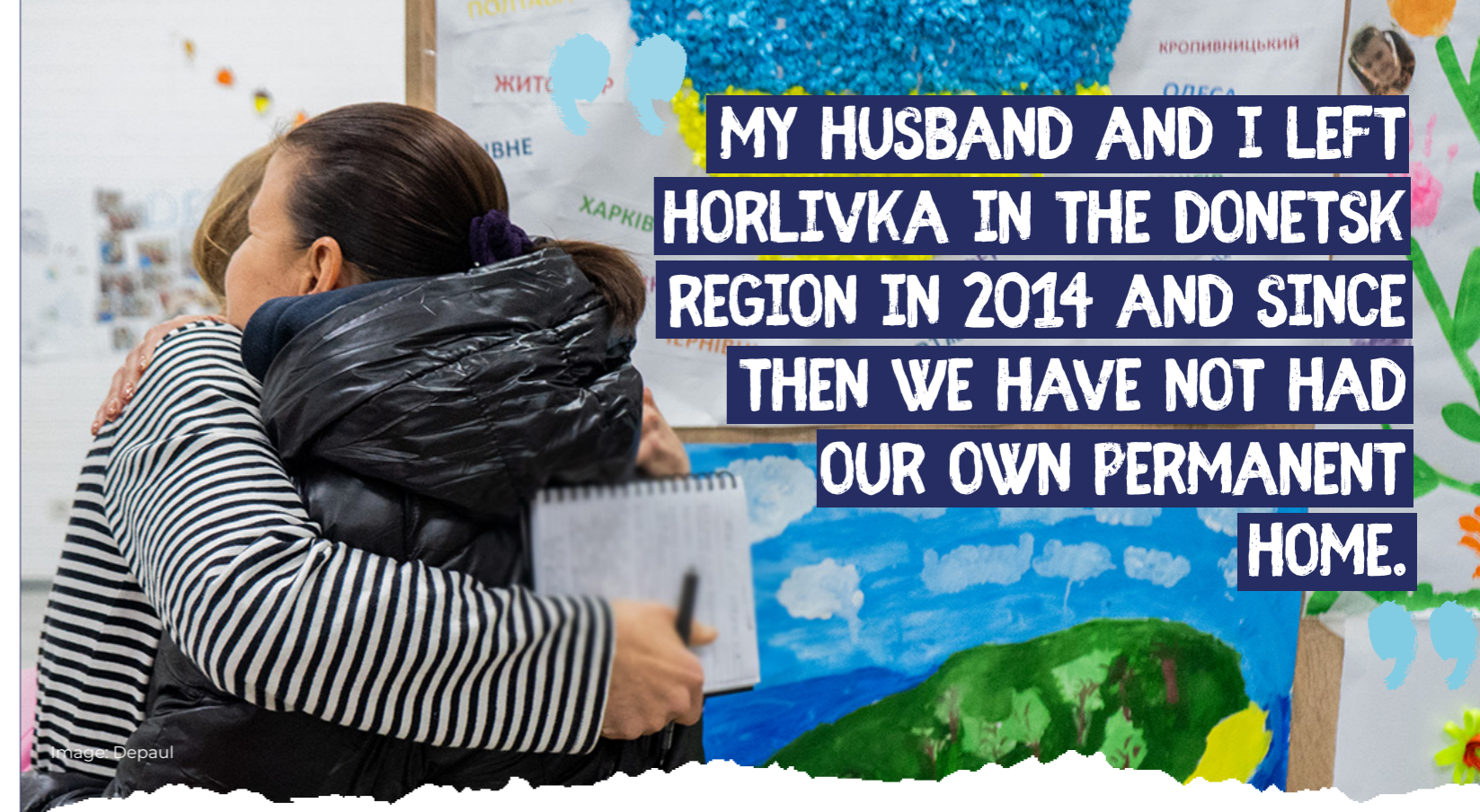
## 1. Causes of homelessness in Ukraine

Homelessness is experienced by a broad group of people, and an even broader group of people are at-risk. The story behind each person or family's path into homelessness is characterised by a combination of personal and socio-economic circumstances.

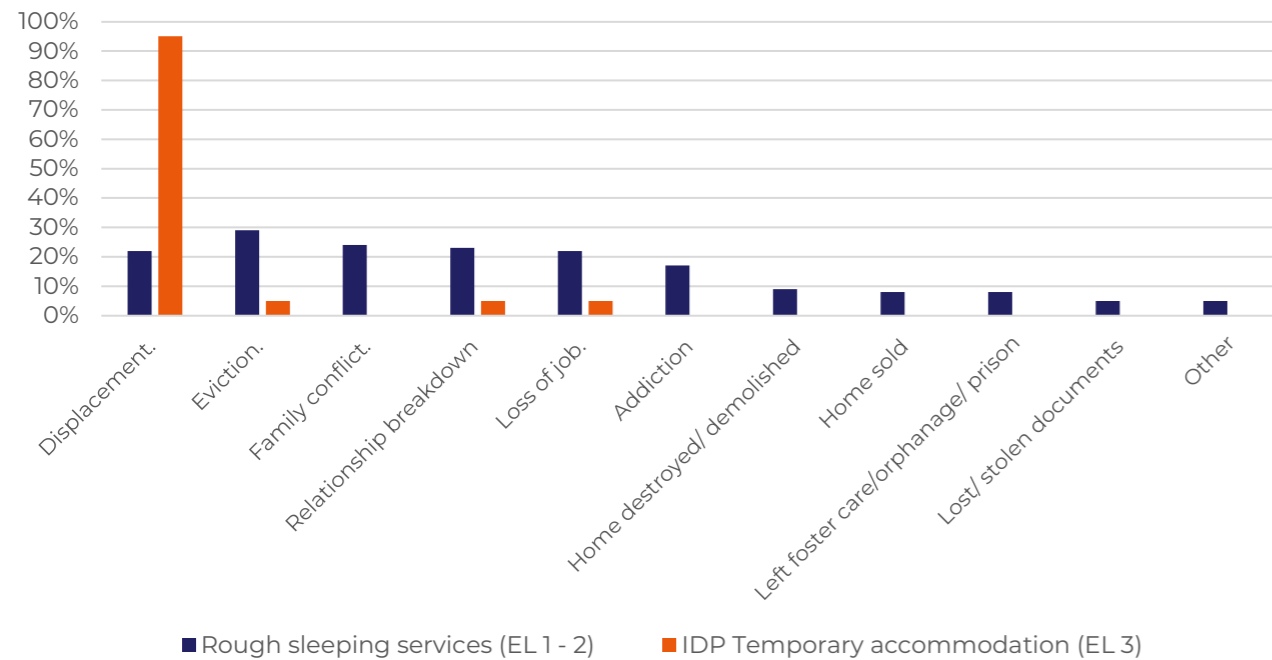
People we interviewed accessing rough sleeping services (ETHOS Light categories 1-2) cite a range of factors and many cited multiple causes. Commonly referenced are intersecting factors such as redundancy, injury, breakdown in family or other relationships, eviction and addiction. Some people had nowhere to go after being discharged from a prison, orphanage, hospital or the military. Many interviewees

said they became homeless overnight as a direct consequence of the full-scale invasion. People talk about their homes being destroyed by shelling, or having to flee from frontline and occupied areas. The range of different experiences among the rough sleeping population point to the need for an individualised response to each person's circumstances.

Among those accessing IDP temporary accommodation (ETHOS Light category 3), there is less variation. Unsurprisingly, 95% of people interviewed cite displacement as the primary reason for homelessness (see more below). However, factors are often more complex and interwoven. Respondents also cite eviction, unemployment and relationship breakdown as contributing factors.



Causes of homelessness for respondents accessing rough sleeping services (EL 1-2) and IDP temporary accommodation services (EL 3)



Cause of homelessness	Rough sleeping services (EL 1-2)	IDP Temporary accommodation services (EL 3)
Displacement	22%	95%
Eviction	29%	5%
Family conflict	24%	0%
Relationship breakdown	23%	5%
Loss of job	22%	5%
Addiction	17%	0%
Home destroyed/demolished	9%	0%
Home sold	8%	0%
Left foster care/orphanage/prison	8%	0%
Lost/stolen documents	5%	0%
Other	5%	0%

## Displacement and the impact of war

Many of the causes of homelessness among the rough sleeping population are common to the wider European context. As highlighted in the Introduction, though, the full-scale invasion has driven a significant rise in homelessness and these specific dynamics need to be understood.

Displacement creates a fragility and transience in people's lives. Displaced people are forced to leave their homes, jobs and belongings, often at short notice. They are required to rebuild their lives in a new place, often without the support networks of family or friends. Some find it difficult to adjust to life in a new city, to find accommodation, work, schools and healthcare. People who become displaced whilst already on a low-income, so with lower financial resilience, and people who become displaced with pre-existing vulnerabilities, such as a disability or many dependents, are most at-risk of homelessness. According to the Director of the Kharkiv City Centre for Reintegration of Homeless People:

**“Homeless IDPs in most cases already had financial problems in their lives. Although they had some housing of their own, they were still struggling to make ends meet and had problems with work, etc. Therefore, when they find themselves in a new place without any savings, with no help from relatives... they very quickly become homeless.”**

Broadly, displaced people live with an uncertainty about the future which makes it difficult to attain stability. According to a 2024 survey, only 5% percent of IDPs plan to return to their home location within the next year, but 68% hope to return one day.<sup>13</sup>

Displacement is a driver of rough sleeping. One in five (22%) of the people we interviewed accessing rough sleeping services identify displacement as a cause of their homelessness. A person accessing Depaul Ukraine's emergency shelter in Kharkiv told us his story of displacement and the impact of war:

**“My house in Vovchansk [Kharkiv region] burnt down, I moved and gave my beloved dogs to**

**volunteers in a shelter. I lived under occupation. I saw horrors. I jumped when hiding from explosions and broke both my legs during the war. One leg did not fuse up properly, there was no one to help me put a cast on it, now I limp with a cane. I have no money, no job. I do not know where I will live next.”**

*Male shelter client, Kharkiv.*

The stories of families accessing IDP temporary accommodation services relate the fragility of life in Ukraine. A majority of the people we interviewed in this category have been displaced multiple times since the full-scale invasion. Multiple displacements place additional economic and emotional strains on families: each displacement brings uncertainty and an urgency to adapt. Over one million people were displaced in 2014 and some have experienced repeated displacement after the full-scale invasion, including one client we spoke to in Odesa:

**“My husband and I left Horlivka in the Donetsk region in 2014 and since then we have not had our own permanent home. It's been 10 years since we have been to Horlivka because it is under occupation. Our two sons were born in Kherson, because we came to Kherson from Donetsk region. We had to leave Kherson for Odesa with two small children because of the constant shelling in Kherson. So, this is our second resettlement, this time to Odesa.”**

*Female IDP temporary accommodation client, Odesa.*

Several respondents in IDP temporary accommodation said they have previously experienced homelessness. Many displaced people also experience so-called 'hidden homelessness' such as living in insecure, overcrowded accommodation with friends or family (ETHOS Light category 6). This is a risk factor for more severe forms of homelessness.

We should anticipate a rise in homelessness among the displaced population over the coming years because state and NGO support is reducing. Previously, all registered IDPs were eligible for the government's

IDP living allowance. In March 2024, the eligibility criteria were narrowed to a specific set of socio-economic vulnerability profiles, including older people, people with disabilities, and low-income families with children. There are many at-risk individuals who do not fit these criteria.<sup>14</sup> Many displaced people supplement state support with humanitarian assistance by civil society actors. Some have become dependent on this assistance. However, the availability of humanitarian assistance is reducing as emergency appeal funding depletes. As assistance reduces, agencies are narrowing eligibility criteria and often target the same vulnerable groups. As a result, and paradoxically, some people considered less vulnerable may increasingly be at greater risk of homelessness as civil society support for them expires. This particularly includes pre-pension age adults.

The issue of mobilisation (conscriptio) is highly sensitive and may become a growing cause of homelessness for several reasons. According to Ukraine's parliamentary economics committee, 3.7 million of the 11 million Ukrainian men aged 25-60 are eligible for military conscription. According to a survey by Ukrainian social research organisation InfoSapiens, 48% of men are not prepared to fight and 18% are uncertain.<sup>15</sup> Ukrainian men are required to show documents and visit the conscription office to register for an IDP certificate, apply for a formal job or receive medical treatment. Men who fear being conscripted into the army may decide not to apply for formal jobs or seek support and may change their residence to reduce the likelihood of being conscripted. This may limit their income and access to healthcare and other benefits. The ongoing possibility of conscription can be a source of stress, uncertainty and tension for men and can have implications for their families. Anecdotally, many men are effectively in hiding. This way of living poses barriers to accessing income and services and leads to deterioration in mental health. Such factors increase the risks of homelessness.

There will also be hundreds of thousands of people (mostly men) discharged from the military over the coming years and this will represent an increasing driver of homelessness. Only 2% of people we

interviewed for this report are veterans of the current war but this will undoubtedly rise over time: veterans are commonly more at-risk of homelessness<sup>16</sup>, and Ukraine should prepare for a significant increase in both individual veteran homelessness and homelessness among families with veterans over coming years. People with experience of active combat are more at-risk of experiencing depression, anxiety, post-traumatic stress disorder (PTSD) and other mental health issues. Some veterans will also have physical disabilities, injuries or addictions related to the impact of active service. Some veterans may find it difficult to transition from the military into civilian employment and life due to a lack of skills, education, isolation, loss of a sense of purpose, or stigma. Exposure to war and physical and emotional health issues can affect veterans' mood, behaviour and personality which can be challenging for family members. Personal, financial and childcare pressures can contribute to stress, addiction, breakdown in relationships and secondary trauma for family members. One veteran accessing Depaul Ukraine's emergency shelter in Kyiv told a story which will become more common in the coming years:

**“My house in Irpin, Kyiv region, was destroyed at the beginning of the war and I became homeless for the first time. After being called up, I went to war and was wounded, confused, and was in hospital and a psychiatric hospital. Now I am living in a shelter where I am trying to collect documents to get out of the army. Today, I receive UAH 820 per month as a soldier not involved in combat operations, because I cannot perform my functions for health reasons. I lost everything, went to defend my homeland, and now I can't achieve anything. Because of my illness and experiences, I feel constantly in danger, I never feel safe. I am treated differently: sometimes with respect, sometimes with contempt, sometimes with fear.”**

*Shelter client, Kyiv.*

<sup>14</sup> International Organization for Migration (IOM), "Impact of Changes to the IDP Living Allowance," 2024, accessed August 9, 2024, [https://dtm.iom.int/sites/g/files/tmzbd11461/files/reports/IDP\\_living\\_allowance\\_Thematic%20Brief.pdf](https://dtm.iom.int/sites/g/files/tmzbd11461/files/reports/IDP_living_allowance_Thematic%20Brief.pdf).

<sup>15</sup> "Survey Shows 48% of Conscripts Have No Desire to Serve," LB.ua, February 28, 2024, citing Info Sapiens research, accessed August 9, 2024, [https://en.lb.ua/news/2024/02/28/27274\\_survey\\_shows\\_48\\_conscripts.html](https://en.lb.ua/news/2024/02/28/27274_survey_shows_48_conscripts.html).

<sup>16</sup> Dandeker, Thomas, Dolan, Chapman, and Ross, "Feasibility Study on the Extent, Causes, Impact, and Costs of Rough Sleeping and Homelessness Amongst Ex-Service Personnel in a Sample of Local Authorities in England" (KCMHR, King's College, 2005); Rhodes, Pleace, and Fitzpatrick, "The Numbers and Characteristics of Homeless Ex-Service People in London: A Review of the Existing Data" (Centre for Housing Policy, University of York, 2006).

<sup>13</sup> IPSOS, "Lives on Hold: Perspectives of Refugees, IDPs, and Returnees," 2024, accessed August 9, 2024, <https://www.ipsos.com/en/lives-hold-intentions-and-perspectives-refugees>.

## Causes and contributing factors to homelessness in Ukraine

### Socio-economic

- High unemployment and low salaries
- Lack of affordable accommodation
- High cost of living and inflationary pressures
- Loss of documentation required to access state support
- Low state pension
- Impact of Covid-19
- Social stigma towards people experiencing homelessness

### Personal

- Relationship breakdown
- Substance misuse, addiction or gambling
- Disability or chronic health problem
- Domestic abuse and gender-based violence
- Childhood trauma and child abuse
- Mental health issues, trauma and bereavement
- Low self-esteem, self-belief and resilience
- Lack of life skills and coping mechanisms
- Lack of supportive relationships
- Imprisonment and criminal record
- Low levels of education and skills

### War

Exacerbates the socio-economic and personal causes and drivers listed above

- Displacement, especially multiple and long-term displacement
- Destruction or damage to homes
- Inability to return to homes for people from occupied and frontline locations owing to insecurity
- Restrictions to the eligibility criteria for IDP living allowance since March 2024
- Reductions in humanitarian aid
- Fear of conscription leading to unemployment or informal employment
- Anticipated rise in war veterans with medical, mental health and rehabilitation needs

## 2. Needs analysis

Interviews with people experiencing homelessness surfaced important trends in their needs and support priorities.

Below we analyse needs common to the broad homeless population, and assess trends specific to people sleeping rough and people living in IDP temporary accommodation. We also separately present analysis from interviews conducted with people experiencing or at-risk of homelessness in prison or recently released who represent a significant at-risk group in Ukraine.

### **Common needs in the homeless population**

There are several important needs common to the broad homeless population, per ETHOS Light categories 1-4.

#### **i. Housing and accommodation**

By definition, someone experiencing homelessness does not have an adequate, permanent home so it is expected that housing and accommodation were identified by respondents as a critical need. Strategies to address homelessness must centre housing, as discussed in more detail later in the report.

Eighty-one per cent of respondents in IDP temporary accommodation services reported a need for support with finding long-term accommodation. This can be challenging especially owing to the rise in rental prices in some areas. IDPs in temporary accommodation, particularly in Kyiv and Odesa, told us that they struggle to save a deposit for rented accommodation. In Lviv, comparatively safer than other cities, rental prices are 30% higher on average than before the full-scale invasion.<sup>17</sup> In many cities, rental prices dropped sharply in the opening months of the war but in regions further away from the frontline the prices are now

recovering. In Kyiv, for example, average rental prices are now only 15% lower than pre-war levels.<sup>18</sup>

Respondents accessing rough sleeping services also identified the need for support with both temporary (36%) and permanent accommodation (33%). This represents a surprisingly high level of motivation among people sleeping rough or in emergency shelters to attain permanent housing and suggests progress can be made to support people into adequate accommodation. Sometimes, people who have slept rough for extended periods can be reticent to move into housing owing to a number of factors including trauma, a fear of isolation and a lack or loss of independent living skills. Agencies may find they need to support people over a lengthy period to regain or develop the confidence to move into and sustain a suitable housing option. In our interviews with people accessing rough sleeping services, a third have already expressed a desire to find permanent accommodation. This should be a focus of homelessness strategies.

#### **ii. Physical health**

Medical assistance is the third highest priority need identified by people interviewed accessing rough sleeping services (33%) and IDP temporary accommodation services (38%). Nineteen per cent of respondents living in IDP temporary accommodation reported a physical or chronic health condition and some 69% of people interviewed in rough sleeping services reported physical health problems. Many have long-term conditions and the chronic stress of the ongoing war is also damaging people's physical health.

<sup>17</sup> "How Have Real Estate Prices in Ukrainian Cities Changed Over the Year?" Visit Ukraine Today, accessed August 9, 2024, [https://visitukraine.today/blog/3073/how-have-real-estate-prices-in-ukrainian-cities-changed-over-the-year#google\\_vignette](https://visitukraine.today/blog/3073/how-have-real-estate-prices-in-ukrainian-cities-changed-over-the-year#google_vignette).

<sup>18</sup> Ludmila Simonova, "How Has War in Ukraine Affected Its Property Market?" Property Journal, April 26, 2024, accessed August 9, 2024, <https://ww3.rics.org/uk/en/journals/property-journal/ukraine-war-property-market.html>.



Health needs and disabilities increase the risk of homelessness. They can prevent people from working or force them to work in lower paid roles. Although medical care in Ukraine is legally free, in reality, the majority of patients are required to pay for many medications, doctors' appointments and surgeries. Cost is a major barrier to treatment as the cost of medications has risen since 2022 and people's income levels have fallen. People experiencing homelessness with health issues may also face barriers in accessing treatment due to a lack of documents or stigma.

There are also specific health needs in the rough sleeping population, a group which is at greater risk of death from treatable conditions. People sleeping rough are at higher risk of contracting TB, HIV/AIDS, frostbite or overdosing on substances. Case studies revealed that many people discharged from hospital or mental health units have nowhere to go. People with serious medical conditions who require specialist daily medical care are not able to receive adequate support in emergency rough sleeping provision such as shelters. People sleeping rough with physical health needs often experience anxiety and stress, as one client in Kharkiv told us:

**“As I am disabled and need constant support, my main concerns are fears that I may be left without help. I also have a constant need for medication. As I do not receive a pension or other income, I have problems with medication that I have to constantly ask for somewhere. The good thing is that so far I don't need expensive medication or in large quantities, but I fear what I will do if such a situation comes. I also need to have surgery, but I don't have the money for that surgery. I am afraid that if my health situation gets worse, Depaul will not be able to help me because they cannot work**

**with sick people as a hospital. And then, I am afraid I will find myself again without any help in a completely helpless state.”**

*Shelter client, Kharkiv.*

### iii. Mental health and wellbeing

Mental health needs are common in the homeless population, as in wider Ukrainian society. A third of respondents in IDP temporary accommodation report a need for psychological support. One in five people (18%) accessing rough sleeping services report a mental health need – 12% have a mental health diagnosis – and 8% report a need for support in the area. These figures are likely underreporting the true level of need. Many people with trauma and mental health issues do not disclose them and may be reticent to seek help due to cultural stigma, but the available evidence suggests mental health needs are high. Trauma is widespread in the Ukrainian population. A study of 3,173 Ukrainians published in the Lancet reported only 7% of participants disclose no or mild levels of stress, anxiety and/or PTSD. Needs are higher among IDPs. Forced displacement and the need to adapt to a new environment were found to contribute to mental health issues resulting from wartime exposure.<sup>19</sup> People experiencing homelessness are more likely to have a mental health need owing to increased experiences of trauma and the deteriorating impact on wellbeing of homelessness and rough sleeping. Mental health interventions, including by specialist psychologists, are an important consideration in supporting people experiencing homelessness.

Wellbeing relies not only on psychological interventions, although these are crucial for some people, but on wider support networks which improve resilience. In interviews, people experiencing homelessness highlighted the importance of social support, healthy relationships and networks of family, friends and NGO support workers. A breakdown in relationships and family conflict are a common cause of homelessness.

<sup>19</sup> Lushchak et al., 2024, “Prevalence of stress, anxiety and symptoms of PTSD among Ukrainians after the first year of the Russian invasion,” [https://www.thelancet.com/journals/lanape/article/PIIS2666-7762\(23\)00192-8/fulltext](https://www.thelancet.com/journals/lanape/article/PIIS2666-7762(23)00192-8/fulltext)



Image: Depaul

Respondents said relationships are a critical source of happiness, motivation and hope. Peer-to-peer relationships with other people in services can provide a supportive network to cope and adjust to life in the service and a new city. Clients value relationships with organisations willing to listen to their stories and needs, and who accept them as people without trying to change them.

Stigma around rough sleeping also contributes to deterioration in wellbeing and mental health. People sleeping rough repeatedly experience stigma from members of the public, employers, landlords, medical and social services. Stigma affects people's ability to access jobs, accommodation, state support and medical care. Attitudes towards people sleeping rough carry a legacy from the Soviet period, when homelessness was

<sup>20</sup> Yuliia Turba, “Local government relationships in addressing homelessness” (Master's thesis, Central European University, 2023), accessed August 12, 2024, [https://www.etd.ceu.edu/2023/turba\\_yuliia.pdf](https://www.etd.ceu.edu/2023/turba_yuliia.pdf)

illegal and generally perceived as a lifestyle choice rather than the absence of a home. During this time, people sleeping rough and formerly imprisoned people were barred from entering within 100km of Kyiv and other large cities.<sup>20</sup> Negative attitudes towards people sleeping rough undermine people's dignity and self-belief, and increases their isolation:

**“Homeless people are to blame for their lifestyle, they have chosen this way of life and are a burden on society’: This is a very common opinion with which people express their attitude towards homeless people.”**

*Sisters of Mary of the Miraculous Medal, Kyiv*

# HALF OF PEOPLE INTERVIEWED (49%) HAVE SLEPT ROUGH FOR OVER FIVE YEARS, AND ALMOST ALL (95%) HAVE SLEPT ROUGH FOR AT LEAST ONE YEAR.

## iv. Documentation

In Ukraine, identity documents are required to fulfil a range of daily activities and to exercise basic human rights.

Documents are required to work, access medical services, receive state benefits, marry, vote, travel abroad and open a bank account. A lack of documentation was reported repeatedly as a barrier by people experiencing homelessness. The highest proportion of people without documents and who face barriers to renewing their documents include IDPs, people from occupied regions, formerly imprisoned people and people sleeping rough. Some 24% of current and formerly imprisoned males interviewed do not have an identity card. Some face intractable barriers. Individuals with old Soviet-style passports must have their data verified in the archive where they were registered; however, these are not accessible in occupied or contested oblasts/raions in the East and South. The process for renewing and replacing documents is slow and bureaucratic and in some cases can be unsuccessful, leaving the person without ID.<sup>21</sup> One person accessing Depaul Ukraine's emergency shelter in Kyiv told us:

**“I was born in the city of Donetsk. In 2014, I became an IDP and moved to Vyshhorod [in Kyiv oblast], then to Kyiv [city]. I lived in a hostel until all my documents**

**and belongings were stolen. I cannot restore my documents and my civil rights because I lived for 10 years in both Vyshhorod and Kyiv. I lost everything and everyone in my homeland, and no one on the other [occupied] side can confirm.”**

*Male shelter client, Kyiv.*

Legal advice services were identified as a priority by around a third of people experiencing homelessness, both those in IDP temporary accommodation (38%) and those accessing rough sleeping services (33%). Legal advice services predominantly comprise restoration of identity documents and welfare rights support to access pensions, disability benefits and IDP payments. The Ukrainian welfare system is under huge pressure and Ukrainian law is complex. Navigating these without support is costly, slow and stressful and may be impossible for some. Legal advice services empower people to access employment, entitlements and exercise their human rights, which are critical for moving out of homelessness. One service provider told us:

**“The most difficult [challenge] is the documentation of homeless people, the renewal of passports and pensions. This is due to the**

**peculiarities of the legislation, which sets very strict conditions for renewing documents.**

**Without documents homeless people are practically deprived of the opportunity to receive medical services and pensions: disabled and older people are unable to enter care homes and end up begging on the streets.”**

*Kharkiv City Centre for Reintegration of Homeless People.*

## Rough sleeping population: needs analysis

The majority of people we interviewed for this report (133 people out of 200 who completed a structured questionnaire, of which 55 completed a shorter version of the questionnaire) are accessing rough sleeping services (ETHOS Light categories 1-2). There is very little evidence or data on the needs of people sleeping rough in Ukraine so our analysis in this section concentrates predominantly on this group to add to understanding in this area.

The people we spoke to reported a wide range of living situations. About half of people interviewed tend to sleep in emergency accommodation (ETHOS Light category 2) and the other half (53%) regularly sleep on the street or in public spaces such as trains and basements (ETHOS Light category 1). Many people cycle through living in a variety of places on the streets, in shelters and for short periods with friends or relatives. People who are not under the influence of alcohol or drugs are able to stay in municipal or NGO-run shelters, although in Odesa people who are under the influence are able to stay in Depaul Ukraine's 'low-threshold' shelter. People sleeping rough commonly bed down on the trains, in stations, entrances, parks and basements. The war has improved the conditions of basements which some people use as

sites to bed down: they are cleaner and more accessible having been converted into bomb shelters. Some homelessness services, which were already over-stretched, have closed since the full-scale invasion, and this has forced some people to return to rough sleeping:

**“I have been homeless for 24 years. I had a fight with my brother, he insulted my mother, and I was very angry with him, so I left the apartment. Then I lost my job and became addicted to alcohol. I have been homeless since. I used to live in a rehabilitation centre, now I live in trains. I sleep in the train on the benches, I have a route that I travel all night. I leave Kharkiv at night for safe places, because it is dangerous in Kharkiv. At 7.10 I arrive, then I collect bottles, waste paper, and look for a place to work. From 11.00 to 12.00 I go to Depaul's day centre where I can bathe, change clothes, get treated for lice, get a haircut and rest. Every day I come to the train station to get hot meals, clothes, and socialize. I earn money from returning bottles, sometimes I clean the café. Sometimes teenagers can insult me, but other people stand up for me.”**

*Male outreach client, Kharkiv.*

We asked people to name their highest priority support needs. A range of options were mentioned which points to the complexity of needs within the population, explored in more detail on the next page:

<sup>21</sup> UNHCR, “Briefing Note on Access to Documentation,” January 2020, accessed August 12, 2024, <https://www.unhcr.org/ua/wp-content/uploads/sites/38/2020/01/UNHCR-briefing-note-on-access-to-documentation-2020-EN.pdf>

### Ranking of priority needs

Finding long-term accommodation	33%	4
Finding employment	31%	5
Medical	36%	3
Legal	33%	4
Psychological	8%	7
Cash payments/benefits	7%	8
Temporary accommodation	36%	3
Hot meals	81%	1
Hygiene services (laundry, showers)	65%	2
Addiction rehabilitation services	11%	6

#### i. Entrenchment

The levels of entrenchment – how long people have experienced homelessness – are very high. Half of people interviewed (49%) have slept rough for over five years, and almost all (95%) have slept rough for at least one year. The levels of entrenchment suggest the needs in the population are generally high, complex and severe because needs tend to multiply and deepen the longer an individual experiences homelessness. This also suggests that existing provision is not effectively supporting people out of homelessness: many people are stuck in or between emergency shelters and rough sleeping.

#### ii. Violence, domestic violence and intersection with sex

A majority of people accessing rough sleeping services have experienced violence. Seven in ten people (69%) said they have experienced violence on the streets. A quarter (24%) of people accessing rough sleeping services report they are a survivor of domestic violence.

Experience of violence and domestic violence leads to trauma and survivors may need different support from other people. This includes a need for safe accommodation for some people who remain at-risk of violence. In Ukraine, the risk of violence is coupled with war-related security risks such as shelling.

Women sleeping rough are more likely to have experienced domestic violence than men: 50% of women in this category report being a survivor of domestic violence and 20% of men report being a survivor of domestic violence. Women are also more at-risk of violence (including gender-based violence) in general: 79% of female respondents accessing rough sleeping services report having experienced violence.

Women represent a minority of the rough sleeping population in Ukraine (we do not know the exact proportion because reliable data does not exist). It is difficult to establish the cause of this. Women are more likely to be prioritised in state or humanitarian assistance programmes so tend to have more support options than single men. However, women’s needs are also distinct and women sleeping rough

## ADDICTION NEEDS, ESPECIALLY ALCOHOL ADDICTION, ARE HIGH IN THE ROUGH SLEEPING POPULATION IN UKRAINE: HALF OF PEOPLE (49%) REPORT A NEED.

tend to be more hidden and difficult to reach, perhaps in part because of their vulnerability to violence.

#### iii. Older people

The needs of older people sleeping rough tend to be more complex and severe. In particular, they are more likely to have physical health needs: some 85% of respondents over the age of 60 have a physical health condition and 74% have a chronic health condition. Many struggle to cover medical costs. Older people are also more likely to have difficulty living independently and are at increased risk of isolation and loneliness, especially in insecure areas where many people have left.

Older people also face challenges with securing income, which can trap people in homelessness. There are fewer employment opportunities for older people who are fit to work, although it should be noted that only 15% of respondents across all age groups are in employment. Some older people at pre-pension age find they are trapped in unemployment or low paying jobs: they may struggle to find adequate work because of their age, but are not yet eligible for a pension and are excluded from most humanitarian targeting criteria. The state pension also poses challenges: it is insufficient to cover the costs of renting a room, utilities and food (particularly in winter). As of July 2024, 44% of pensioners receive less than UAH 4,000 a month.<sup>22</sup>

Depaul Ukraine’s 2023 needs assessment also found that pensions are a critical income source for some pensioners’ wider families, and the pension value is not designed to support so many people. One 56-year-old IDP sleeping rough in Kharkiv identifies the specific challenges he faces:

**“My daughter, her husband and my grandchildren moved to America, and I lost my job as a cook’s assistant. It became difficult to survive... I am looking for a job, sometimes I get a low-paid and difficult job, but for health reasons I can no longer work in a difficult job. I am looking for a job that is well-paid and permanent. I can’t look for a job using the internet, my age is a barrier.”**  
*Female IDP outreach client, Kharkiv.*

#### iv. Addiction

Addiction needs, especially alcohol addiction, are high in the rough sleeping population in Ukraine: half of people (49%) report a need. Respondents report needs relating to alcohol misuse (44%), substance misuse (14%), gambling (5%) and multiple addictions (12%). Eleven per cent report a desire for support to address their addictions. A quarter of respondents aged 18-45 report substance misuse needs which aligns with KII feedback that drug use is higher among younger clients. Addiction is commonly one factor among

<sup>22</sup> “Pensions 2024: What Changes to Expect,” OpenDataBot, July 19, 2024, accessed August 9, 2024, <https://opendatabot.ua/en/analytics/pensions-2024-7>.

several in rough sleeping, as one woman sleeping rough in Kyiv shows when telling her story:

**“My ex-husband was killed in the apartment where I lived two-and-a-half years ago. When I returned home from a business trip, the apartment was sealed, and I was forbidden to enter, even to take my belongings. That’s how I ended up on the street. I started drinking alcohol, lost my job, lost my friends, slept wherever I could. I came to the shelter in a very poor condition. They [Depaul Ukraine] helped me with treatment, to restore my documents, and register my disability. I am currently receiving a small disability pension... Depaul are helping me to restore my housing rights and return home. Before I came to the shelter, I didn’t care about myself anymore, but people believed in me and helped me recover. My friends and acquaintances now talk to me with respect, they are very surprised that I don’t drink and that I have ‘transformed’ so much.”**

*Female shelter client, Kyiv.*

Substance and alcohol misuse is a risky coping strategy which can both lead to homelessness and is a common barrier to moving out of homelessness. People with addiction needs are at greater risk of homelessness due to a negative spiral of personal circumstances, including unemployment, eviction and relationship breakdown. A small minority may sell everything, including their home, to fund their addiction. People with substance or alcohol misuse needs are at higher risk of mental and physical health problems and of relationship breakdown, as this man’s story shows:

**“I wanted to get married, but it didn’t work out. I didn’t have my**

**own house, but I worked, earned money, and rented a place to live. I was in a position, hired employees. Then I started abusing alcohol. I lost my job, my home, my friends, the point of working. All I could think about was how to find money for alcohol and that was it. I was treated for addiction more than three times and was in rehabilitation. I started drinking again. Now I have been sober for more than two months, I have completed a recovery course. I am treated with respect by the shelter staff. Ordinary citizens, especially those from whom I used to ask for money, are still wary, but also respectful that I have stopped drinking [for the first time in 10 years].”**

*Male shelter client, Kyiv.*

Interviews with clients and service providers surfaced a need to support clients with alcohol and substance misuse issues to gain the motivation to seek help, to believe that they can be successful and to find alternative coping mechanisms. People highlighted the need for quality rehabilitation services and the need for access to ongoing support after completing rehabilitation to prevent relapse:

**“We had 2 clients I referred to the [Vincentian] addiction rehabilitation centre [in Odesa], one spent nine months there and got medical assistance and then after nine months they are now clients in the low threshold shelter again. If you are on the streets, you cannot stop drinking – especially in the winter. When you are drunk you can ask for money, steal something, it makes you do what you would not do when sober.”**

*Depaul Ukraine staff member with lived experience of homelessness, Odesa.*



#### v. Experience of care and prison

Across all contexts, people with experience of living in institutions such as prisons and care services are at higher risk of rough sleeping. Four per cent of people accessing rough sleeping services report having lived in an orphanage as a child. Looked after children exiting the care system and people who grew up in care are at high risk of homelessness in many contexts. The care system in Ukraine remains partly dependent on institutionalised orphanages, a model which has been criticised by specialists and from which several other CEE countries have decided to move away in recent decades. Many people who grew up in care have never had their own home and lack a support network.

Separately, formerly imprisoned people constitute a significant proportion of the rough sleeping population: 31% of respondents said they had been in prison and 41% have a criminal record. This is explored in more detail in a section on the needs of imprisoned and formerly imprisoned people below.

#### vi. Basic needs: food and hygiene

People accessing rough sleeping services identified basic food and hygiene services as important priorities. Hot meals are the highest priority service (81%), including among older people and IDPs. Many people are unable to cover the cost of food and many do not have access to cooking facilities. Some services provide the only hot, nutritious daily meal for many clients. These services were also identified as an entry point into other support. Hygiene services, such as showers and laundry services, are the second highest priority service (65%). Access to hygiene services prevents illness and is important for people’s dignity. Meeting basic needs is a fundamental concern for rough sleeping services. However, without other support these services are unlikely to create the conditions that empower people to achieve positive change.

Cash assistance programmes, which are often designed to flexibly support essential needs such as food and hygiene, are not a high priority service (only 7%). This may in part be because single men – who constitute most of the rough sleeping population – are rarely eligible for such programmes and so respondents deprioritised on this basis.

## IDPs experiencing homelessness: needs analysis

In contrast to the rough sleeping population, there is significantly more publicly available information on the needs of displaced people experiencing homelessness (ETHOS Light category 3). As a result, this group constitutes a much smaller proportion of people interviewed for this report (22 people out of 200). The smaller sample size makes it difficult to report definitive trends, and this has been done by other reports in any case<sup>23</sup>, so we briefly highlight some key themes emerging from the interviews and note the differences in needs from the rough sleeping population. Effective strategies which address homelessness in its multiple forms must account for these differences.

Whilst at the beginning of this section we identified a number of needs common to the wider homeless population, interviews with displaced families living in temporary accommodation confirmed several critical differences from the rough sleeping population. For example, experience of imprisonment and addiction needs are lower: only one respondent had been in prison, and no one who we interviewed reported an addiction. The main concerns of interviewees are how to afford food, clothes and medical care, where to find permanent accommodation and how to apply for state support. Support with finding long-term accommodation (81%) and employment (57%) are the highest priorities. IDP families living in a new city, many of whom have come from rural areas, require practical and social support to navigate their new environment and to empower them to move out of temporary accommodation. One woman's story is representative of many heard during our interviews:

**“We sleep in a room with two bunk beds, two wardrobes,**

**a table, a fridge, a TV and air conditioning. The days are all the same, basically like in the film Groundhog Day. Breakfast, lunch and dinner are for the children: my husband and I eat whenever we have time and opportunity. In the evening we go out with the children. Since we are now living in a hostel, we try to be respectful to everyone in the hostel. Money is very difficult. It is very good that Depaul helps with money for food. As IDPs, we have not yet received payments, although we have already applied. My older child needs medical care because he has a childhood disability. We were helped to contact the Rafail Family Medicine Clinic, where they helped us. We are in constant contact with Depaul representatives by phone or face-to-face. Depaul representatives are always caring, respectful and sincere. I believe that as long as I have a roof over my head, I am safe, even if it is temporary. But I really want to have my own house, with a garden. I would like to get a puppy to grow up with my young children and become a real, loyal friend for them.”**

*Female temporary accommodation client, Odesa.*

The rough sleeping population tends to comprise overwhelmingly of single adults, whereas temporary accommodation services host a large number of children who need specific support. Households with children face significant barriers to recovery and sustaining housing. It is difficult for caregivers with young children to work due to pregnancy, childcare obligations and a lack of childcare services, and limited flexible working opportunities. Only half of working-age IDPs (aged 18-59)



**AS LONG AS I HAVE A ROOF OVER MY HEAD, I AM SAFE, EVEN IF IT IS TEMPORARY. BUT I REALLY WANT TO HAVE MY OWN HOUSE WITH, A GARDEN.**

are in employment.<sup>24</sup> Pregnant mothers and small children have needs which incur additional expenses, and some caregivers are balancing care both to children and older dependents:

**“I care for my children and mum. My mother needs treatment, and there is not enough money for everything. My youngest child is 2 years old... I take turns with my mother to go to work.”**

*Female IDP temporary accommodation client, Odesa.*

of the humanitarian response in Ukraine. It is common for people living in transit centres and temporary accommodation services to receive cash assistance after their initial displacement. Almost a third of respondents staying in IDP temporary accommodation report a need for financial assistance. People with low incomes are finding it increasingly difficult to cover their essential needs due to an increase in living costs, low pensions, reduction in access to IDP benefits and depletion and tightening of humanitarian cash and in-kind assistance programmes. IOM report that a third (31%) of renters in Ukraine are spending over 70% of their income on rent and utilities alone.<sup>25</sup>

Cash assistance has been a major feature

<sup>23</sup> International Organization for Migration (IOM), “DTM Ukraine — Internal Displacement Report: General Population Survey Round 16 (April 2024),” May 30, 2024, IOM, Ukraine; REACH, “Outlook and Way Forward: Durable Solutions for People Living in Collective Sites in Ukraine,” accessed August 9, 2024, [https://repository.impact-initiatives.org/document/reach/7d73ed0f/UKR\\_DS\\_CCCM\\_report.pdf](https://repository.impact-initiatives.org/document/reach/7d73ed0f/UKR_DS_CCCM_report.pdf); United Nations Protection Cluster in Ukraine, “Overview of Findings of the Protection Cluster Monitoring Tool on the Impact of Changes in Payments of IDP Allowance,” April 2024.

<sup>24</sup> International Organization for Migration (IOM), “DTM Ukraine — Housing Brief: Living Conditions, Rental Costs and Mobility Factors,” July 15, 2024, IOM, Ukraine.

<sup>25</sup> International Organization for Migration (IOM), “DTM Ukraine — Housing Brief: Living Conditions, Rental Costs and Mobility Factors,” July 15, 2024, IOM, Ukraine.

Such a high absorption of income on housing costs leads to a state of housing insecurity and is a significant risk factor of homelessness. Many people have already depleted their savings at this stage of the war and are unable to cover unexpected and large costs, such as medical bills or a deposit for rented accommodation.

### **Imprisoned and formerly imprisoned people at-risk: needs analysis**

People due for release from prison and formerly imprisoned people are at heightened risk of homelessness in all contexts. People exiting institutions – such as prisons, hospitals and orphanages – are defined as experiencing homelessness by the ETHOS Light typology if they do not have secure accommodation available upon their exit or if they are spending longer than planned in the institution because of a lack of accommodation. Unplanned exits from institutions are a key driver of rough sleeping and formerly imprisoned people comprise a substantive proportion of the rough sleeping population. Of the people interviewed accessing rough sleeping services in Ukraine, 31% report having been in prison and 41% report having a criminal record.

To provide more detailed analysis on this issue, for this report we interviewed 46 people accessing Depaul Ukraine's preventative service which supports people at-risk of homelessness due for release from prison (ETHOS Light category 4) and people on probation at-risk of homelessness. Of the 46 people interviewed, 35 are in prison (at time of interview) and 11 are on probation.

Reinforcing cycles of imprisonment, homelessness and offending are resulting in a so-called 'revolving door' between prison and the street in Ukraine. Formerly imprisoned people are at greater risk of reoffending if they are sleeping rough, including a risk of exploitation by unsafe and criminal networks. Half (50%) of the people interviewed said they had

experienced homelessness before their current imprisonment; and 73% of men and 89% of women have served multiple prison sentences. It should be noted this may not be representative of the general prison population, but highlights the experiences of people accessing homelessness prevention support and the complexity of services required to support them.

Repeated periods in prison can weaken resilience, for example straining relationships with family and friends who might have provided accommodation options and a route back into the community. Many imprisoned people do not have a home to which they can return after their release: only 11 of the 35 people in prison interviewed said they have their own home, and almost half (43%) said they plan to either sleep on the street, in an emergency shelter or do not know where they will go. Relationship breakdown is common among imprisoned people, and many lose contact with family and social support networks. Family conflict and divorce are the most highly cited causes of homelessness among this population. The full-scale invasion has exacerbated relationship breakdown and loss of contact: family and friends might now be non-contactable if they are forced to evacuate their homes, are serving in the army, living in occupied territories, or displaced.

Limited employment opportunities increase the risk factors of homelessness. Three-quarters (74%) of people interviewed were employed before their imprisonment, but formerly imprisoned people face significant barriers when attempting to re-enter the job market. Employers are reluctant to hire formerly imprisoned people, even if they hold qualifications and professional experience in skilled positions, as one person told us:

**“Before prison I worked as a nurse. Now I accept unqualified work because I can't find a job in my speciality, I can't**

## **HALF (50%) OF THE PEOPLE INTERVIEWED SAID THEY HAD EXPERIENCED HOMELESSNESS BEFORE THEIR CURRENT IMPRISONMENT.**

**prove my qualification. And also, after prison they will not hire me as a nurse.”**

*Female formerly imprisoned person sleeping in Depaul Ukraine's Kharkiv shelter.*

Formal employment opportunities require that applicants present identity documents confirming their right to work and some current and formerly imprisoned people have lost or have not updated their documents. Nine of the 46 people interviewed (20%) said they do not have up-to-date identity documents. As a result, formerly imprisoned people typically rely on low qualified, low paid, informal and insecure work. Irregular work increases the risk of exploitation, especially for women. The absence of a regular salary also weakens financial resilience, and the security needed to pay for housing expenses such as rent and utilities.

The stigma faced by formerly imprisoned people in the job market is also present in the housing market. Even with a job, formerly imprisoned people struggle to secure housing. People we interviewed and Depaul Ukraine staff report that landlords are reluctant to rent to people who have spent time in prison. This stigma applies in civil society provision too. Despite the large increase in NGO assistance programmes since the full-scale invasion, 91% of people interviewed said they have not received support from any organisation other than Depaul Ukraine. Some people report being excluded from assistance for displaced people as a result of their offending history:

**“In society I feel negative attitudes towards me if people realise that I have a previous conviction or that I am homeless. For example, I have been denied the right to a hostel even though I am a displaced person from an area where there is fighting right now.”**

*Male formerly imprisoned person, Kharkiv night shelter.*

Needs and priorities for support among this group are multiple and include basic material assistance (food, clothes), legal support to renew identity documents and employment support after exiting prison. Levels of addiction are broadly in line with the rough sleeping population (43% of respondents said they have misused alcohol) and physical health needs are also significant (a third of men report having a physical health condition). Support to secure an accommodation option ready upon release is also cited as vital, as summarised by one formerly imprisoned person:

**“It is very important for homeless people who are serving their sentence in prison to know that they have a place to live when they are released.”**

*Male formerly imprisoned person, Kharkiv night shelter.*

### 3. Provision: homelessness services in Ukraine

The availability of services in Ukraine for people experiencing homelessness, and especially for people sleeping rough, is alarmingly limited. The extent and composition of services nationwide is insufficient to meet the needs of people experiencing homelessness. Provision is dependent on a small number of state and civil society actors who are overwhelmed. In our interviews with people accessing Depaul Ukraine's homelessness services, we asked about their access to support from other providers and their recommendations for support programmes. We also conducted key informant interviews (KIIs) with service providers from nine state and civil society organisations who provide support to people experiencing homelessness, in addition to KIIs with Depaul Ukraine services staff. We reflect in detail on four key findings below relating to services for people sleeping rough, people with addiction needs, people with health needs, and coordination among actors. In the next section, we look at strategies to address homelessness in Ukraine through analysis of international best practices and their application to the Ukrainian context.

In Ukraine, homelessness services are almost exclusively emergency and temporary in nature, designed to meet people's basic physical needs. Services in cities are provided by the state, civil society organisations and faith-based organisations with some support from humanitarian actors for IDPs and war-affected people. Services include hot meals, temporary shelters, support with documentation, medical services, rehabilitation services and small-scale provision of longer-term accommodation for vulnerable groups such as older people, terminally ill people and vulnerable women and children. Targeted support is also provided to vulnerable people at greater risk of homelessness, including people living with HIV/AIDS, veterans, imprisoned people and young

people in juvenile detention.

The most common response was 'none' when we asked people accessing Depaul Ukraine's rough sleeping services what support they have received from another actor. This rose to a staggering 91% when we asked the same question to current and formerly imprisoned people at-risk of homelessness supported by Depaul Ukraine's specialist prevention service. There is a severe lack of available services reported by people sleeping rough or at-risk, and people in prison or with offending history at-risk of homelessness. There are comparatively more services available for people in other groups experiencing homelessness, such as displaced families in temporary accommodation. These groups are more likely to be eligible for state or NGO humanitarian assistance, although as discussed earlier the assistance available is reducing and many people are highly vulnerable and at-risk.

#### i. Provision for people sleeping rough

We compared the priority support areas identified by the rough sleeping population (discussed in the previous section) with the percentage of people who report receiving such support from other actors. In every area, the gap between reported need and assistance received is high. People sleeping rough are most likely to receive hot meals: a third of people said they have received this assistance from an actor that is not Depaul Ukraine. One in ten report receiving medical assistance. These forms of assistance help to address basic, urgent physical needs.

Support which addresses more complex and non-physical needs is not reaching the rough sleeping population. For each of the following areas, only one or two individuals (out of 133) report receiving support from another organisation: permanent or temporary accommodation; legal advice (to restore documentation); employment; addiction treatment. Not

a single person said they have received mental health support. An end to rough sleeping and homelessness is dependent on these interventions (as discussed in the next section). The gap in need and available assistance is alarming. A handful of people (five in total) report receiving financial assistance from a United Nations cash assistance programme. This is broadly in line with the priority support needs of the group (only 7% of people sleeping rough or in emergency shelter identify cash assistance as a high priority intervention).

**THE MOST COMMON RESPONSE WAS NONE' WHEN WE ASKED PEOPLE ACCESSING DEPAUL UKRAINES ROUGH SLEEPING SERVICES WHAT SUPPORT THEY HAVE RECEIVED FROM ANOTHER ACTOR.**



Clearly, though, cash assistance programmes – which have been prevalent in the humanitarian response in Ukraine – are not meaningfully reaching the rough sleeping population either.

People sleeping rough are considered among the most marginalised groups by the UN and in the European context. Yet our research suggests people sleeping rough in Ukraine are functionally excluded from almost all forms of assistance they need. This owes to insufficient capacity in available services generally, and to the

exclusion of people sleeping rough from the services which are available. This is likely for a number of reasons, including actors not prioritising people sleeping rough within their targeting criteria for humanitarian and other assistance programmes; a failure to engage with people sleeping rough or to support them to access services; and a failure to adapt programmes to the distinct needs and experiences of people sleeping rough e.g. to improve access for people with addiction needs to services (see more below).

Services received from other orgs (rough sleeping population)	% people who have received support from another agency	% of people who identified as priority support need
None	42%	N/A
Hot meals	34%	81%
Medical	10%	36%
Hygiene	4%	65%
Financial	4%	7%
Legal	2%	33%
Rehabilitation (addiction)	2%	11%
Employment	1%	31%
Temporary accommodation	1%	36%
Support finding long-term accommodation	1%	33%
Psychological	0%	8%

All of the people interviewed for this report are receiving support from Depaul Ukraine. The findings above are therefore mitigated by the fact people are receiving at least some of the assistance they need from Depaul Ukraine, and as noted some people receive food and medical assistance from other actors. However, this is little consolation. A small group of actors is not able to meet the scale and complexity of rough sleeping in Ukraine. We take no solace that Depaul Ukraine is working in such an under-represented area: a growth of actors concerned with rough sleeping is vital, both state

actors, civil society organisations and partnerships between the two. We also note that the people we interviewed are already engaging with services. As discussed earlier in this report, our research did not consult those people sleeping rough who are not engaging with services. We also conducted interviews in large cities (Kyiv, Kharkiv, Odesa) where levels of service provision tend to be higher. With this accounted for, the data above – whilst alarming – if anything likely overstates the availability of assistance for people sleeping rough.

## 800 PEOPLE HAVE ACCESSED THE SHELTER IN ONLY NINE MONTHS, REVEALING A LEVEL OF ROUGH SLEEPING BEYOND THE ESTIMATES OF PRACTITIONERS IN THE CITY.

### ii. Provision for people with addiction needs

The proportion of people sleeping rough and in emergency shelter with addiction needs is very high: as reported in the needs analysis above, half (49%) of the rough sleeping population have an addiction need. There is a lack of tailored support. This makes it extremely challenging to support someone to move out of homelessness. The practitioners we spoke to highlight the challenges of supporting people with addictions, and many said they have not received training in this area.

In practice, rough sleeping services tend to exclude people with addiction needs because people under the influence of alcohol or drugs are not permitted to use overnight shelters. There are no 'low-threshold' shelters (which allow access to people under the influence) in Ukraine's two main cities, Kyiv and Kharkiv. Depaul Ukraine opened a low-threshold shelter in Odesa in November 2023. The level of demand for this service has surprised even the team who run the project. Some 800 people have accessed the shelter in only nine months, revealing a level of rough sleeping beyond the estimates of practitioners in the city. Simply allowing people with an addiction need into services is just a starting point. There is a lack of built-in support for people who misuse substances or alcohol, including access to medical care for people who overdose and support for addiction-related health issues. Much more work is

required to shape services to the needs of people living with an addiction, as one practitioner in Kharkiv told us:

**“The main obstacle is the addictions of people, because we do not allow alcohol or drug intoxication in our facility. This prevents them from getting out of homelessness, and us from providing them with services. There is a lack of centres of the relevant profile that are free of charge and do not use their work as a source of income, but actually help people with addictions.”**

*Kharkiv City Centre for Reintegration of Homeless People.*

Partnerships between homelessness agencies and specialist addiction treatment and rehabilitation services are rare, in part because of a lack of both. Addiction rehabilitation services are scarce and some charge a fee which is a barrier to entry to people sleeping rough. Echoing the key informant quoted above, people we interviewed spoke of being forced to work without payment in some facilities.

Depaul Ukraine has worked closely with the Vincentian residential rehabilitation project in Odesa which supports people with addictions to recover and is highly regarded by clients and practitioners. One key informant, who was supported by the rehabilitation project and is now employed as a practitioner by Depaul Ukraine, told us:





Image: Depaul

**“I have told clients from other rehabilitation centres to go to this centre. The key difference is that everything is based on principles, we discussed these principles and not alcohol or our background. There are 10 principles, and the key part of the principles is love.”**

*Depaul Ukraine staff member who has been through the Vincentian rehabilitation programme, Odesa.*

The Vincentian rehabilitation project, and other good quality treatment programmes, can be transformative for some. However, these programmes are often intensely demanding: the Vincentian project can take up to two years to complete. Moreover, whilst treatment and rehabilitation programmes are both essential and lacking, follow-up support is also currently insufficient. People remain at-risk of relapse, especially if people return to rough sleeping because they do not find or sustain employment. There are a lack of structured ongoing recovery interventions which support people who have completed rehabilitation programmes to sustain their sobriety and prevent relapse. These include peer support, mental health support,

case management and help with finding employment and long-term accommodation. With the incidence of addiction needs so high in the rough sleeping population, this should be a focus of development in homelessness provision.

### iii. Provision for people with mental and physical health needs

A high proportion of people in Ukraine experiencing homelessness of all forms are affected by trauma and mental health issues, however many are not ready to seek mental health support and its availability is anyway limited. The World Health Organisation reports that Ukraine has only one psychologist for every 100,000 people.<sup>26</sup> All services for people experiencing homelessness should adopt a trauma-informed approach and should incorporate creative ways to support wellbeing (see next section). We spoke to service providers who implement positive, replicable models of peer support and group work which promote wellbeing and provide an entry point for supporting people with more severe mental health needs:

**“We see that people are not ready**

**to work with psychologists, which dates back to the Soviet Union. Society condemns you if you go to a psychologist. We help people to start with group therapy and then move on to individual therapy.”**

*Alliance Global*

Access to medical assistance is insufficient to meet the high proportion of people experiencing homelessness (circa a third) with physical health needs. People sleeping rough have distinct needs, in part owing to the risks of sleeping rough in sub-freezing conditions in winter. Practitioners and people experiencing homelessness noted in interviews that people sleeping rough often face barriers to access services and to receive medical support in hospitals, due to stigma and cost. We found examples of homelessness services which are not accessible to some people with disabilities. People without documentation cannot register with a family doctor so are forced to rely on access to emergency ambulances which only respond to the most serious situations. Depaul Ukraine practitioners said they are often required to accompany their clients to medical appointments or call for ambulances. They spoke of having to advocate for people sleeping rough to receive treatment and of times when people have been refused treatment.

There are good examples of collaboration to improve access to healthcare for people sleeping rough and these should be replicated. For example, Depaul Ukraine works closely with medical services who support people experiencing homelessness, including the Daughters of Charity in Odesa whose nurses provide free medical services in Depaul's day centre. The nurses provide medicines, dress wounds, check blood pressure, and organise referrals to medical specialists and addiction services. The nurses said that people come not only to receive medical care, but also for the safe, confidential space where they can share their stories and concerns and be heard.

### iv. Coordination

Interviews identified other positive examples of coordination between actors. Overall, people experiencing homelessness value an individualised, holistic approach which meets them as individuals with unique experiences and tailors support. Coordination between actors with different specialisms is important for the delivery of high quality, specialist services which meet the multiple needs of people.

People's prospects are enhanced through receiving a variety of services which intersect and complement. For example, legal support to renew identity documents has helped some people to find employment or access pension payments, disability payments and IDP support. Civil society organisations have helped people to reconnect and return to their families, giving them a home and a fresh start. Employment and mentorship opportunities provided by civil society actors or state employment services have enhanced people's motivations and skills for finding employment. Relatively recent partnerships between prisons and civil society actors, whilst still limited in scope, point to a growing openness from the state to collaborate with civil society and might lay foundations for the wider development of public-private partnerships to address homelessness. These examples provide a foundation for learning which can be built on and point to a breadth of opportunities requiring further exploration, resources, coordination and partnerships (see next section).

Key informants report positive coordination between actors to provide information and safe referrals for people experiencing homelessness. The dynamic context requires organisations to explore new ways of working together, and the UN humanitarian coordination system and other new local coordination mechanisms created since the full-scale invasion may provide routes or at least learnings to

<sup>26</sup> “Psychologists Working in Mental Health Sector (Per 100,000),” World Health Organization, accessed August 9, 2024, [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/psychologists-working-in-mental-health-sector-\(per-100-000\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/psychologists-working-in-mental-health-sector-(per-100-000)).

further build on existing collaboration by actors in homelessness. A practitioner at the Kharkiv City Centre for Reintegration of Homeless People shares a long-standing example of positive coordination:

**“Our goal is to reduce homelessness in Kharkiv and respond to citizens’ requests for help. We have been working very fruitfully with Depaul Ukraine for many years. Together we are solving the same problem of homelessness. We had a long-term joint project to help homeless people with disabilities who were staying in our institution. Material assistance from Depaul often helped to solve urgent issues for individual clients or provided an opportunity to improve the living conditions for many homeless people: creating conditions during the COVID-19 pandemic, during the Russian aggression, providing food to clients for many years... we work together to end homelessness in Kharkiv. For our part, we try to help our colleagues from Depaul Ukraine, registering Depaul clients and helping them to get a residence registration, passport and any social benefits.”**  
*Kharkiv City Centre for Reintegration of Homeless People.*

The number of actors supporting people experiencing homelessness remains relatively small and practitioners speak of feeling overwhelmed by high levels of demand, a lack of funding and the difficulties of prioritising who to support. The demand on services is compounded since the full-scale invasion by pressure on social services, closure of some local organisations addressing homelessness, and recent and further projected reductions in humanitarian assistance.

There is also significant variation in the quality of provision. The quality,

cost and requirements of shelter and accommodation services, in particular, varies widely. Whilst some shelters are free, others charge a nightly fee. The cost of the Kyiv state shelter is UAH 10 including dinner and the Kyiv social hotel is UAH 18 with all meals included. Many people sleeping rough are deterred or barred from accessing shelters with strict rules on alcohol and drug influence/use, as discussed above. According to some interviewees and key informants, conditions in some shelters are poor. Respondents accessing Depaul Ukraine’s rough sleeping services recommend improvements to shelter conditions, operating hours and anti-social behaviour procedures. The sector might consider developing common quality standards for rough sleeping services, which could include guidelines on safe referrals, accommodation conditions and accessibility for women, people with disabilities and people with addiction needs.

More broadly, emergency and temporary services dominate Ukraine’s homelessness sector. Temporary accommodation services place limits on how long people can stay (usually from several weeks to a few months), and emergency shelters tend to allow access only night-by-night. State-funded homelessness provision is almost entirely emergency in nature and social housing is highly limited. Governments at both national and local levels tend to run services in-house rather than sub-contract to specialist providers. The importance of having a home repeatedly surfaces in interviews with people experiencing various forms of homelessness and in focus groups, and this is not adequately supported. Key informants speak of wanting to develop housing solutions for people experiencing homelessness. Preventative and housing-based solutions are in their infancy and these should be more fully explored and prioritised by actors (see next section).

Collaboration should not be limited only to service providers and the state. The facilitation and promotion of

support between people experiencing homelessness improves service quality. Respondents highlight activities – such as a gardening initiative run by Depaul Ukraine’s Kharkiv shelter, and cooking meals together in IDP temporary accommodation – which promote opportunities for peer support, positive interaction and physical activities alongside others. Such activities can help people to work the stress out of their body, do something for others and discover passions that give them a greater sense of meaning and purpose. People in focus group discussions request more social events and local outings, such as trips to the zoo and cinema, and opportunities to widen horizons and find new motivation:

**“People say we need a job, accommodation, documents but nobody says we need your support – I remind [clients] that you had a job before, you had a home before, but you do the same things and expect a different result. The main thing is to do something new that you have not done before... It is very hard to start something new which is why people do what they have done before. But that is the way to nowhere.”**  
*Depaul Ukraine staff member with lived experience of homelessness.*



## 4. Solutions

This section looks at international best practices and models in homelessness and their application to the Ukrainian context. There are already a number of services supporting people experiencing homelessness in Ukraine, and broader civil society has scaled significantly since the full-scale invasion. Many of the services and interventions delivered by humanitarian actors in Ukraine – especially in the shelter, health and protection sectors – are also relevant and are being provided to people experiencing homelessness. This section does not reflect much on humanitarian assistance because this has been covered in reports by other actors. Instead, we look at global practices within homelessness specifically to inform the future development of homelessness strategies in Ukraine. We first look at preventative approaches, and then turn to solutions which respond to homelessness.

### Preventing homelessness

Prevention is better than cure. This is a well-established principle of public health policy and should be applied in plans to address homelessness. Whilst various models described in the next section can offer effective cures to homelessness, prevention strategies and interventions are required to provide sustainable and durable solutions. This aligns to a shift in international humanitarian responses which increasingly embrace prevention in their design, for example relief and development coherence<sup>27</sup> an approach pioneered by the United States Department of State, and the humanitarian-development nexus.<sup>28</sup> These frameworks emerged out of sector-wide recognition that responses to protracted crises require strategies which bridge short-term emergency relief to long-term community rehabilitation. Homelessness

prevention efforts might dovetail with such strategies which are emerging in Ukraine as the war has become protracted.

The Typology of Homelessness Prevention outlines how strategies can work at different levels: from ‘emergency’ and ‘crisis’ points when someone is at-risk of homelessness through to ‘universal’ measures which address systemic issues such as the supply of affordable housing.<sup>29</sup> We use the Typology’s frame to propose potential solutions which could be scaled, adapted or adopted in Ukraine.

We must first understand something in order to prevent it. This report aims to advance the understanding of homelessness in Ukraine so better strategies can be developed to address it. We already know some trends which can inform prevention planning. For example, a rise in veteran homelessness can be anticipated. A continued rise in homelessness among displaced households is also likely. This is likely to include a significant number of at-risk single women with children owing to the deaths of men in active service or family breakdown precipitated by trauma, displacement and financial pressures.

#### i. ‘Crisis’ or ‘emergency’ prevention

A key pillar of good prevention work is the use of mechanisms to identify people at near or imminent risk of homelessness. As well as utilizing data to understand the kind of macro trends discussed above, there is scope to better use data to identify specific individuals or households at risk of homelessness. This enables and triggers timely interventions to support people to stay in their own home or rehome. Joined-up working by various

government bodies and civil society actors who encounter people in insecure housing situations – particularly those providing case management and related support – is crucial to collaboratively identify people in need of support to prevent their homelessness. Indeed, some countries have established legal frameworks to this end. The English homelessness sector advocated for the Homelessness Reduction Act<sup>30</sup> which established a duty on various public sector bodies – such as hospitals and prisons – to refer to the local housing authority any individual or household known to be at-risk of homelessness within 56 days. The housing authority is then obligated to support the household to secure housing for at least six months via a personal housing plan.

Technology, particularly Artificial Intelligence, should enable identification of people at-risk more easily in the coming years and Ukraine is well-positioned as a country with significant technological capability. Innovative strategies could be planned which comprise multiple stakeholders. For example, IOM data cited above shows a high proportion of renters are housing insecure and key risk factors of homelessness among this group include the build-up of rent arrears or a repeated failure to pay household bills such as utilities. Partnerships between government, civil society and businesses could be formed to identify at-risk people by leveraging technology and planning interventions which mitigate indebtedness and support people to stay in their home.

In Ukraine, a suite of interventions should be developed and activated when a household is identified as at ‘crisis’ or ‘emergency’ risk of homelessness. Interventions must be delivered rapidly. For example, studies in the USA have found emergency financial assistance is highly effective in preventing homelessness in crisis situations. Programmes tend to provide

conditional cash payments with light-touch case management. A Randomised Control Trial of 1,250 people at-risk of homelessness in California established that ‘financial assistance significantly reduces homelessness’: after 12 months, those who received financial assistance were 70% less likely to be experiencing homelessness than those who did not.<sup>31</sup> The intervention also saves money by preventing people needing to use more expensive homelessness response services of the type described in the next section. Cash payments within homelessness have been little-used in the European context despite their use and proven effectiveness in North America. Ukraine could pioneer the use of cash transfers within European homelessness prevention. Ukraine has significantly greater civil society infrastructure and experience in this area than any other European nation through the multiple large-scale humanitarian cash assistance programmes delivered since the full-scale invasion. Other rapid interventions which prevent homelessness include landlord and family mediation services; case management including housing advice services; and tenancy sustainment (or floating support) services.

#### ii. ‘Upstream’ prevention

As well as delivering targeted interventions to those at imminent risk of homelessness, effective prevention strategies must consider systematic plans which work at earlier stages so such reactive interventions are minimised. This is termed ‘upstream’ by the Typology of Homelessness Prevention. This can work across a number of sectors and groups. A key area of work is to proactively plan the discharge of people from institutions out of which people often become homeless, which particularly concerns prisons, hospitals and foster care (or equivalent) services. Simple starting points can include agreements not to discharge at-risk people in the evening

27 “Relief and Development Coherence,” U.S. Department of State, Bureau of Population, Refugees, and Migration, accessed August 9, 2024, <https://2017-2021.state.gov/other-policy-issues/relief-and-development-coherence/>

28 “Humanitarian-Development Nexus,” UNICEF, accessed August 9, 2024, <https://www.unicef.org/eu/humanitarian-development-nexus>

29 Suzanne Fitzpatrick, Peter Mackie, and Jenny Wood, “Advancing a Five-Stage Typology of Homelessness Prevention,” *International Journal on Homelessness* 1, no. 1 (2021): 79-97, sponsored by the Institute of Social Policy, Housing and Equalities Research (I-SPHERE).

30 “Homelessness Reduction Act 2017,” c. 13 (U.K.), <https://www.legislation.gov.uk/ukpga/2017/13/contents>

31 David C. Phillips and James X. Sullivan, “Do Homelessness Prevention Programs Prevent Homelessness? Evidence from a Randomized Controlled Trial,” *The Review of Economics and Statistics* (2023), [https://doi.org/10.1162/rest\\_a\\_01344](https://doi.org/10.1162/rest_a_01344)

or over the weekend when support services are less readily available. More robust measures include proactive collaboration by agencies to raise awareness of risks among those in the institutions and to case manage at-risk individuals. For example, Depaul Ukraine has worked 'through the gate' (i.e. inside) prisons across the country to prevent homelessness for hundreds of people due for release since 2018, and our case workers continue to engage during probation for some people. Such work requires trust and good information sharing between public authorities and civil society actors. In Ukraine, it could be particularly relevant to establish comparable upstream homelessness prevention programmes for people discharged from the military. Veterans are at increased risk of homelessness due to trauma and the difficulty of reintegrating into civilian life, particularly those living in more insecure areas.

Mental health services are a critical upstream prevention strategy. People with unprocessed trauma and untreated mental health needs are significantly more likely to become homeless due to a heightened risk of relationship breakdown and a lower resilience to face challenges which may arise in their life. Trauma and mental health needs are high in Ukraine owing to the war. Specialist mental health services should be expanded and services should be developed which target groups at particular risk of becoming homeless. For example, Depaul Ukraine operates a mobile mental health service in East Ukraine particularly targeting veterans, people experiencing bereavement, and people at-risk of family breakdown.

A range of other services should be considered. Unemployment is a key cause of homelessness so employment programmes which support people into sustainable jobs are critical. Mediation services – for example to prevent family breakdown – are often effective in supporting households to stay together in a home and to develop supportive relationships which build resilience. Legal

advice services, which support people to restore documentation and access various entitlements, are also highly effective and particularly relevant for people displaced who had to flee at short notice and may have lost documents in the process. Legal support can also be offered to prevent unfair evictions and to raise awareness about rights, although much of Ukraine's rental market operates in an informal sphere so this may be of limited impact compared to other contexts. Domestic and gender-based violence services are crucial to support survivors or those at-risk into safe accommodation. The intersection between homelessness and exploitation is also significant. Protection programmes which advance anti-trafficking support are vital, as operated by Caritas Ukraine.

### iii. 'Universal' prevention

The highest stage in the Typology of Homelessness Prevention looks at systemic measures which reduce the societal drivers of homelessness. As discussed throughout, the ongoing war is the single largest systemic driver of homelessness in Ukraine but it is outside the scope of this report to comment except in relation to its impact on homelessness.

A country's social welfare system provides the foundations on which 'universal' prevention is commonly based. Social welfare provision in Ukraine covers a number of areas, including disability and old-age pensions; unemployment insurance and vocational training to improve employability; free basic healthcare and enhanced assistance for certain groups and various benefits for low-income families, children and people with disabilities. Ukraine has both utilities and rental subsidies for some people in need of housing support although these vary by region. The social welfare system, which had weaknesses and gaps prior to the full-scale invasion, has been further challenged owing to inflationary pressures, reduced tax receipts and reprioritisation of government funds to military efforts during the war period. This has been somewhat mitigated by time-limited government schemes for war-affected people and IDPs, although these are reducing. The situation is likely

to deteriorate as emergency humanitarian funding – which has plugged much of the gap – further depletes. A longer-term view should ensure that, as and when Ukraine moves into a recovery period, social welfare systems for the vulnerable, including groups particularly at-risk of homelessness, are prioritised.

Further, a robust national supply of affordable and social housing is utterly critical to any sustainable homelessness prevention strategy. The supply of affordable housing in Ukraine is limited and this pre-dates the full-scale invasion. Similarly, social housing supply is highly limited and tends to be prioritised for single-parent households, people with disabilities and the elderly. A significant investment in affordable and social housing is required through expanded public-private partnerships and legislative frameworks. As and when the war ends in Ukraine, there is anticipated to be significant investment in rebuilding and recovery backed by international support. The Ukraine government has already established cooperative agreements to this end, for example with the government of Denmark to finance the reconstruction of transportation and education infrastructure in Mykolaivska oblast. Any plans should attend to and prioritise social housing ringfenced for people at-risk of homelessness, and broader mechanisms to ensure affordable housing supply in the market.

A robust universal approach to preventing and responding to homelessness will require improvements in public-private partnerships between the government and agencies addressing homelessness. This should include government commissioning of services to expert providers rather than the prevailing tendency by statutory bodies to deliver services in-house. Public-private partnerships have been critical in delivering meaningful reductions in homelessness in contexts which have made significant progress. Service quality usually improves by routing delivery through expert, specialist providers in a competitive market which drives standards, and by developing accountability mechanisms through oversight by government commissioners. EU

accession and related public procurement standards may expedite this transition to commissioned services. Moreover, as the Ukrainian government's social policy agenda grows through the accession process, homelessness must be prioritised and when eligible Ukraine should join the European Platform on Combating Homelessness.

Universal prevention is not only the government's responsibility. People experiencing homelessness and rough sleeping face stigma throughout Ukrainian society, a legacy of Soviet-era criminalisation of homelessness and its public portrayal as a moral failing. Significant stigma also shapes public attitudes around related needs and experiences such as addiction and imprisonment. Attitudes can change. For example, attitudes to mental ill health and psychological support have begun to change since the full scale-invasion as an understanding of war-related trauma and its impacts has improved in society. A similar shift could be achieved in public perceptions towards people experiencing homelessness. Millions of people have found they are experiencing or at-risk of homelessness for the first time and this shared experience could build sympathy for others. Communications and engagement strategies by actors working in homelessness should promote such a change in attitudes. This can only be achieved by promoting positive stories of change, and by avoiding inadvertently entrenching stereotypes which present people experiencing homelessness as a hopeless or worthless cause.

### Responding to homelessness

The size and needs of the homeless population are expected to increase significantly in coming years as the effects of protracted war multiply. As well as improvements in prevention strategies, new models and ways of working are required to respond to homelessness. The current philosophy in Ukraine relies on the so-called 'staircase' approach. This tends to comprise of various emergency, temporary and longer-term services through which individuals progress – for example, from the street into a night

shelter, then into a hostel, perhaps onto a shared house and finally into an apartment. People are supported at each step and move to the next one 'when ready'. World Habitat's assessment shows a staircase approach is common throughout Central and Eastern Europe (CEE).<sup>32</sup> In particular, these countries rely on emergency and temporary services which, per World Habitat's report, 'address the basic physical needs of some of the people experiencing homelessness... [but] are limited in scope and unable to meet growing demand – particularly for people with multiple and complex disadvantages'. In recent years, though, a new philosophy has challenged the foundations of these approaches, and a new generation of homelessness services has increased effectiveness: Housing First.

### i. Housing solutions

The Housing First movement takes as a starting point that the fundamental condition of homelessness is a lack of housing. By definition, if we are to end someone's homelessness then they must be housed. Rather than place a challenging staircase of services up which people must climb, the starting point for a service should be the provision of housing: and not some approximation of housing such as a shelter or a hostel, but conventional housing. Hence, housing first.

Housing First is the most well-evidenced

model ever designed to tackle complex homelessness. Housing First models are specifically designed to support people with the most complex needs, for example people with severe addiction or mental health needs. Our research shows the current levels of entrenchment and complexity in Ukraine's homeless population are very high, owing both to the context and limitations of existing provision. A series of Randomised Control Trials have shown that Housing First is transformational. In Canada, a study of 2,000 people found 73% remained housed after two years versus just 32% in the control group.<sup>33</sup> In New York, 88% of people remained housed versus only 47% in the control group.<sup>34</sup> Across Europe, we see similarly high rates of housing retention – far higher than the old models. In France, 85% people were still housed after two years<sup>35</sup> in Denmark, 90%.<sup>36</sup> Alongside housing outcomes, the model delivers outcomes across health and wellbeing. In CEE, there are positive early results from pilots in two of Ukraine's neighbours, Hungary and Slovakia<sup>37</sup> including a Bratislava pilot by Depaul Ukraine's sister agency in Slovakia. Most famously, Housing First has underpinned plans which made Finland the first and only country to essentially end homelessness.

Housing First is both a movement and a model. It is based on a set of principles. Most importantly, that people receive permanent housing without any

## HOUSING FIRST IS THE MOST WELL-EVIDENCED MODEL EVER DESIGNED TO TACKLE COMPLEX HOMELESSNESS.

conditions. To secure housing, people do not need to 'prove' they are ready. Housing and support are separated, and residents do not have to accept support to retain housing entitlements. Housing is in the community, and it reflects conventional housing models, usually self-contained apartments scattered across an area. Support is intensive and personalized. People do not have to meet any strict rules and do not have to sustain their housing to keep their entitlement to an apartment. People are free to use their apartment as much or as little as they like, although they are supported to develop a more stable living pattern over time.

Even those who advocate for Housing First acknowledge it is expensive. Participants receive guaranteed permanent housing, and intensive support; fidelity models tend to cap the caseload of a support worker at just 7-8 people. But whilst Housing First is expensive, so is homelessness. People sleeping rough are far more likely to use provision such as emergency services and hospitals, or end up in prison. With this taken into account, Housing First saves money: in Seattle, a Housing First programme for people with alcohol misuse needs saved the government over \$4,000 per person every year.<sup>38</sup>

There is no official Housing First programme in Ukraine. At the very least, a pilot should be established which adapts and localises the model to the Ukrainian

context. This should be the starting point for a wider move towards a housing-based response and an evolution away from the prevailing staircase model as alternative solutions are scaled.

For people with lower support needs, the expense of the full Housing First model is not required but its core principle – to get people into housing as quickly as possible and refrain from creating barriers which stop this – remain relevant. 'Housing-led' solutions are growing in use globally. Rapid rehousing models offer a replicable solution: people are supported rapidly into stable (usually temporary) accommodation and referred to services which meet their needs. In Ukraine, it may be most relevant to tie these to humanitarian rental market assistance programmes, led globally by the International Federation of the Red Cross whose guidance is sector-leading.<sup>39</sup> Other models such as supported temporary accommodation or private rented sector provision with floating support (i.e. holistic case work delivered in the community) remain relevant. their needs.

### ii. Specialist services

Alcohol misuse needs are prevalent in the homeless population in Ukraine, as in many countries. For some, treatment options will be needed and these should be expanded and closer collaboration should be fostered between homelessness and addiction services.

32 József Hegedüs, Eszter Somogyi, Ágota Scharle, Nóra Teller, Balázs Váradi, and Veronika Vass-Vígh, "Ending Homelessness in Central and Eastern Europe: Making the Shift to a Housing-Led System," World Habitat, accessed August 9, 2024, in collaboration with Budapest Institute and Metropolitan Research Institute Budapest.

33 Mental Health Commission of Canada, At Home/Chez Soi Final Report, 2014, accessed August 12, 2024, [https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/mhcc\\_at\\_home\\_report\\_national\\_cross-site\\_eng\\_2\\_0.pdf](https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/mhcc_at_home_report_national_cross-site_eng_2_0.pdf)

34 Sam Tsemberis and Ronda F. Eisenberg, "Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities," *Psychiatric Services* 51, no. 4 (2000): 487-493, <https://psychiatryonline.org/doi/abs/10.1176/appi.ps.51.4.487>.

35 "The Experimental Program 'Un Chez-Soi D'Abord': Housing First Main Results - 2011 / 2015," Info.gouv.fr, published April 2016, accessed August 9, 2024, [https://www.info.gouv.fr/upload/media/organization/0001/01/sites/default/files\\_contenu\\_piece-jointe\\_2016\\_11\\_4\\_pages\\_ucfdb\\_avril\\_2016\\_gb.pdf](https://www.info.gouv.fr/upload/media/organization/0001/01/sites/default/files_contenu_piece-jointe_2016_11_4_pages_ucfdb_avril_2016_gb.pdf).

36 Lars Benjaminsen, "Policy Review Up-date: Results from the Housing First Based Danish Homelessness Strategy," *Social Inclusion* 6, no. 3 (2018): 327-336, sponsored by The Danish Center for Social Science Research, <https://doi.org/10.17645/si.v6i3.1539>.

37 Hegedüs et al., "Ending Homelessness in Central and Eastern Europe: Making the Shift to a Housing-Led System," World

Habitat.

38 M. Stahre, J. VanEenwyk, P. Siegel, and R. Njai, "Housing Insecurity and the Association with Health Outcomes and Unhealthy Behaviors, Washington State, 2011," *Preventing Chronic Disease* 12 (July 9, 2015): E109, <https://doi.org/10.5888/pcd12.140511>.

39 Caroline Dewast and David Dalgado, "Step-by-Step Guide for Rental Assistance to People Affected by Crises," Issue 1 (July 2020), International Federation of Red Cross and Red Crescent Societies (IFRC), accessed August 9, 2024, <https://www.ifrc.org/report-url>.

More broadly, harm reduction principles should be mainstreamed. Harm reduction approaches support people to reduce the negative consequences of their behaviour over time. This is usually more realistic than an abstinence-based approach which in practice often serves to exclude people with addiction needs from services and support. It is common in Ukraine to apply an abstinence approach which bans people from drinking in services or even from presenting under the influence. Harm reduction principles should be applied in services where practicable and housing services should be prioritised for people with alcohol and substance misuse needs because people are more likely to recover from their addiction when in stable housing.

Physical health needs are also high in the homeless population in Ukraine. Services need to ensure inclusive access to healthcare for people experiencing homelessness. Depaul Ukraine has previously found some hospitals have refused to treat certain people experiencing homelessness. Prior to the full-scale invasion, Depaul Ukraine ran a programme to negotiate access to healthcare services with supportive clinics and doctors. Awareness raising activities should be run within the healthcare system in Ukraine to improve inclusive access for the homeless population. This should include initiatives to reduce barriers to entry, for example relating to documentation or addresses.

Peer support models have also proven effective in other countries in supporting people experiencing homelessness to access healthcare. Due to multiple experiences of marginalisation by institutions, people experiencing homelessness are often mistrustful of authority or state figures including healthcare practitioners. The ability to navigate systems – such as attending appointments, recording medical history – can also be challenging owing to lower levels of literacy or more chaotic lifestyles. The support of a peer mentor or peer

support worker – someone with lived experience of homelessness – is particularly effective in supporting people to maintain access to healthcare, which often requires sustained and consistent engagement over an extended period.<sup>40</sup> The trust in a peer is greater and their ability to relate to the experiences of those being supported leads to more relevant support. The role of peers and of people with lived experience of homelessness has growing evidence of efficacy across provision. Moreover, initiatives which seek to transfer power to people accessing services – often called client involvement – should be incorporated into service development.

The mental health and wellbeing needs of people surveyed for this report were more difficult to detect precisely, but levels of trauma are high. For people with identified mental health needs, specialist mental health interventions should be delivered. This includes the integration of psychologists in service provision and accessible referral options. Moreover, a trauma-informed approach should be applied throughout Ukraine's homelessness provision. This trains staff to identify the signs of trauma, understand its impact and apply support approaches which maximise choice and control in response. A person-centred, strengths-based approach to support is fundamental, namely a focus on empowering people to develop their assets, rather than framing a support journey by their deficiencies. The sector might consider accenting the use of motivational interviewing techniques in particular and ensure that service and housing environments are psychologically informed.<sup>41</sup>

A wide range of specialist services will be required to complement housing solutions and meet the multiple needs of the population. The burden of childcare, which falls heavily on women, must be addressed via referrals or dedicated provision to facilitate access to employment services and improve recovery. Digital inclusion should also be prioritized, both to



Image: Depaul

sustain engagement and to resettle in the community. Access to employment, banking and housing will increasingly depend on smartphones and digital skills so this should be integrated into support. Other support options – including employment and legal advice – will be required to meet the varied needs of the homeless population.

### iii. The role of emergency provision

The majority of Ukraine's existing provision to address rough sleeping – especially that which is state funded – is emergency-based, commonly municipal night shelters. The proliferation of emergency models as the primary response to homelessness runs counter to a Housing First approach,

but they can still play an important role in responding to rough sleeping.

Outreach teams – social workers who deploy onto the street, often at night, to engage with people sleeping rough and facilitate access to services – are a vital interface with the most excluded among the rough sleeping population. Effective outreach teams should have clear referral routes into services and an assertive engagement strategy which aims to facilitate access into housing-based programmes. Speed is vital for people new to the street. Evidence from other contexts shows that people who spend even a few days sleeping rough are far more likely to become entrenched, develop complex needs, spend a longer

40 "Homeless Health Peer Advocacy in Dublin," Groundswell, accessed August 9, 2024, <https://groundswell.org.uk/what-we-do/homeless-health-peer-advocacy/hhpa-dublin/>

41 "Psychologically Informed Environments (PIE)," Homeless Link, accessed August 12, 2024, <https://homeless.org.uk/areas-of->

[expertise/improving-homelessness-services/psychologically-informed/](https://homeless.org.uk/areas-of-expertise/improving-homelessness-services/psychologically-informed/)

time experiencing homelessness, and require more resources to support them back into accommodation.<sup>42</sup> Emergency response such as outreach is most effective when joined-up with the community, public and private sector. For example, a number of people interviewed for this research report sleeping rough on the railways or in railway stations. London, which has a similar trend, has an outreach team dedicated to working across its bus and metro network. Engagement with businesses who encounter rough sleepers – for example shops or cafes inside railway stations and other so-called ‘hotspots’ – can also be fruitful. Successful engagement includes awareness raising activities so staff know how to direct people sleeping rough towards support. Community groups or members of the public are another important interface and it is helpful to empower these groups to be as effective as possible. For example, this may mean trying to reshape or even reduce basic activities – such as soup kitchens – which, whilst meeting essential physical needs, do not have the capability to support people to progress out of homelessness. Instead, actors should offer routes to volunteer in more comprehensive services, or even empower members of the public to alert agencies to people in need of support, as done by the StreetLink app in the UK.

The role of emergency shelters is more controversial. Shelters currently play an important role in protecting life for people sleeping rough in Ukraine. Overall, though, shelters are assessed to be less effective in ending homelessness than housing-based approaches.<sup>43</sup> As a country accessing to the EU, Ukraine should aim to align to good practices emerging within the union. The Ukrainian homelessness sector is comparably small and nascent so there is opportunity to do this relatively quickly, although resource constraints will likely hinder the pace of

progress. A transition plan for a sector predominantly reliant on emergency shelters to one which embraces a housing-based approach might consider a number of steps. Flexible planning which enables provision to expand during the extreme winter and summer periods are useful in maximising the protection of life. Good practices can be applied which increase the inclusivity of shelters. An inclusive, low-threshold approach will ensure services do not raise barriers to entry that exclude many people sleeping on the streets. Some provision, for example, should allow people under the influence of alcohol or drugs to access shelter, which can be done safely if appropriate procedures and risk mitigations are put in place. Shelters should aim to facilitate access 24/7 so people can leave their belongings and come and go during the day. Gender-sensitive approaches are important because women’s needs are different and separate provision should be planned. Over time, shelters might be modified into staging-posts where people do not stay for long (certainly not longer than 30 days) whilst an appropriate housing solution is identified and prepared. Ultimately, civil society actors should aim to be bold enough to take the difficult step of closing their own shelter projects when alternative provision has been developed, or perhaps even before this point given likely resource constraints. Agencies may find the public sector is more reticent to take this step. Governments are sometimes motivated to fund shelter provision because visible rough sleeping is a political risk and shelters are perceived as the simplest way to address it.

A comprehensive plan must go beyond an objective to mitigate rough sleeping, instead aiming for an end to homelessness: a housing-based response is the most effective route to this goal.

## 5. Recommendations

### 1. Improve access to existing services for people sleeping rough

Humanitarian, civil society and state actors should recognise people sleeping rough as a vulnerable or at-risk group within their eligibility criteria for assistance. Actors providing accommodation, legal advice and medical assistance are particularly relevant. Strategies to improve engagement, access and relevance of support for people sleeping rough should be developed by these actors in partnership with agencies specialising in support to people sleeping rough.

### 2. Reduce barriers to services for people with an addiction need

Actors delivering provision for people sleeping rough should reduce barriers to access for people with an addiction need, who account for half of the rough sleeping population. Adaptations to services should be made to safely facilitate access to people who present under the influence of alcohol or drugs and harm reduction principles should be embraced. Coordination with actors specialising in support to people with addiction needs should be developed so rehabilitative support can be provided.

### 3. Improve services for survivors of domestic violence who are sleeping rough or at-risk

Specialist actors supporting people sleeping rough and specialist actors supporting survivors of domestic violence should improve coordination. A quarter (26%) of the rough sleeping population are survivors of domestic violence and this rises to 50% of women. Targeted, comprehensive and gender-sensitive programmes for survivors sleeping rough or at-risk should be developed.

### 4. Prioritise preventative solutions

Homelessness actors and strategies should develop and scale solutions which prevent homelessness. This should include interventions for people imminently at-risk, such as emergency financial assistance. ‘Upstream’ measures should ensure coordination with state actors so at-risk people are supported in advance of exiting institutions, including hospitals, prisons and –

of increasing importance – the military.

### 5. Prioritise housing solutions

Homelessness actors and strategies should centre housing-based solutions and transition away from the ‘staircase’ model and a reliance on emergency provision. Ukraine should pilot the Housing First model for people sleeping rough with complex needs. Housing-led solutions should be implemented for people with lower support needs. Moreover, a person-centred approach which holistically addresses individual’s multiple needs should be mainstreamed.

### 6. Plan for the long-term impacts of the war and recovery

Homelessness actors and strategies should anticipate the long-term impacts of war, and plan for post-war recovery. Solutions should be implemented by civil society in partnership with the military to prevent homelessness for people discharged from active service, and programmes should be developed and scaled which support veterans experiencing homelessness. Government and civil society plans for recovery should anticipate a rise in the scale and complexity of homelessness, and infrastructure rebuilding programmes should prioritise a significant expansion in social and affordable house building.

### 7. Improve public-private partnerships to address homelessness

The Ukrainian Ministry of Social Policy should work towards publishing a national plan to prevent and reduce homelessness, in consultation with expert civil society actors. The government should lead on efforts to improve accuracy of data collection on homelessness so strategies are evidenced-based. As Ukraine accedes to the European Union, alignment to European practices and networks (such as the European Platform on Combatting Homelessness) should be prioritised by government and civil society. To improve service quality, the Ukrainian government at national, regional and local level should increase funding for homelessness services and should promote the use of public-private partnerships, including sub-contracting the delivery of homelessness services to providers with specialist expertise rather than running services in-house.

<sup>42</sup> Nicholas Pleace, “At What Cost? An Estimation of the Financial Costs of Single Homelessness in the UK,” Centre for Housing Policy, University of York, July 2015, written for Crisis; Suzanne Fitzpatrick, Hal Pawson, Glen Bramley, Steve Wilcox, Beth Watts, and Jenny Wood, “The Homelessness Monitor: England 2018,” Institute for Social Policy, Environment and Real Estate (I-SPHERE), Heriot-Watt University; City Futures Research Centre, University of New South Wales, April 2018, published on Crisis’ website, accessed August 9, 2024, [https://www.crisis.org.uk/media/238700/homelessness\\_monitor\\_england\\_2018.pdf](https://www.crisis.org.uk/media/238700/homelessness_monitor_england_2018.pdf).

<sup>43</sup> Eoin O’Sullivan, “Key Elements in Homelessness Strategies to End Homelessness by 2030: A Discussion Paper,” European Platform on Combatting Homelessness, School of Social Work and Social Policy, Trinity College Dublin, Ireland, accessed August 9, 2024, [https://housingfirsteurope.eu/wp-content/uploads/2022/10/mlc-homelessness-discussion-paper\\_final\\_2022.pdf](https://housingfirsteurope.eu/wp-content/uploads/2022/10/mlc-homelessness-discussion-paper_final_2022.pdf).

**Depaul International** 8-10 Grosvenor Gardens,  
London SW1W 0DH

**Tel:** +44 (0)20 3948 9872

**Email:** [info@info@depaulinternational.org](mailto:info@info@depaulinternational.org)

**Web:** <https://int.depaulcharity.org/>



# DEPAUL

Homelessness has no place