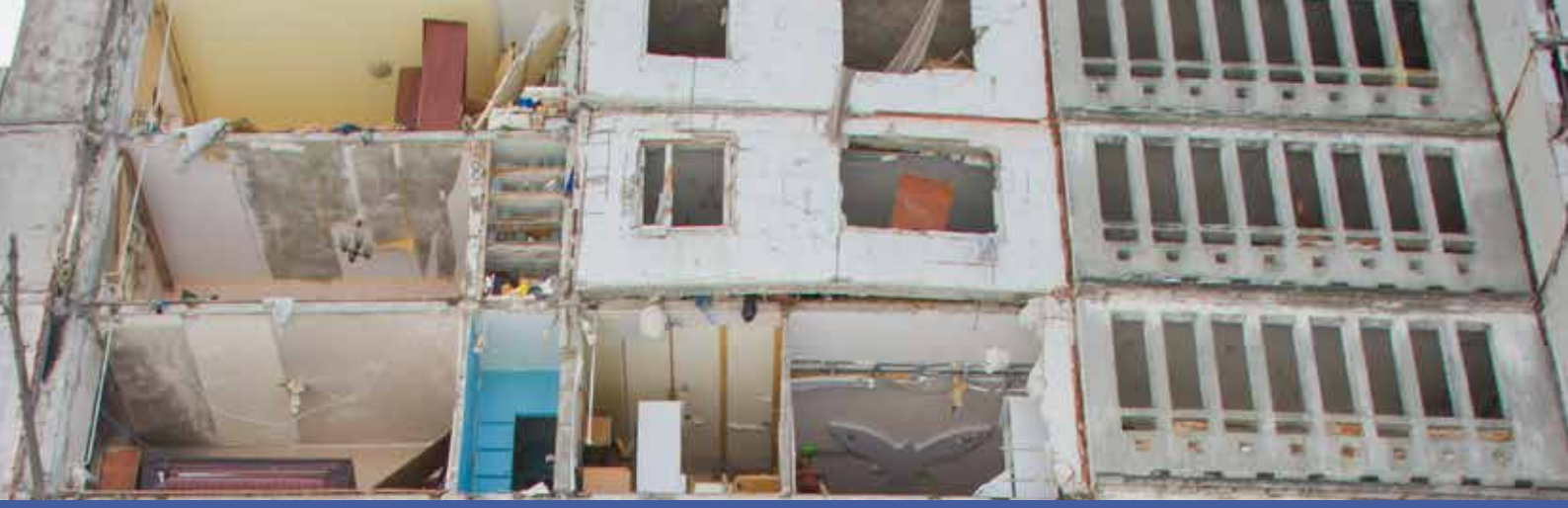


HOMELESSNESS IN UKRAINE IN WARTIME:
Assessment of the Situation and Public Attitudes

Analytical Report

DEPAUL

Від безпритульності до гідного життя

The research was conducted by the CHARITY ORGANIZATION «CHARITY FOUNDATION «DEPAUL UKRAINE» in partnership with the Sociological Group «Rating» and the Mykhailo Ptoukha Institute for Demography and Quality of Life Research of the National Academy of Sciences of Ukraine, with financial support from the Catholic Agency for Overseas Development (CAFOD).

Edited by:

Mariia Dovbenko, Volodymyr Balabanov.

Authors:

Oleksii Antonovych, Liubomyr Mysivyi, Nataliia Khalimonenko, Roman Borysov, Anna Konstantinova, Kseniia Borodai, Volodymyr Sariholo, Daria Korotkova, Maryna Ohai.

DEPAUL UKRAINE

The DEPAUL UKRAINE Charity Foundation is a charity organisation that forms part of the international Depaul Group of charities dedicated to addressing homelessness worldwide. The Foundation has been operating in Ukraine for nearly 20 years, supporting people who have found themselves homeless or at risk of homelessness.

DEPAUL UKRAINE provides a broad range of assistance - from temporary shelter accommodation, legal support, and psychosocial services through to long-term solutions in the form of permanent housing. Since the onset of the full-scale invasion, the Foundation has been actively assisting internally displaced persons and veterans, who have become the primary at-risk groups.

The organisation works directly in Kharkiv, Odesa, Mykolaiv, and Kherson regions, as well as in the city of Kyiv, whilst also advocating for the rights of homeless people at the national level.

The results of our work:

- Over 32,000 homeless people have received assistance.
- 15 shelters and support centres are in operation.
- 14 flats have been provided as part of a pilot social housing projectOver UAH 84 million in financial aid has been provided to those affected by the war.
- Over 3,000 households have received housing reconstruction support.
- The Law ‘On the Basic Principles of Housing Policy’ has been adopted, establishing for the first time that addressing homelessness is one of the priorities of housing policy, in line with EU standards.

> *«We are not merely responding to a crisis - we are transforming systems. We are creating conditions in which homelessness is not a life sentence, but a temporary circumstance that can be overcome. People need not only a roof over their heads, but a dignified place in society. And that is precisely what we help them find», Ganna Skoryk, Director of DEPAUL UKRAINE.*

TABLE OF CONTENTS

RESEARCH METHODOLOGY

Assessment of the Scale of Homelessness

Audience: Homeless people aged 18 and over who attend facilities for homeless people (service centres and food distribution points) in the cities of Kyiv, Odesa, Kharkiv, and Lviv.
Sample size: 1,090 respondents (Kyiv - 219; Odesa - 479; Kharkiv - 286; Lviv - 106).
Survey method: Personal standardised interview (face-to-face).
Margin of error at a confidence level of 0.95: no more than 5.0% for each city.
Fieldwork period: 1–30 April 2026.

Survey of Homeless People

Audience: Homeless individuals aged 18 and over who attend facilities for homeless people (service centres and food distribution points) in the cities of Kyiv, Odesa, Kharkiv, and Lviv.
Sample size: 250 respondents.
Survey method: Personal standardised interview (face-to-face).
Margin of error at a confidence level of 0.95: no more than 6.2%.
Fieldwork period: 14–15 April 2026.

Expert Survey

Audience: Administrative representatives of institutions providing assistance to homeless people.
Sample size: 10 experts.
Survey method: In-depth semi-structured interview.
Fieldwork period: 14–15 April 2026.

Survey of the Population of Ukraine

Audience: Residents of Ukraine aged 18 and over across all oblasts, excluding the temporarily occupied territories of Crimea and Donbas, as well as areas where Ukrainian mobile network coverage was unavailable at the time of the survey. Results are weighted using current data from the State Statistics Service of Ukraine.
The sample is representative by age and sex.
Sample size: 1,200 respondents.
Survey method: CATI (Computer-Assisted Telephone Interviewing), based on a random sample of mobile telephone numbers.
Margin of error at a confidence level of 0.95: no more than 2.8%.
Fieldwork period: 14–15 April 2026.

Definition of homeless people

For purpose of analysis, this research references the European definition of homelessness known as ETHOS, which is broadly recognised by European Union institutions and developed by the European homelessness NGO FEANTSA. Specifically, we focus on categories 1-3, 5 and 6 of the ETHOS Light definition. This includes: (1) people living rough, including on the street; (2) people in emergency accommodation for homeless people such as shelters; (3) people living in accommodation for homeless people such as hostels and temporary accommodation; (5) people living in non-conventional dwellings; (6) people living temporarily with family or friends due to a lack of housing. ETHOS Light also includes category (4) people at-risk in institutions, such as prisons and hospitals. It was beyond the scope of this research to reach people in this category, although we do explore the connections between such institutions and homelessness in the report. We note that Ukrainian law adopts a narrower definition of homelessness as the condition of individuals who have no place of residence and do not reside in any residential premises. We also note there are many people who are living in temporary accommodation and collective centres for internally displaced people as a result of the full-scale invasion. Whilst such provision would be considered a form of homelessness by some international experts, we have intentionally excluded such provision from this research as it is clearly a separate category of provision in the context of Ukraine.

KEY FINDINGS

1. The Scale of Homelessness in Ukraine

The study found that the number of homeless people in Ukraine may range from 57,000 to 121,000 individuals. This figure differs substantially from official government data, which accounts for only approximately one-fifth to one-tenth of the actual homeless population - the Ministry of Social Policy recorded just 12,451 persons as of 1 January 2026. The true figure may, however, be considerably higher, as the research identified a category of individuals who do not attend homeless facilities at all. The full-scale invasion has also led to a significant increase in the number of people experiencing homelessness. According to expert estimates, the total number of homeless individuals in Ukraine today may exceed one million people.

2. Profile of a Homeless Person

Men account for the majority of the homeless population (69%), with the largest age group being those aged 41–59 (46%). Some 63% have been without housing for more than two years. The most prevalent vulnerable groups are internally displaced persons (IDPs) (40%), people with disabilities (33%), and older people living alone (28%). Experts also note a significant increase in referrals from veterans.

Women have traditionally made up a far smaller proportion of the homeless population - approximately 20%. However, since the outbreak of the war, the gender balance has shifted somewhat: the number of women seeking assistance has grown more rapidly than that of men of mobilisation age, many of whom avoid attending centres out of fear of mobilisation-related measures.

Experts also draw attention to the blurring of the boundary between «new» and «traditional» homeless individuals: people who have lost their housing as a result of the war no longer appear outwardly different from the general homeless population, making them more difficult to identify and complicating public awareness of the issue.

3. Health and Social Circumstances

Some 59% of homeless people rate their health as poor or very poor. Only 54% receive the medical treatment they require on a consistent basis, whilst 77% have no access to professional psychological support.

Experts note that the current population accessing service centres is increasingly in need not merely of shelter, but of substantial medical care and palliative support. This places additional strain on organisations that lack both the appropriate staff and the necessary infrastructure. A particular concern is the vicious cycle created by the absence of identity documents, which in turn prevents individuals from accessing medical assistance.

4. Employment and Dependencies

Some 78% of homeless people are unemployed, with only 6% in regular employment. For 41%, the primary source of income is state benefits, whilst 18% rely on assistance from charitable foundations. The most commonly cited form of work among homeless individuals is the collection and sorting of recyclable materials (18%). Specialised training and employment programmes specifically tailored to homeless people are virtually non-existent in Ukraine.

With regard to dependencies, 63% of homeless individuals reported that they have never experienced alcohol dependency, and 92% have never experienced drug dependency. Experts note, however, that in the majority of cases dependency is a consequence of homelessness rather than its cause, or develops alongside it as a result of difficult life circumstances.

5. The Moral Career of a Person Experiencing Long-Term Homelessness and Reintegration

Whilst 58% of homeless individuals view their future with optimism and 86% expressed a desire to receive assistance in returning to a stable life, it may be helpful to invoke Goffman's framing of the «moral career" (originally applied to psychiatric hospitals) to understand how many people experiencing longt-erm homelessness in Ukraine experience a a change in their self-esteem. This phenomenon sees a gradual change in an individual's self-perception, self-esteem and motivation as people experience marginalisation as the norm. This change typically occurs within three to six months of losing one's home, if homelessness is not resolved quickly,. and raises significant barriers to reintegration: as people's self-esteem and motivation reduces, it becomes considerably more difficult for a person to accept help and readjust to the rhythm of life in housing and community. This analysis underlines the failings of Ukraine's current system and response to homelessness, which fail to prevent homelessness in many cases and fail to respond rapidly to rehouse people who do experience homelessness.

Experts emphasise that successful reintegration generally occurs where a homeless individual is able to regain or establish a new supportive environment - through the community of a service centre, restored family relationships, or the ongoing support of a social worker.

6. Overall Assessment of the Homelessness Situation

The majority of Ukrainians surveyed (69%) consider the homelessness situation in the country to be critical. Perceptions at the local community level are, however, considerably less alarming: only 28% regard the situation in their own locality as critical, whilst 66% do not perceive it as a serious problem. This gap between national and local as-

sessments is confirmed by experts, who note that some local authority representatives remain unaware of the true scale of the problem within their own communities and do not maintain systematic records of homeless individuals.

Some 76% of respondents report a deterioration in the homelessness situation as a result of the full-scale war. Experts corroborate this trend, pointing to the increased pressure on assistance centres as a key indicator. New categories of homeless individuals include IDPs who have been unable to adapt due to unemployment, unfamiliarity with the local language, or high rental costs, as well as veterans experiencing difficulties reintegrating into civilian life.

7. Public Attitudes Towards Homeless People

Whilst the overwhelming majority of respondents (89%) agree that homeless people are full and equal members of society, and 64% report feeling compassion when they encounter a homeless person, only 14% assess actual public attitudes towards homeless people as positive. Declared support for the rights of homeless individuals does not necessarily indicate an absence of stigmatisation - it may exist in a latent form, remain unrecognised by respondents themselves, and nonetheless significantly influence their behaviour when they encounter a homeless person.

Expert interviews confirm that concealed stigmatisation manifests primarily in institutional practices: staff at government services and medical facilities frequently refuse assistance to homeless individuals or treat them as a low priority, citing unkempt appearance, distinctive odour, or an inability to navigate bureaucratic procedures.

Persistent stereotypes that place the responsibility for homelessness on the individuals themselves remain prevalent in society. Some 80% believe that most homeless people could work if they wished to do so; 70% associate homelessness with addiction; and 53% consider homelessness to be a lifestyle that people actively choose.

Among the actual causes of homelessness, experts cite family breakdown, property fraud, discharge from total institutions (children's homes, custodial sentences, psychiatric facilities), job loss, and - since the onset of the full-scale invasion - the consequences of the war.

8. Responsibility, the Effectiveness of Initiatives, and Systemic Challenges

In the view of the general public, primary responsibility for addressing homelessness lies with local authorities (39%) and central government (38%). Citizens rate the performance of both relatively poorly in this regard: approval of local authority activity stands at 40%, and of central government at just 18%, compared with 64% for civil society and charitable organisations.

Experts note that at the central government level, the key problem is the absence of strategic planning within the Ministry of Social Policy: priorities are set no more than one year in advance, working groups lack specialists from the social sector, and regulatory acts are adopted without adequate consultation and frequently fail to work in practice. At the community level, the effectiveness of social work depends on the personal commitment of individual leaders, rendering it unpredictable and unstable. The partnership between the state and civil society organisations remains ad hoc rather than systemic: the majority of organisations genuinely working with homeless people are funded predominantly from international sources and have no guaranteed support at the local level. The overall consequence is a system operating in «firefighting» mode - without preventive measures and without the capacity to intervene before an individual has experienced significant periods of homelessness, which as established poses higher barriers to reintegration.


DEPAUL

ASSESSMENT OF THE SCALE OF HOMELESSNESS

The survey of homeless individuals revealed significant discrepancies between the officially recorded number of homeless persons in cities and the actual figures. In Kyiv, the number of homeless people identified by the survey is six times greater than that recorded in administrative data; in Odesa, it is twice as high; and in Kharkiv, the figure is 25 times greater. The total number of homeless people across Ukraine may therefore be five or even ten times higher than the official data of the Ministry of Social Policy — which recorded just 12,451 homeless persons as of 1 January 2026. Based on calculations conducted in accordance with the methodology developed for this study (see Appendix B), the number of homeless individuals may range from 57,000 to 121,000. It should be noted that the true figure may be considerably higher still, as a substantial proportion of homeless people do not attend any facilities (centres or distribution points) for homeless individuals, as this research has shown.

Analysis of the sex and age structure of the homeless population revealed that men predominate: from 56% in Odesa to 62% in Kharkiv. The age profiles of men are broadly similar across all cities, with a concentration in middle age (predominantly 50–59 years). Female homelessness similarly tends towards older age groups. In Kyiv and Kharkiv, women aged 50–59 predominate, whilst in Odesa there is a consistent shift towards older generations, with a peak in the 70+ category (22%).

City of Kyiv

The survey of homeless individuals in Kyiv over the course of one month recorded 1,053 persons who had received services. This figure reflects the total number of visitors to homeless facilities and includes instances of the same individual making repeat visits on different days during the observation period. Of these, 728 individuals indicated that they also attend other facilities in addition to the one where they were surveyed, suggesting that a significant proportion of homeless people make use of several different services.

After adjusting for repeat visits and attendance at multiple facilities, the estimated number of homeless individuals in Kyiv during the survey month is 1,038 persons. By contrast, administrative data from the Ministry of Social Policy for the same period records only 170 recipients of services in the city of Kyiv.

The coverage rate - reflecting the proportion of homeless people captured by administrative data relative to the survey estimate - stands at 16.4%, meaning that the number of homeless individuals in Kyiv as identified by the survey is six times greater than the official figure. The actual number of homeless people may be considerably higher still, as the survey identified 342 individuals in Kyiv who do not attend any homeless facilities whatsoever.

According to estimates for April 2026, the homeless population in Kyiv comprised 43% women and 57% men. Among women, homelessness is more prevalent at older ages compared with men. The youngest age groups are the least represented: women

under 40 account for just 7%, whilst the corresponding share among men reaches 22%. Women aged 40–49 make up 26% of homeless women, with a further third - the largest single group - aged 50–59. Women aged 70 and over also account for a notable 14%. Homeless men are considerably younger on average than homeless women: those aged 30–39 represent 18%, compared with just 5% among women. As with women, the largest single group among homeless men is those aged 50–59, who account for 35%, with a further quarter aged 60–69 (Fig. 1.1).

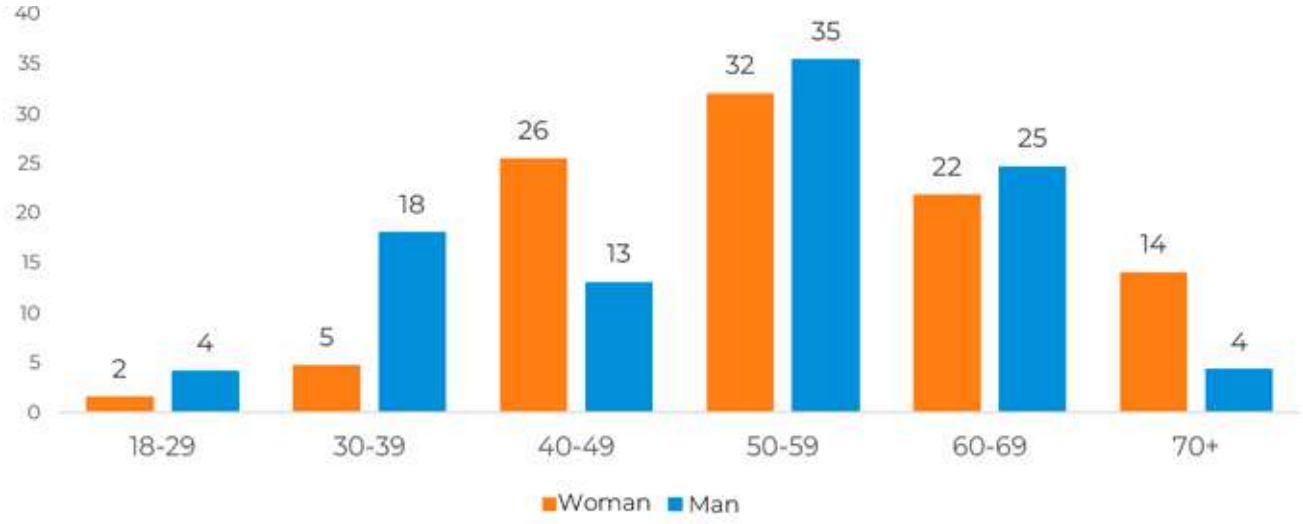


Fig. 1.1. Sex and age structure of homeless individuals who received services in Kyiv in April 2026, %

City of Odesa

The survey of homeless individuals in Odesa over the course of one month identified 1,910 persons who had received services. Of these, 1,674 indicated that they simultaneously attend other facilities. This is the highest such figure among the three cities surveyed, and may reflect both the well-developed network of facilities in Odesa - including several mobile street food distribution points - and a strategy among homeless individuals aimed at maximising access to a range of services.

After adjusting for repeat visits and attendance at multiple facilities, the estimated number of homeless individuals in Odesa during the survey month is 516 persons. Administrative data from the Ministry of Social Policy for the same period records 232 recipients of services in Odesa.

The coverage rate was 45% - the highest among the three cities surveyed - meaning that the number of homeless individuals in Odesa as identified by the survey is approximately twice the official figure. The actual number may be considerably higher still, as the survey identified 852 individuals in Odesa who do not attend any homeless facilities whatsoever.

The research found that in April 2026, the homeless population in Odesa comprised 44% women and 56% men. Among women, homelessness is skewed towards older age groups. The youngest categories are relatively underrepresented: women under

40 account for 23% (9% aged 18–29 and 14% aged 30–39). The most numerous group is older women: one in five homeless women (20%) is aged 60–69, whilst the oldest group, aged 70 and over, accounts for 22%.

Homeless men in Odesa display a more conventional distribution, with a concentration in middle age. Those under 40 collectively account for 23% (8% aged 18–29 and 15% aged 30–39). A notable share falls in the 40–49 age group at 19%. Men are most heavily represented in the 50–59 age group at 28%, with a further nearly one quarter (23%) aged 60–69. The oldest category, aged 70 and over, is the smallest, accounting for just 7% (Fig. 1.2).

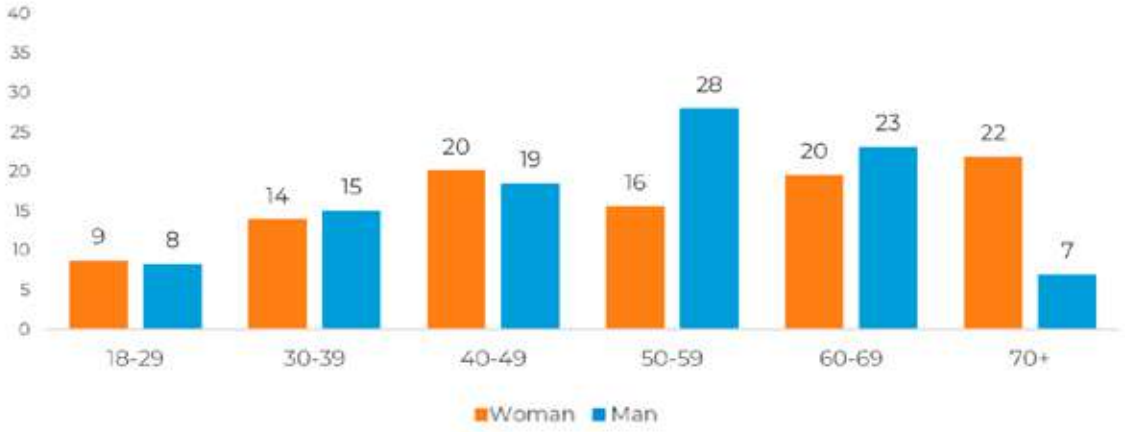


Fig. 1.2. Sex and age structure of homeless individuals who received services in Odesa in April 2026, %

City of Kharkiv

The survey of homeless individuals in Kharkiv over the course of one month identified 2,218 persons who had received services - the highest figure among the three cities surveyed. Of these, 1,327 indicated that they simultaneously attend other facilities.

After adjusting for repeat visits and attendance at multiple facilities, the estimated number of homeless individuals in Kharkiv during the survey month is 3924 persons - again the highest among the three cities. Administrative data from the Ministry of Social Policy for the same period records just 160 recipients of services in Kharkiv.

The coverage rate was 4.1% - the lowest among the three cities surveyed - meaning that the number of homeless individuals in Kharkiv as identified by the survey is 25 times greater than the official figure. The actual number may be higher still, as the survey identified 460 individuals in Kharkiv who do not attend any homeless facilities whatsoever.

The research found that in April 2026, the homeless population in Kharkiv comprised 38% women and 62% men. Among women, homelessness displays two distinct peaks - in younger and in middle age. The youngest age categories are quite substantially represented: women under 40 collectively account for nearly one third (32%), with those aged 18–29 making up 10% and those aged 30–39 accounting for 22%. There is a relative

decrease in the 40–49 age group (15%), whilst women aged 50–59 represent the largest single category (30%). Homeless men in Kharkiv are concentrated predominantly in older age groups compared with women: those under 40 account for just 17%. There is a sharp increase from the 40–49 age group (22%), with men most heavily represented in the 50–59 bracket at 27%. A further quarter (26%) are aged 60–69 (Fig. 1.3).

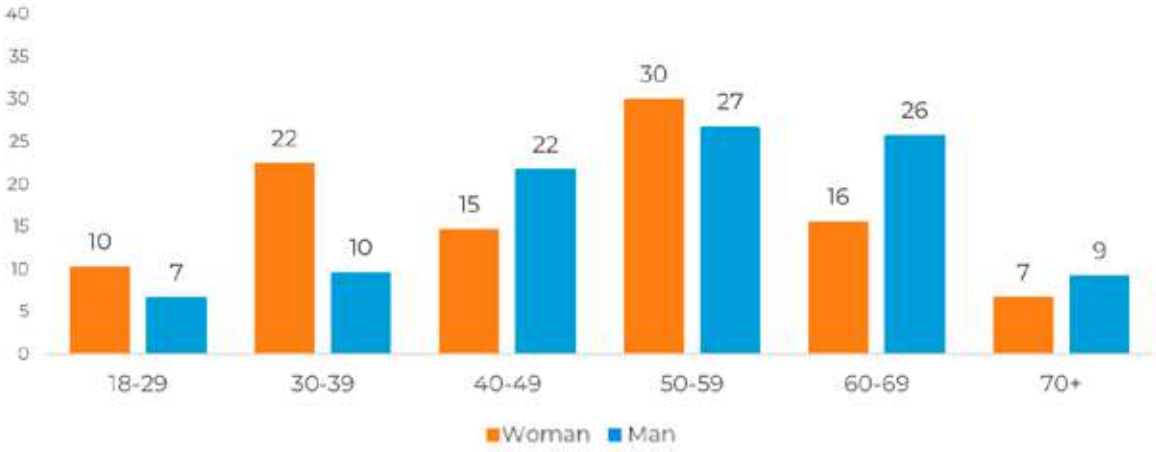


Fig. 1.3. Sex and age structure of homeless individuals who received services in Kharkiv in April 2026, %

City of Lviv

Lviv has not been included in the comparative analysis of the homelessness situation owing to insufficient representation of facilities in the survey, which precluded estimation of the homeless population. Nevertheless, on the basis of interviews with 106 randomly selected visitors to the facilities surveyed, the following findings were established. In April 2026, the homeless individuals who visited the two facilities surveyed in Lviv comprised 27% women and 73% men. Among women, homelessness is sharply concentrated in a single age group, whilst distribution across all other categories is relatively even. Women under 40 collectively account for slightly more than one quarter (26%), with 12% aged 18–29 and 14% aged 30–39. The absolute peak - and the largest single category - is women aged 40–49, who account for over one third of the homeless population surveyed (35%). Homeless men in Lviv are considerably older than their female counterparts, with the youngest group (18–29 years) almost entirely absent at just 1%. Those aged 30–39 account for 13%, and those aged 40–49 for 22%. Men are most heavily represented in the 50–59 age group at 31%, with a further quarter (26%) aged 60–69 (Fig. 1.4).

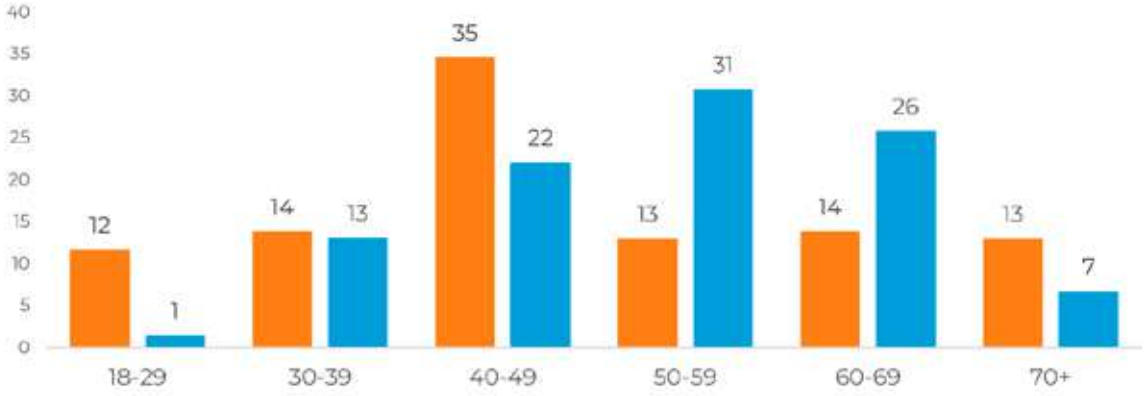


Fig. 1.4. Sex and age structure of homeless individuals who received services in Lviv in April 2026, %

National Estimate

The research established that the number of homeless individuals attending facilities for homeless people is as follows: 1,038 persons in Kyiv, 516 in Odesa, and 3,924 in Kharkiv. By contrast, administrative data from the Ministry of Social Policy for the same period records 170 persons in Kyiv, 232 in Odesa, and 160 in Kharkiv. The coverage rates for the cities surveyed - that is, the ratio of the number of homeless persons recorded in administrative data to the number estimated by the survey - stand at 16.4%, 45.0%, and 4.1% respectively.

The mean coverage rate across the three cities is 21.8% when calculated as a simple arithmetic mean, or 10.3% when calculated as a weighted arithmetic mean – that is, the ratio of the total number of homeless persons across all three cities according to administrative data, to the total number estimated by the survey.

As of 1 January 2026, according to Ministry of Social Policy data, the total number of persons who had received services at homeless facilities across Ukraine stood at 12,451. In light of the survey findings, it must be concluded that the actual number of service recipients may range from 57,000 to 121,000 persons, in accordance with estimates produced using the methodology developed for this study (see Appendix B).

The research also established that a significant number of homeless individuals do not attend specialised facilities and do not receive the corresponding services. The true number of homeless people in Ukraine may therefore be considerably higher still, and further research will be necessary to determine it with greater precision.

SURVEY OF HOMELESS PEOPLE

Demographics of Respondents

The majority of homeless individuals are men (69%), with women accounting for 31% (Fig. 2.1).

The largest age group is those aged 41–59, who make up nearly half of all respondents (46%). People aged 60 and over account for 39%, whilst those under 40 represent the smallest category at 14% (Fig. 2.2).

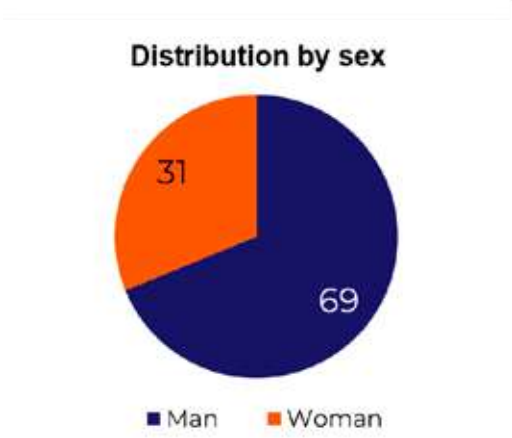


Fig. 2.1

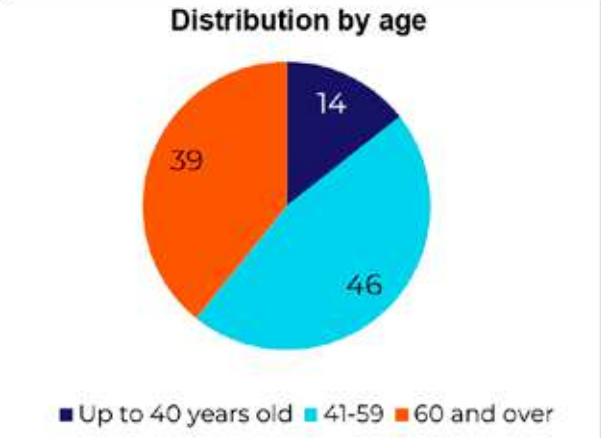


Fig. 2.2

The overwhelming majority of respondents (63%) have been without housing for more than two years. Some 17% have been homeless for between six months and two years, and 20% for less than six months (Fig. 2.3).

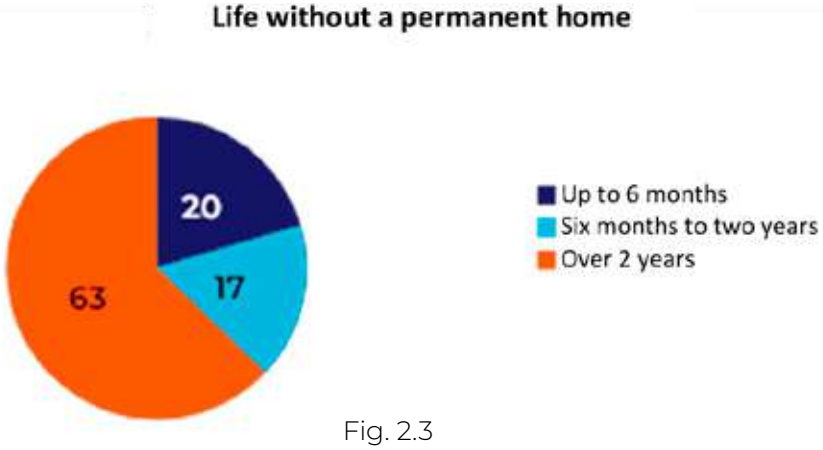


Fig. 2.3

The largest vulnerable groups among respondents are internally displaced persons (IDPs) (40%), people with disabilities (33%), and older people living alone (28%). Other categories of vulnerability each account for up to 10%, including former prisoners (10%), veterans (6%), individuals with chronic mental health conditions (5%), care leavers (orphanage graduates) (4%), and foreign nationals or stateless persons (2%) (Fig. 2.4).

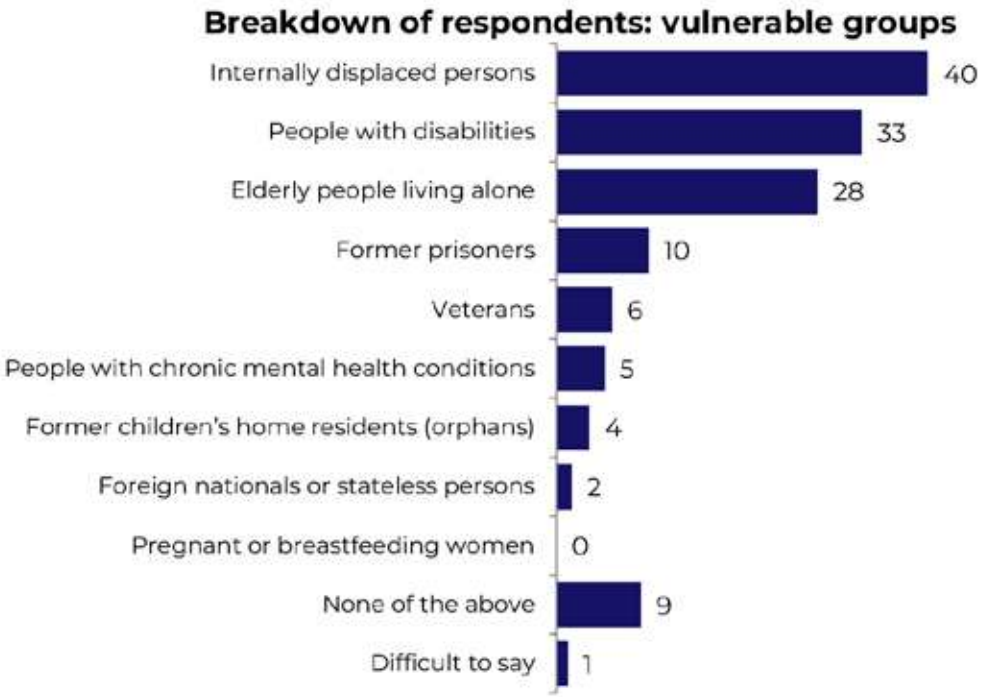


Fig. 2.4

At the time of the survey, the majority of respondents were not in a relationship: 76% had no partner, whilst 24% did (Fig. 2.5).

Some 56% of homeless individuals have children, and 44% do not (Fig. 2.6).

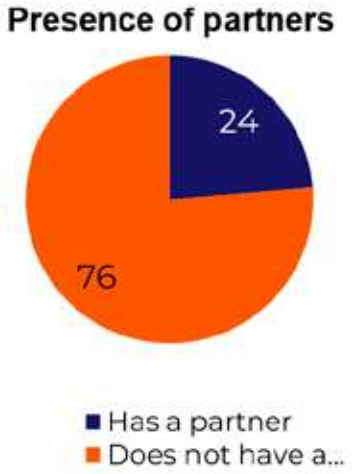


Fig. 2.5

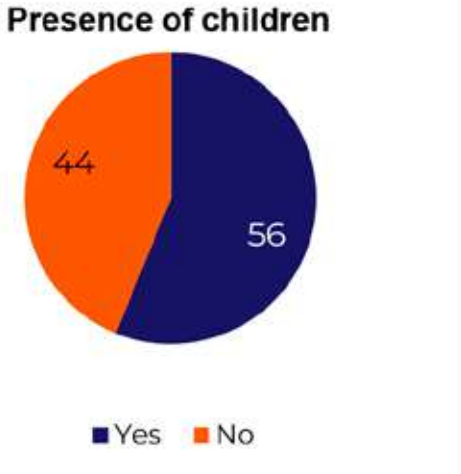


Fig. 2.6

Housing Situation

The most commonly cited primary sleeping arrangement among homeless individuals was a shelter (60%) [1]. This figure is highest among older people living alone (72%), men (67%, compared with 42% among women), and those who have been without permanent housing for more than two years (66%, compared with 48% among those homeless for less than six months) (Fig. 2.7).

Staying with acquaintances or relatives (19%) is chosen predominantly by women (31%, compared with 13% among men), those who have a partner (41%, compared with 12%), and those who have someone to rely on (26%, compared with 14%). The highest risk of sleeping rough (9%) is found among former prisoners (24%), those under 40 (11%), those who are in employment (11%), and those who have no one to rely on (11%). Some 6% of homeless individuals reported sleeping in non-residential premises (garages, basements, or derelict buildings), with this being more common among former prisoners (16%), those who have been without permanent housing for between six months and two years (15%), those under 40 (11%), and those who are in employment (11%).

Men significantly more often reported sleeping in shelters (67%), whilst women made comparatively less use of them (42%). Conversely, women more frequently than men reported staying with acquaintances or relatives (31%, compared with 13%). Those who have been homeless for more than two years also rely most heavily on shelters (66%).

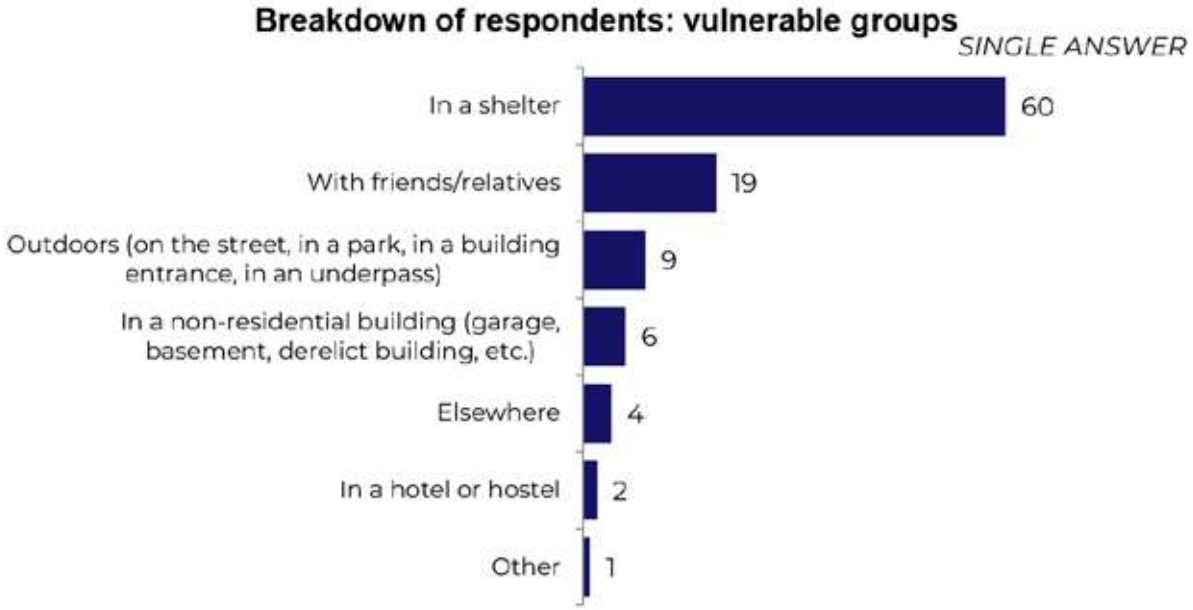


Fig. 2.7

The majority of homeless individuals have been in this situation for more than two years (62%). A combined 23% have been without permanent housing for between three months and two years (6% for 3–6 months, 8% for 6–12 months, and 9% for 1–2 years). Approximately 14% have been homeless for less than three months (Fig. 2.8). Long-term

[1] Due to certain limitations in data collection (the survey was conducted in shelters/centres and near street feeding places), the results regarding sleeping places may not reflect the actual situation. Nevertheless, the distributions by gender, age, and other characteristics demonstrate certain trends in the choice of sleeping places amongst different categories of homeless individuals.

homelessness (more than two years) is most prevalent among people with disabilities (76%) and those aged 60 and over (67%).

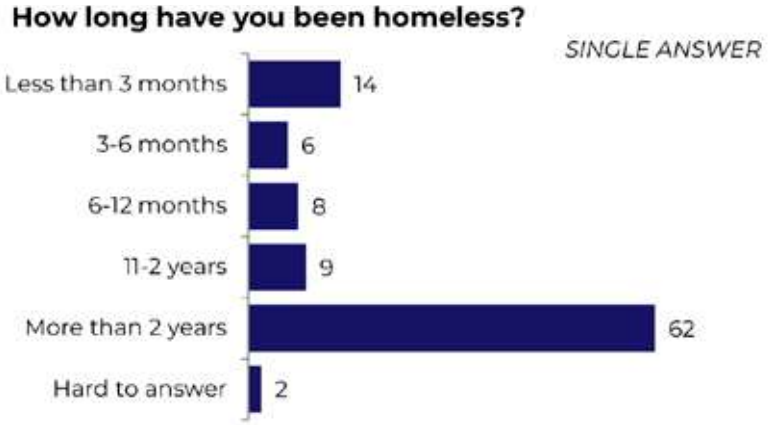


Fig. 2.8

For 46% of respondents, the primary cause of losing their permanent place of residence was military action or occupation. This factor had the greatest impact on IDPs (84%) and women (56%) (Fig. 2.9).

The second most commonly cited cause of losing housing was family conflict or relationship breakdown (22%). This remains a significant factor for people with disabilities (29%) and men (23%).

The third most common cause is property fraud (12%), which more frequently affects people with disabilities (18%), those aged 41–59 (16%), those without a partner (13%, compared with 8%), and those who have no one to rely on (16%, compared with 6% among those who do).

Health problems or an inability to care for oneself (8%) as a cause of losing one's home is most pronounced among those under 40 (14%) and people with disabilities (12%).

For 28% of former prisoners, the primary difficulty is having nowhere to go upon release.

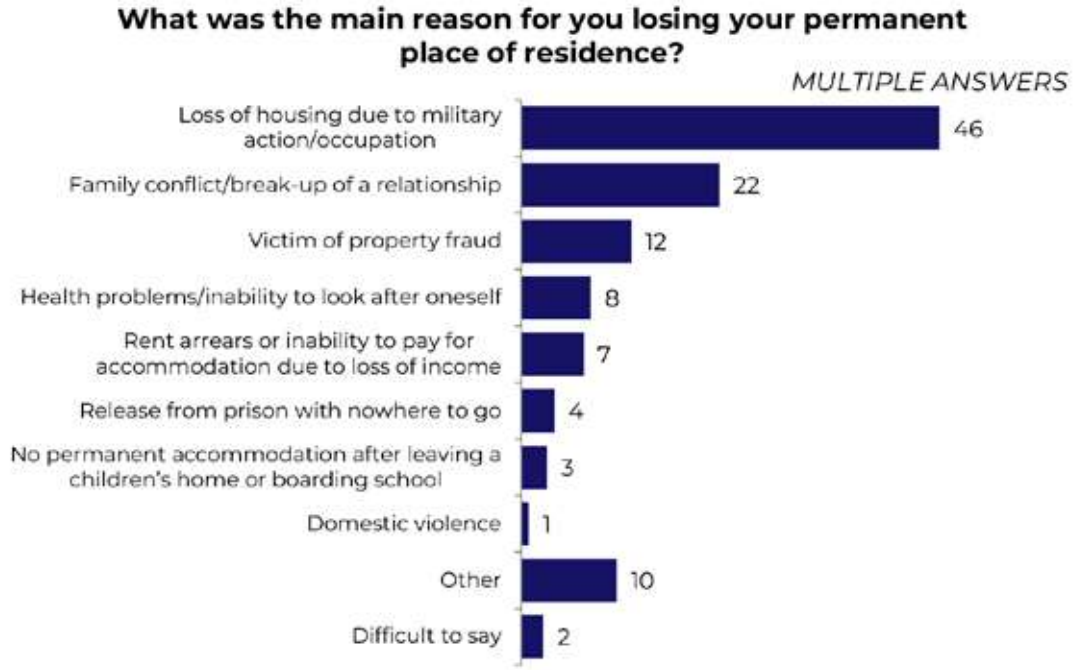


Fig. 2.9

More than half of homeless individuals (54%) require emergency or temporary accommodation (a shelter, a room in a hostel, or similar), whilst 40% indicated that they already have somewhere to live (Fig. 2.10).

The most critical situation is observed among those with the least social support: former prisoners (76%), those who have no one to rely on (64%), people with disabilities (59%), and IDPs (57%).

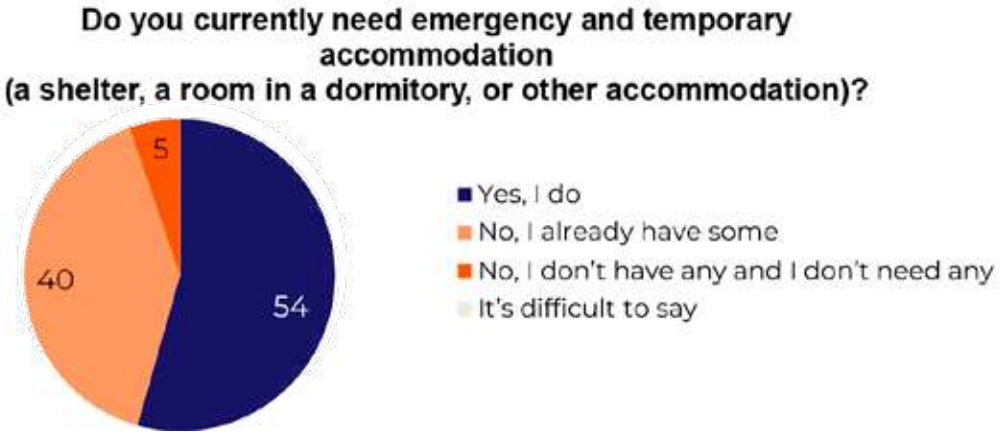


Fig. 2.10

The majority of homeless people (58%) are willing to receive permanent (social) housing on condition that they pay rent and fulfil certain obligations (such as seeking employment, undergoing treatment for dependency where necessary, and accepting oversight from social services). Some 38% of respondents are not willing to accept such conditions (Fig. 2.11). We also note conditionality is not a prerequisite for achieving positive outcomes in housing. The Housing First movement has evidentially established, across Europe and other contexts, that housing offered without conditions can be highly effective in supporting chronically homeless people to recover and achieve housing stability.

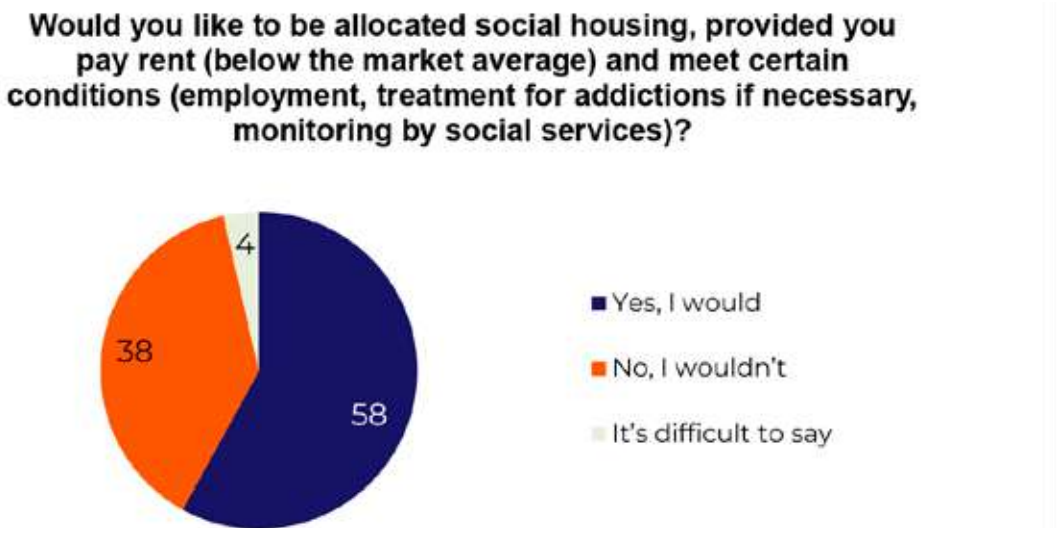


Fig. 2.11

The highest levels of willingness to meet conditions in exchange for housing are found among former prisoners (84%), people with disabilities (64%), and IDPs (63%). By age group, the greatest interest in such housing is among those under 40 (69%), whilst willingness is considerably lower among the oldest group (aged 60 and over) at 48%. Among those categorised by length of time spent homeless, the highest willingness to accept permanent housing under certain conditions is shown by those who have been homeless for the shortest period (62%) and those who have been homeless for more than two years (60%). By contrast, those who have been homeless for between six months and two years show a somewhat lower level of willingness to meet the required conditions (54%).

A significant proportion of homeless individuals (66%) had experienced a period of stable emergency or temporary accommodation during the past year (continuously for three months or longer), whilst 34% had had no such experience at all (Fig. 2.12). This suggests most people experiencing homelessness are stuck in emergency or temporary provision and are not moving quickly to permanent housing, likely due to a lack of social housing.

Those who had a stable place of residence in the past twelve months include older people (72%), IDPs (69%), people with disabilities (64%), and those aged 41 and over (64% among those aged 41–59; 71% among those aged 60 and over).

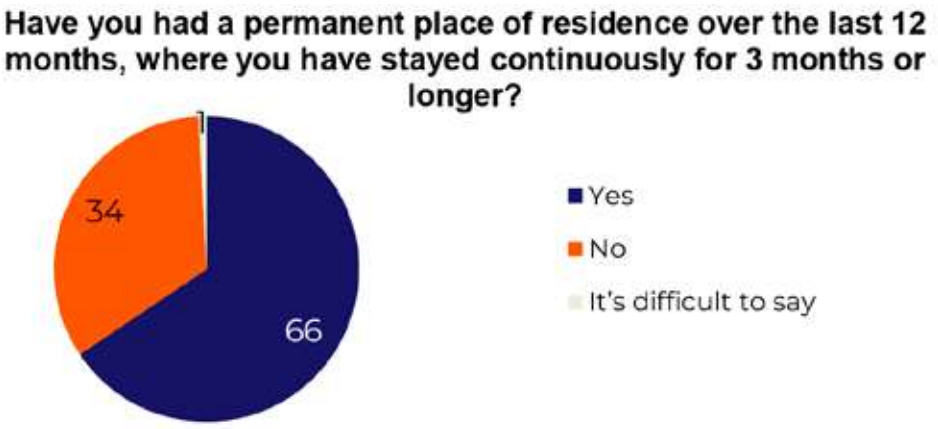


Fig. 2.12

Among respondents who had a permanent place of residence during the past year, shelters remain the primary location (54%). Shelters are not designed to deliver long-term accommodation and yet many homeless people are stuck in this provision for months and sometimes years. Nearly one fifth of respondents had been staying in other places (19%), and 18% with acquaintances or relatives. Other options included hotels or hostels (4%), non-residential premises (3%), railway or bus stations (1%), tents (1%), and places of detention (1%) (Fig. 2.13).

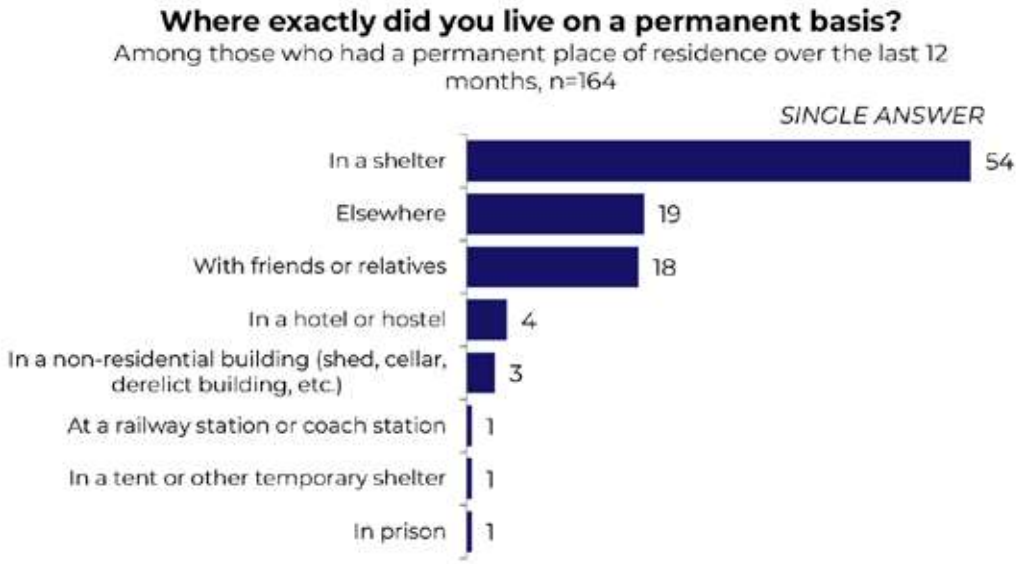


Fig. 2.13

Assessment of General Problems

One third of homeless individuals (37%) report difficulties with their national identity document and individual tax number certificate, whilst a further proportion report problems with their pension certificate (19%) and IDP status certificate (13%) (Fig. 2.14).

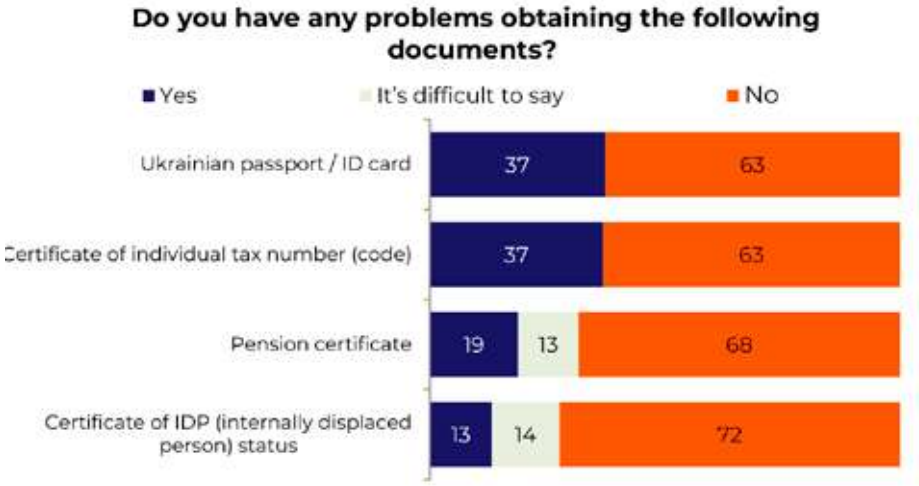


Fig. 2.14

Problems with national identity documents are more frequently reported by older people living alone (52%), people with disabilities (47%), and those aged 60 and over (40%).

Difficulties with individual tax number certificates affect older people living alone (49%), people with disabilities (46%), and those aged 60 and over (39%).

Problems with pension certificates are most common among older people living alone (28%), people with disabilities (24%), women (26%), and those aged 60 and over (30%).

Difficulties with IDP status certificates are, as would be expected, most prevalent among IDPs themselves (33%).

The health status of homeless people is characterised by a marked predominance of negative self-assessments (59%). In total, the majority of respondents rate their health as either «rather poor» (36%) or «very poor» (23%). Only slightly more than one third (35%) consider their health to be «very good» (9%) or «fairly good» (26%) (Fig. 2.15).

The poorest self-assessments of health were recorded among former prisoners - 36% of whom rate their health as very poor. People with disabilities also, unsurprisingly, report poor health (40% poor, 28% very poor). Women rate their health considerably worse than men: 69% of women gave negative assessments, compared with 54% of men. Those who have no one to rely on more frequently choose «very poor» (29%), compared with those who have support (14%). More optimistic assessments («very good» or «fairly good») are characteristic of those under 40 (58%), those who have a partner (47%, compared with 31% among those without), and those who are in employment (47%, compared with 32% among those who are not).

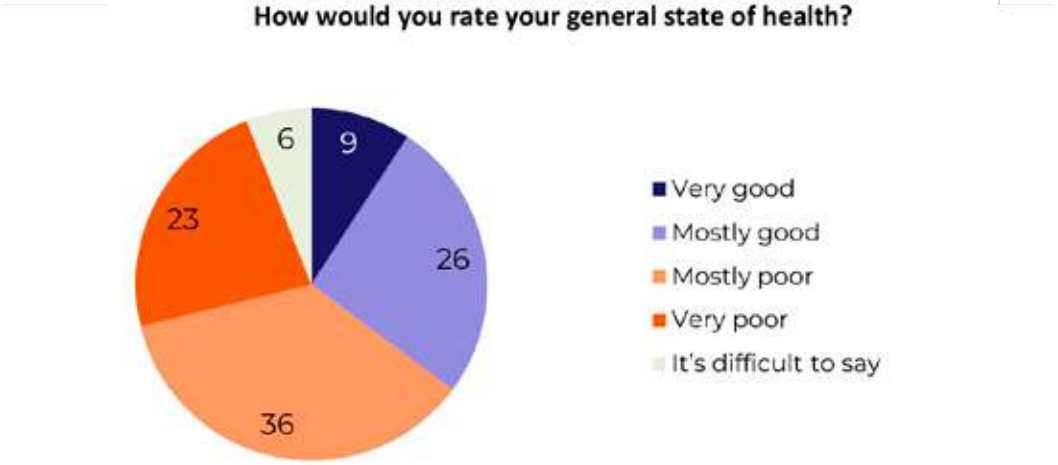


Fig. 2.15

Access to medical care is considered limited by homeless individuals. Only slightly more than half (54%) of respondents indicated that they receive the necessary treatment on a consistent basis; 20% receive assistance occasionally; and 25% largely do not receive the help they require (Fig. 2.16).

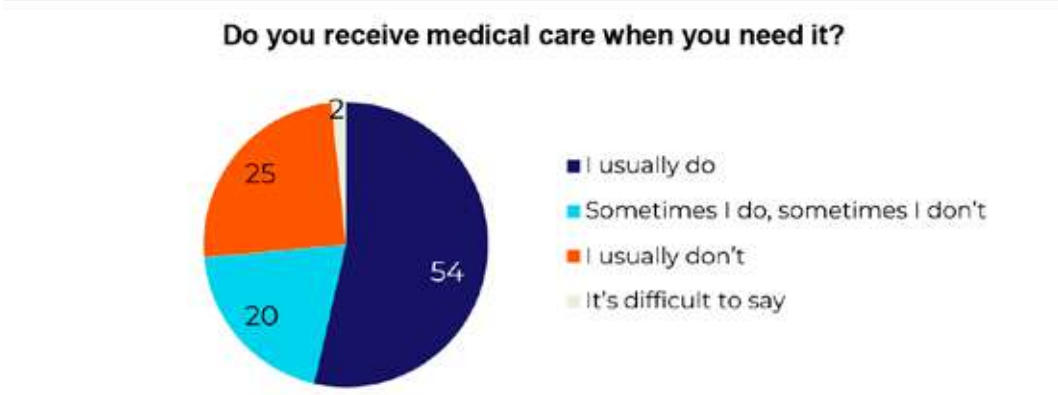


Fig. 2.16

Fig. 2.17

Groups more frequently registered with a GP include women (74%), older respondents aged 60+ (68%), people with disabilities (66%), and those with a partner (78%). By contrast, more than half of former prisoners (52%) have never been registered with a doctor.

The overwhelming majority of homeless individuals (77%) remain without professional psychological support (Fig. 2.18).

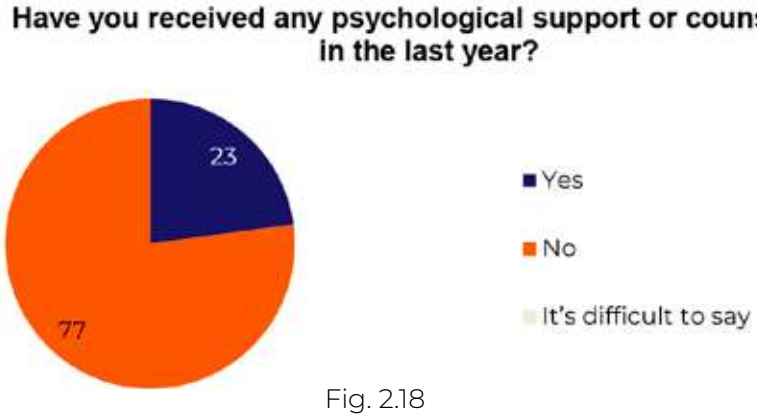


Fig. 2.18

Over the past year, psychological assistance or counselling was most often received by people with disabilities (31%), IDPs (29%), those under 40 (25%) and those aged 60+ (24%), and those with a partner (27%).

Mobility difficulties affect 58% of homeless individuals, of whom 30% describe them as severe. These difficulties are more common among people with disabilities (41%), former prisoners (36%), older people living alone (32%), and men (31%).

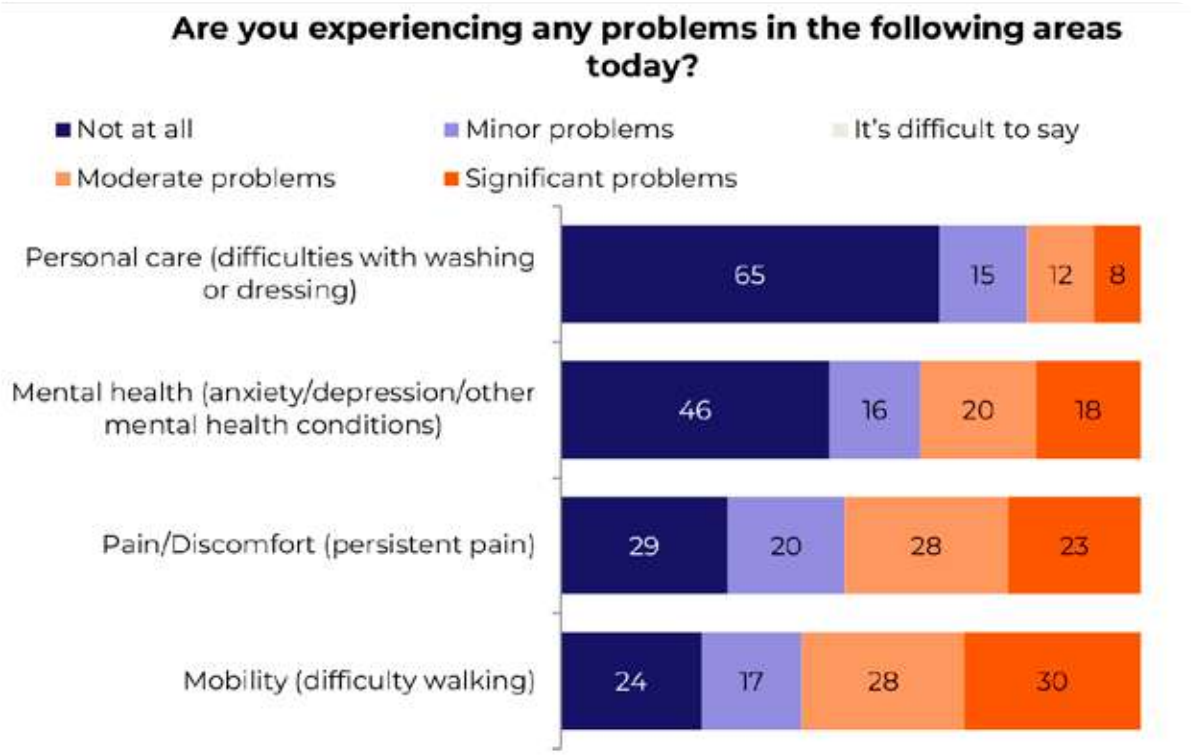


Fig. 2.19

Pain or discomfort affects 51% of homeless individuals, of whom 23% classify it as «severe». This is more common among former prisoners and people with disabilities.

Some 38% of homeless individuals experience mental health problems, most commonly people with disabilities, former prisoners, and women.

20% of homeless individuals experience difficulties with self-care, most commonly people with disabilities and women.

The fewest problems across all areas are reported by respondents who are in employment (82% report no difficulties with self-care, 60% report no mental health problems, and 56% do not suffer from chronic pain) (Fig. 2.19).

Alcohol and Drug Dependency

A significant proportion of homeless individuals surveyed (63%) reported having never experienced alcohol dependency in their lifetime. Some 17% of respondents acknowledged that they are currently dependent, whilst 20% confirmed having previously been dependent but having overcome it (Fig. 2.20).

The highest level of dependency is found among former prisoners (44%). By age, people of middle age (41–59) are more frequently dependent than younger people (19%) or older people (7%). The rate of dependency is higher among men (19%) than among women (12%). Those who have no one to rely on show a higher rate of current dependency (20%) than those who have support (12%).

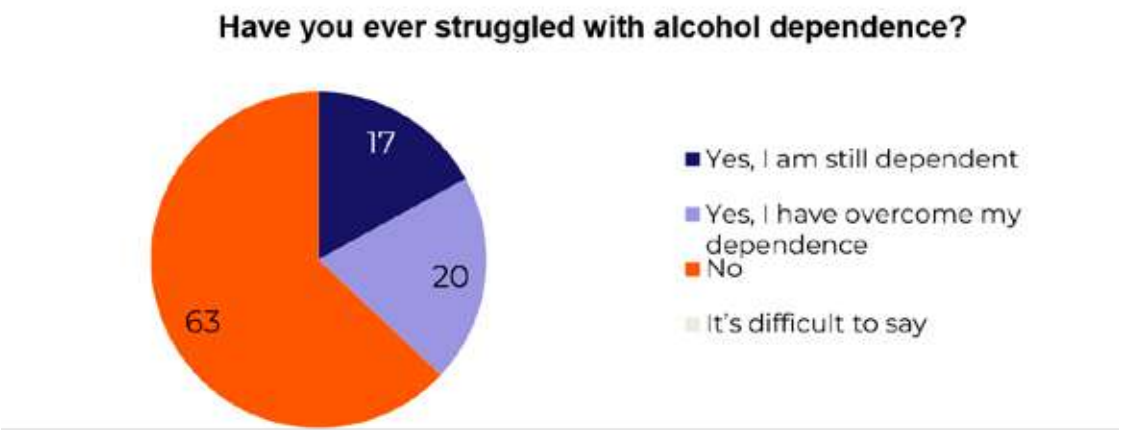


Fig. 2.20

Of those who have had or currently have experience of alcohol dependency, 53% first encountered it before losing their housing, whilst a further 38% became dependent only after finding themselves homeless (Fig. 2.21).

Some 87% of those with a dependency have not received treatment since losing their home, and only 12% have received such treatment whilst homeless (Fig. 2.22).

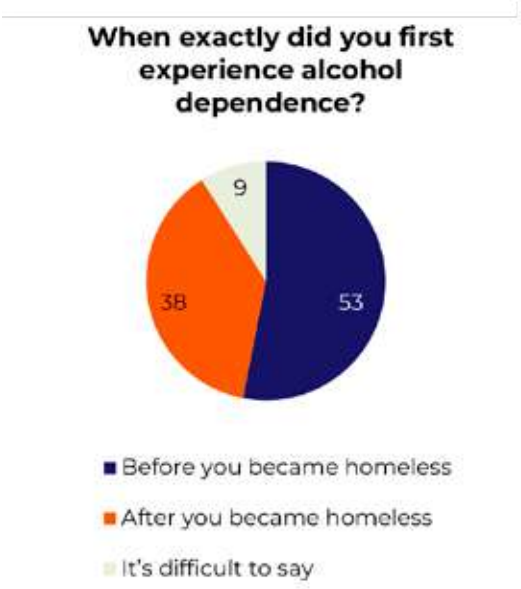


Fig. 2.21

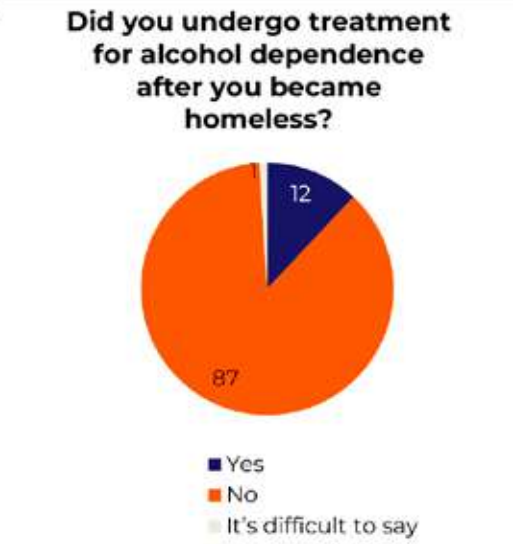


Fig. 2.22

The rate of drug dependency among homeless individuals is considerably lower than that of alcohol dependency: 92% of respondents reported having never experienced drug dependency in their lifetime. Some 5% had previously had such a dependency but overcome it, whilst only 1% acknowledged being currently dependent (Fig. 2.23).

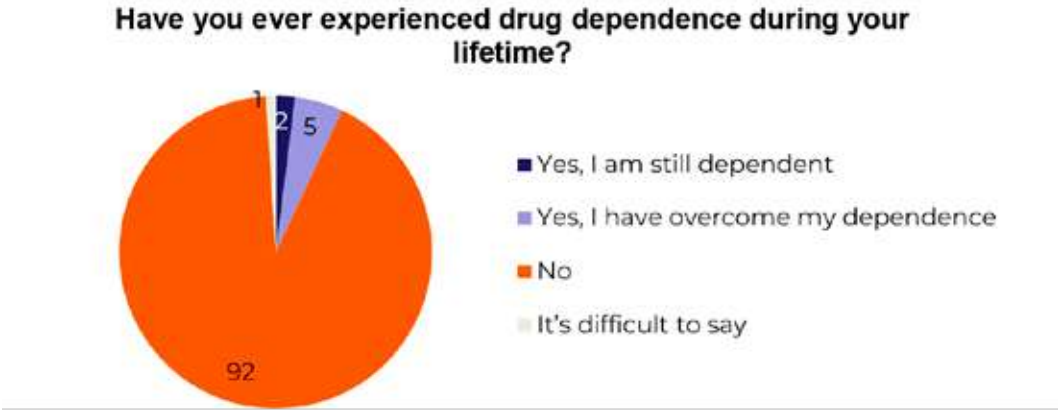


Fig. 2.23

Only 7% reported having experienced drug dependency: 2% remain currently dependent and 5% have overcome it. The most vulnerable group here is former prisoners, of whom 16% reported being currently dependent and 12% had managed to overcome dependency. The youngest respondents also more frequently reported being currently dependent on drugs (11%), with 14% of this group having overcome their dependency.

Two thirds of those who have had or currently have such a dependency first encountered it before losing their permanent place of residence, whilst one fifth developed it only after becoming homeless (Fig. 2. 24). Three quarters did not undergo treatment after losing their home, whilst one quarter were able to receive treatment for drug dependency whilst already homeless (Fig. 2.25).

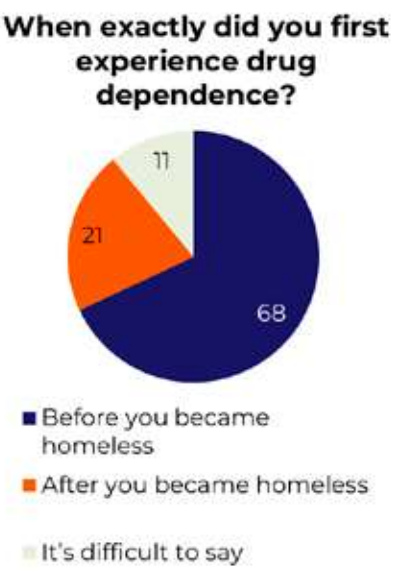


Fig. 2.24

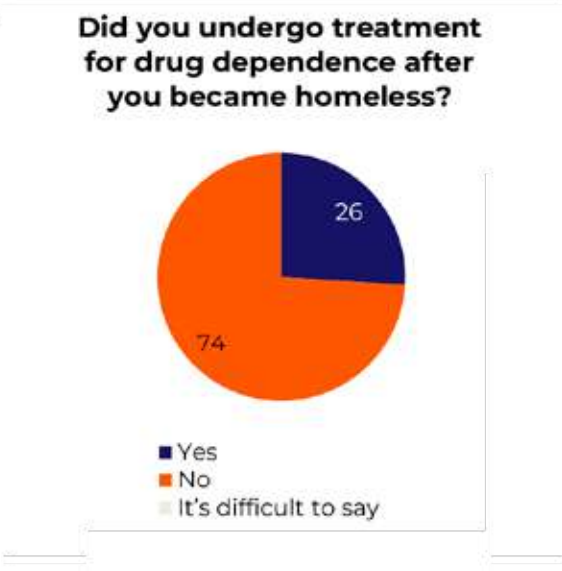


Fig. 2.25

The most common negative experiences reported by homeless individuals over the past year were theft of belongings (38%), damage to or destruction of property (27%), verbal abuse and threats (24%), and physical assault, including being hit or pushed (22%) (Fig. 2.26).

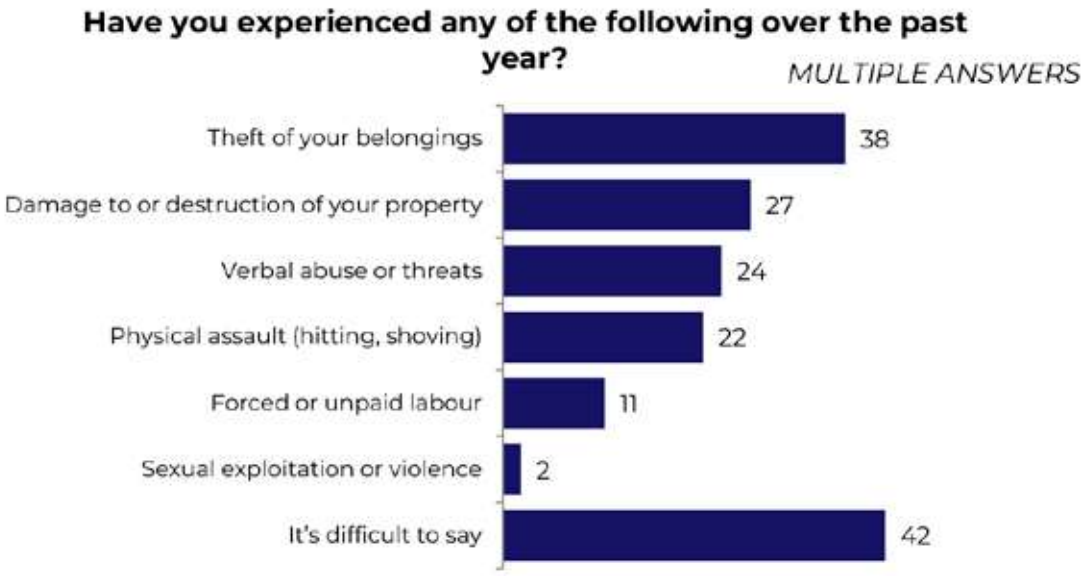


Fig. 2.26

Former prisoners show the highest rates of victimisation across all categories: 52% have experienced theft, property damage, and verbal threats, whilst 48% have experienced physical assault and forced labour.

Income

Most respondents (41%) report that their primary source of income is state benefits. Somewhat fewer cite assistance from charitable foundations (18%), paid employment (17%), and the collection of recyclable materials (10%) (Fig. 2.27).

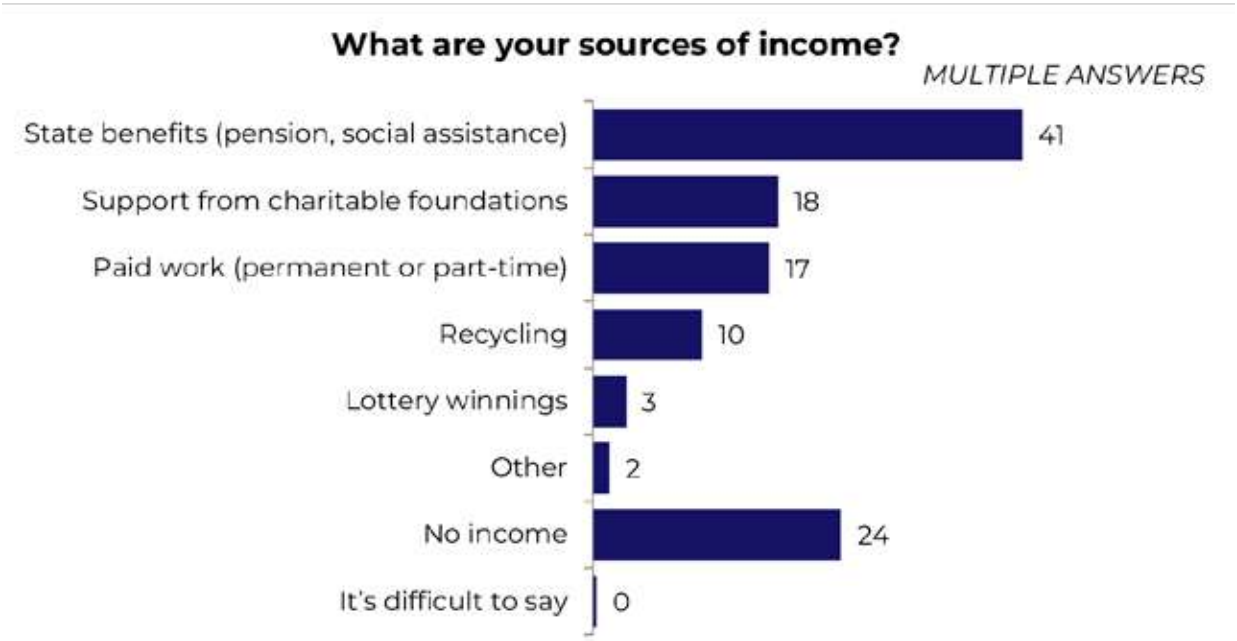


Fig. 2.27

State benefits are more frequently cited by people with disabilities (59%), older people living alone (55%), and respondents aged 60 and over (68%). Women are also more likely to cite this option (53%, compared with 35% of men). Charitable foundation services are used more frequently by former prisoners (28%) and younger respondents (25% each among those under 40 and those aged 41–59). Paid employment as a source of income is more common among men (20%) and the youngest group of respondents, those under 40 (28%), compared with women.

The overwhelming majority of respondents (78%) reported that they currently have no work. A further 16% are working on a temporary basis, and only 6% have permanent employment (Fig. 2.28).

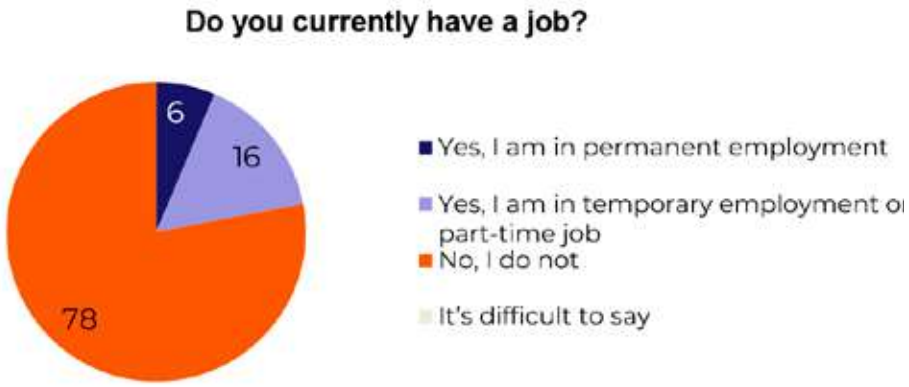


Fig. 2.28

Former prisoners proved to be the most economically active group: 8% have permanent employment, whilst 36% take on casual work. A gender gap is also evident, with men more frequently reporting employment than women. Older respondents (60+) are less likely than other groups to report having work, which may be linked to retirement age and health problems.

Among respondents who have a job or casual work, one third worked 6–7 days, one tenth worked 5 days, one fifth worked 3–4 days, and somewhat less than one third worked 1–2 days (Fig. 2.29).

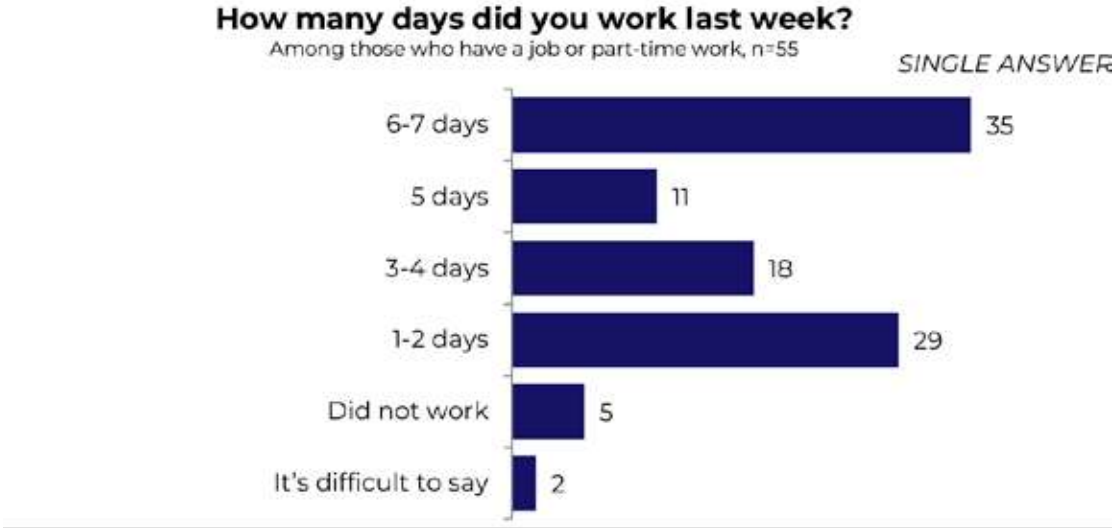


Fig. 2.29

The most commonly cited form of work among homeless individuals is the collection and sorting of recyclable materials, followed by cleaning public areas, helping with household tasks, and working as a security guard or caretaker. Slightly fewer worked as couriers or undertook seasonal agricultural work (Fig. 2.30).

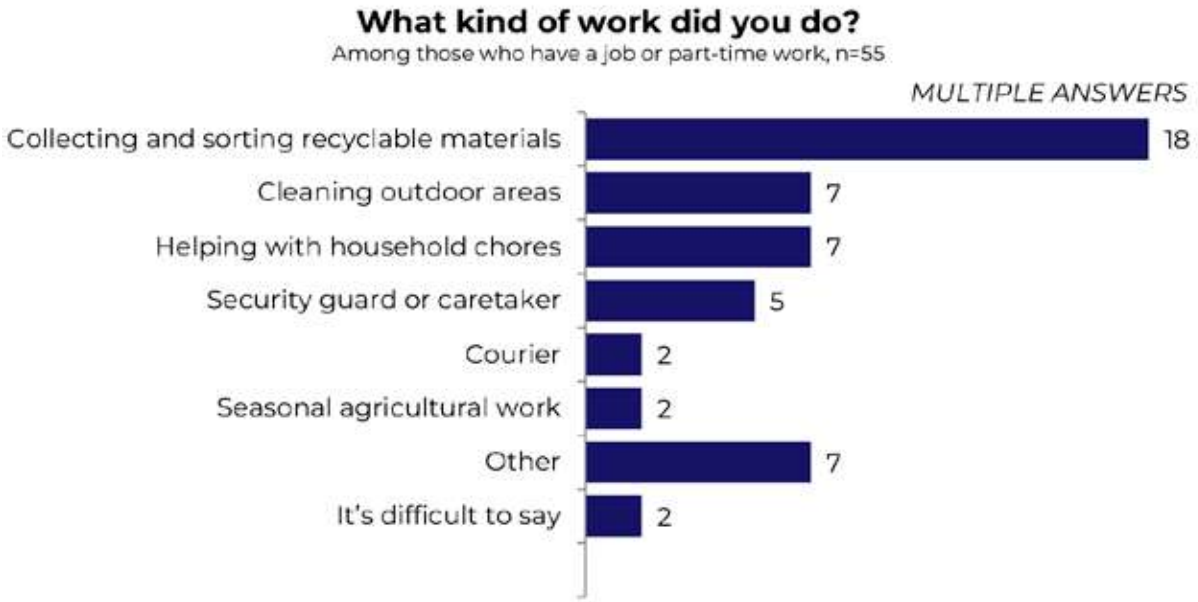


Fig. 2.30

Among homeless people who have an income but no paid employment, the overwhelming majority (95%) reported having previously had a job. Only 5% had never worked (Fig. 2.31).

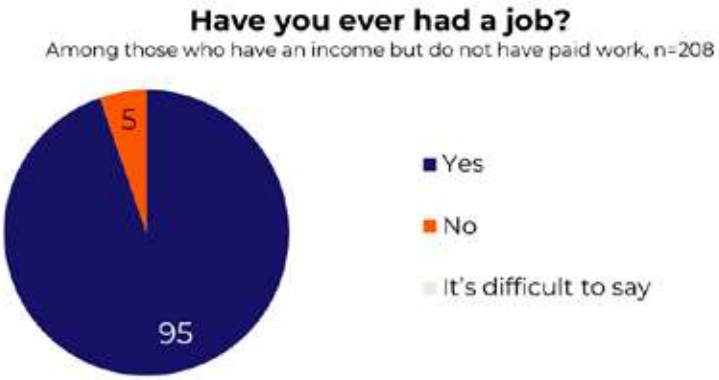


Fig. 2.31

The overwhelming majority of respondents last had a job more than two years ago (73%), whilst 7% last worked between one and two years ago, 8% between six and twelve months ago, and 11% within the past six months (Fig. 2.32).

The overwhelming majority of respondents last had a job more than two years ago (73%), whilst 7% last worked between one and two years ago, 8% between six and twelve months ago, and 11% within the past six months (Fig. 2.32).

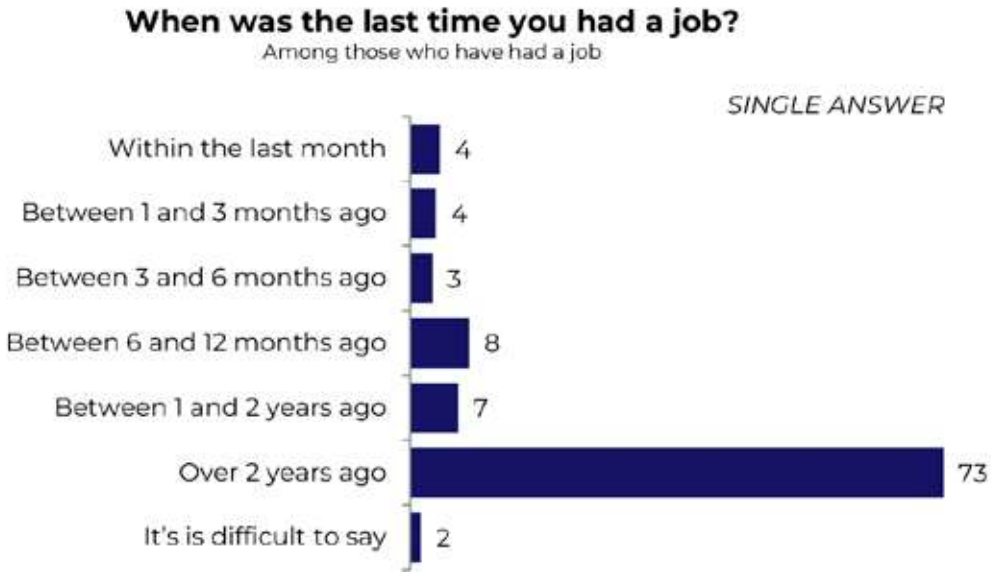


Fig. 2.32

Family Circumstances

The overwhelming majority of respondents (76%) report that they are not currently in a relationship. Some 9% have a steady partner, whilst 14% are formally married. Having a partner is more common among those who have been without permanent housing for less than six months, among IDPs, and among those who have someone to rely on (Fig. 2.33).

Fig. 2.33

Among those in a relationship, half (51%) report that their partner has permanent housing, whilst the other half (47%) report that their partner does not (Fig. 2.34).

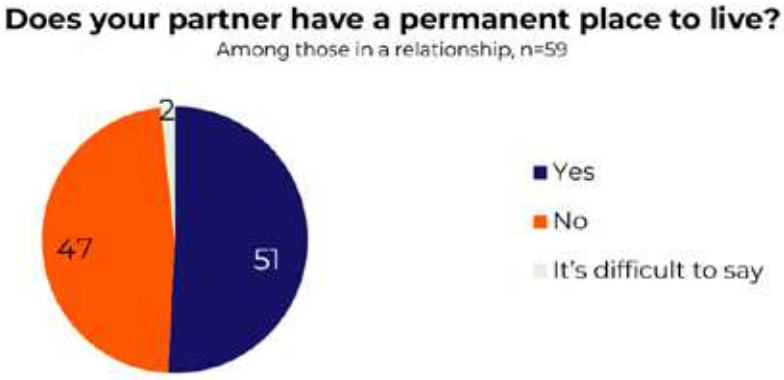


Fig. 2.34

More than 80% of homeless respondents in a relationship reported either having had no experience of physical or psychological abuse, or chose not to answer the question. Only 7% of these respondents reported instances of verbal humiliation, intimidation, or threats; 5% reported having their access to their share of money restricted; and 2–3% reported being prevented from seeing friends or relatives, or having physical force used against them (Fig. 2.35).

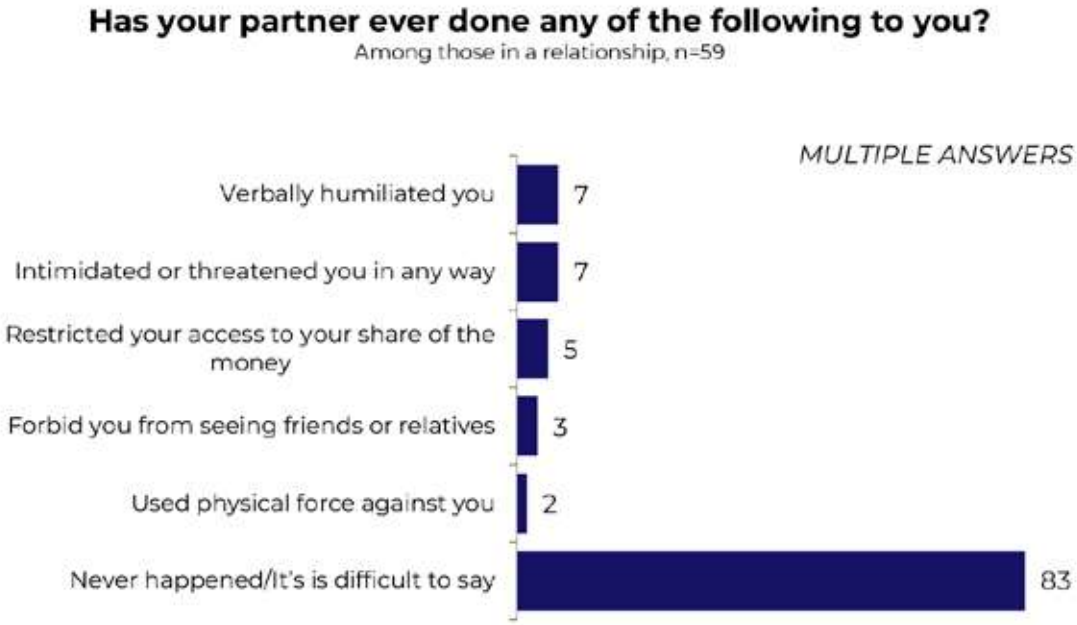


Fig. 2.35

Slightly more than half of homeless people (56%) have children, with this being more common among older respondents (63% among those aged 60+; 55% among those aged 41–59) (Fig. 2.36).

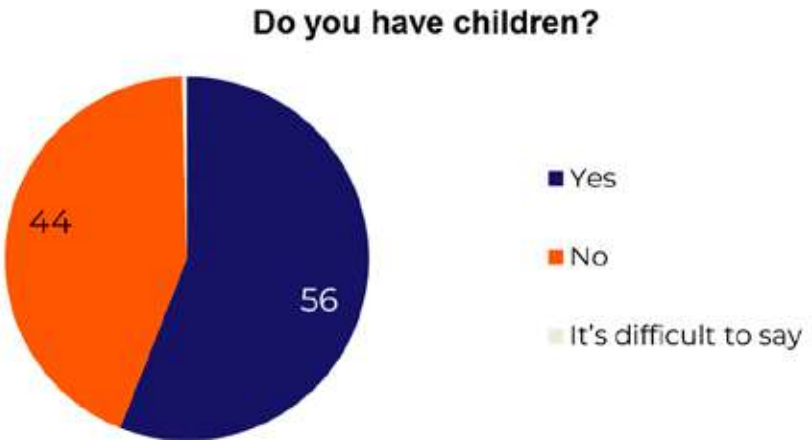


Fig. 2.36

Some 54% of homeless individuals report maintaining a positive connection with their children, whilst 43% do not, and 3% were unable to answer definitively (Fig. 2.37).

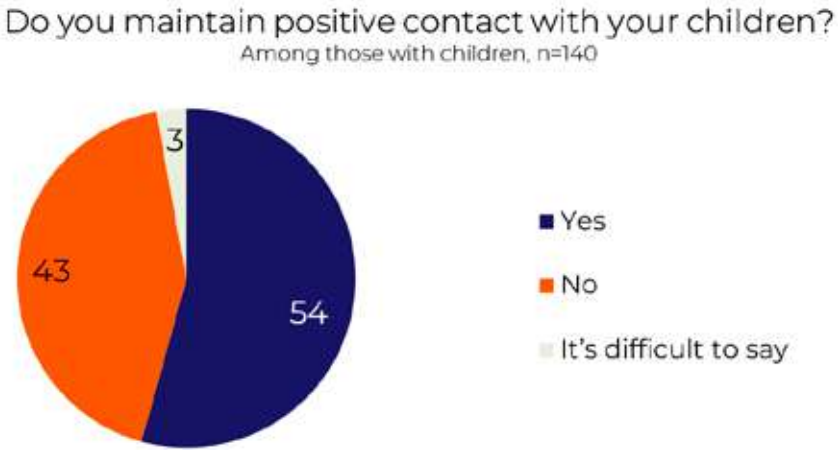


Fig. 2.37

The majority of respondents (62%) do not maintain positive contact with other relatives, whilst 36% do. IDPs report greater involvement in such contact (49%) (Fig. 2.38).

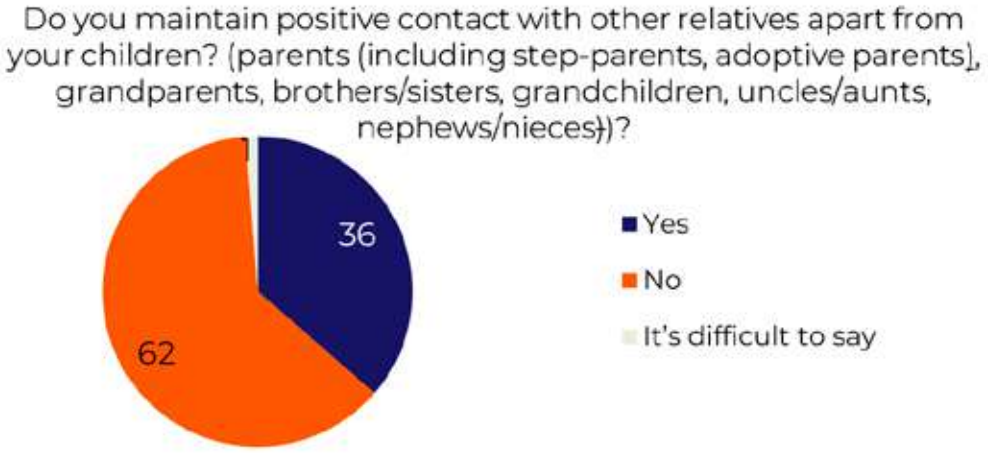


Fig. 2.38

More than half of respondents (59%) have no one to rely on in a crisis situation, whilst 39% do (Fig. 2.41). Those most likely to have someone to rely on are homeless individuals with a partner (59%) and IDPs (47%). Homeless respondents most commonly rely on friends or acquaintances (29%) and their children (26%). Somewhat less frequently cited are social workers (18%), parents (15%), and siblings (14%) (Fig. 2.39).

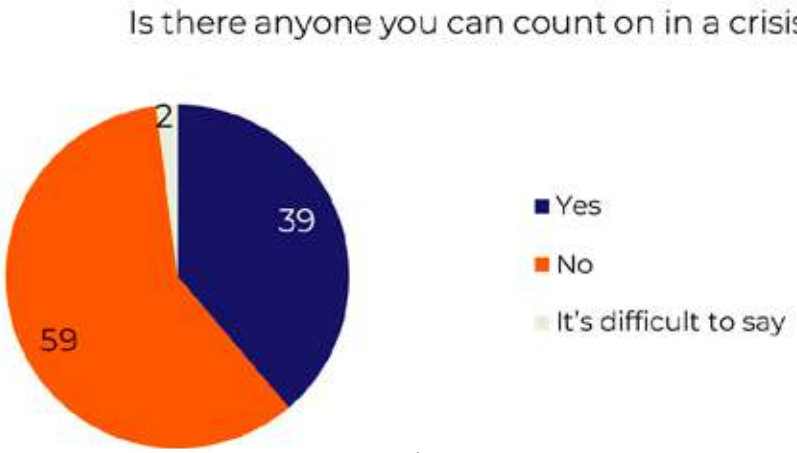


Fig. 2.39

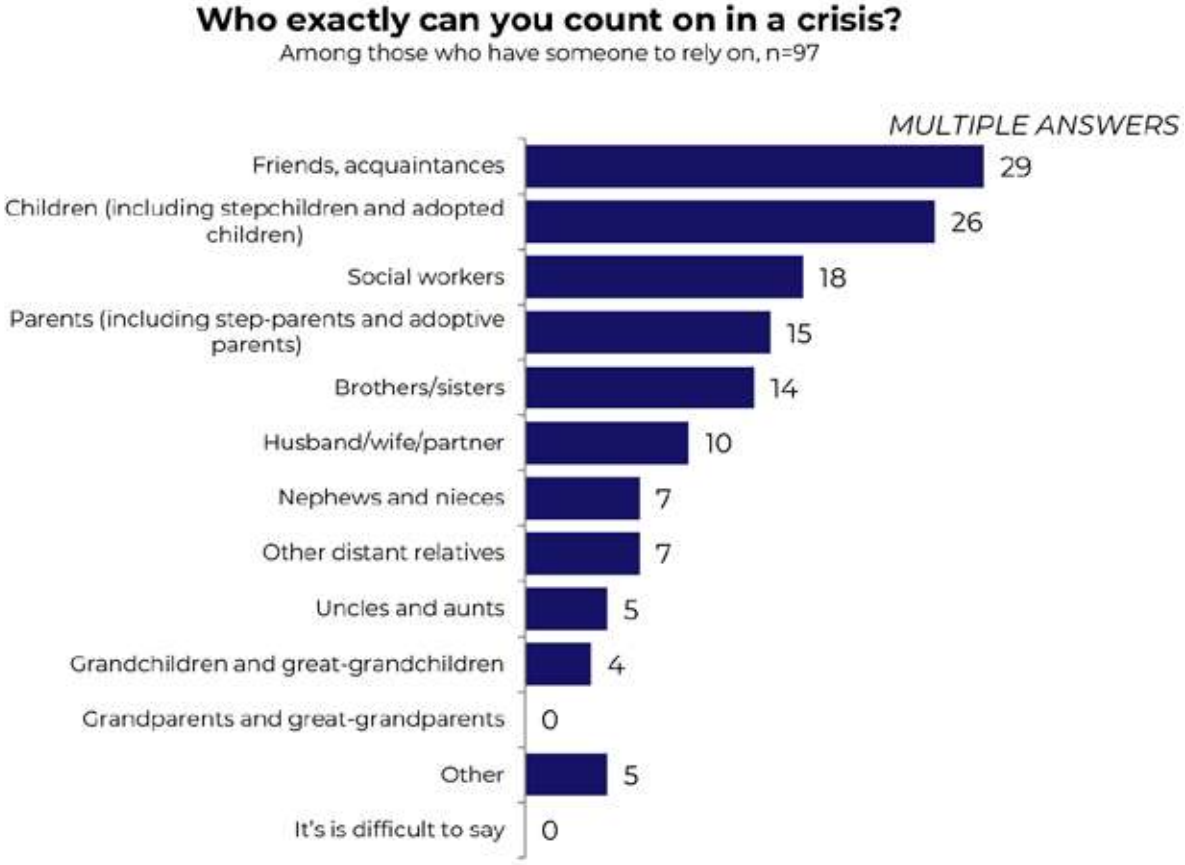


Fig. 2.40

Assessment of Personal Prospects

The majority of respondents (42%) have completed secondary general education, whilst 30% have completed vocational secondary education. Some 12% have only primary education, whilst 16% of homeless individuals hold a higher education qualification (Fig. 2.41).

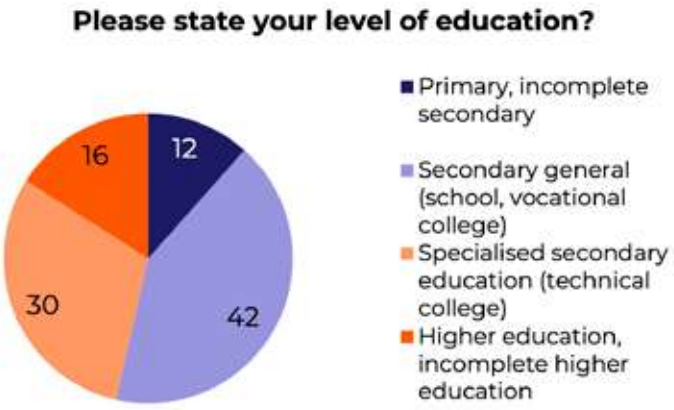


Fig. 2.41

Almost all respondents (99%) are not currently studying or undertaking any courses (Fig. 2.42).

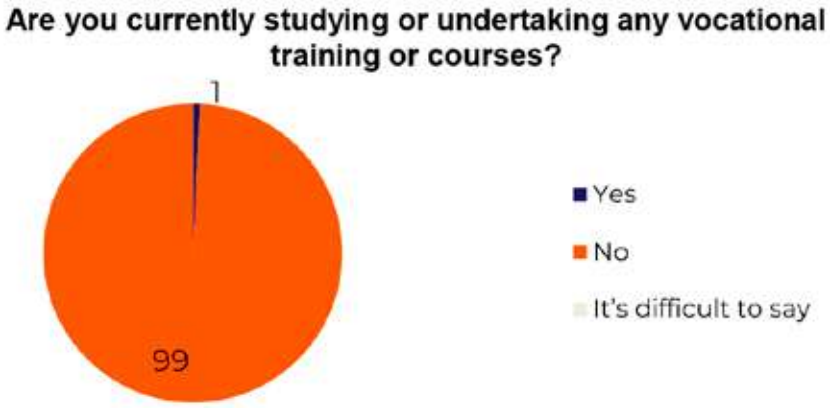


Fig. 2.42

The overwhelming majority of respondents (75%) have never taken part in volunteering, whilst one quarter (25%) have done so (Fig. 2.43).

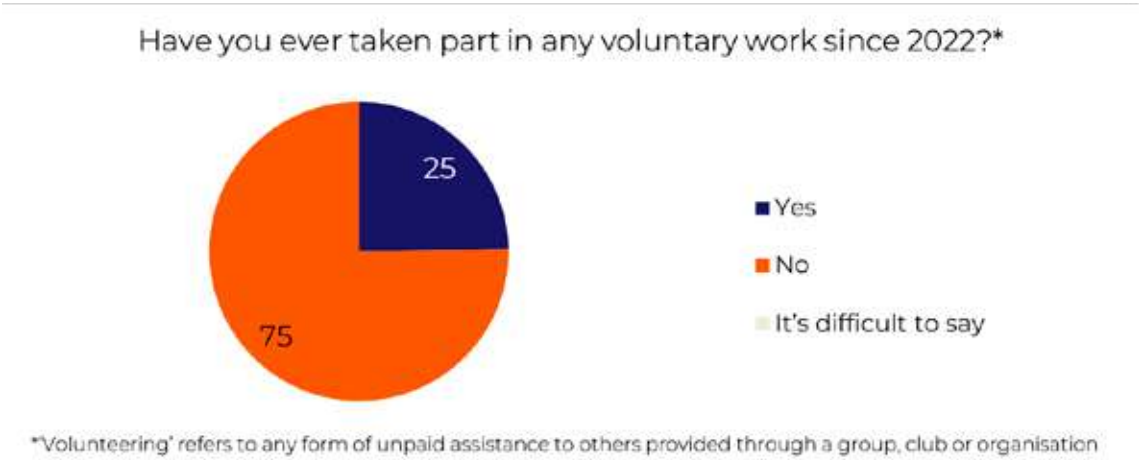


Fig. 2.43

The most common forms of volunteering are distributing food or clothing (42%) and supporting the Armed Forces of Ukraine (37%) (Fig. 2.44).

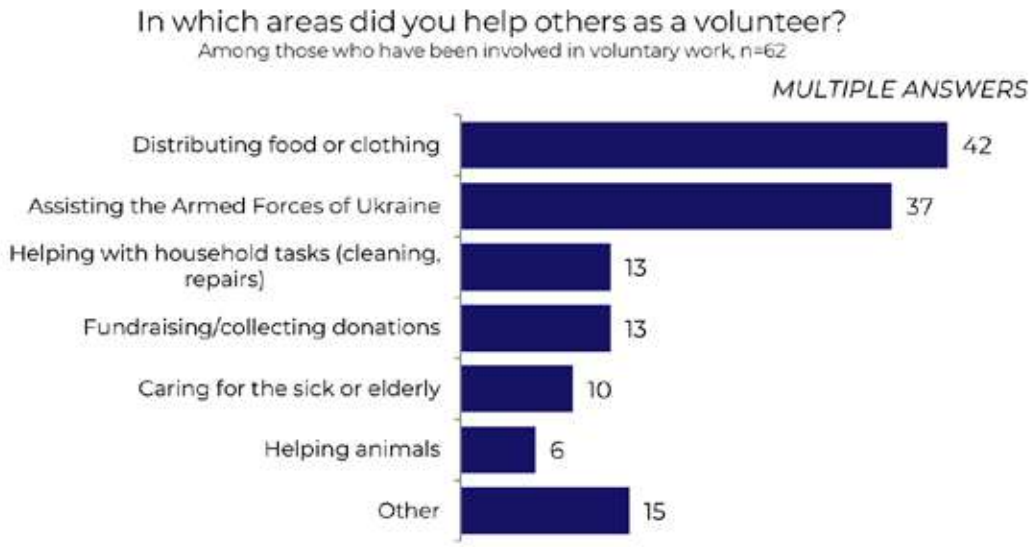


Fig. 2.44

The majority of respondents (58%) view their future with relative optimism, 25% with relative pessimism, and 17% were unable to answer the question (Fig. 2.45).

The greatest optimism is shown by IDPs (64%), those who are employed (64%), those with a partner (64%), and those who have someone to rely on (72%).

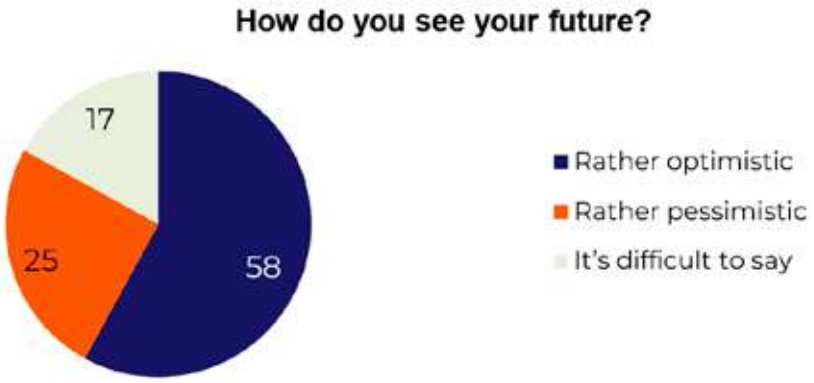


Fig. 2.45

In terms of needs, homeless people report they most require permanent housing (51%), permanent employment (37%) and medical assistance (36%) (Fig. 2.46).

The need for permanent housing is reported as most pressing by people with disabilities (60%), respondents in the younger and middle age categories (56% among those under 40 and 57% among those aged 41–59), and those who are employed (60%). Permanent employment is reported as most needed by former prisoners (48%). Medical assistance is particularly in demand among IDPs (43%), people with disabilities (45%), and older people living alone (39%); older respondents in general are also more likely to cite this need.

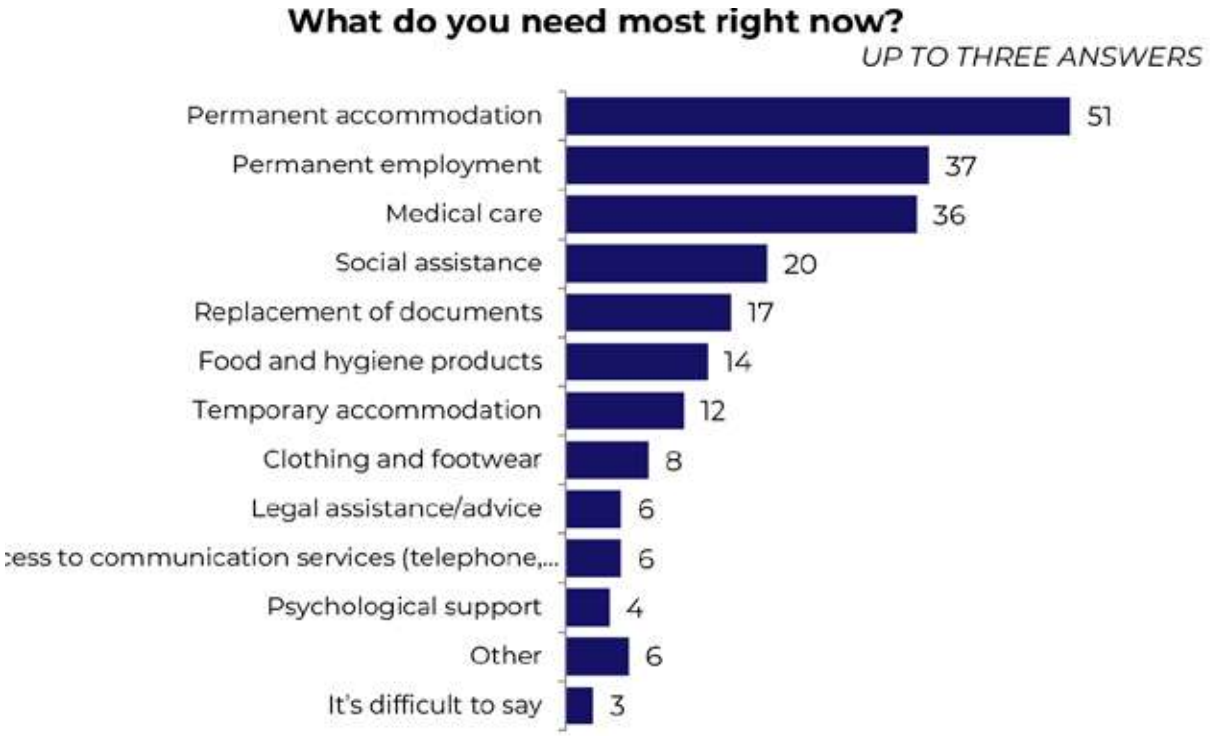


Fig. 2.46

The overwhelming majority (86%) would like to receive help in returning to a stable life, whilst 10% say they would not (Fig. 2.47).

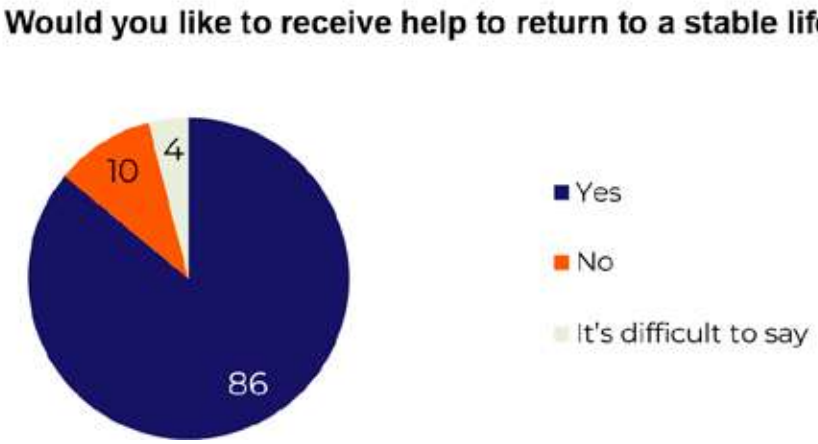


Fig. 2.47

When seeking assistance, homeless individuals most often turned to homeless support centres (46%), Administrative Service Centres (ASCs) (30%), charitable foundations (28%), and social services (22%) (Fig. 2.48).

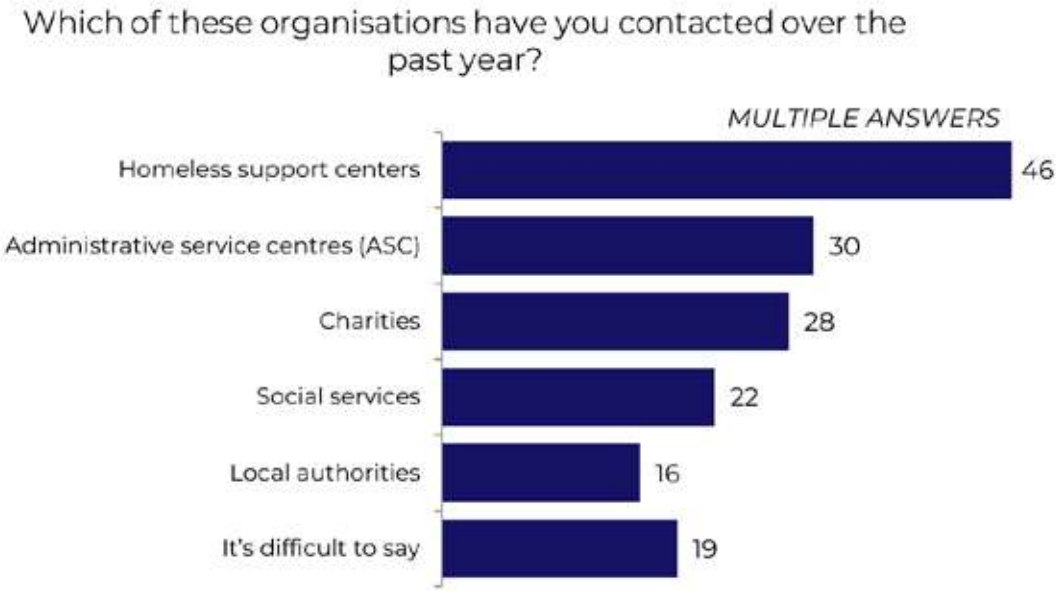


Fig. 2.48

Homeless support centres are used more frequently by former prisoners (76%), men (49%), respondents aged 41–59 (55%), and those without a partner or anyone to rely on (50% and 51% respectively).

When seeking assistance, 35% of respondents prefer charitable organisations, 14% prefer state (municipal) institutions (shelters, support centres, social services), whilst 34% express a preference for both state (municipal) institutions and charitable organisations alike (Fig. 2.49).

Charitable organisations are trusted to a greater extent by former prisoners (48%). An interesting trend emerges along gender lines: men show a greater preference for charitable foundations, whilst women favour municipal or state institutions.

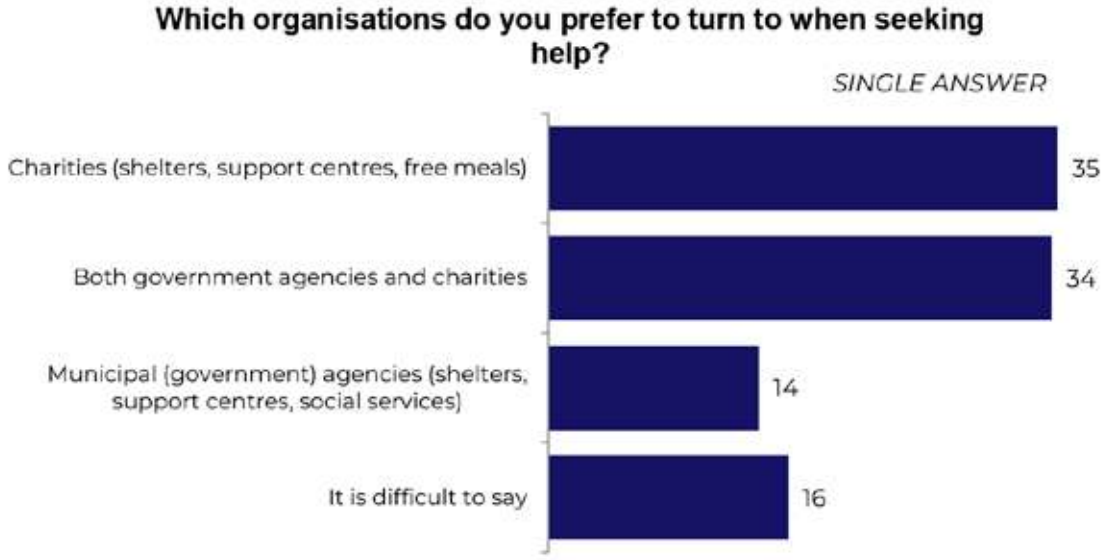


Fig. 2.49

EXPERT SURVEY

Causes of Homelessness

Experts identify a range of causes of homelessness, encompassing both «traditional» and relatively new factors: institutional, personal, and «war-related» causes.

Institutional causes relate to the particular characteristics of «total institutions» (in Erving Goffman's terminology), or what is often referred to as 'institutionalisation' — social organisations in which an individual is subject to round-the-clock supervision and control over their daily life. According to Goffman, total institutional care produces a distinctive form of resocialisation, which makes it difficult for individuals to reintegrate into society once they leave. State policy concerning residential children's homes, penitentiary institutions, and specialised medical (psychiatric) facilities has a direct bearing on the nature and rates of homelessness.

There is a correlation between having grown up in care and the likelihood of experiencing homelessness: some children raised in residential children's homes are not supported sufficiently to transition into society as adults, and after leaving become homeless. Care leavers frequently face barriers to participation in the labour market, which creates difficulties in finding employment.

> *«These are people who were in children's homes (...) (...) And some of these people simply weren't equipped for life. They left the children's home or boarding school straight onto the street., it's impossible to get out without outside help.» (R8, NGO, ODESA)*
>
> *«These children already carry psychological problems.» (R10, NGO, LVIV)*

Another common cause of homelessness identified by experts is imprisonment. According to them, individuals may lose their housing during a period of incarceration, often as a result of family conflict.

> *«People who have come back from prison. They sometimes carry deep resentment towards their relatives, because while they were serving their sentence, their home was sold, and there's simply nowhere left for them.» (R5, CHARITABLE FOUNDATION, KHARKIV)*
>
> *«As for people being released from prison, that's also a separate category, although they rarely approach centres themselves. Usually such people either return to society and their families, or go back into the criminal world.» (R8, NGO, ODESA)*

A further cause of homelessness is the transformation of state policy regarding specialised medical institutions, particularly those providing psychiatric care. Funding cuts to these facilities have resulted in some patients becoming homeless.

> *«There's a separate problem with mental health conditions and behavioural disorders. State reform has limited funding for specialised facilities, and people who need ongoing medical supervision end up on the street.» (R6, MUNICIPAL ORGANISATION, ODESA)*

Family conflict is another common cause of homelessness. Experts cite cases of divorce in which a husband leaves the family home to his wife and children and becomes homeless himself; conflicts with adult children who, due to disagreements, no longer wish to live with a parent; and disputes over the division of property after the death of parents, where siblings may transfer all ownership to themselves.

> *«Family conflicts - this is when a family can no longer bear having a person with such a dependency around them, divorce, and the person is left without a flat, without a roof over their head.» (R1, MUNICIPAL ORGANISATION, KYIV)*
>
> *«There are cases where people transfer ownership of their housing to someone else in the hope of being cared for, and are then evicted, though this is no longer as significant a factor as it once was.» (R9, MUNICIPAL ORGANISATION, LVIV)*

Some people become homeless due to employment difficulties, including job loss: for those without housing, the absence of work makes it impossible to pay rent. In turn, the loss of housing leads to a deterioration in personal appearance, which further reduces the chances of finding employment.

> *«Economic reasons. Very often people come to the capital looking for work. There's a railway station right next to us. It's the kind of place where they become homeless very quickly. Why? Because they meet people there who might spike their drink, or rob them.» (R2, CHARITABLE FOUNDATION, KYIV)*

Furthermore, people with dependencies often become homeless as a result of being unable to cope with difficult life circumstances. Such dependencies frequently compound other problems: family conflict, an inability to adapt to the labour market, exploitation by fraudsters, among others.

> *«Often these are people with alcohol dependency - there's a kind of progression: first the alcohol dependency, then someone defrauds them of their housing, or, for example, the alcohol dependency leads to divorce, or conflicts with parents push them out onto the street, and they can't cope.» (R5, CHARITABLE FOUNDATION, KHARKIV)*

Curiously, the work of civil society organisations can itself contribute to the perpetuation of homelessness. According to one expert, some homeless people are individuals who came to a large city, failed to find work, but nevertheless managed to adapt to homeless life once they learned where they could sleep and eat, and how to survive the winter cold. Whilst this factor may be a local peculiarity of Odesa, where the climate is milder than in other Ukrainian cities, it is possible that the accessibility of support services is also relevant, to some degree, in other regional centres. These services provide basic support, but not the provision required to support people out of homelessness such as housing, and so services may be inadvertently sustaining people's life on the streets.

> *«Many people come to Odesa from the surrounding region or other parts of the country looking for work, things don't work out, but they quickly realise that*

our city has a very strong network of charitable foundations and organisations. They know exactly where they can eat for free, where to get clothes, where to keep warm in winter. .'» (R6, MUNICIPAL ORGANISATION, ODESA)

According to one informant, the face of homelessness has changed over the decades. In the 1990s and early 2000s, due to the fraudulent activities of so-called «black realtors», the victims were predominantly people of pension or pre-retirement age, who were deceived into giving up their flats - often under the pretext of being offered smaller accommodation, which later turned out to belong to someone else entirely.

«These were the 'black realtors' who simply took people's homes through bribery and fraud. Especially from older people, especially from people without experience, or who drank - they just took their housing, resettled them into some flat, told them it was smaller, and then it turned out the flat already had an owner, and that was it - the person became homeless.» (R10, NGO, LVIV)

The full-scale invasion has given rise to new categories of homeless people, particularly among IDPs and veterans.

Homelessness is more common among IDPs who were forced to evacuate and whose hometowns now lie under occupation. According to experts, a significant proportion of IDPs have managed to adapt or have taken the opportunity to relocate abroad, whilst a smaller proportion struggle to adapt, primarily due to employment difficulties that make renting housing impossible. Experts note that, in some cities - particularly in western Ukraine - the spread of homelessness among IDPs is driven not only by high rental prices but also by limited proficiency in the Ukrainian language.

«There's a group of people who can't integrate because they don't have a good education, they don't speak Ukrainian, for example. It's hard for them to rent housing here, because housing prices in Lviv have risen sharply since the start of the full-scale invasion. So it's extremely difficult for someone who isn't local, has no social connections, no good education, and is under stress.» (R10, NGO, LVIV)

«There are more non-Odesans now, as I mentioned. Because there are a lot of people who have migrated, people who've relocated to Odesa.» (R7, CHARITABLE FOUNDATION, ODESA)

A common cause of homelessness among veterans is difficulty with resocialisation after returning from the war: many are unable to adapt to the rhythm of civilian life.

«Problems adapting to civilian life - they've already got used to being there, and they still can't switch back.» (R5, CHARITABLE FOUNDATION, KHARKIV)

«Literally yesterday some veterans came to us. They said: what do we do - he can't cope, not with his family, not in society. We don't know what to do with

him. And there are so many of them, and there will be even more.» (R8, NGO, ODESA)

Other contributing factors include health problems, particularly the onset of disability and mental health disorders. Experts note that the intensive use of the veteran's image in various PR campaigns often backfires, only reinforcing veterans' sense of alienation.

«In their words, they're paraded around everywhere like animals in a zoo. People just take photos because they're missing an arm or a leg. And what does that give them? Nothing. Though someone profits from it. So, in their words, they don't feel any real support.» (R8, NGO, ODESA)

Some experts identified the problem of societal stigmatisation of veterans. Some veterans feel rejected and unwanted, owing to disillusionment with state support or difficulties finding employment.

«As they put it, in reality nobody needs them. And they don't see any support from state programmes.» (R8, NGO, ODESA)

A separate category of problems faced by veterans concerns family difficulties, which may arise from marital infidelity, family relocation abroad, and alcohol dependency.

«A lack of family support — many women, even if they were married, have now left, gone abroad, while the men stayed behind ... Plus there's no longer that safe place where they could rest and get help. And then there's the alcohol dependency too, which is common among them.» (R5, CHARITABLE FOUNDATION, KHARKIV)

«Probably the first thing that breaks them is being betrayed - that's the biggest trigger (...) It's the first, the biggest blow, and there are so many such cases.» (R8, NGO, ODESA)

Experts note that, whilst state legislation on working with homeless people appears, on paper, to be reasonably well developed, it suffers in practice from significant gaps. Chief among these is the absence of strategic thinking at the level of the Ministry of Social Policy: support priorities are set no more than a year in advance, and working groups lack specialists from the social sector. The result is a lack of institutional memory and inadequate consultation in the drafting of regulatory and subordinate legislation, which consequently often fails to function in practice.

«At the level of the Ministry of Social Policy, there's a catastrophic lack of strategic vision and 'institutional memory', because the new team has almost no one from the social sector. Regulations and resolutions are adopted without proper consultation or implementing legislation, which means they simply don't work in real life. The state needs to clearly define support priorities not just for one year, but for the long term - otherwise the problem of homelessness will never be solved.» (R9, MUNICIPAL ORGANISATION, LVIV)

A further problem is the practical absence of legislation tailored specifically to the needs of homeless people. Tender documentation for the procurement of social services is often borrowed from support programmes designed for other vulnerable groups (people with disabilities, older people) and applied mechanically to homeless people without regard for their distinct circumstances. The result is programmes that exist formally but fail to meet the actual needs of this group.

> *«There's a fundamental lack of understanding of homelessness: officials don't understand its causes, or how to work with homeless people, and as a result, all their methods of assistance are largely ineffective. For example, we recently won a tender announced by Lviv City Council for the procurement of supported living and material aid services. So, in effect, the state is buying services from us. And we're very glad we won the tender, because we genuinely need the money, and we need to buy things like hygiene supplies and so on. But they simply took the documentation for supported living for people with disabilities or older people and applied it directly to homeless people - and it just doesn't work that way! Because for a person with a disability, there's documentation, an assessment report. That assessment report covers things like whether the person is bedridden, whether they need washing. It's a completely different set of needs, you understand? There's no legislative framework specifically developed for working with homeless people.» (R10, NGO, LVIV)*

A further contributing factor is the consequence of healthcare reform, which provides for the funding of support programmes for vulnerable groups at the level of territorial communities. Amid the war, public demand for support of military units has grown, leading to cuts in other spending areas, including those directed towards supporting homeless people.

> *The overall consequence of this lack of strategic planning is that work with homeless people operates in a mode of crisis response rather than crisis prevention - intervening too late, after a person has already experienced several years of homelessness as described in our analysis invoking the so-called "moral career" frame (for more on this phenomenon, see the section «Barriers to Social Reintegration: The Moral Career»).*

Profiles of a Homeless Person

A significant obstacle to addressing homelessness is the absence of statistical record-keeping. This severely limits the ability to track changes in the number of homeless people and to assess the effectiveness of state policy and the work of civil society organisations. At the same time, the number of homeless people has increased substantially since the start of the full-scale invasion. According to the survey of homeless individuals conducted as part of this research, the number of people in Ukraine attending specialised service centres for homeless people may range from 57,000 to 121,000. Experts estimate that the total number of homeless people - including those who do not attend specialised

centres - may exceed one million. The absence of statistical data, however, makes it impossible to construct a clear socio-demographic profile of homeless people.

According to experts, men predominate among homeless people. In terms of age, older individuals - particularly those of pension or pre-retirement age - are more commonly represented. Informants emphasised that such individuals often have no source of income whatsoever, lacking both wages (due to job loss) and a pension (due to not having reached pensionable age or accrued sufficient work experience).

> *«Generally there have always been far fewer homeless women. It was always around a third, or a quarter, of the total.» (R1, MUNICIPAL ORGANISATION, KYIV)*
>
> *«There are significantly fewer women, around 20%, because it's much harder for them to survive on the street - they die more quickly from illness and dependencies.» (R7, CHARITABLE FOUNDATION, ODESA)*
>
> *«If you take the average age, it's about 50. These are people who don't yet have a pension and can't find work..» (R5, CHARITABLE FOUNDATION, KHARKIV)*

A substantial proportion of homeless people have health problems, particularly mobility issues, as well as alcohol and drug dependencies.

> *«People with certain impairments, people with disabilities, people who've had strokes and have some kind of impaired function - speech, dexterity, and so on. That means they can't work.» (R2, CHARITABLE FOUNDATION, KYIV)*
>
> *«A typical person is a man and older. He has problems with his musculoskeletal system, that's almost a given, has frostbite, and frequently various other illnesses. I'm not talking about infectious diseases here, just the kinds of conditions that arise in someone living on the street.» (R3, NGO, KYIV)*
>
> *«Our current clientele are mostly people who need more than just shelter - they need serious care and medical support.» (R6, MUNICIPAL ORGANISATION, ODESA)*
>
> *«Unfortunately, most of them are people with drug dependency who are registered and receiving substitution therapy, and they're on such a high dose that they're not even registered with the military enlistment offices - they've been struck off the register.» (R1, MUNICIPAL ORGANISATION, KYIV)*

A further proportion of homeless people are former prisoners. According to some informants, this is more common among younger people than among middle-aged or older individuals.

> *«They're all very different people, with very different life situations. It's like a portrait that could be of an antisocial individual who's served time more than once, drank, ran wild, came out, then went back in, and round and round it goes. We even had one who got sent down just for stealing a chocolate bar.» (R4, MUNICIPAL ORGANISATION, KHARKIV)*

A separate category of homeless people consists of those who lived in residential institutions as children. Experts characterise such individuals as often carrying psychological trauma, including understandable grievances against others. Due to the absence of support from their birth family, and trauma experienced in childhood, they may have lower resilience, which can place them in a higher-risk group: they experience higher rates of criminal offending than other groups, and face higher exclusion in the labour market. This raises the risk factors of ending up on the street, owing both to the lack of personal housing and to psychological vulnerability. Some observers note that some individuals who have grown up in care can respond more passively when faced with difficult life circumstances, due to lower resilience.

> *«If you dig a bit deeper, most homeless people have had very difficult pasts..» (R7, CHARITABLE FOUNDATION, ODESA)*
>
> *«We also see the consequences of how some family-type children's homes operate: not all of them are run honestly - children are often exploited there purely for money, and once they turn 18, they're simply thrown out onto the street.» (R8, NGO, ODESA)*

The composition of the homeless population has changed since the start of the full-scale invasion. Experts note a degree of caution among men of mobilisation age, who fear measures related to conscription. Although the number of requests for help from this group has nonetheless increased, the growth has been greater among women. Some experts also point to an increase in the average age of clients, both because of mobilisation measures affecting young and middle-aged men, and because homeless people are increasingly losing the support of children who have migrated abroad.

> *«There are more men now. Sometimes someone comes in, and within three or four days they're already in the army. The age has gone up, because a lot of the younger ones are at the front. They get called up now - if someone looks even slightly able-bodied, a patrol picks them up and assesses them.» (R4, MUNICIPAL ORGANISATION, KHARKIV)*
>
> *«During the war, we've had this problem where young men are a bit afraid to come to us, because... But they still come to the day centre anyway, because they need somewhere to shower or wash their clothes.» (R5, CHARITABLE FOUNDATION, KHARKIV)*
>
> *«Something else has changed for us too - more older people are coming for help now, because the young ones, their children, have all moved away.» (R3, NGO, KYIV)*

According to some experts, the number of homeless people who have come from institutions - including children's homes, psychiatric hospitals, and prisons - has increased during the war.

> *«...right now, the war and people leaving specialised institutions have come to the forefront.» (R9, MUNICIPAL ORGANISATION, LVIV)*

Experts have noted a recent increase in requests for help from veterans. Such cases arise for a variety of reasons, including difficulties with reintegration upon returning to civilian life, health problems, family difficulties, and instances of societal stigmatisation.

Some cases involve the loss of documents, preventing servicemen from boarding a train, or undergoing treatment in a town where no affordable housing is available, forcing the serviceman to turn to a shelter for a place to spend the night.

> *«There are servicemen who, for example, are undergoing treatment and haven't made it home. They've ended up staying in Kharkiv. Or we've had cases where they lost their documents and couldn't even get on a train. And we'd see him there, day one, day two, day three, still wandering around the station.» (R5, CHARITABLE FOUNDATION, KHARKIV)*

Some cases involve individuals who were previously registered as homeless and subsequently went on to serve in the Armed Forces of Ukraine. Among them, it is common practice to visit centres whilst on leave.

> *«We even have serving soldiers who were our clients before the full-scale invasion. Then they went to volunteer in defence of our Ukraine. If they're wounded, they come to us. When they're given leave, they also come back to us and use our services, because they were homeless before they went to fight, and when they're on leave, they still have nowhere else to go.» (R5, CHARITABLE FOUNDATION, KHARKIV)*

According to some observations, people who have become homeless as a result of the war differ somewhat from people who were homeless prior to the full-scale invasion. Experts primarily note a different outward appearance - the boundary between people who are housed and people who are homeless appears to be blurring.

> *«It's hard to tell now whether someone is homeless. Before, you could see it straight away, but now you look and the person just doesn't look homeless.» (R8, NGO, ODESA)*

One distinguishing feature is the lower prevalence of dependencies, particularly alcoholism, among newly homeless people - at least in the early stages of their homelessness.

> *«The people who are homeless because of the war, they don't drink, very few of them do. That's a huge difference (...) before, almost all homeless people who came to us were tipsy, but now that category has changed. They ended up on the street because of the war, because the social support system isn't working the way it should. And they're simply not needed by anyone.» (R8, NGO, ODESA)*

Another distinguishing feature is the comparatively lower level of adaptation among newly homeless people, and the substantial impact their new status has on their psychological wellbeing. According to experts, newly homeless people are significantly more likely to be in a state of helplessness, and meaningful support for them has come

not only from staff at the centres they approach, but also from peers who have been homeless for longer periods of time.

> *«It's an enormous amount of stress and helplessness. At the start of the war, our residents who had experience of living on the street were actually very good at advising those who had suddenly lost their homes. Because they knew how to survive on the street, and these people had never had that kind of experience.» (R10, NGO, LVIV)*

Reintegration into Society

According to experts, reintegration into society can be undermined by numerous difficulties, which can be divided into objective and subjective factors.

Among the objective difficulties faced by homeless people, all experts cite the absence or loss of identity documents. The need to restore documents is linked to regaining access to basic services available to homeless people - from medical care at healthcare facilities to employment services at job centres, and the receipt of social benefits, including pensions. According to some experts, obtaining formal, officially recognised status contributes not only to meeting certain basic physiological needs, but also to a person's sense of self-affirmation.

The absence of a passport closes off any possible services to a homeless person. Experts cite cases where some homeless individuals never obtained a Ukrainian passport at the time Ukraine declared independence. Such cases are further complicated when the person lived in a town that is now under occupation. The absence of witnesses able to confirm that a person resided in a settlement on the territory of Ukraine leads to court proceedings being delayed for several years at minimum. Equally difficult are cases involving individuals who, at the time of the collapse of the Soviet Union, were residing in the territory of other former Soviet republics with which Ukraine no longer maintains diplomatic relations.

> *«The biggest obstacle on the path to regaining social status remains the issue of documents, especially if a person was a citizen of another state or, at the time of the collapse of the Soviet Union, only had a Soviet passport. It's a genuine legal knot that we, together with our partners, can spend years untangling in the courts. Under the law, to have a person recognised as a citizen of Ukraine, we need to confirm that they were actually living on our territory in the second half of 1991. But if a person was born, say, in Russia or Kazakhstan, it's practically impossible to confirm or disprove their status now - because we have no diplomatic relations, we can't get responses to our enquiries. Sometimes a case just sits there for five or six years, because we simply have no mechanism to prove that the person isn't a citizen of another country, even though they've lived here for decades.» (R6, MUNICIPAL ORGANISATION, ODESA)*

The objective problem of missing documents is further compounded by the stigmatisation of homeless people, which comes from multiple directions - from staff at government services and medical institutions, as well as from ordinary members of the public. This stigmatisation is fuelled, on the one hand, by the unkempt appearance of some homeless people, and on the other, by the difficulty in understanding the «bureaucratic» language used by government staff. This sociocultural barrier significantly reduces some homeless people's motivation to overcome bureaucratic obstacles. At the same time, staff at social services and civil society organisations effectively become intermediaries between the bureaucratic system and homeless people.

> *«Not all state institutions see a homeless person as someone who genuinely wants to get back on their feet. Even when you go to the State Migration Service to sort out some documents with a homeless person, people there don't like how they smell, or how they talk, or how they behave. And yes, these homeless people really can be quite different from one another. It's hard for them to communicate, to understand even what these state institutions are explaining needs to be done.» (R5, CHARITABLE FOUNDATION, KHARKIV)*
>
> *«A homeless person might not go to an ordinary job centre, because they feel out of place there. '» (R8, NGO, ODESA)*

Among other objective causes, experts cite the presence of mental illness, which effectively undermines a homeless person's agency and «cuts them off» from their circle of relatives, who in turn often adopt a paternalistic stance, transferring responsibility for the homeless person's fate onto the state. Experts also mention age, which may render a person physically unable to work, as well as the loss of social skills caused by a prolonged period of homelessness.

> *«A particular and very painful challenge is people with mental health conditions. In today's society, they often turn out to be unwanted even by those closest to them. Relatives usually take the position that 'the state has taken responsibility, let it deal with it', often deliberately concealing the existence of family ties. When a legal dead end over documents is compounded by health problems and complete social isolation from family, a person ends up trapped in a vicious cycle that is extremely difficult to escape alone.» (R6, MUNICIPAL ORGANISATION, ODESA)*

Among the significant subjective causes, experts cite a lack of motivation among some homeless people, linked to a reduction in self-esteem as a result of experiencing exclusion and marginalisation: over a period of time in this status, people can lose the desire to sort out their documents or look for work. To some extent, this is also reinforced by the activities of civil society organisations and municipal institutions providing assistance, and there is a need to avoid paternalization and social work approaches which inadvertently reduce motivation or self-sufficiency.

> *«There's a very fine line in social work: when you're helping someone, but inadvertently fostering a sense of entitlement in them. We provide everything*

ready-made - warmth, food, clean bedding - and over time some clients start to think we owe it to them. They can just sit on the bed and wait for everyone else to clean up and cook around them.» (R6, MUNICIPAL ORGANISATION, ODESA)

The research identified the construction of what can be termed the «moral career of people experiencing long-term homelessness"» (in Erving Goffman's terminology [2]). This framing was first applied to psychiatric institutions and can help us to understand how long-term homelessness changes not just material conditions, but psychological needs too. It is vital not to generalise the experience of people facing homelessness: every person's story is different and their needs are unique. Yet it is helpful to understand broad trends through this analytical frame, which emphasises the benefits in preventing homelessness or rapidly rehousing people. The "moral career" is an integral part of the experience of stigmatisation which affects many people who experience long-term or chronic homelessness. Over the course of this career, a transformation takes place in many individuals' self-perception - from that of a so-called "ordinary person" to someone in a marginal position who has reduced motivation to change it. According to some experts, the outcome of this career can be a dangerous «inverted perception»: some people redefine themselves as free, in contrast to people who have housing, and expresses active opposition - and at times outright revulsion - towards any attempts to help them. This underlines the need for extensive social work using techniques such as motivational interviewing which help people to regain motivation and self-esteem.

«Some people think they're the free ones, and we're not free. They think this is their freedom, they do whatever they want. So everything gets turned on its head. So when someone does try to break out of that cycle, the others say we've lost them.» (R8, NGO, ODESA)

«And if this period drags on, they become chronically homeless. People who have only just become homeless are very easy to help. But chronically homeless people, who have been in this state for a very long time, are extremely difficult to help (...) They've already unlearned what work even is. Some people have no sense of time, no obligations. They lose all sorts of things. And once two or three years have passed, very few can ever return from that state (without intensive support). The easiest person to help is someone who's only been on the street for a week or two - they haven't yet gone through that moral breaking point.» (R2, CHARITABLE FOUNDATION, KYIV)

The "**moral caree**r" of a person experiencing long-term homelessness can be assessed as consisting of the following stages:

1. **Vulnerable circumstances.** Elements of this stage can include family conflict, the presence of dependencies, and renting accommodation in the absence of one's own home.

[2] Goffman, E. (1959). The moral career of the mental patient. Psychiatry: Journal for the Study of Interpersonal Processes, 22, 123–142. https://doi.org/10.1080/00332747.1959.11023166

2. **Loss of housing.** This event may result from evacuation from frontline territories; the resolution of a family conflict, leading the person either to choose to leave the home (for example, leaving it to a wife and children) or to be forced out; the loss of employment, making it impossible to pay rent and/or utility bills; or fraud committed by «black realtors» who exploit a person's alcohol dependency.

3. **Development or worsening of dependency as a consequence of losing housing.** This stage is more pronounced among those who lack support from others, or who are unable to cope psychologically with the realisation of their difficult circumstances.

4. **Formation of friendships with other homeless people.** This more often occurs in places where the person drinks alcohol, and somewhat less often in shelters where they receive services. According to experts, the homeless environment can exert a negative influence (although peer support approaches, when well designed, can be very effective), which can contribute to the development or worsening of dependencies and, in extreme cases, involvement in criminal activity.

5. **Moral transformation.** Some people become accustomed to their social status and lose the desire to regain their previous one. This moral transformation is typically accompanied by a change in appearance, which acquires the characteristic stereotyped features of a homeless person: an unkempt body and clothing, layering of clothes, and a distinctive odour.

The duration of this "moral career" is variable and depends on individual circumstances, but typically lasts between three and six months. After this point, it becomes far more difficult to help a homeless person regain their previous status, because they no longer wish to accept help. This underlines the importance of prevention approaches, and evidenced models such as rapid rehousing which respond quickly to cases of homelessness. For people who are experiencing chronic homelessness, Housing First models have proven that housing is a fundamental requirement for recovery, alongside flexible, person-centred unconditional support.

Experts note a incidences of relapse, whereby some homeless people, even whilst receiving assistance, nonetheless return to living on the street. This is partly driven by seasonality: in the cold season, homeless people are more likely to seek help from municipal institutions and civil society organisations because of low outdoor temperatures, whilst in the warm season their interest declines considerably, particularly in cities in southern Ukraine. Housing First models of support have demonstrated how persistent engagement and continued access to housing through periods of repeated homelessness are vital to good outcomes.

Among the causes of relapse, experts generally identify the following:

1. Alcohol and drug dependency affects a marginal group of people.

2. Limited engagement in social responsibility.

3. Absence of strong social ties, particularly a lack of support networks and positive influences within immediate circle.

4. Lack of supportive relationships from social workers.

5. Length of time spent homeless.

> *«If a person has been on the street a long time, that's what's called chronic homelessness, and unfortunately you can expect frequent relapse in some cases - they'll keep going back to the street, especially if they have a dependency. So, for example, they might not show up for two or three months, you might even be making plans with them, they might even have built up some motivation, but then somewhere along the way that boundary - what's called 'abstinence' in Polish - breaks down, and once they have a drink, say, all those boundaries collapse, and they fall right back to the bottom, and they become homeless again.» (R2, CHARITABLE FOUNDATION, KYIV)*
>
> *«And it often happens that people agree to anything, especially when it's cold, but once it gets warmer, they feel like they're wasting their precious time and find it more familiar to live off handouts.» (R3, NGO, KYIV)*
>
> *«What contributes most to relapse is a long period of homelessness. A person gets used to that way of life, it becomes the norm for them, and over time they lose the strength and the hope for change. The chances of success are much higher if you 'catch' someone in the first few days after losing their home. But if homelessness goes on for years, a peculiar attachment to street life develops.» (R7, CHARITABLE FOUNDATION, ODESA)*

Societal stigmatisation gives rise to certain difficulties in finding employment. Homeless people's job prospects are structurally limited, exhibiting a kind of «glass ceiling» - they typically have access only to low-skilled positions, both in the formal sector (street cleaners, security guards, supermarket staff) and the informal sector (manual labourers). At the same time, given the labour shortage caused by the war, such jobs are reasonably plentiful in large cities. However, a further problem arises when working in the shadow economy: employers' stereotyped perception of homeless people leads to a range of exploitative and unlawful practices, including attempts to pay for work in goods (including alcohol) rather than money, refusal to pay at all, or forcing people to work excessive hours of 12 or more without a break..

> *«Finding a job or casual work for a homeless person is entirely realistic, but having work alone doesn't solve the problem. (R7, CHARITABLE FOUNDATION, ODESA)*

Experts note the absence of specialised training and employment programmes for homeless people. On the one hand, homeless people can join programmes aimed at other population groups, such as those run by job centres. However, experts note that participation in such programmes is only effective where the homeless person has been support to gain motivation. According to their observations, only a tiny proportion

of homeless people complete training programmes that run for an extended period (six months or longer). A need for social work and support is often required alongside employment programmes.

> *«We have no specialised training or employment programmes designed specifically for homeless people at all. What the state job centres offer is often completely unsuitable for this group.» (R8, NGO, ODESA)*
>
> *«We once set up a partnership with technical colleges, created a classroom, and anyone leaving us could train for a trade. So you could study sewing, work with sewing machines. And they could get a diploma - but for that, you had to live here for a year. It's not like a one- or two-month course. These were substantial courses - you had to study for a year, and then you'd get a diploma that let you go and work officially in the garment industry. A year is a long time. Many of them only stayed six months, some only two.» (R4, MUNICIPAL ORGANISATION, KHARKIV)*

The experience of institutions and civil society organisations demonstrates the possibility of people exiting homelessness, and this has been proven across other European countries through the success of housing-led and Housing First models, but which are almost entirely absent in Ukraine. Exit from homelessness is typically facilitated by the presence of a supportive environment that does not stigmatise the person. Such supportive agents include, above all, social workers and staff at civil society organisations providing help to homeless people, and in certain cases, relatives and close acquaintances who knew the person before they lost their housing, as well as other homeless people who provide positive peer support.

Some centres have developed a sequence of steps to help a homeless person regain their status. Drawing together the experience of various institutions, the following stages of **the «reverse» moral career** of long-term homelessness have been identified within existing provision in Ukraine (noting that significant gaps in provision are present):

1. **Providing individual services to the homeless person**. The aim of this stage is to establish and build initial contact with the homeless person, to give them an understanding of how the centre operates, and to dispel any expectations of judgement or coercion into particular actions.

2. **Inviting the person to a support centre**. The aim of this stage is to meet the person's basic physiological needs (food, hygiene services, and so on) and to gradually begin transforming their self-perception. This occurs through external approval and positive reinforcement of lifestyle change, which helps to raise self-esteem - partly based on, and reflecting, the views of others: the more a person is accepted by significant others, the easier it becomes for them to accept themselves. Such transformation motivates meaningful changes in identity and provides a foundation for psychological and social wellbeing.

3. **Identifying the main problems faced by the homeless person**. This may include

medical and psychological problems, dependencies, lack of documents, employment, and so on.

4. **Providing services** aimed at addressing these problems: restoring documents, enrolling in existing training programmes, helping with employment, arranging social benefits, and so on. Support from the institution helps to build the person's motivation for further steps.

5. **Building a supportive social environment around the homeless person**. Some institutions, for example, try to help restore the person's relationships with relatives and close ones, whilst others offer the opportunity to join a community formed of homeless people living at the facility.

6. **Providing social housing**.

It is vital to note that these steps are not necessarily sequential. Evidence shows that provision of housing as one of the first steps of support, where possible, is highly effective in addressing homelessness and supports advancement of other outcomes. Conversely, international evidence has shown the ineffectiveness of so-called 'staircase' models which frame housing and other entitlements around 'readiness' or continuums. Holistic support models which structure support around the individual and centre housing are highly effective in addressing long-term homelessness, although currently little used in Ukraine. Prevention approaches are also central.

According to experts, the most difficult thing for people who have experienced long-term homelessness is settling into a rhythm of life that involves conscious rights and responsibilities. Where this is achieved, regaining one's status in society becomes considerably easier.

> *«We follow an approach where success is considered to be six months of stable living: when a person looks after the free housing they've been given, works, and follows the rules. One form of support is creating separate communities or a specific social environment for homeless people, where the usual triggers are absent. This kind of structure gives a person more stability and helps prevent relapse at a particular stage, although the question of the long-term effectiveness of this approach remains open.» (R9, MUNICIPAL ORGANISATION, LVIV)*

GENERAL POPULATION SURVEY

Overall Assessment of the Situation

The majority of Ukrainians (69%) perceive the homelessness situation in the country as critical, with 28% rating it as «very critical». Only 22% of respondents do not consider this to be an acute problem (see Fig. 3.1).

By region, the greatest concern is shown by residents of the South (75%) and the East (71%), whilst figures for criticality are somewhat lower in the West and Centre (65% and 69% respectively). Women are inclined to perceive the problem considerably more acutely (77%) than men (60%). Older people (aged 51+) are twice as likely as younger people to describe the situation as «very critical» (35%, compared with 18% among those aged 18–35). Among lower-income groups, the level of concern reaches 81%, with around half of respondents (49%) considering the situation extremely serious, compared with just 19% among wealthier respondents.

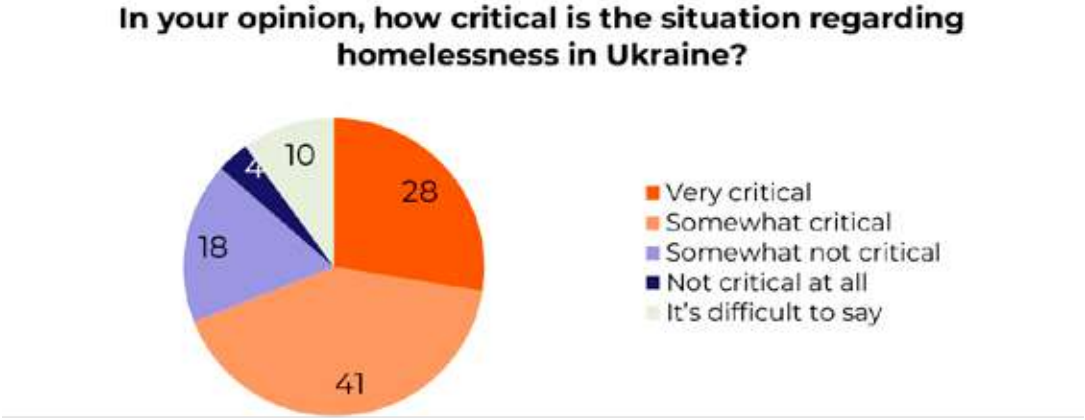


Fig. 3.1

Perceptions of the homelessness problem at the level of specific local communities are considerably less alarming than the national-level assessment. Only 28% of respondents consider the situation in their own locality to be critical (7% «very critical», 21% «rather critical»). By contrast, the overwhelming majority (66%) do not perceive a serious problem in their place of residence (24% of respondents chose the option «not critical at all») (see Fig. 3.2).

Residents of the East and South are considerably more likely to consider the local situation critical (43% and 40% respectively), whilst this figure is at its lowest in the West, at just 18%. Rural residents are more likely to assess the situation as not critical (78%), considerably higher than in regional centres (58%). Women tend towards more critical assessments (33%) than men (22%). Among lower-income respondents, the proportion expressing concern is 36%, considerably higher than among wealthier respondents (22%). Respondents aged over 51 are more likely than younger people to consider the situation in their community «not critical at all» (28%, compared with 23%), although overall, the level of perceived criticality is broadly similar across all age groups, ranging from 27% to 31%.

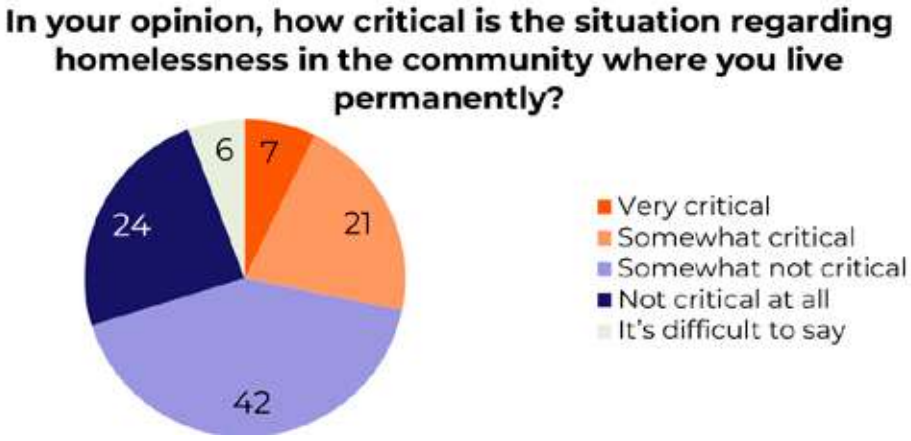


Fig. 3.2

The overwhelming majority of Ukrainians report a deterioration in the homelessness situation as a result of the full-scale war. In total, 76% of respondents believe the problem has worsened, with nearly half (48%) confident that it has «worsened significantly». Only 12% believe the situation has remained at pre-war levels, and the proportion noting an improvement is negligible, at just 4%. A further 9% of respondents were unable to assess the change (see Fig. 3.3).

The most pronounced perception of deterioration («worsened significantly») is found among residents of the East (52%) and South (50%), directly reflecting their proximity to the combat zone. Residents of regional centres perceive the problem somewhat more acutely (50% chose «worsened significantly») compared with rural residents (45%). Younger people aged 18–35 take a somewhat more measured view, with 37% considering the situation to have «worsened significantly», compared with over 50% in the middle-aged and older groups. The most concerning assessments come from lower-income citizens: 61% state that the situation has significantly worsened, compared with just 43% among wealthier respondents. Women are also more inclined to view the changes negatively: 52% chose «worsened significantly», compared with 43% of men.

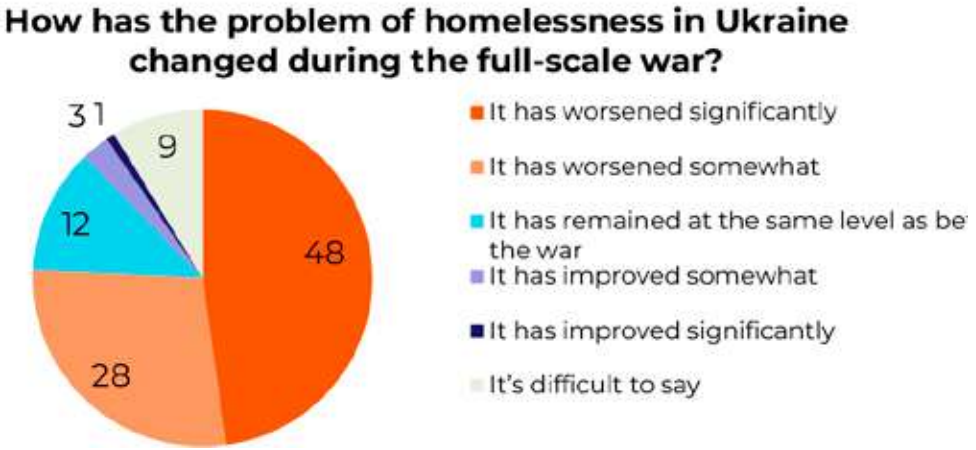


Fig. 3.3

At the same time, only 39% of the population believe that the situation in their own community has worsened during the full-scale war, whilst 45% report that the situation has remained unchanged (Fig. 3.4).

In the East and South, 56% and 48% of residents respectively report a deterioration, whilst in the West and Centre this figure stands at 29% and 34% respectively. In regional centres, 50% of respondents reported a deterioration, whilst in rural areas the overwhelming majority (59%) consider the situation unchanged. Women are more likely to report a deterioration (42%) than men (36%). Among the poorest population groups, the level of concern about a «significant deterioration» is highest, at 28%, compared with almost half that level - 15% - among wealthier citizens.

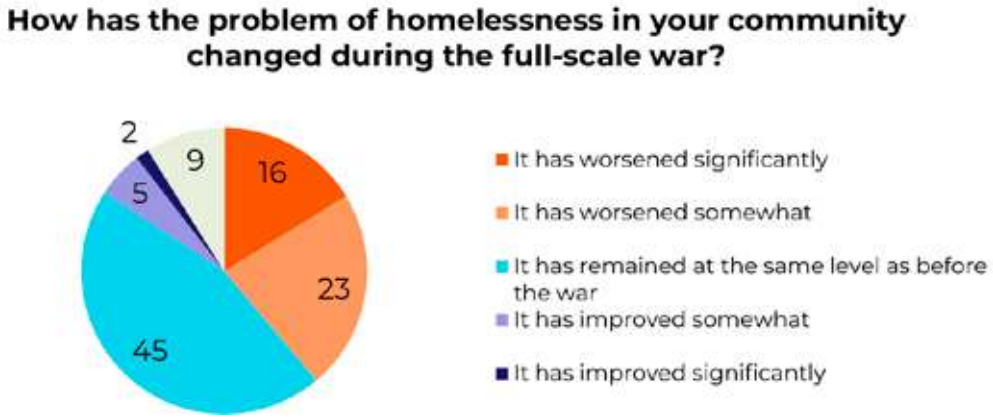


Fig. 3.4

Some 42% of respondents had not encountered a single homeless person in their locality during the past month. At the same time, more than a third of citizens see them regularly: 13% encounter homeless people daily, and 15% several times a week. A further 26% of respondents see homeless people less often, ranging from once a week to several times a month (Fig. 3.5).

Residents of certain regions encounter homeless people somewhat more frequently: those in the East (40%), South (36%), and Kyiv (34%) see them daily or several times a week. The picture differs somewhat in the West and Centre, where around half of residents had not encountered a homeless person at all (50% and 52% respectively) over the past month. In regional centres, only 26% of respondents had not seen a homeless person in the past month, compared with 67% in rural areas. One in five residents of a regional centre (18%) encounters homeless people daily, compared with just 6% in rural areas.

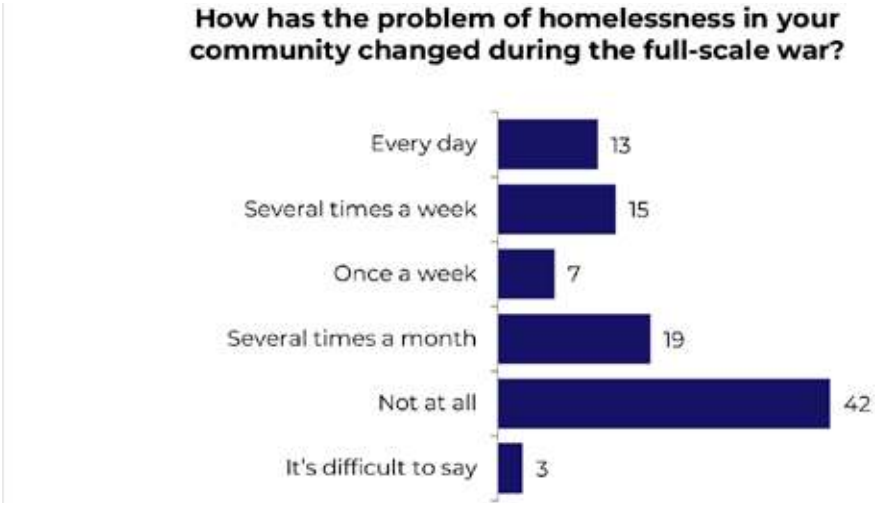


Fig. 3.5

Homeless people are most often encountered near shops or markets (55%) and rubbish bins (48%). A substantial proportion of encounters also take place directly within residential areas - in courtyards or playgrounds (34%) - at transport hubs near metro stations or bus stops (30%), in parks and green spaces (28%), at railway or bus stations (25%), and near churches or other religious buildings (24%) (Fig. 3.6).

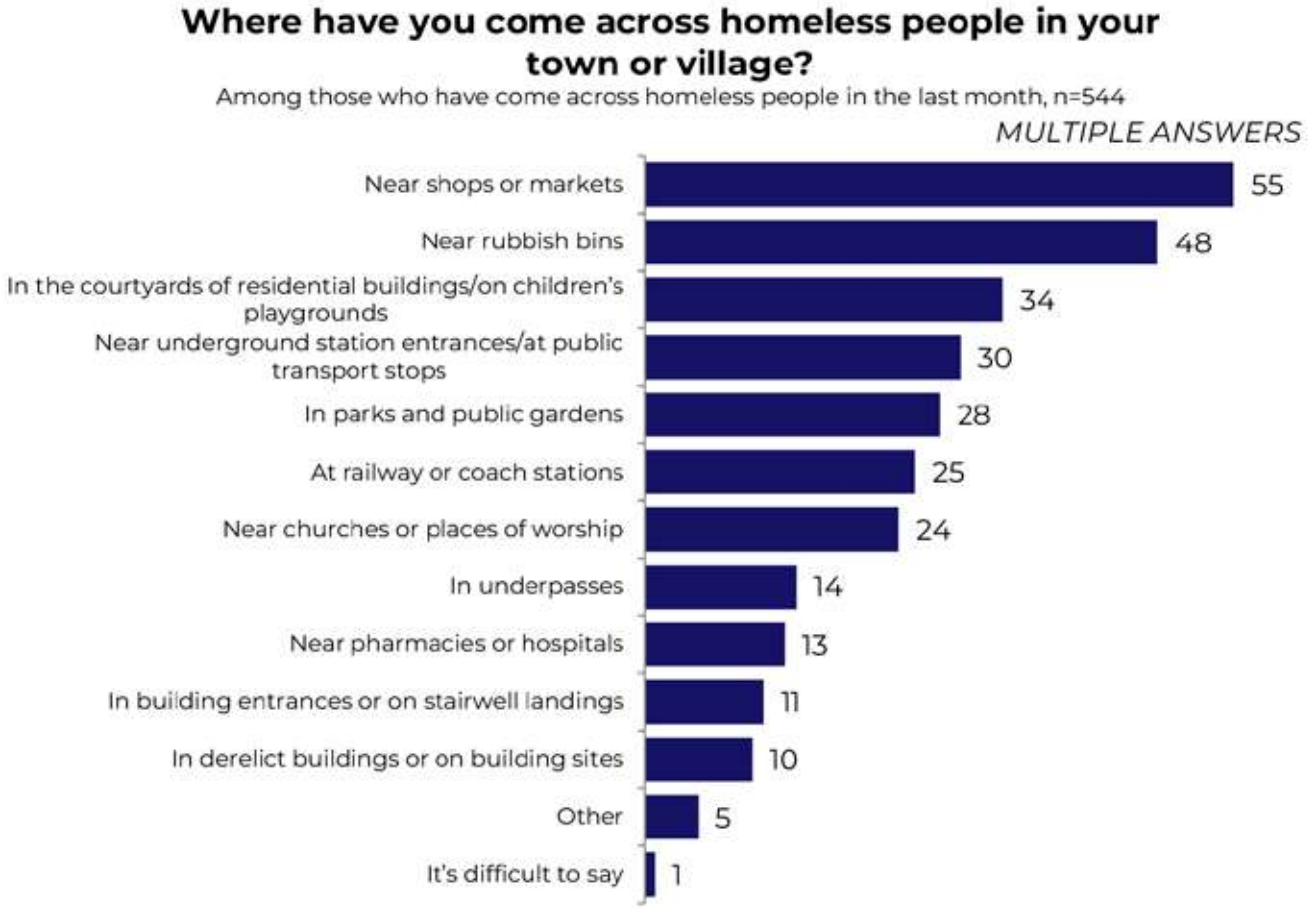


Fig. 3.6

In Kyiv, homeless people are seen considerably more often than in other regions near rubbish bins (62%), in residential courtyards or playgrounds (44%), and in underground pedestrian crossings (32%). In the East, by contrast, public transport stops are the key location (51%). In the West, homeless people are encountered more often than in other regions in parks and green spaces (30%) and near pharmacies or hospitals (19%). Residents of regional centres and other towns encounter homeless people considerably more often near shops or markets (56% and 58% respectively), near rubbish bins (58% and 40% respectively), and near churches or religious buildings (28% and 21% respectively).

Attitudes Towards Homeless People

The dominant emotion when encountering homeless people is compassion, reported by 64% of respondents. A considerably smaller proportion report feeling concern (25%) or disappointment (23%). Fear, indifference, or irritation are reported much less frequently (between 4% and 7%) (Fig. 3.7).

Compassion is reported more frequently among respondents in the South (72%), Centre (69%), and East (63%), whilst residents of Kyiv are somewhat more likely to feel concern (30%) and irritation (11%). The East shows the highest levels of disappointment (29%) and fear (13%). Residents of regional centres and other towns more often feel concern (28% and 23% respectively). Among lower-income groups, the level of fear is highest (14%), whilst wealthier citizens are more likely than others to feel concern (32%). Younger people (18–35) are more likely than other age groups to feel concern (28%), disappointment (29%), and indifference (12%). Women show greater compassion (69%, compared with 59% among men) and are more likely to feel fear (10%, compared with 4%). Men are more characteristically indifferent or numb to the issue (10%, compared with 2% among women).

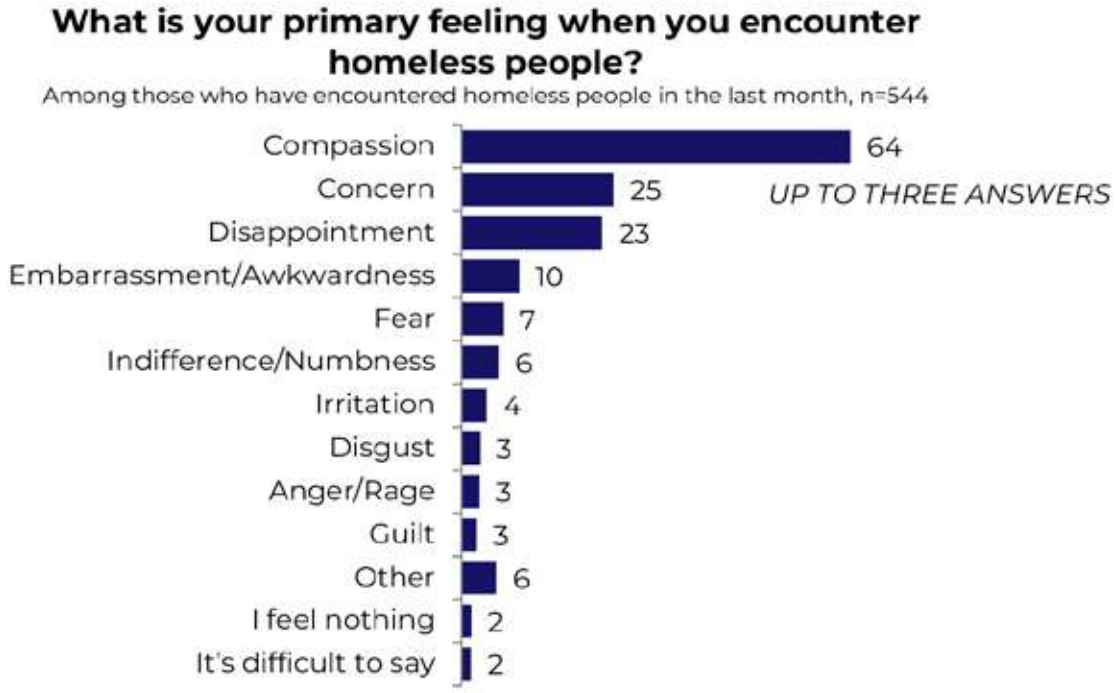


Fig. 3.7

The overwhelming majority of respondents (89%) consider homeless people to be full and equal members of society: 62% answered «definitely yes» and 27% «rather yes». Only 8% hold the opposite view (Fig. 3.8). The greatest agreement with this statement is found among residents of the Centre (69% answered «definitely yes») and the West (64%). Unconditional recognition of homeless people's rights is highest in rural areas (70%), whilst in regional centres and Kyiv this figure is somewhat lower (55%). People with lower income levels more often express agreement: 70% among low-income respondents and 68% among the poorest group definitely consider homeless people to be full citizens, compared with 56% among wealthier respondents. Among age groups, the greatest agreement is found among middle-aged people (36–50 years: 65%). Women also show a higher level of support (65%, compared with 59% among men).

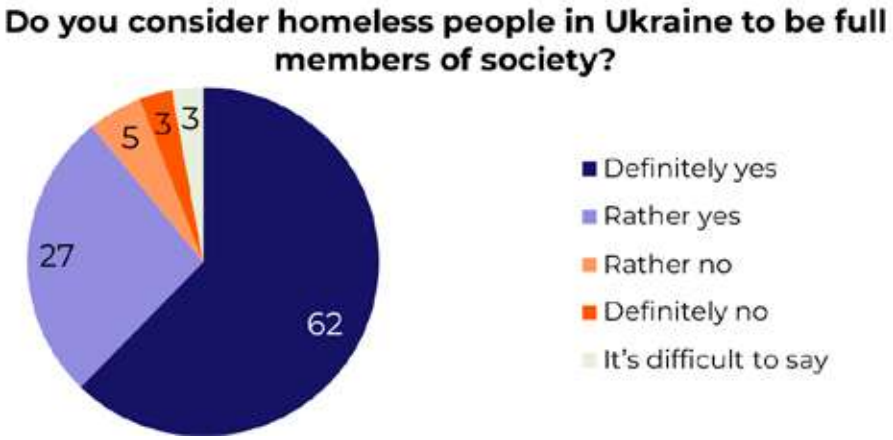


Fig. 3.8

Ukrainians' views on societal attitudes towards homeless people are divided. The largest group of respondents (39%) considers this attitude neutral («neither negative nor positive»), whilst a combined 39% rate it as negative. A positive attitude is noted by only 14% of respondents (Fig. 3.9).

Society appears most critical to residents of Kyiv and the West, where negative attitudes are recorded by around 45%. By contrast, the South shows the highest level of neutral perception (44%). Young people (18–35) are considerably more likely to perceive negative societal attitudes (51%), compared with a much lower figure among older people (51+) at 30%. At the same time, the older generation is more inclined than younger people to consider attitudes positive (22%, compared with 4%). The poorest population groups are more likely than others to rate societal attitudes as positive: 20% among low-income respondents and 22% among the poorest, compared with no more than 13% among wealthier and middle-income respondents. Rural residents are somewhat more likely to perceive positive attitudes (20%) than residents of regional centres and other towns (11% and 15% respectively). Men and women rate the situation similarly overall, although men are somewhat more inclined towards a neutral assessment (42%, compared with 36% among women).

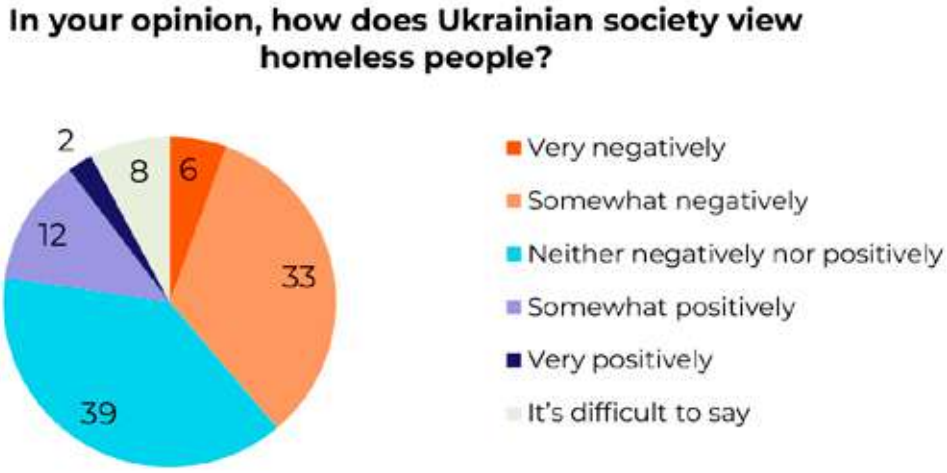


Fig. 3.9

Assessments of the attitudes of respondents' immediate circles towards homeless people are more positive. A third of respondents (34%) report a positive attitude among those close to them (27% «rather positive», 7% «very positive»), almost three times the combined share of negative assessments, which stands at just 12%. Nearly half of respondents (48%) describe the attitude of their immediate circle as neutral («neither negative nor positive») (Fig. 3.10).

In Kyiv and the South, neutral attitudes are reported more often (54% and 52% respectively). Rural residents more often report a better attitude among those around them (44%) than residents of regional centres (25%). Lower-income groups more often note a positive attitude than wealthier groups (49% and 30% respectively). A positive attitude among one's immediate circle is reported by 44% of the older age group (51+) and 23% of younger people (18–35).

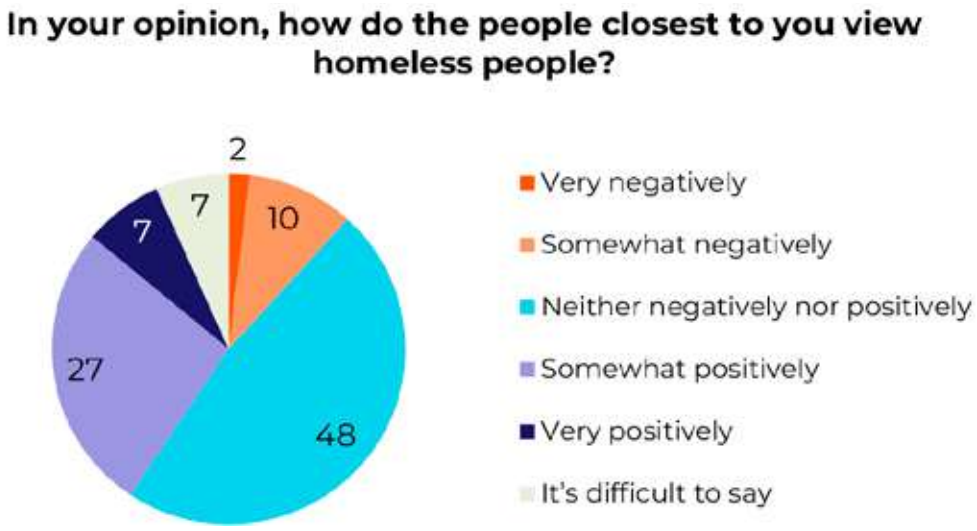


Fig. 3.10

In respondents' view, the most significant emerging needs among people experiencing homelessness are people with alcohol or drug dependency (66%). A significant proportion of respondents also point to groups directly linked to the consequences of the war and to social vulnerability: internally displaced persons (37%), older people living alone (29%), and people with mental health conditions or serious illnesses (28%) (Fig. 3.11).

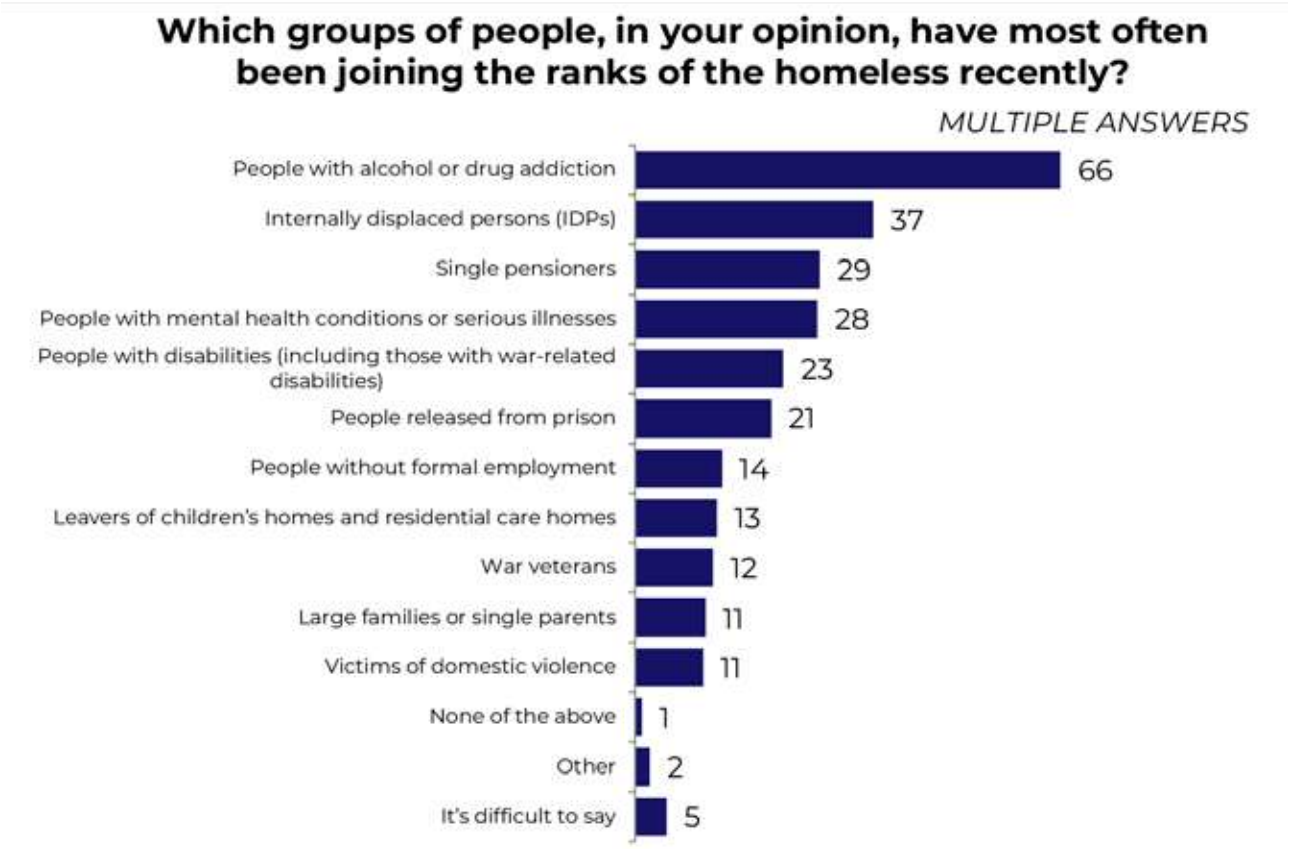
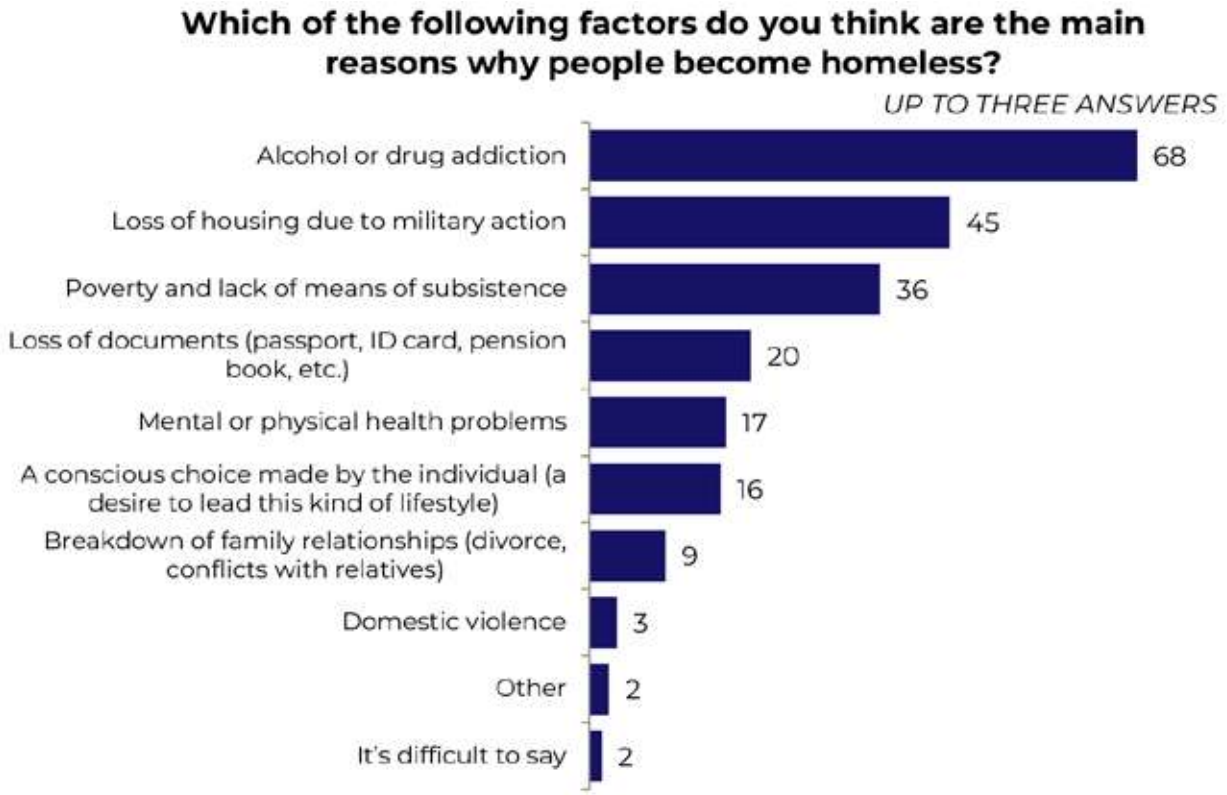


Fig. 3.11

In Kyiv, respondents are more convinced that people become homeless due to dependencies (82%) and mental health conditions (43%). In the East, IDP status (46%), living alone in old age (40%), and veteran status (18%) are somewhat more often cited as causes of homelessness. In regional centres, greater emphasis is placed on dependencies (76%), IDP status (39%), and people recently released from prison (25%).

The population considers alcohol or drug dependency to be the most important factor in homelessness (68%), although our data reported earlier demonstrates that this is a misperception. In second place, by a considerable margin over other causes, are the loss of housing due to military action (45%) and poverty or a lack of means of subsistence (36%) (Fig. 3.12).



The loss of housing due to the war is most frequently cited as a cause of homelessness in the East (53%). In Kyiv, by contrast, there is the highest level of conviction regarding the decisive role of dependencies (83%) and mental or physical health problems (25%). Residents of regional centres, in contrast to respondents from smaller towns and villages, place greater emphasis on dependencies (76%) and mental health (22%).

Assessment of Opportunities for Homeless People

Respondents were asked to rate the level of various opportunities available to homeless people on a scale from 1 to 5, where 1 means no opportunities at all and 5 means full access to opportunities. The highest-rated opportunities were access to help from volunteers or civil society organisations (3.7 points), restoring lost documents (passport, tax number, etc.) (3.4 points), obtaining hot meals and clean water (3.2 points), finding temporary shelter (overnight accommodation) in a safe place (3.0 points), and finding formal employment or casual work (3.0 points). Slightly lower ratings were given to access to necessary medical care (2.9 points), receiving social benefits (2.7 points), and obtaining psychological support or legal advice (2.6 points). The lowest-rated opportunity was access to hygiene facilities (shower, laundry, clothing) for homeless people, at 2.3 points. [3] (Fig. 3.13).

[3] The overall assessment of service accessibility for homeless persons was evaluated by respondents using a five-point scale ranging from 1 to 5, where 1 represents no opportunities at all and 5 represents all opportunities available. The graph (Figure 3.13) presents data on the number of responses in percentages (%), as well as the mean average value for each of the factors.

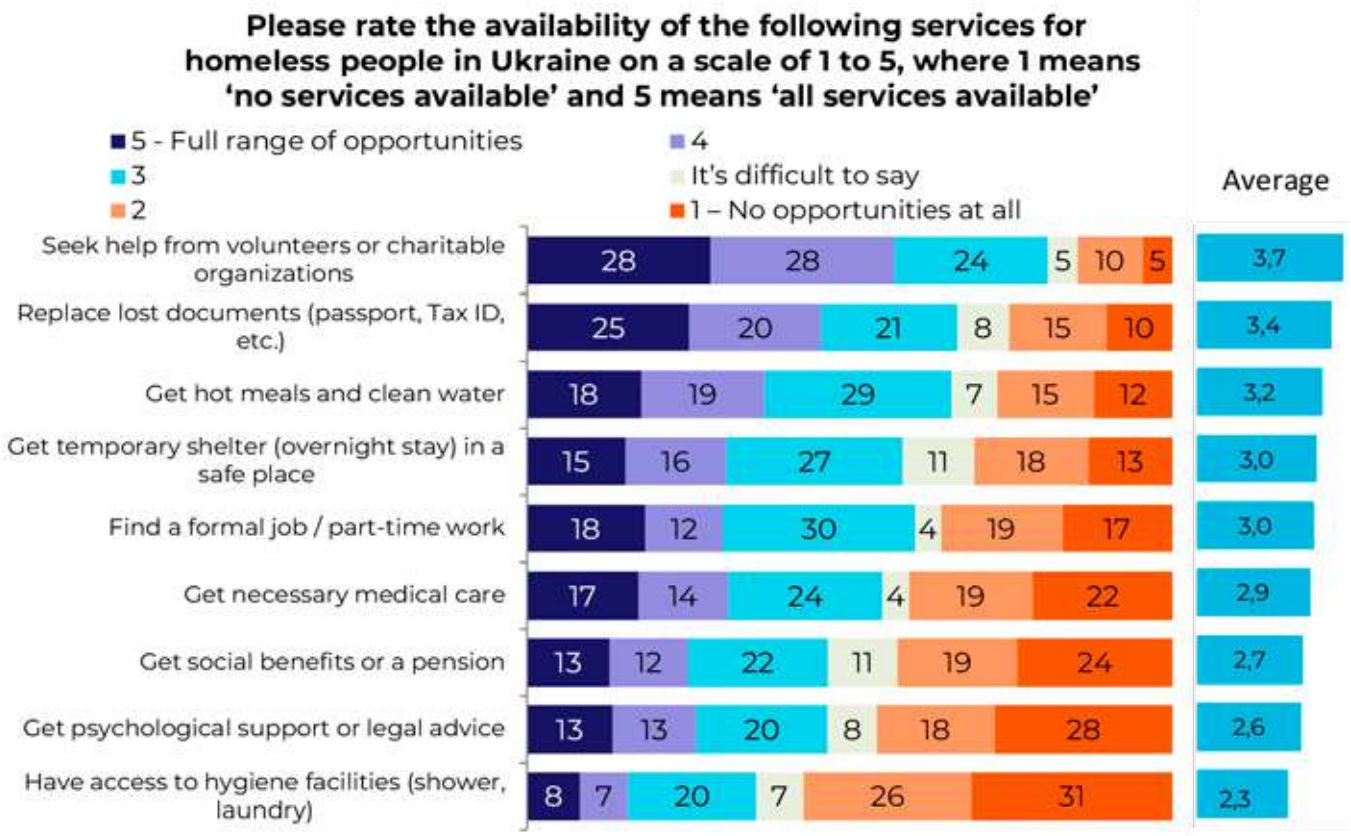


Fig. 3.13

The majority of the population (85%) is convinced that active state intervention would reduce the number of homeless people in the country (Fig. 3.14). This view finds greatest support among young people aged 18–35 (89%), women (89%), rural residents (87%), and residents of regional centres (86%).

At the same time, persistent stereotypes and oversimplified perceptions remain in society, placing the responsibility for homelessness on individuals themselves or reducing it to particular personal failings.

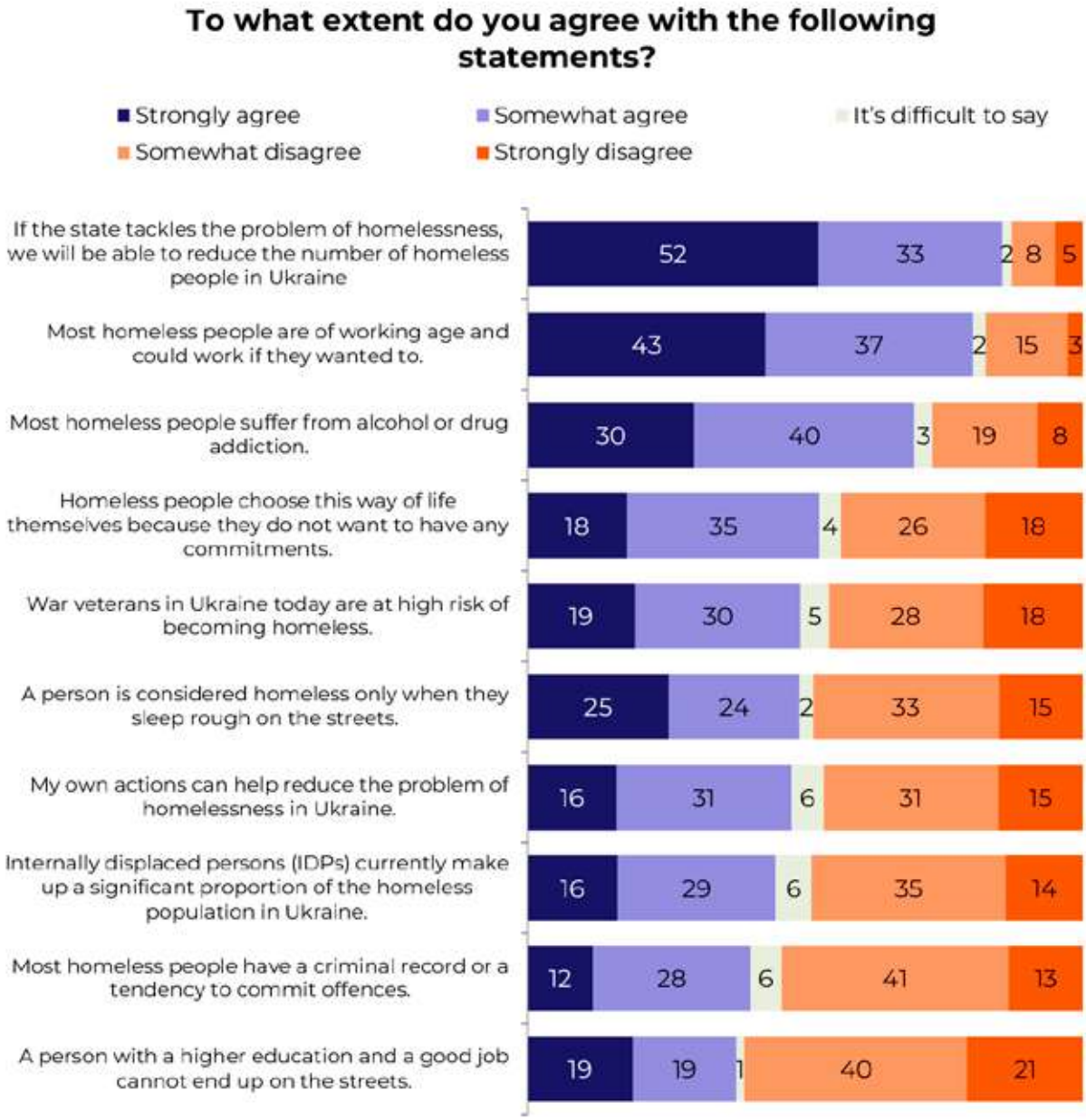


Fig. 3.14

The most widespread belief is that most homeless people are of working age and could work if they wished to do so: 80% of respondents agree with this, with the highest level of agreement recorded in the East of the country and in rural areas (84% each).

Some 70% of respondents associate homelessness with alcohol or drug dependency; this belief is particularly widespread in Kyiv (77%), the South (72%), the West (70%), and among young people aged 18–35 (78%).

More than half of respondents (53%) agree with the statement that homeless people choose this way of life themselves, avoiding obligations; this view is most commonly held by respondents aged 51 and over (56%).

Around half (49%) hold a narrow definition of homelessness, considering a person homeless only when they sleep rough; this stereotype is most characteristic of lower-income

groups (64%), the older generation (60%), and women (53%). Some 40% of respondents are convinced that most homeless people have a criminal past, although this figure is lowest in the East of the country, at just 28%.

At the same time, 61% disagree that a person with a higher education and a good job is immune from ending up on the street; only 38% consider education and employment to be a reliable safeguard against homelessness.

Around half of respondents (49%) acknowledge that war veterans today face a high risk of becoming homeless. A similar figure (45%) applies to IDPs, with this issue felt most acutely in the East (53%) and among lower-income groups (56%). Almost half of respondents (47%) believe their own actions could help reduce the problem of homelessness, with the highest level of personal readiness to act shown by rural residents (56%) and wealthier citizens (55%).

The information landscape concerning homelessness in Ukraine over the past three months has been largely focused on themes related to the war and charitable giving (Fig. 3.15). The most common type of information concerns people who have lost their homes due to shelling or occupation and have become homeless, cited by 55% of respondents.

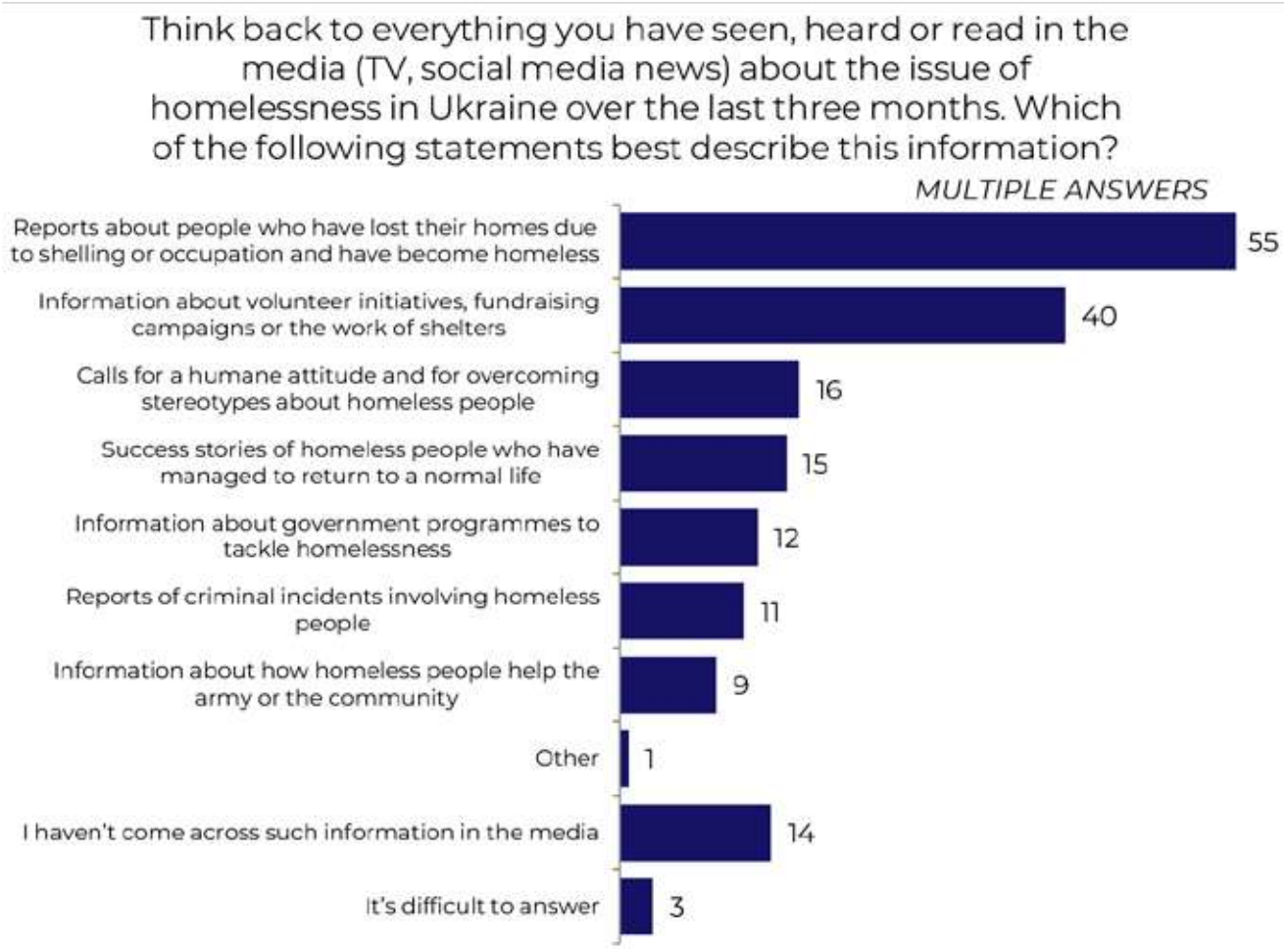


Fig. 3.15

Some 40% of respondents had seen information about volunteer initiatives, fundraising, or the work of shelters. Awareness of charitable activity is highest in Kyiv (53%) and in regional centres (48%).

Only 12% of respondents had encountered information about state programmes addressing homelessness, with rural residents most likely to have heard of these (15%).

Some 11% of respondents had heard about criminal incidents involving homeless people, with this issue most prominent in Kyiv (18%) and the Eastern region (17%).

Information about how homeless people help the army or their community had been seen by 9% of the population.

Some 14% of Ukrainians had not encountered any information about homelessness in the media at all over the past three months, with this response most common among residents of smaller towns (17%).

Personal Experience of Interaction

The overwhelming majority of the population (84%) reported having helped homeless people in one way or another over the past year (Fig. 3.16). Some 43% of respondents had given away clothing, shoes, or household items. This was most common among residents of Kyiv (48%), the East (47%), the South (45%), the West (42%), and regional centres (51%), and among those aged 36–50 (46%) and 51+ (45%). Women gave away items more often than men (48%, compared with 37%).

Some 42% of respondents had given money directly by hand. This form of assistance is most popular among young people aged 18–35 (55%), those aged 36–50 (44%), wealthier respondents (49%), and men (49%).

Some 41% had bought food, water, or medication for homeless people. This practice is most widespread among wealthier population groups (47%), the poorest groups (41%), and residents of regional centres (46%).

Some 18% had made monetary donations to specialised charitable funds, with the highest level of support for such funds recorded in western Ukraine (24%).

Some 16% of Ukrainians reported having provided no assistance at all over the past year, with this response most common among the poorest and lower-income groups (26% and 21% respectively) and rural residents (20%).

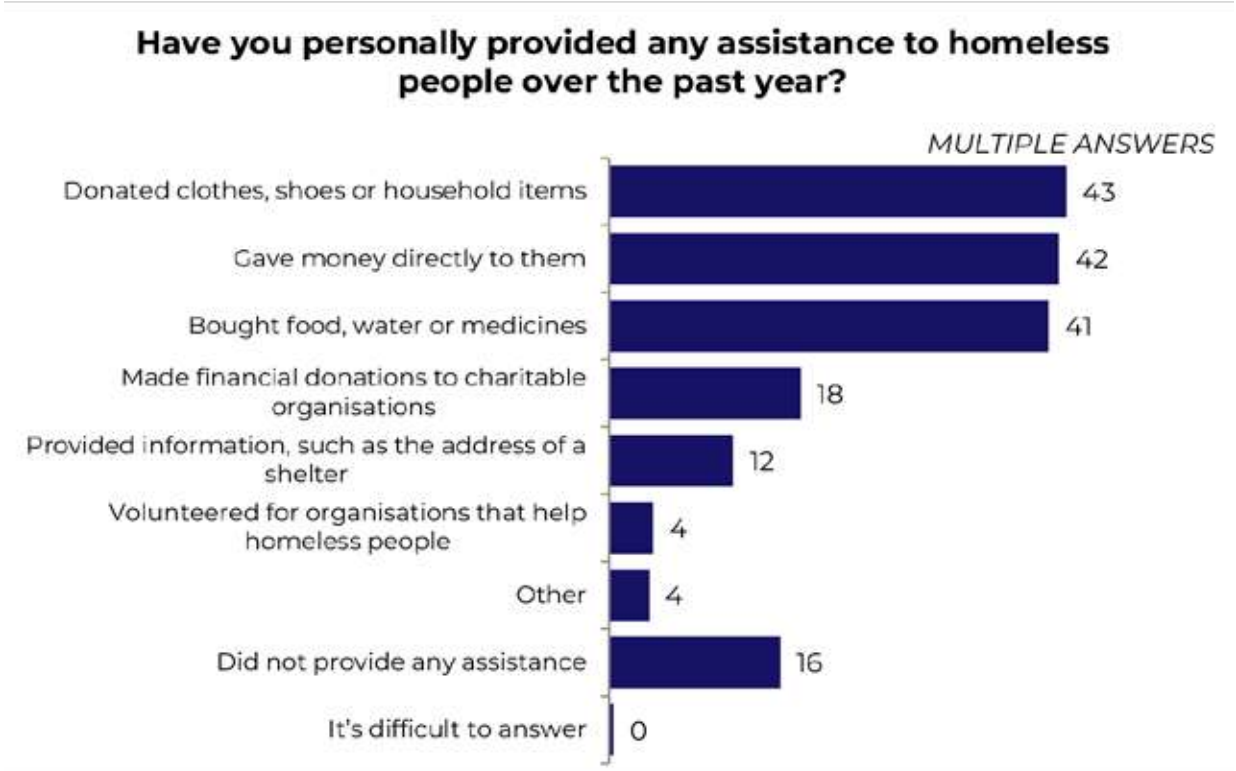


Fig. 3.16

Respondents who had not helped homeless people during the past year cited a lack of financial means (31%) and a lack of trust - believing the help would be spent on alcohol or similar - (24%) as the main reasons. Some 18% see no point in such help, believing it changes nothing in the person's life. Other reasons include not knowing how to help effectively (10%), believing it is solely the responsibility of the authorities rather than citizens (5%), and fearing for their own safety when interacting with homeless people (3%), with all remaining reasons polling at 10% or below (Fig. 3.17).

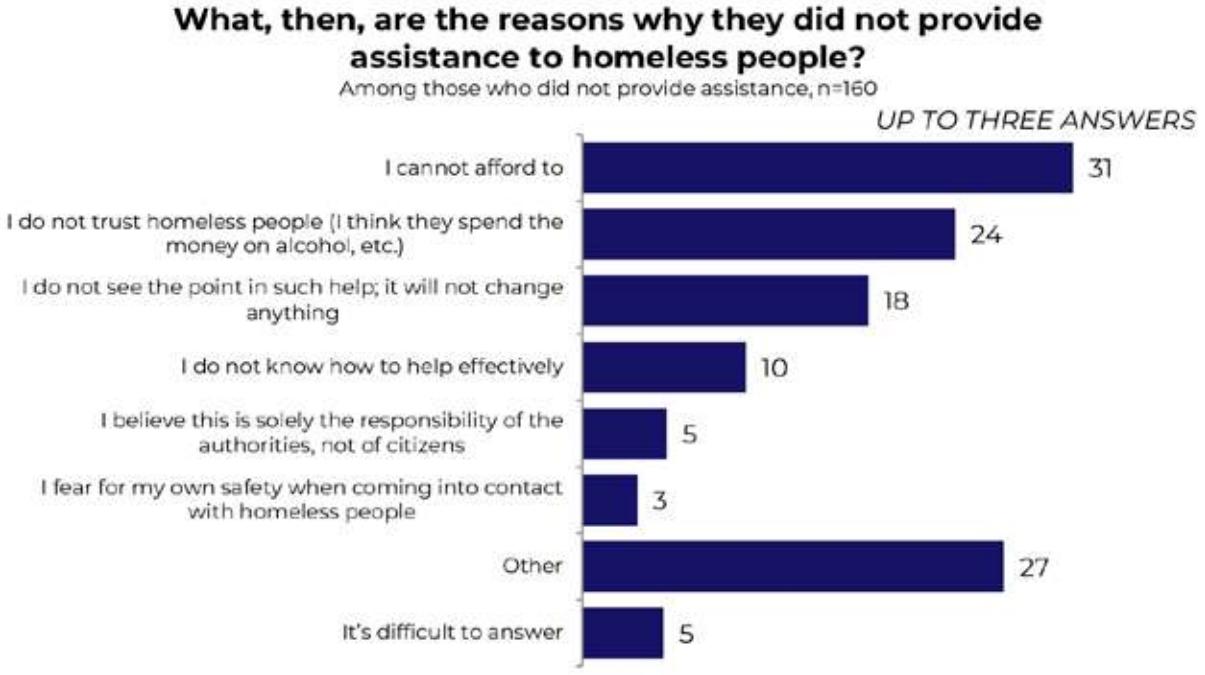


Fig. 3.17

Some 45% of respondents report that their locality has infrastructure for homeless people (shelters, warming points, or overnight accommodation), 32% state that no such facilities exist, and 23% are unaware (Fig. 3.18).

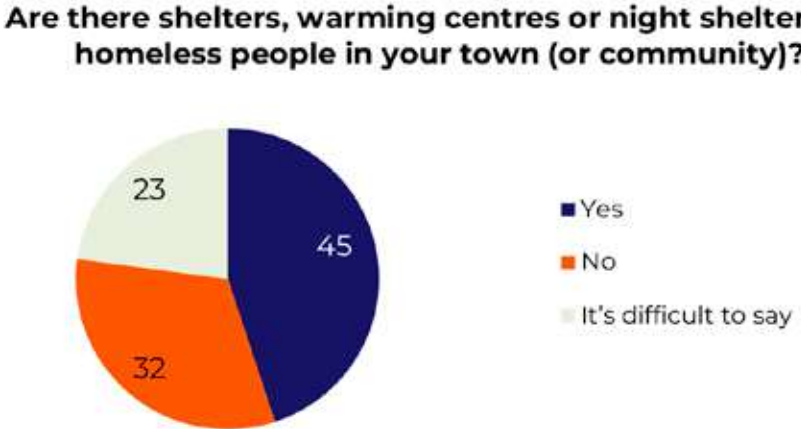


Fig. 3.18

Public awareness of such infrastructure varies considerably by region and type of settlement. Awareness is highest in regional centres, where 61% of residents know of the existence of shelters. Among regions, Kyiv leads with 58%. The situation is worst in rural areas, where the majority (59%) state that no overnight shelters or warming points exist, with only 29% confirming their presence.

The majority of Ukrainians show a positive attitude towards the idea of a homeless shelter opening near their own home. In total, 68% of respondents would support such an initiative (25% chose «definitely positive»), whilst 15% are neutral, choosing the option «it doesn't matter to me» (Fig. 3.19).

Kyiv shows the lowest level of unconditional support (11%) and the highest level of negative attitudes (18% in total). Kyiv also has the highest proportion of people who are indifferent, at 24%. The highest levels of positive attitude are recorded in the West and Centre (72% and 71% respectively). Rural residents are most supportive of opening shelters (74% positive responses), compared with 62% in regional centres. The most supportive group is older people (51+), 74% of whom view the initiative positively. The highest level of unconditional support is found among the poorest population groups (35%). Women are generally more supportive of opening support centres (73% positive ratings) than men (62%).

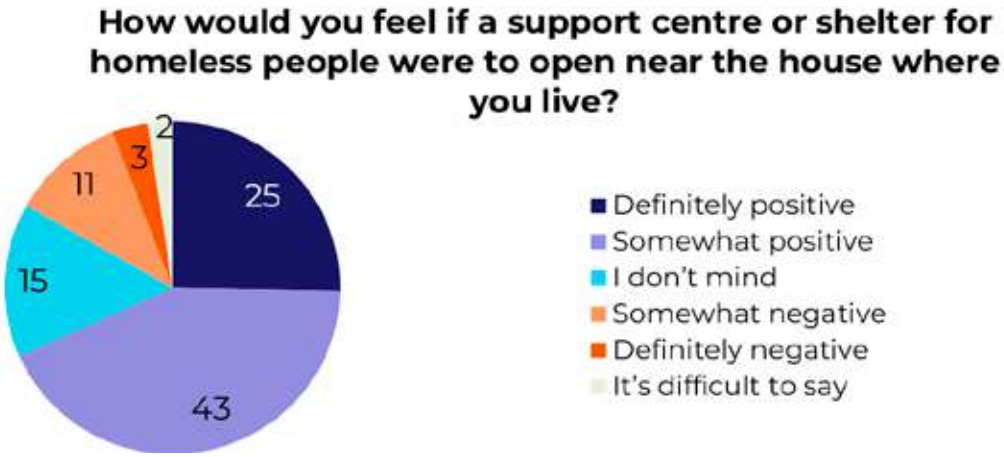


Fig. 3.19

Assessment of Specific Initiatives

In respondents' view, the greatest responsibility for solving the problem of homelessness in Ukraine lies with local authorities (39%) and central government (38%), with somewhat less responsibility attributed to society as a whole (16%), and the least to charitable organisations, at just 2% (Fig. 3.20).

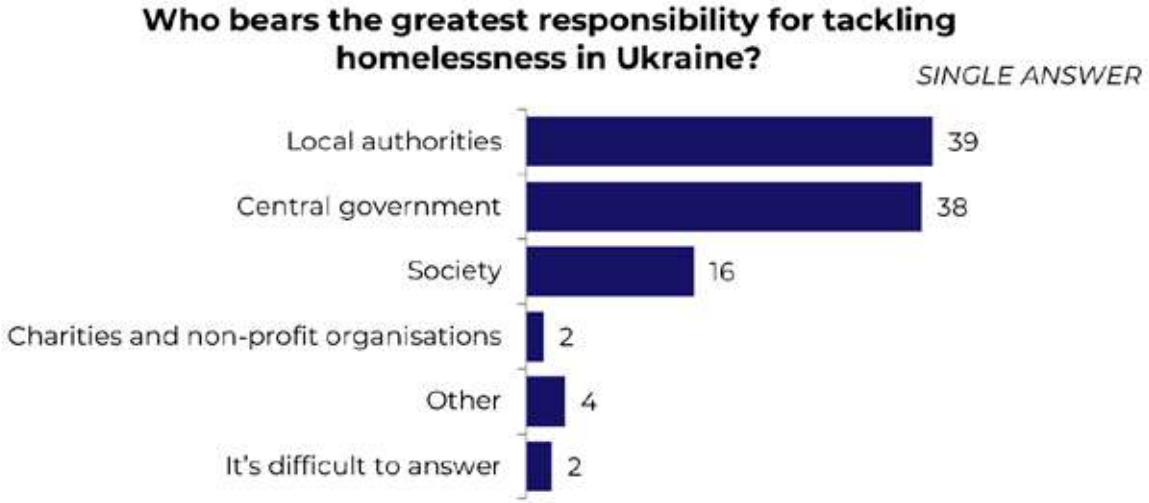


Fig. 3.20

The view that local authorities bear the greatest responsibility for solving homelessness was most frequently expressed in Kyiv and the South (43% each), among urban residents generally (42–45%), and among wealthier respondents (43%). Responsibility was more often attributed to central government by rural residents (43%) and lower-income groups (43%).

One sixth of respondents believe responsibility lies with the community as a whole (16% chose «society»), with this figure highest in rural areas (21%).

Charitable organisations (2%) are almost never seen as the main body responsible for solving the problem.

At the same time, when assessing the performance of institutions in this area, respondents gave the highest ratings to civil society organisations and charitable foundations: 64% rate their activity favourably (7% «excellent», 24% «good», 33% «satisfactory»). Local authorities' work was rated favourably by 40% (2% «excellent», 12% «good», 28% «satisfactory»), whilst central government received favourable ratings from only 18% (mostly «satisfactory») (Fig. 3.21).

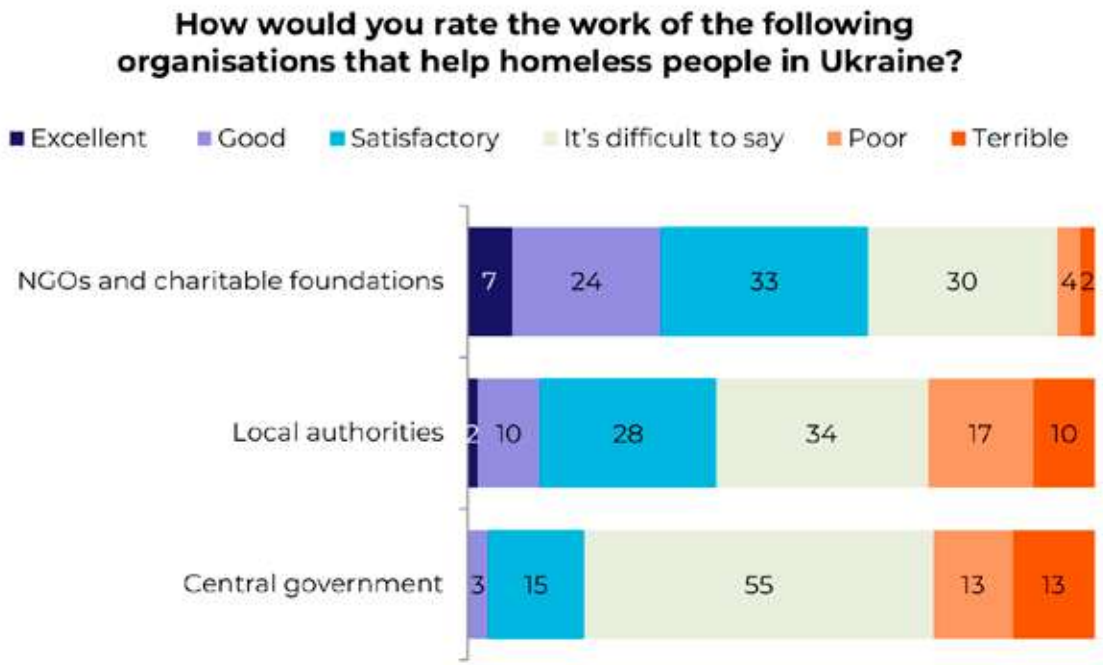


Fig. 3.21

The activities of civil society organisations and charitable foundations are rated highly in Kyiv (35%), the East (35%), the West (34%), regional centres (33%), and rural areas (33%).

Local authorities receive better ratings in the West, East, and Centre (14% each) and in rural areas (17%). Central government receives better ratings in the South (5%).

Among possible initiatives aimed at addressing homelessness in Ukraine, the most effective are considered to be assistance with employment and professional retraining (45%), expanding the network of rehabilitation centres (44%), building temporary housing (40%), and building more shelters (33%) (Fig. 3.22).

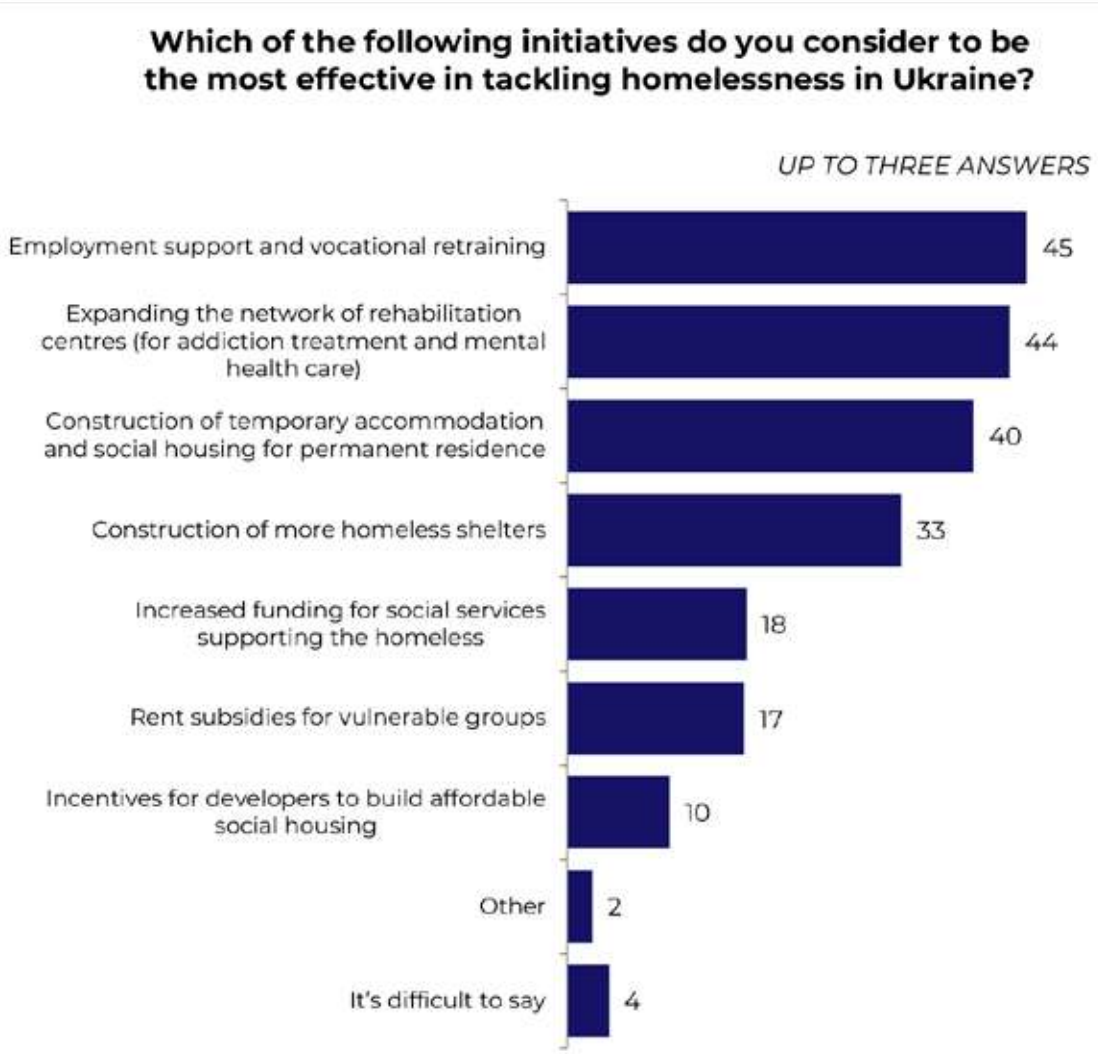

Which of the following initiatives do you consider to be the most effective in tackling homelessness in Ukraine?
UP TO THREE ANSWERS
Employment support and vocational retraining
45
Expanding the network of rehabilitation centres (for addiction treatment and mental health care)
44
Construction of temporary accommodation and social housing for permanent residence
40
Construction of more homeless shelters
33
Increased funding for social services supporting the homeless
18
Rent subsidies for vulnerable groups
17
Incentives for developers to build affordable social housing
10
Other
2
It's difficult to say
4

Fig. 3.22

ADDRESSING HOMELESSNESS: RECOMMENDATIONS AND PROPOSALS

The conclusions and recommendations presented below are the result of a comprehensive analysis of the current situation and the available analytical data. Given the significant worsening of the problem and the emergence of new categories of vulnerability as a result of the full-scale war, a number of initiatives are proposed for transforming the social services system. These outline areas of responsibility for various levels of public administration and the civil society sector, with the aim of creating a coherent system of reintegration. At the same time, current trends indicate a low likelihood of a substantial reduction in homelessness in Ukraine under present conditions. Based on the data gathered, a number of constraining factors have been identified that hinder progress on this issue:

1. **Lack of funding, compounded by wartime conditions**. The absence of geriatric care homes and food banks, a shortage of social housing, social workers, and similar resources constitute objective barriers to reducing homelessness.

2. **Absence of objective assessments of the scale of homelessness**, including a lack of awareness of the true scope of the problem, which makes it impossible to design and evaluate the effectiveness of state policy. The collection of such data needs to be introduced at both national and municipal levels.

3. **Absence of an established state policy on addressing homelessness.** Efforts should be made to draw on existing international experience in working with homeless people, such as the programmes implemented in Scandinavian countries.

4. **Insufficient cooperation** between civil society organisations and state and municipal authorities, and the limited prevalence or absence of strategic programmes aimed at overcoming homelessness.

5. **Institutionalisation and long-term homelessness**: the unavailability of preventive approaches and rapid rehousing forces many people into chronic homelessness. As shown in this report, this experience of long-term homelessness then results in increasing barriers to reintegration, such as reduced motivation and self-esteem. This increases the time and cost of recovery.

Addressing the problem requires the development and implementation of a long-term state programme to tackle homelessness, drawing on successful international experience. This involves the following steps:

- **Introducing a system of monitoring and an evidence base for decision-making**. Experts emphasise that an effective state programme must be grounded in systematically collected, reliable data - including administrative registers, street counts, surveys of homeless people, expert assessments, and relevant research and analysis. Only with such an evidence base, combined with long-term planning and targeted state funding, does it become possible to move from reactive responses («firefighting») to proactive solutions and systemic change.

- **Building an integrated system of services**. It is proposed to move away from the practice of isolated projects towards a coherent, sustainable system of support for homeless people. This involves identifying strategic priorities and the types of servic-

es requiring priority support, and establishing a mechanism for state funding. Rather than funding the upkeep of municipal institutions, the state, acting as a single procurer, could pay for clearly defined packages of social services delivered by specialist providers. This would allow clear standards of provision to be developed and codified, as well as the establishment of a regulatory and legal framework, including for the construction and allocation of social housing.

- **Expanding social services infrastructure**. The network of institutions providing services to homeless people needs to be expanded, including geriatric care facilities, primary healthcare facilities, and institutions providing palliative care.

- **Developing workforce capacity**. A sufficient number of social workers specialising in working with homeless people, including individual case management, need to be trained.

- **Promoting legal employment**. The state should create mechanisms guaranteeing formal employment for homeless people. This would help, in particular, to overcome the effects of the discrimination they face within the informal labour market.

- **Ensuring access to services regardless of documentation status**. Amendments need to be made to existing regulatory and legal acts so that homeless people have the right to receive social and medical services in parallel with the process of restoring their documents, rather than only after it is complete.

In addition, it is proposed to strengthen the capacity of local authorities and territorial communities, which should play a key role in the practical implementation of homelessness policy. The main recommendations at this level include the following:

- **Conducting regular needs assessments**. Communities need to carry out systematic qualitative and quantitative research into social service needs, without which strategic planning and the prioritisation of services is impossible. At present, social work in many communities is conducted haphazardly, without any analysis of actual needs.

- **Creating a register of homeless people**, integrating data from community-level homeless registration centres and from civil society organisations working with homeless people. Such a register would provide a genuine, real-time record of homeless people. This register might separately include people at-risk of homelessness in the immediate future so preventive approaches can be implemented.

- **Municipal funding and targeted programmes**. Communities need to allocate resources to preventive work, as well as fund specific social initiatives and support the operation of resocialisation centres.

- **Partnership with civil society organisations**. Local authorities should actively involve NGOs and volunteer organisations in service provision, including by providing them with premises on favourable terms and awarding social service contracts to organisations with expertise in working with homeless people.

- **Institutional independence from individual leadership**. The effectiveness of social

work at the local level should not depend on the personal stance of a community's leadership. This requires enshrining the relevant obligations in central legislation, along with mechanisms for monitoring their implementation.

Civil society is an essential participant in systemic efforts to overcome homelessness. It should play a role not merely as an implementer, but also as a driver of change in public attitudes.

- **Shifting public attitudes towards homeless people**. A key task is overcoming stigma: homelessness should be understood not as a personal choice or a moral failing, but as the consequence of life circumstances against which no one is insured. This requires changing not only attitudes, but also the broader discourse on homelessness - the language society uses to talk about this problem. This change in perspective is also required within some institutions who provide support to homeless people.

- **A broad public information campaign**. The public needs systematic education on who homeless people are, the circumstances that lead them onto the street, how to respond when encountering them, and which forms of help are beneficial and which are harmful.

- **Avoiding a hierarchy of vulnerability**. In wartime, society tends to rank different groups in need of assistance by priority. Experts emphasise that homeless people, veterans, and homeless IDPs are interconnected groups, all affected by the consequences of the war in different ways.

- **Developing a culture of charitable giving and targeted support for organisations**. In Ukraine, charitable support for organisations working with homeless people remains extremely weak, leaving most of them structurally dependent on foreign donors (and we note that humanitarian system funding systematically ignores homelessness as an issue of concern). There is a need to cultivate a culture of targeted donations. The mechanism introduced in Poland - which allows citizens to direct a portion of their tax towards a charitable organisation of their choice - could serve as a useful reference point.

- **Influencing authorities and engaging public oversight**. Civil society organisations and activists need to exert systematic pressure on the authorities - at both local and central level - to ensure they fulfil their social protection obligations.

Providing social housing is one of the key elements of a systemic solution to homelessness. The European **«Housing First»** principle is worth implementing here, as it has helped reduce homelessness levels in many countries. Given the Ukrainian context and the lack of a social housing market, it should be adjusted to a housing-led model. At the same time, it should be noted that this approach requires a comprehensive strategy. Providing housing must form part of a wider set of measures, including psychological and social support, assistance with employment, and the gradual preparation of homeless individuals for independent living. Housing provided without such support risks either becoming a system open to abuse, or simply delaying a person's eventual return to their previous state

APPENDICES

APPENDIX A

Table A.1. List of facilities where the survey of homeless people was conducted in the city of Kyiv

No.	Name of Facility (Centre, Point)
1	Social Care House ("Social Hotel" department), 4/6 Oleksy Hirnyka St. (formerly Suzdalska St.)
2	Livoberezhne Department for the Identification and Registration of Homeless Persons (structural subdivision of the Kyiv City Social Care House), 4/16 Rohozivska St.
3	Social Care House (Overnight Accommodation department), 4/6 Oleksy Hirnyka St. (formerly Suzdalska St.)
4	Pravpberezhne Department for the Identification and Registration of Homeless Persons (structural subdivision of the Kyiv City Social Care House), 16/85 Harmatna St.
5	"House of Mercy Kyiv" NGO
6	Shelter for Homeless People (DEPAUL UKRAINE Charity Foundation, Kyiv Branch)
7	Square in front of Kyiv-Pasazhyrskyi ("Pivdennyi") Railway Station

Table A.2. List of facilities where the survey of homeless people was conducted in the city of Odesa

No.	Name of Facility (Centre, Point)
1	«Ukrainian Rescue Service» NGO
2	Street feeding and assistance, Preobrazhensky Park (DEPAUL UKRAINE Charity Foundation, Odesa Branch)
3	Street feeding and assistance, Pryvokzalna Square 1 (DEPAUL UKRAINE Charity Foundation, Odesa Branch)
4	Feeding point, Tram No. 28 terminus, Dalnytska St. (DEPAUL UKRAINE Charity Foundation, Odesa Branch)
5	Shelter for homeless people, 50/33 Dalnytska St. (DEPAUL UKRAINE Charity Foundation, Odesa Branch)
6	Day Centre, 50/33 Dalnytska St. (DEPAUL UKRAINE Charity Foundation, Odesa Branch)
7	Municipal Institution «Odesa City Reintegration Centre for People Without a Fixed Place of Residence», 2 Baltska Doroha St.

8	Municipal Institution «Odesa City Reintegration Centre for People Without a Fixed Place of Residence», 1 Tsiolkovskoho St.
9	«New Life» Christian Mission, 43A Tankistiv St.

Table A.3. List of facilities where the survey of homeless people was conducted in the city of Kharkiv

No.	Name of Facility (Centre, Point)
1	Day Centre (DEPAUL UKRAINE Charity Foundation, Kharkiv Branch)
2	Street feeding and assistance, 4 Hoholia St. (DEPAUL UKRAINE Charity Foundation, Kharkiv Branch, and Caritas-Spes Kharkiv)
3	Shelter for homeless people (DEPAUL UKRAINE Charity Foundation, Kharkiv Branch)
4	Mobile assistance, 36 Barabashova St. (DEPAUL UKRAINE Charity Foundation, Kharkiv Branch)
5	Mobile assistance, Pivdennyi (Southern) Railway Station (DEPAUL UKRAINE Charity Foundation, Kharkiv Branch)
6	Municipal Institution «Kharkiv City Reintegration Centre for Homeless People», 102 Myru St.

Table A.4. List of facilities where the survey of homeless people was conducted in the city of Lviv

No.	Name of Facility (Centre, Point)
1	Lviv City NGO «OSELIA»
2	Social Work Branch for Homeless People, «Dzherelo» Social Services Centre, 3A Kyrylivska St.

METHODOLOGY FOR ESTIMATING THE NUMBER OF HOMELESS PERSONS

1. Data Collection

Data collection at facilities was conducted over a period of 30 calendar days.

For facilities [4] where all individuals in the target group (hereinafter «individuals») can be identified during a single visit (for example, an overnight shelter that closes at a set time) or during a limited number of visits (for example, during food distribution hours), a sample of data collection days is constructed (see Table 1).

Table 1. Days of data collection across facilities over the 30-day survey period

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Facility 1		o					o					o					o					o					o			
Facility 2			o					o					o					o					o					o		
Facility 3				o					o					o					o					o					o	
Facility 4					o					o					o					o					o					o
Facility 5	o					o					o					o					o					o				
Facility 6		o					o					o					o					o					o			
Facility 7			o					o					o					o					o					o		
Facility 8				o					o					o					o					o					o	
Facility 9					o					o					o					o					o					o
Facility 10	o					o					o					o					o					o				

In cases where individuals may remain at a facility for an extended period - for example, throughout the day - whilst also leaving and returning, a sample of two-hour time intervals (time segments) is constructed for each facility, during which data is collected (see Table 2). Time segments for each facility are determined by the survey organisers in advance of fieldwork.

Table 2. Time segments for data collection at facilities throughout the day on which data collection is conducted

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Facility 1	o	o			o	o			o	o			o	o			o	o			o	o		

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Facility 2		o	o			o	o			o	o			o	o			o	o			o	o	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Facility 3			o	o			o	o			o	o			o	o			o	o			o	o

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Facility 4	o			o	o			o	o			o	o			o	o			o	o			o

The pattern continues accordingly.

[4] In this research, centres are institutions that provide services for homeless people: night shelters, feeding points, and so on.

When collecting data on a given day and, where applicable, within a given time segment at a facility, the following information is recorded:

1. City;
2. Name of facility;
3. Calendar date;
4. Estimate of the total number of visitors (individuals in the target population) attending the facility during the day/24-hour period under observation;
5. Time (hours, minutes);
6. Total number of visitors (individuals in the target population) present at the time of data collection (day, time segment);
7. Completed questionnaire (Appendix 1) for randomly selected individuals;
8. Full name of the person who carried out the data collection.

Selection of Individuals for the Survey

A random sample of respondents (individuals from the target population) is constructed at each centre for the purposes of the survey. The number of people surveyed on a given day/within a 24-hour period or time segment is 10.

If the total number of individuals at a centre at the time of the survey, or during the relevant time segment, is 10 or fewer, all individuals are surveyed.

If the total number of individuals at a centre at the time of the survey, or during the relevant time segment, exceeds 10, then 10 randomly selected individuals are surveyed. In this case, the sex and approximate age of individuals who declined to participate are recorded in the interviewer's log.

To ensure better coverage of the population during the survey, the estimated total number of individuals from the target population attending the facility during the day/24-hour period or time segment under observation is divided by 10 to determine an approximate sampling interval. The survey is then conducted in a clockwise or zigzag pattern, so that the population of individuals is approximately ordered according to one of these principles.

For example, at the time of the survey (when all individuals have taken their places at an overnight shelter, or the majority have gathered near a food distribution point, or the expected number of individuals attending the facility during a two-hour time segment), the approximate total number of individuals is 39. The approximate sampling interval would then be 39 ÷ 10 = 4. After notionally ordering the entire population by the route of the survey (clockwise, zigzag, or by time), every fourth individual should be surveyed. If, after going through the entire population, the number surveyed is fewer than 10 due to refusals or the route having been completed, the round continues in the same order, inviting individuals not yet surveyed using the same sampling interval.

2. Estimating the Number of Homeless Individuals Attending Centres in a Given City

After conducting the survey, the number of homeless people attending a given i-th centre $\hat{N}_i$ is determined using the formula:

$$\hat{N}_i = \frac{1}{k_i} \sum_{j=1}^{n_i} 1 / f_{ij}$$

$I = 1,2, \ldots, I,$

where f_{ji} – probability of selecting individual j within centre i;

k_i – a constant for each centre i ;

I – the total number of centres.

For selection with equal probabilities of sample size n_i :

$k_i = n_i / N_i$.

Taking into account the possibility of individuals being selected at multiple centres

$$k_i = \bar{k} / av_i \left(\frac{n_{oi}}{n_{io}} \right),$$

where n_{oi} – the number of individuals selected at centre i who indicated that they also attend centre o (i.e., who also belong to the target population of centre o),

n_{io} – the number of individuals selected at centre o who indicated that they also attend centre i (i.e., who also belong to the target population of centre i),

$$\bar{k} = \frac{\sum_{i=1}^{I} k_i}{I}, \quad av_i \left(\frac{n_{oi}}{n_{io}} \right) = \frac{\sum_{o=1}^{I} \frac{n_{oi}}{n_{io}}}{I}$$

($i = 1,2,\ldots I$ – the total number of centres; $o = 1,2,\ldots I$).

$$\hat{N}_{io} = \frac{n_{io}}{k_i}, \quad \hat{N}_{oi} = \frac{n_{oi}}{k_o}.$$

where N_{io} – the number of individuals in the target population of centre i who also attend centre o (i.e., who also belong to the target population of centre o),

N_{oi} – the number of individuals in the target population of centre o who also attend centre i (i.e., who also belong to the target population of centre i).
It is evident that, for the target population $N_{io} = N_{oi}$.
The estimate of the total number of homeless individuals attending all centres in a given city is calculated using the formula:

$$\hat{N}_{\text{міста}} = \hat{N}_1 + \hat{N}_2 + \ldots + \hat{N}_I - \hat{N}_{21} - \hat{N}_{31} - \hat{N}_{32} - \ldots - \hat{N}_{I1} - \hat{N}_{I2} - \ldots - \hat{N}_{II-1}$$

3. Approximate Estimate of the Number of Homeless People Who Do Not Attend Centres in a Given City

To estimate the number of homeless individuals who do not attend centres, the «snowball» sampling procedure is used, applied in a manner designed to ensure the highest possible representativeness of the resulting data and a reasonable approximate estimate of this group's

size. The snowball method is generally used as an informal technique for obtaining a notionally representative sample of units from a population that is very difficult to survey directly.

The sampling procedure involves selecting an initial sample of units from the target population. This selection is based on procedures that are as random as possible (random selection, to the extent feasible). Often, all available units of the target population are included in the initial sample. This constitutes wave zero of the survey. In this case, the initial sample corresponds to the sample of individuals surveyed at a given facility – n_i. In other words, wave zero of the snowball survey is constructed from the information obtained from individuals surveyed at a given centre. It is expected that wave zero will include approximately 10 surveyed individuals at each stage of the survey.

In this survey, the initial sample is constructed on a weekly basis.

Information gathered during the survey is recorded for the selected individuals, and other individuals who belong to the target population and have certain connections to an individual in the initial sample, but who are not present in the initial sample, are also identified. All such individuals are included in the second wave of the survey. The criteria for including an individual in the survey are as follows:

1. The individual must be named by someone already included in the sample;
2. The individual meets the criteria for inclusion in the target population;
3. The individual confirms that they meet the criteria for inclusion in the target group;
4. The individual agrees to take part in the survey.

The subsequent first wave of the survey is constructed in a similar manner: it consists of those individuals named during wave zero.

The number of connections from individuals in the initial sample used to form the first wave is limited to 5 connections each. This reduces the influence on survey results of individuals with a very large number of connections.

When using the snowball method, individuals from the target population may be included in the sample in one of the following ways:

1. Being named by someone already included in the sample;
2. In exceptional cases, individuals encountered by chance during the formation of the first wave may be included in the sample.

Individuals in the first wave are surveyed with their consent and at locations agreed with them.

In the overwhelming majority of cases, the size of the target population in a snowball survey is estimated based on the results of wave zero and the first wave alone. The simplest estimation function is as follows:

$$\hat{N}_{sb} = n_0 \cdot \frac{t}{r}$$

where Nsb — the estimate of the size of the target population;
n_o — the size of the initial sample (in this case, the size of the first wave);
r — the total number of connections between units in the initial sample;
t — the total number of connections between units in the initial sample, and between units in the initial sample and units selected for the first wave (i.e., the latter figure t includes r).

As a general rule, population sizes obtained using the snowball method tend to be somewhat underestimated, and this should be taken into account when analysing the results.

4. Approximate Estimate of the Number of Homeless People at National Level

Given the limited geographic coverage achieved in estimating the number of homeless individuals, in order to obtain corresponding estimates at the national level (for Ukraine as a whole), models of the relationship between the determined numbers of homeless individuals and the estimates based on administrative data should be constructed from the results of the city-level research, $H_{адм.міста}$:

$$\hat{N}_{обст,міста} = f(H_{адм,міста}) + \delta$$

where δ – the estimate of the measurement error in the homeless population count.

Estimates of the number of homeless individuals based on administrative data should ideally be available for all administrative-territorial units (cities) where such records are kept, on a monthly basis (for example, January–December 2025 and January–April 2026).

In principle, relationship models can be constructed both for homeless individuals who attend the relevant centres (facilities), and for the number of homeless individuals determined when also accounting for those who do not attend any facilities.

Given the availability of administrative data across the whole of Ukraine, the resulting models can be used to estimate the total number of homeless people across the country, subject to the relevant assumptions.

Electronic version of survey

The publication and distribution of this report was supported by the Askold and Dir Fund, administered by ISAR Ednannia as part of the project «Strong Civil Society of Ukraine - a Driver of Reform and Democracy», funded by Norway and Sweden.