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Housing First Guide Europe

Nicholas Pleace

Housing First Guide Europe

Housing First Guide Europe

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Acknowledgements

This Guide to using Housing First in Europe would not have been possible without the help and support of many individuals and agencies. FEANTSA, the European Federation of National Organisations working with the Homeless, with the support of the Stavros Niarchos Foundation, took the lead in the creation of the Housing First in Europe Guide. The process of developing and shaping the Guide was led by Ruth Owen and María José Aldanas (FEANTSA) and volunteer support was provided by an advisory board chaired by Juha Kaakinen (Y-Foundation) and comprising: Roberto Bernad (RAIS Fundación); Teresa Duarte (AEIPS); Pascale Estecahandy (DIHAL); Marco Iazzolino (Housing First Italia and fio.PSD); Birthe Povlsen (Socialstyrelsen); Vic Rayner (Sitra); Freek Spinnewijn (FEANTSA); Professor Eoin O'Sullivan (Trinity College Dublin); Dr. Sam Tsemberis (Pathways to Housing National) and Professor Judith Wolf (Radboud University Medical Centre).

Thanks are also due to all the individuals who provided information on the use of Housing First in their countries for inclusion in this Guide.

The author would also particularly like to thank Sam Tsemberis (Pathways to Housing National), Joanne Bretherton (University of York), Volker Busch-Geertsema (GISS), Marcus Knutagård (Lund University), Judith Wolf (Radboud University Medical Centre) and both Ruth Owen and María José Aldanas (FEANTSA) for their comments on the earlier drafts of the Guide.

Nicholas Pleace,

University of York,

February, 2016

Foreword

About the Housing First Guide Europe

The Housing First Europe Guide is the product of a multi-national team with experience in operating Housing First across several member nations. Our goal was to describe how to implement and operate Housing First throughout Europe. The need for this Guide arose because of the rapid increase in the dissemination of Housing First to address homelessness throughout the EU. Housing First has proven highly effective in addressing homelessness and this Guide seeks to provide the information necessary to implement, staff and operate an effective Housing First program. Today, there are Housing First programs in many European countries and that number is increasing because Housing First is now also a core component of many EU member states' homelessness policies.

We sought to write a Guide that would be useful to large and small Housing First programmes and services, operating in many different countries with unique political, economic, and social welfare systems, and serving diverse homeless populations. This proved to be an interesting challenge. Fortunately, our team represented a number of member nations but we needed to find a framework that was both precise and accurately defined the principles and practices of Housing First and at the same time, was broad and flexible enough to be adaptable and useful across the diverse EU member states. Attention was also paid to our audience; we wanted to make the Guide useful to the various stakeholder groups within each country, especially service providers, researchers and policy makers.

It is our hope that the Guide provides a clear description of Housing First as an effective way to end homelessness, especially for individuals with mental health and addiction challenges. However, it is also hoped that the Guide may be of use to the broader services community and encourage traditional homelessness, mental health, and addiction treatment services to embrace the client-driven principles of Housing First that have proved so effective. Treatments that encourage self-determination have proven more effective in reducing symptoms than compliance based approaches. We have also observed in many communities that when Housing First is implemented it does begin to transform the practice of adjoining services and systems of care, expanding it from a singular service to a community wide approach.

A growing body of research evidence continues to reinforce the fact that Housing First services achieve significantly better outcomes in housing stability, mental health, addiction, and quality of life. It is hoped that this Guide will help organizations develop Housing First services that are consistent with the principles and practices of this evidence based model and they will achieve similar results and overall improvements in systems change. Part of the research evidence also indicates that there is a positive relationship between program effectiveness and program fidelity. Studies consistently report that high fidelity programs achieve superior results.

One of the unique aspects of the Housing First model is that it has a social justice dimension. Housing First provides housing as a basic human right, not as a reward for attaining sobriety or complying with psychiatric treatment. Individuals do not have to earn housing or to prove they are worthy or ready for housing. Housing First offers participants immediate access to housing as a matter or right: to address the injustice of poverty, to attempt even the playing field for those who are less fortunate, and to immediately ameliorate the suffering of those who are homeless.

As a practical matter the program uses a harm reduction approach to reduce risks associated with drug, alcohol, or psychiatric issues. If a program is not going to require treatment and sobriety as a precondition for providing housing, it will de facto be operating with a harm reduction approach. This may be a value-based challenge in some organizations or communities.

Because Housing First reverses the sequence from treatment-sobriety-then-housing to housing-then-treatment and maybe-sobriety, the approach may present a challenge in communities with long standing social housing programs. Typically, people who qualify for social housing must wait their turn, often for years, in a queue designed as a fair system for distributing a rare and highly valued resource. Communities who have successfully implemented Housing First in this context have had to rethink and

redesign their social housing allocation methodology in order to provide "immediate access" to housing for the most vulnerable who are homeless and who cannot be placed on a waiting list.

Another dimension that has proven challenging to housing systems, is the engagement of private market landlords to provide housing. In some countries that is not controversial but in others is has been controversial to seek housing in the private market for tenants who have traditionally been the responsibility of social services and social housing.

Finally, Housing First challenges communities to consider their beliefs, values and social norms concerning individuals with psychiatric diagnoses. The definition of 'community integration' for often-marginalized populations is brought into sharp focus as Housing First program participants are seamlessly moved into regular flats integrated throughout the community. This represents a remarkable advancement in mental health services and in social inclusion because the individuals served by Housing First, only a few decades ago, may have spent their entire lives in institutions. Today, Housing First program participants live independently with support services, integrated into their communities and enjoying the same freedoms, life style, and cultural events as their neighbours.

Ultimately, our shared values about ending homelessness, supporting recovery, and social inclusion for people with mental health and addiction problems bound the members of our team together to work on this Guide. In our effort to describe Housing First's operation and practices, it is our hope that we have also conveyed its spirit and values.

Sam Tsemberis, Ph.D.

CEO, Pathways Housing First Institute

May 5, 2016

Introduction

About the Guide

Housing First is an innovative way of reducing homelessness among people with high support needs. Housing First was first developed by Dr. Sam Tsemberis in the USA and is now being used in many European countries.

This Guide was developed by FEANTSA, the European Federation of National Organisations working with the Homeless, with the support of the Stavros Niarchos Foundation. The goal is to provide a guide that can be used to help develop Housing First services in European countries.

The Guide is designed to inform people about how Housing First works and to act as a starting point for the development of Housing First services. As the Guide has been written specifically for Europe, it is designed to provide a level of information that is relevant to any development of Housing First in any European country. Examples of Housing First being used in several European countries are provided.

The Guide was written by Nicholas Pleace (University of York, UK) with the support of Ruth Owen and María José Aldanas (FEANTSA) and an advisory board of experts in Housing First, who volunteered their time to help develop the Guide:

- Roberto Bernad, RAIS Fundación (Spain)
- Teresa Duarte, AEIPS (Portugal)
- Pascale Estecahandy, Un Chez Soi d'abord Programme, DIHAL (France)
- Marco Iazzolino, Housing First Italia/fio.PSD (Italy)
- Juha Kaakinen, Y-Foundation (Finland)
- Birthe Povlsen, Socialstyrelsen (Denmark)
- Professor Eoin O'Sullivan, Trinity College Dublin (Ireland)
- Vic Rayner, Sitra (UK)
- Dr. Sam Tsemberis, Pathways to Housing National (USA)
- Professor Judith Wolf, Radboud University Medical Centre (Netherlands)

The Guide has been written for anyone with an interest in Housing First and the development of Housing First services in Europe. The Guide is intended as an introduction to Housing First in Europe, providing an overview of the core principles and giving examples of how Housing First works in practice.

As the Guide has been written to be broadly applicable to any European country, it does not provide a great deal of detail on how to develop Housing First in any particular country. European countries differ from one another and the intention was to provide information that is generally useful across Europe. Specific guides are available, or will soon be available, within several European countries. Guides to Housing First have also been developed in North America.

The Guide is designed to be used in conjunction with the Housing First Europe Guide website and is available as a free download. On the website, you can find diagrams, videos and other material that provides information on how Housing First works in different European countries.

The first chapter of the Guide begins with a brief description of Housing First. The chapter then looks at the history of Housing First, provides an overview of the use of Housing First in Europe and then summarises the evidence about the effectiveness of Housing First.

The second chapter summarises the core principles of Housing First. The third chapter looks at how support is provided in Housing First. The fourth chapter explores the different ways in which housing

can be provided to Housing First service users. The fifth chapter covers evaluation, centring on how to measure and report the achievements of Housing First services in Europe. The final, sixth, chapter looks at the roles of Housing First in wider strategies, including how Housing First can work alongside other homelessness services in an integrated homelessness strategy. An appendix provides examples of the use of Housing First in Europe, describing national strategies and individual services.

Other Guides and Information about Housing First

There are a range of guides to developing and implementing Housing First and a number of reports and papers that discuss the evidence for Housing First. Key resources available at the time of writing include:

- Pleace, N. (2008) *Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review* Edinburgh: Scottish Government http://www.gov.scot/Resource/Doc/233172/0063910.pdf
- Tsemberis, S.J. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* Minneapolis: Hazelden.
- Busch-Geertsema, V. (2013) Housing First Europe: Final Report - http://housingfirstguide.eu/website/wp-content/uploads/2016/03/FinalReportHousingFirstEurope.pdf
- Pleace, N. and Bretherton, J. (2013) The Case for Housing First in the European Union: A Critical Evaluation of Concerns about Effectiveness *European Journal of Homelessness*, 7(2), 21-41 http://housingfirstguide.eu/website/wp-content/uploads/2016/03/The-case-for-Housing-First-in-the-EU-np_and_jb.pdf
- Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., Nelson, G., MacNaughton, E., Streiner, D. and Aubry, T. (2014) *National at Home/Chez Soi Final Report* Calgary, AB: Mental Health Commission of Canada. - http://www.mentalhealthcommission.ca/English/system/files/private/document/mhcc_at_home_report_national_cross-site_eng_2.pdf
- *Canadian Housing First Toolki*t (2014) (French and English) http://www.housingfirsttoolkit.ca/
- Padgett, D.K., Heywood, B.F. and Tsemberis, S.J. (2015) *Housing First: Ending Homelessness, Transforming Systems and Changing Lives* Oxford: Oxford University Press.
- Pathways to Housing National Pathways Housing First Fidelity Scale for Individuals with Psychiatric Disabilities, 2013 - https://pathwaystohousing.org/research/pathways-housing-first-fidelity-scale-individuals-psychiatric-disabilities
- United States Interagency Council on Homelessness *The Housing First Checklist: A Practical Tool for Assessing Housing First in Practice* - https://www.usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf
- Stefancic, A., Tsemberis, S., Messeri, P., Drake, R. and Goering, P. (2013) The Pathways Housing First fidelity scale for individuals with psychiatric disabilities. *American Journal of Psychiatric Rehabilitation*, 16(4), 240-261.
- MacNaughton, E., Stefancic, A., Nelson, G., Caplan, R., Townley, G., Aubry, T. and Tsemberis, S. (2015) Implementing Housing First Across Sites and Over Time: Later Fidelity and Implementation Evaluation of a Pan-Canadian Multi-site Housing First Program for Homeless People with Mental Illness. *American Journal of Community Psychology*, 55(3-4), 279-291.
- Gilmer, T. P., Stefancic, A., Henwood, B. F. and Ettner, S. L. (2015) Fidelity to the Housing First Model and Variation in Health Service Use within Permanent Supportive Housing. *Psychiatric Services*, 66(12), 1283-1289.
- Greenwood, R. M., Stefancic, A. and Tsemberis, S. (2013) Pathways Housing First for homeless persons with psychiatric disabilities: Program innovation, research, and advocacy. *Journal of Social Issues*, 69(4), 645-66

CHAPTER 1.

What is Housing First?

1.1. Introducing Housing First

Housing First is probably the **single most important innovation in homelessness service design** in the last 30 years. Developed by **Dr. Sam Tsemberis** in New York, the Housing First model has proven very **successful in ending homelessness among people with high support needs** in the USA and Canada and in several European countries.

Housing First is designed for people who need *significant* levels of help to enable them to leave homelessness. Among the groups who Housing First services can help are people who are homeless with severe mental illnesses or mental health problems, homeless people with problematic drug and alcohol use, and homeless people with poor physical health, limiting illness and disabilities. Housing First services have also proven effective with people who are experiencing long-term or repeated homelessness who, in addition to other support needs, often lack social supports, i.e. help from friends or family and are not part of a community. In the United States and Canada, Housing First programmes are also used with homeless families and young people.

Housing First uses housing as a *starting point* rather than an *end goal*. Providing housing is what a Housing First service does before it does anything else, which is why it is called *'Housing First'*. A Housing First service is able to focus immediately on enabling someone to successfully live in their own home as part of a community. Housing First is also focused on improving the health, well-being and social support networks of the homeless people it works with. This is very different from homelessness services that try make homeless people with high support needs 'housing ready' *before* they are rehoused. Some existing models of homelessness services require someone to show sobriety and, engagement with treatment and to be trained in living independently before housing is provided for them. In these types of homelessness service, housing happens ***'last'***.

Housing First is designed to ensure homeless people have a high degree of choice and control. Housing First service users are *actively encouraged* to minimise harm from drugs and alcohol and to use treatment; they are *not required* to do so. Other homelessness services, such as staircase services, often *require* homeless people to use treatment and to abstain from drugs and alcohol, before they are allowed access to housing and may also remove someone from housing if they do not comply with treatment or do not show abstinence from drugs and alcohol.

In the USA, Canada and in Europe, **research shows that Housing First generally ends homelessness for at least eight out of every ten people[1].** Success has also been reported with diverse groups of homeless people. Housing First has worked very well for people who are not well integrated in society after long-term or repeated homelessness, homeless people with severe mental illness and/or problematic drug and alcohol use and homeless people with poor physical health.

Housing First in Europe can be described as following eight core principles. These core principles are very closely based on those developed by Dr. Sam Tsemberis, who created the first Housing First service in New York in the early 1990s[2]. These principles were defined in consultation with Dr. Tsemberis and the advisory board for this Guide.

1 Based on a review of existing evidence, see: Pleace, N. and Bretherton, J. (2013) The Case for Housing First in the European Union: A Critical Evaluation of Concerns about Effectiveness. *European Journal of Homelessness*, 7(2), 21-41 **http://housingfirstguide.eu/website/the-case-for-housing-first-in-the-european-union-a-critical-evaluation-of-concerns-about-effectiveness/**
The figure refers to formerly homeless people housed for at least one year by a Housing First service (see later in this chapter for more details on the evidence for Housing First).

2 Tsemberis, S.J. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* Minneapolis: Hazelden.

Eight core principles:

Housing is a human right

Choice and control for service users

Separation of housing and treatment

Recovery orientation

Harm reduction

Active engagement without coercion

Person-centred planning

Flexible Support for as Long as is Required

Operating within these core principles, Housing First pursues a range of service priorities, which include offering help with sustaining a suitable home and with improving health, well-being and social integration. Housing First is designed to provide opportunities to access treatment and help with integration into a community. There is also the option to get help with strengthening social supports and with pursuing rewarding opportunities, such as arts-based activities, education, training and paid work.

1.2. The History of Housing First

Housing First was developed by Dr. Sam Tsemberis, at Pathways to Housing in New York, in the early 1990s[3]. **Housing First was originally developed to help people with mental health problems who were living on the streets;** many of whom experienced frequent stays in psychiatric hospitals. The target populations entering Housing First later grew to include people making long stays in homelessness shelters and those at risk of homelessness who were discharged from psychiatric hospitals, or released from prison. With some modification to the support services, Housing First services are now also used with families and young people who are homeless in North America.

Before Housing First, permanent housing with support was only offered to homeless people in North America after they had graduated from a series of steps that began with treatment and sobriety. Each step on this 'staircase' was designed to prepare someone for living independently in their own home. When all the steps were complete, a formerly homeless person with mental health problems was meant to be 'housing ready' because they had been 'trained' to live independently. These types of services are sometimes called 'staircase', 'linear residential treatment' or 'treatment-led approaches'.

These 'staircase' services and the 'housing readiness' culture had originally arisen from practice in North American psychiatric hospitals, where individuals with a diagnosis of severe mental illness were initially considered incapable of functioning in all areas of life and needed around-the-clock supervision and support. By the 1980s, North American mental health professionals were raising serious questions about

3 Tsemberis, S.J. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* Minneapolis: Hazelden.

the effectiveness of services based on these assumptions about severe mental illness[4]. However, a staircase approach became firmly established as the model for helping homeless people with high needs in North America.

The staircase approach for homeless people had three goals:

- Training people to live in their own homes after being on the streets or in and out of hospitals.
- Making sure someone was receiving treatment and medication for any ongoing mental health problems.
- Making sure someone was not involved in behaviour that might put their health, well-being and housing stability at risk, particularly that they were not making use of drugs and alcohol (sobriety).

During the 1990s, it started to become clear that staircase services for individuals with psychiatric diagnoses, especially those with co-occurring addiction problems, were not always working very effectively[5]. There were three main problems:

- Service users became 'stuck' in staircase services, because they could not always manage to complete all the tasks necessary to move between one step and the next.
- Service users were often evicted from temporary and permanent housing because of strict rules, such as requirements for total abstinence from drugs and alcohol and being required to participate in psychiatric treatment.
- There were worries about whether staircase services were setting unattainable standards in the requirements they placed on people, i.e. service users were expected to behave more correctly than other people; they were required to be a 'perfect' citizen, rather than an ordinary citizen.

North American 'supported housing' services, developed as an alternative to staircase services, had a different approach. Former psychiatric patients were immediately, or very quickly, given ordinary housing in ordinary communities and received flexible help and treatment from mobile support teams, within a framework where the service user had a lot of choice and control. Support was provided for as long as was needed.

'Supported housing' services in North America did not require abstinence from drugs or alcohol, and they did not expect full engagement with treatment as a condition for being housed. Giving former psychiatric patients far more choice about how they lived their lives, while encouraging positive changes and providing help when it was asked for, was found to be more effective than a staircase approach. **This supported housing model was the basis for Housing First[6].**

However, as homelessness began to increase, services for homeless people often continued to use the stairway model, because that was still consistent with the predominant mental health services model in the USA. As most of those who were on the streets - the visibly homeless - were thought to have very high rates of severe mental illness, it seemed reasonable to use the traditional mental health services approach that had often been used by psychiatric hospitals. Most homelessness services therefore followed the staircase model. In Europe too, homelessness services had been designed according to a staircase approach, which saw housing as the end goal rather than as the first step in ending homelessness.

4 Ridgway, P. and Zipple, A. M. (1990) The paradigm shift in residential services: From the linear continuum to supported housing approaches. *Psychosocial Rehabilitation Journal* 13, 11-31.

5 Ridgway, P. and Zipple , A. M. (1990) The paradigm shift in residential services: From the linear continuum to supported housing approaches *Psychosocial Rehabilitation Journal* 13, 11-31; Carling, P.J. (1990) Major Mental Illness, Housing, and Supports: The promise of community integration *American Psychologist* 45, 8, 969-975.

6 Tsemberis, S. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* Minnesota: Hazelden.

Research on staircase homelessness services reported similar problems to those identified in staircase mental health services[7]. In particular:

- Homeless people became 'stuck', unable to complete the steps that they were expected to follow to be rehoused.
- Staircase services were abandoned by homeless people who did not like or could not follow the strict rules.
- There were concerns about the ethics of some staircase services - particularly a tendency to view homelessness as the result of someone's character flaws - with homeless people being blamed for causing their own homelessness.
- Staircase services could be harsh environments for homeless people.
- Costs were high, but the effectiveness of staircase services was often limited.

Building on the supported housing model, Housing First, as developed by Dr. Sam Tsemberis in New York, was focused on homeless people with a severe mental illness[8]. Housing was provided *'first'* rather than, as in the staircase model, *'last'*. **Housing First offered rapid access to a settled home in the community, combined with mobile support services that visited people in their own homes.** There was **no requirement to stop drinking or using drugs and no requirement to accept treatment in return for housing.** Housing was not removed from someone if their drug or alcohol use did not stop, or if they refused to comply with treatment. If a person's behaviour or support needs resulted in a loss of housing, Housing First would help them find another place to live and then continue to support them for as long as was needed.

Rather than being required to accept treatment or complete a series of 'steps' to access housing, someone in a Housing First service leaps *over* the steps and goes *straight* into housing. Mobile support is then provided to help Housing First service users to sustain their housing and promote their health and well-being and social integration, within a framework that gives service users a high degree of choice and control (Figure 1).

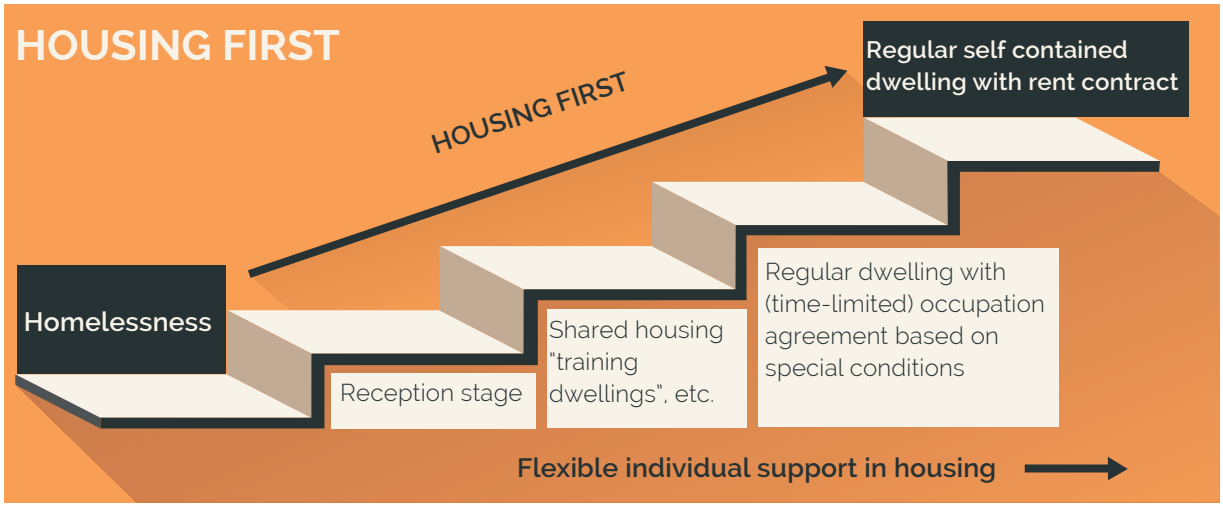

Figure 1: Summarising the differences between Housing First and Staircase Services[9]

7 Sahlin, I. (2005) The Staircase of Transition: Survival through Failure *Innovation: The European Journal of Social Science Research*, 18(2), 115-136.
Sahlin, I. and Busch-Geertsema, V (2005) The Role of Hostels and Temporary Accommodation. **http://housingfirstguide.eu/website/wp-content/uploads/2016/03/The-role-of-Hostels-And-Temporary-Accomodation-ejh_vol1_article3.pdf**
Pleace, N. (2008) *Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review* Edinburgh: Scottish Government - http://www.gov.scot/Resource/Doc/233172/0063910.pdf

8 Tsemberis, S. (2010) 'Housing First: Ending Homelessness, Promoting Recovery and Reducing Costs' in I. Gould Ellen and B. O'Flaherty (eds) *How to House the Homeless* Russell Sage Foundation: New York.

9 Tsemberis, S. and Henwood, B. (2013) Housing First: Homelessness, Recovery and Community Integration. In V. Vandiver (ed.) *Best Practices in Community Mental Health: A Pocket Guide*, pp. 132-150. NY Oxford University Press

In the late 1990s, pioneering American social research by Dennis P. Culhane and colleagues showed there was **a small group of people with very high needs, who made long-term and repeated use of homelessness services, yet whose homelessness was never resolved[10].** Staircase services were found not to be performing well in ending this long-term ("chronic" and "episodic") homelessness[11], which was being found to be very damaging to the health and well-being of the people experiencing it[12]. Housing First, which research showed had been successful in New York, could, in contrast, end long-term homelessness at a much higher rate than staircase services[13]. **The systematic use of comparative research, demonstrating Housing First in comparison with other homelessness services, encouraged wider use of Housing First throughout the USA and attracted attention from the Federal government.**

Importantly, **there was also an economic case for Housing First. This case centred on the relatively high cost of frequent hospitalisation and incarceration associated with long-term homelessness,** i.e. long-term homeless people often made frequent use of emergency medical services, had high rates of contact with mental health services and could often have contact with the criminal justice system. As they did not resolve long-term homelessness in many cases, staircase programmes started to be seen as not cost-efficient, especially because the staircase services themselves were also relatively expensive.

Research was showing that Housing First could potentially deliver significantly better results, for a lower level of spending, than staircase services[14]. Comparatively, Housing First cost significantly less than other services. Figures from Pathways to Housing show programme costs of $57 per night, compared to $77 for a place in a shelter (approximately €52 compared €70, 2012 figures)[15]. In London, in 2013, one Housing First service was found to cost approximately £9,600 (€13,500) per person per year (excluding rent). This was compared to between £1,000 per year *more* for a shelter, or nearly £8,000 *more* for a place in a high-intensity staircase service (excluding rent). This represented an annual saving approximately equivalent to between €1,400 and €11,250 (2013 figures)[16].

It was also seen that by ending homelessness among people with very high support needs, Housing First could potentially save money for other services, such as psychiatric services, emergency medical services and the criminal justice system. This was because homeless people with very high support needs, if they were housed with the proper support, would not encounter these services as often as when they were homeless and could stop using them altogether[17]. Homeless people with high support needs could now be offered Housing First, which, as well as being very likely to end their homelessness, could be more cost effective than alternative homelessness services[18].

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10 Kuhn, R. and D.P. Culhane. "Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data" Departmental Papers (SPP) (1998). Available at: http://works.bepress.com/dennis_culhane/3

11 Pleace, N. (2008) *Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review* Edinburgh: Scottish Government - http://www.gov.scot/Resource/Doc/233172/0063910.pdf

12 Culhane, D.P., Metraux, S., Byrne, T., Stino, M. and Bainbridge, J."The Aging of Contemporary Homelessness" Contexts, in press (2013). Available at: http://works.bepress.com/dennis_culhane/119

13 Tsemberis, S. (2010) 'Housing First: Ending Homelessness, Promoting Recovery and Reducing Costs' in I. Gould Ellen and B. O'Flaherty (eds) *How to House the Homeless* Russell Sage Foundation: New York; Padgett, D.K.; Heywood, B.F. and Tsemberis, S.J. (2015) *Housing First: Ending Homelessness, Transforming Systems and Changing Lives* Oxford: Oxford University Press.

14 http://www.york.ac.uk/media/chp/documents/2008/substancemisuse.pdf

15 Source: https://pathwaystohousing.org/housing-first-model

16 Pleace, N. and Bretherton, J. (2013) *Camden Housing First: A 'Housing First' Experiment in London* York: University of York https://www.york.ac.uk/media/chp/documents/2013/Camden%20Housing%20First%20Final%20Report%20NM2.pdf

17 Culhane, D.P. (2008) The Cost of Homelessness: A Perspective from the United States *European Journal of Homelessness* 2.1, 97-114 - **http://housingfirstguide.eu/website/wp-content/uploads/2016/03/The-cost-of-Homelessness-A-perspective-from-the-United-States.pdf**
Pleace, N.; Baptista, I..; Benjaminsen, L. and Busch-Geertsema, V.. (2013) The Costs of Homelessness in Europe: An Assessment of the Current Evidence Base Brussels: FEANTSA **http://housingfirstguide.eu/website/wp-content/uploads/2016/03/feantsa-studies_03_web-Cost-of-Homelessness.pdf**

18 Pleace, N. and Bretherton, J. (2013) The Case for Housing First in the European Union: A Critical Evaluation of Concerns about Effectiveness *European Journal of Homelessness*, 7(2), 21-41 vid supra

1.3. Housing First in Europe

European use of Housing First has been encouraged by the North American research results. Initially, the inspiration came from the original service developed in New York[19], then from other US Housing First services[20]. More recently, some very successful results from the Canadian At Home/ Chez Soi Housing First programme, a randomised control trial (RCT) involving 2,200 homeless people comparing Housing First with existing homelessness services, have become influential in European debates[21] (see Chapter 5).

Within Europe, the results of the **Housing First Europe research project,** led by Volker Busch-Geertsema, were among the first to confirm that Housing First could be successful in European countries[22]. A large-scale randomised control trial as part of the French Un Chez-Soi d'abord Housing First programme, being conducted by DIHAL, will provide systematic data on Housing First effectiveness across four cities in France, in 2016[23]. A number of observational studies, that look at Housing First but do not compare it with other homelessness services, have also reported very positive results from Denmark[24], Finland[25], the Netherlands[26], Portugal[27], Spain[28] and the UK[29]. Collectively, these findings show that:

- In Europe, Housing First is generally more effective than staircase services in ending homelessness among people with high support needs, including people experiencing long-term or repeated homelessness.
- Housing First can be more cost-effective than staircase services because it is able to end homelessness more efficiently. Housing First may also generate cost offsets for (reduce the costly use of) other services. For example, Housing First may reduce frequent use of emergency medical and psychiatric services, prevent long and unproductive stays in other forms of homelessness service and lessen rates of contact with the criminal justice system.
- Housing First addresses the ethical and humanitarian concerns raised about the operation of some staircase services[30].

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19 Padgett, D.K.; Heywood, B.F. and Tsemberis, S.J. (2015) *Housing First: Ending Homelessness, Transforming Systems and Changing Lives* Oxford: Oxford University Press.

20 Pearson, C.L., Locke, G., Montgomery, A.E. and Buron, L. (2007) *The Applicability of Housing First Models to Homeless Persons with a Severe Mental Illness* US Department of Housing and Urban Development: Washington DC. https://www.huduser.gov/portal/publications/hsgfirst.pdf

21 Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., Nelson, G., McNaughton. E., Streiner, D. and Aubry, T. (2014) *National At Home/Chez Soi Final Report* Calgary, AB: Mental Health Commission of Canada. - http://www.mentalhealthcommission.ca/English/system/files/private/document/mhcc_at_home_report_national_cross-site_eng_2.pdf

22 Busch-Geertsema, V. (2013) *Housing First Europe: Final Report* - **http://housingfirstguide.eu/website/wp-content/uploads/2016/03/FinalReportHousingFirstEurope.pdf**

23 Tinland, A., Fortanier, C., Girard, V.,Laval, C., Videau, B., Rhenter, P., Greacen, T., Falissard, B., Apostolidis, T., Lancon, C., Boyer, L. and Auquier, P. (2013) Evaluation of the Housing First program in patients with severe mental disorders in France: study protocol for a randomized controlled trial Trials, 14, p. 309

24 Benjaminsen, L. (2013). Policy Review Up-date: Results from the Housing First-based Danish Homelessness Strategy. European Journal of Homelessness, 7(2), 109-131 - **http://housingfirstguide.eu/website/?p=4906**

25 Pleace, N., Culhane, D.P., Granfelt, R. and Knutagård, M. (2015) *The Finnish Homelessness Strategy: An International Review* Helsinki: Ministry of the Environment - https://helda.helsinki.fi/handle/10138/153258

26 Wewerinke, D., Al Shamma, S. and Wolf, J. (2013) *Housing First Europe. Local Evaluation Report Amsterdam* **http://housingfirstguide.eu/website/housing-first-europe-local-evaluation-report-amsterdam**

27 Ornelas, J., Martins, P., Zilhão,M.T. and Duarte, T. (2014) Housing First: An Ecological Approach to Promoting Community Integration *European Journal of Homelessness* (8.1), 29-56 - **http://housingfirstguide.eu/website/housing-first-an-ecological-approach-to-promoting-community-integration/**

28 https://www.raisfundacion.org/sites/default/files/rais/noticias/infografia_habitat_DEF_A3.pdf https://raisfundacion.org/es/informate/noticias_y_eventos/jornada-internacional-h-bitat https://issuu.com/rais_fundacion/docs/presentaciones_habitathf_web?e=5650917/30872088

29 Bretherton, J. and Pleace, N. (2015) Housing First in England: An Evaluation of Nine Services - https://www.york.ac.uk/media/chp/documents/2015/Housing%20First%20England%20Report%20February%202015.pdf

30 Sahlin, I. and Busch-Geertsema, V (2005) The Role of Hostels and Temporary Accommodation.Vid supra

In 2016, Housing First was becoming increasingly important in Europe. In some cases, Housing First was integral to comprehensive homelessness strategies, in others, experiments were still underway. The countries where Housing First was being used include:

- **Austria**
- **Belgium**
- **Denmark**
- **Finland**
- **France**
- **Ireland**
- **Italy**
- **The Netherlands**
- **Norway**
- **Portugal**
- **Spain**
- **Sweden**
- **The United Kingdom**

Housing First has been successfully piloted in Vienna[31]. Nine Housing First projects were tested in Belgium in 2015, with 150 homeless people with high support needs receiving Housing First. The programme is being evaluated with a view to testing whether Housing First could be more widely used[32] (see Appendix).

The first stage of the Danish Homelessness Strategy from 2009-2013 was one of the first large-scale Housing First programmes in Europe and housed more than 1,000 people[33]. A summary of the Danish programme is included in the Appendix.

Finland has made extensive use of Housing First within its national strategy to reduce and prevent homelessness[34]. Absolute and relative reductions in long-term homelessness have been achieved by using a mix of Housing First service models, including both congregate and scattered housing models (see Chapter 3 and Chapter 4).[35] An example of a Finnish Housing First service is described in the Appendix. Initial results from the French Un Chez Soi d'abord Housing First pilot programme are positive[36], with the existing work to continue through 2017 before use of Housing First is expanded from 2018 onwards (see Appendix).

In Italy in 2015, homelessness service providers and academics cooperated to form the Housing First Italian Network[37], a confederation of organisations providing, or with an interest in, Housing First. Housing First Italia had 51 members in 10 Italian regions, of which 35 had operational projects in 2015. Two Italian examples of Housing First services are summarised in the Appendix.

In 2014 17, Housing First services were operating across the Netherlands. In Amsterdam, the Discus Housing First project had been operating successfully since 2006[38]. In Portugal, the Casas Primeiro[39]

31 http://www.neunerhaus.at/fileadmin/Bibliothek/Neue_Website/Neunerhaueser/Housing_First/20150925_HousingFirst_Report_english.pdf

32 http://www.housingfirstbelgium.be

33 Benjaminsen, L. (2013). Policy Review Up-date: Results from the Housing First-based Danish Homelessness Strategy. European Journal of Homelessness, 7(2), 109-131. *Vid supra*

34 http://www.housingfirst.fi/

35 Pleace, N.; Culhane, D.P.; Granfelt, R. and Knutagård, M. (2015) *The Finnish Homelessness Strategy: An International Review Helsinki: Ministry of the Environment.* - https://helda.helsinki.fi/handle/10138/153258

36 http://hf.aeips.pt/wp-content/uploads/2013/10/Pascale.pdf

37 http://www.housingfirstitalia.org/en/

38 Wewerinke, D., Al Shamma, S. and Wolf, J. (2013) *Housing First Europe Local Evaluation Report Amsterdam. Vid supra*

39 http://www.aeips.pt

service in Lisbon has pioneered the use of Housing First[40]. A summary of Casas Primeiro is presented in the Appendix. In Spain, the first Housing First service, HÁBITAT, began operations in May 2014, working in Madrid, Barcelona and Málaga[41]. The HÁBITAT project was evaluated throughout and Housing First has now become part of wider Spanish homelessness strategy[42] (see Appendix).

Norwegian use of Housing First has expanded quite rapidly from 12 Housing First services with 135 service users in December 2014 to 16 Housing First services with a total of 237 service users in July 2015[43]. In Norway, Housing First is one of a range of services used within an integrated homelessness strategy (see Appendix).

In Poland, a practitioner conference on Housing First was held in Warsaw in February 2016[44]. Promotion of Housing First is being pursued by an evidence-based advocacy project.

In Sweden, the University of Lund has been actively promoting the idea of Housing First with homelessness service providers and policy makers. In 2009, the University hosted a national conference on Housing First. Two municipalities, Stockholm and Helsingborg, began to operate Housing First services soon afterwards, as a direct result of this conference. Since that time, another 11 municipalities have started up Housing First services. It seems that Housing First has spread even more widely in Sweden, since 94 municipalities state that they provide Housing First services to their citizens (according to one of the 'Open Comparisons' conducted by the National Board of Health and Welfare). These on-going initiatives have been developed at local level rather than as a result of national policy[45] (see Appendix).

In the UK, the first successful experiment with Housing First was run by Turning Point in Scotland in 2010[46]. An observational evaluation conducted over the course of 2014-2015 also showed that early experiments with Housing First in England were also proving successful[47], although as in Sweden, development was often at local level. In England, there was not yet a national Housing First policy as of early 2016, but the English federation of homelessness organisations (Homeless Link) had launched a Housing First England initiative to promote the use of Housing First in the country. Additionally, the Welsh Government recommended the use of Housing First models in its guidance for its recently revised homelessness laws in 2015 (see Appendix).

In some countries in Central and Eastern Europe, Housing First was still in the process of being developed in 2015/16. Experiments with Housing First have taken place in the Czech Republic and Hungary.

40 Ornelas, J., Martins, P., Zilhão, M.T. and Duarte, T. (2014) Housing First: An Ecological Approach to Promoting Community Integration *European Journal of Homelessness* (8.1), 29-56. - **http://housingfirstguide.eu/website/housing-first-an-ecological-approach-to-promoting-community-integration/**

41 https://raisfundacion.org/es/que_hacemos/habitat

42 http://www.msssi.gob.es/ssi/familiasInfancia/inclusionSocial/docs/ENIPSH.pdf

43 Source: Norwegian State Housing Bank. Note that not all 16 Housing First services were fully operational in July 2015, some were yet to start supporting homeless people.

44 http://www.czynajpierwmieszkanie.pl/en/

45 For more information see: http://www.soch.lu.se/en/research/research-groups/housing-first

46 http://www.turningpointscotland.com/what-we-do/homelessness/glasgow-housing-first/

47 Bretherton, J. and Pleace, N. (2015) *Housing First in England: An Evaluation of Nine Services* - https://www.york.ac.uk/media/chp/documents/2015/Housing%20First%20England%20Report%20February%202015.pdf

1.4. The Evidence for Housing First

1.4.1. Ending Homelessness for People with High Support Needs

Housing First services are very successful at ending homelessness for homeless people with high support needs. In most cases, European Housing First services end homelessness for at *least* eight out of every ten people[48].

- In 2013, the Housing First Europe project reported that **97%** of the high-need homeless people using the Discus Housing First service in Amsterdam were still in their housing after 12 months in the service. In Copenhagen, the rate was **94%** overall, with a similarly impressive level reported by the Turning Point Housing First service in Glasgow (**92%**). The Casas Primeiro Housing First service in Lisbon reported a rate of **79%**[49].
- The French Un Chez-Soi d'abord Housing First programme reported interim results in late 2013, showing **80%** of the 172 homeless people using Housing First services in the four city pilot sites had retained their housing for 13 months[50].
- Initial results from the Spanish HÁBITAT Housing First programme indicated extremely high levels of housing sustainment in late 2015[51].
- Finland has reported a fall in the absolute numbers of long-term homeless people following the adoption of a national strategy centred on using Housing First to end long-term homelessness. In 2008, 2,931 people were long-term homeless in the ten biggest cities. This number had dropped to 2,192 in late 2013, a reduction of **25%**. Numbers of long-term homeless people fell from **45%** to **36%** of the total homeless population during the same period[52].
- In 2015, an observational evaluation of Housing First in England reported that, across five Housing First services, **74%** of homeless people had retained their housing for at least 12 months[53].
- In 2015, the Housing First service in Vienna reported that, among all the service users worked with over a two-year period, **98%** were still in their apartments[54].

Success rates in Europe parallel or exceed the results achieved in North America. US studies have reported rates of housing sustainment between 80% and 88%[55]. The recent evaluation of the Canadian At Home/Chez Soi programme reported that Housing First service users spent 73% of their time stably housed over two years, compared to 32% of those receiving other homelessness services[56].

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48 Pleace, N. and Bretherton, J. (2013) The Case for Housing First in the European Union: A Critical Evaluation of Concerns about Effectiveness *European Journal of Homelessness*, 7(2), 21-41 **http://housingfirstguide.eu/website/the-case-for-housing-first-in-the-european-union-a-critical-evaluation-of-concerns-about-effectiveness/**

49 Busch-Geertsema, V. (2013) *Housing First Europe: Final Report* - **http://housingfirstguide.eu/website/wp-content/uploads/2016/03/FinalReportHousingFirstEurope.pdf**

50 http://hf.aeips.pt/wp-content/uploads/2013/10/Pascale.pdf

51 https://www.raisfundacion.org/sites/default/files/rais/noticias/infografia_habitat_DEF_A3.pdf

52 Pleace, N., Culhane, D.P., Granfelt, R. and Knutagård, M. (2015) *The Finnish Homelessness Strategy: An International Review* Helsinki: Ministry of the Environment. - https://helda.helsinki.fi/handle/10138/153258

53 Bretherton, J. and Pleace, N; (2015) *Housing First in England: An Evaluation of Nine Services* - https://www.york.ac.uk/media/chp/documents/2015/Housing%20First%20England%20Report%20February%202015.pdf

54 Neunerhaus (2015) *Housing First Pilot Project Report* - http://www.neunerhaus.at/fileadmin/Bibliothek/Neue_Website/Neunerhaueser/Housing_First/20150925_HousingFirst_Report_english.pdf

55 Tsemberis, S. (2010) 'Housing First: Ending Homelessness, Promoting Recovery and Reducing Costs' in I. Gould Ellen and B. O'Flaherty (eds) *How to House the Homeless* Russell Sage Foundation: New York.

56 Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., Nelson, G., MacNaughton, E., Streiner, D. and Aubry, T. (2014) *National At Home/Chez Soi Final Report* Calgary, AB: Mental Health Commission of Canada. - http://www.mentalhealthcommission.ca/English/system/files/private/document/mhcc_at_home_report_national_cross-site_eng_2.pdf

An international evidence review conducted in 2008 reported that between 40% and 60% of homeless people with high support needs were leaving or being ejected from staircase services before they were rehoused. This was in sharp contrast to Housing First services that were typically keeping 80% or more of their service users housed for at least one year[57].

As previously stated, Housing First is very successful at ending homelessness among homeless people with high support needs. However, there are some people, typically between 5-20% of service users, for whom Housing First is not able to provide a sustained exit from homelessness.

1.4.2. Health and Well-Being

Housing First can make a positive difference to the health and well-being of homeless people with high support needs:

- In 2013, the Housing First Europe research project reported that 70% of Housing First service users in Amsterdam had reduced their drug use, with 89% reporting improvements in their quality of life and 70% reporting improvements in their mental health. Positive results were also produced by the Turning Point service in Glasgow, where drug/alcohol use was reported to have stabilised or reduced in most cases. In the Casas Primeiro service in Lisbon, 80% reported a lower level of stress. Danish Housing First services reported a more mixed picture, but 32% reported improvements in alcohol use, 25% an improvement in mental health and 28% in physical health[58].
- In 2015, interim results reported from the French Un Chez-Soi d'abord Housing First programme[59] showed that, in the six months prior to inclusion in Housing First, homeless people had spent an average of 18.3 nights in hospital. When they had been using Housing First for 12 months, the time spent in hospital in the last six months had fallen to 8.8 nights on average. Contacts with hospitals and the frequency of stays in hospital had fallen significantly.
- The 2015 evaluation of Housing First in England found that 63% of service users self-reported improvements in physical health and 66% self-reported gains in mental health, with some smaller improvements around drug and alcohol use[60].

Housing First, both in Europe and North America, has been shown to deliver improvements in health and well-being. Results can be variable - not all Housing First service users benefit from better health and well-being - but Housing First is able to deliver positive changes for many of the people using it[61].

57 Pleace, N. (2008) *Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review* Edinburgh: Scottish Government - http://www.gov.scot/Resource/Doc/233172/0063910.pdf

58 Busch-Geertsema, V. (2013) *Housing First Europe: Final Report* - **http://housingfirstguide.eu/website/wp-content/uploads/2016/03/FinalReportHousingFirstEurope.pdf**
Some deterioration in health and well-being were also reported.
Estecahandy P. A "Housing First" Trial in France - http://hf.aeips.pt/wp-content/uploads/2013/10/Pascale.pdf

59 Tinland, A. and Psarra, C. (2015) Housing First: Lessons from France presentation at the IGH *Homelessness in a Global Landscape* conference, Chicago, June 2015

60 Bretherton, J. and Pleace, N. (2015) *Housing First in England: An Evaluation of Nine Services* - https://www.york.ac.uk/media/chp/documents/2015/Housing%20First%20England%20Report%20February%202015.pdf

61 Pleace, N. and Quilgars, D. (2013) *Improving Health and Social Integration through Housing First: A Review*. Brussels: DIHAL/FEANTSA http://www.housingfirstguide.eu/website/wp-content/uploads/2016/03/improving_health_and_social_integration_through_housing_first_a_review.pdf
Johnson, G., Parkinson, S. and Parsell, C. (2012) *Policy shift or program drift? Implementing Housing First in Australia* AHURI Final Report No. 184 - http://www.ahuri.edu.au/__data/assets/pdf_file/0012/2064/AHURI_Final_Report_No184_Policy_shift_or_program_drift_Implementing_Housing_First_in_Australia.pdf

1.4.3. Social Integration

Social integration has three main elements:

- *Social support*, which centres on someone feeling that they are valued by others, called *esteem support*; help in understanding and coping with life, called *informational support*; *social companionship* (spending time with others) and practical or *instrumental support*[62].
- *Community integration*, which can be tricky to define precisely, but which generally refers to positive, mutually beneficial relationships between Housing First service users and their neighbours. In a broader sense, community integration also refers to a homeless person not being *stigmatised* by the community[63]. Housing First can help someone to adjust to new community roles, i.e. being a good neighbour.
- *Economic integration*, which can mean paid work, but also socially productive or rewarding activities, ranging from participating in arts-based activities through to informal and formal education, training and job-seeking.

A key goal of Housing First (see Chapter 3 and Chapter 4) is to promote social integration in the community. Housing functions as the basis, or foundation, from which Housing First seeks to help a service user develop the social supports, community integration and economic integration that can improve their quality of life. Good quality social supports, living a life that involves positive engagement with the surrounding community and having a structured, purposeful existence, can all demonstrably enhance health and well-being[64].

- The Casas Primeiro Housing First service in Lisbon reported that almost half the Housing First service users had started to meet people in cafés to socialise, with 71% reporting they felt 'at home' in their neighbourhood and 56% reporting feeling part of a community[65].
- A recent evaluation of Housing First in England found that of 60 users of Housing First services, 25% had reported regular contact with their family prior to working with Housing First, rising to 50% once they were receiving Housing First support. Prior to working with Housing First, 78% of people were involved in nuisance behaviour, such as drinking alcohol on the street. This fell to 53% after they began working with Housing First[66].
- There is qualitative research from both Europe and North America that shows that people using Housing First can have a greater sense of security and belonging in their lives than was the case before homelessness. This has been described as Housing First enhancing someone's sense of security in their day-to-day life, or *ontological security*[67].

Evidence that Housing First has the capacity to help homeless people with high support needs into paid work is not extensive in Europe or North America, but it must be noted that the people using Housing First often face multiple barriers to employment. Housing First is designed to deliver improvements in health, well-being and social integration. Housing First is not presented, nor expected to be seen, as a 'miracle cure' or panacea that will rapidly end all the negative consequences of homelessness. Housing First successfully ends homelessness and that, in itself, creates a situation in marked contrast to the multiple risks to health, well-being and social integration that are associated with homelessness.

62 Cohen, S. and Wills, T. (1985) Stress, Social Support and the Buffering Hypothesis Psychological Bulletin, 98, 310-357.

63 Pleace, N. and Quilgars, D. (2013) *Improving Health and Social Integration through Housing First: A Review*

64 Ibid.

65 Ornelas, J., Martins, P., Zilhão, M.T. and Duarte, T. (2014) Housing First: An Ecological Approach to Promoting Community Integration *European Journal of Homelessness* (8.1), 29-56 - **http://housingfirstguide.eu/website/wp-content/uploads/2016/03/Housing-First-An-Ecological-Approach.pdf**

66 Bretherton, J. and Pleace, N. (2015) *Housing First in England: An Evaluation of Nine Services* https://www.york.ac.uk/media/chp/documents/2015/Housing%20First%20England%20Report%20February%202015.pdf

67 Padgett, D. K. (2007). There's no place like (a) home: Ontological security among persons with serious mental illness in the United States. *Social science & medicine*, 64(9), 1925-1936, p. 1934.

CHAPTER 2.

Core principles of Housing First

The Core Principles of Housing First

All Housing First services are based on the Pathways model, developed by Dr. Sam Tsemberis, in New York in the early 1990s[68]. **The core principles of Housing First in Europe are drawn directly from the Pathways model.** However, there are significant differences between some European countries and North America and between European countries themselves.. This means that the core principles for Housing First in Europe do not exactly mirror those of the original Pathways model. **The eight core principles of Housing First in Europe, developed in consultation with the advisory board for this Guide,** of which Dr. Tsemberis was a member, are:

Eight core principles:

Housing is a human right

Choice and control for service users

Separation of housing and treatment

Recovery orientation

Harm reduction

Active engagement without coercion

Person-centred planning

Flexible Support for as Long as is Required

This chapter of the Guide presents a detailed discussion of the eight core principles of Housing First services in Europe.

68 Tsemberis, S. (2010) Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction Minnesota: Hazelden.

2.1. Housing is a Human Right

The UN Committee on Economic, Social and Cultural Rights established a right to housing that says that a person should be able to live in security, peace and dignity[69].

This includes:

- *Legal* security of tenure, centred on legal protection from forced eviction, harassment by landlords and other threats to having a settled home.
- *Affordability*, in the sense that housing costs should not be so high as to mean that food, education and access to healthcare are unaffordable.
- *Habitability*, which effectively means that housing is in a reasonable state of repair and provides adequate shelter and living space.
- *Availability of services*, which centres on the infrastructure needed to make housing habitable, i.e. sanitation, capacity to prepare and cook meals, washing facilities, storage, heating and lighting and waste disposal facilities.
- *Accessibility*, which means that housing should be available to those who require it. Where appropriate, housing should maximise the capacity for someone with a physical disability or limiting illness to live independently.
- *Location*, i.e. housing must allow access to necessary services. This includes education, health, shops and other services. Housing should also be within access of opportunities for paid work and civic participation. Housing should not be in an environment that is hazardous to health.
- *Cultural* adequacy, i.e. housing should allow people to live in ways that do not disrupt their culture. This means housing should allow for the expression of cultural identity.

The European Typology of Homelessness (ETHOS) defines what is meant by a home in a different way, using the idea of physical, social and legal domains. The physical domain centres on having one's own living space, in other words, your own front door to your own home, which is under your exclusive control. The social domain covers the space and privacy needed to live a normal life as an individual, a couple or a family. The legal domain echoes the international definition of a right to housing, i.e. security of residence that is legally protected[70].

Housing First emphasizes the right that homeless people have to housing. Housing is provided *first*, rather than *last*, without any expectation that a homeless person has to behave in certain ways, comply with treatment, or be abstinent from drugs or alcohol, *before* they are given a home. **Housing First does not expect homeless people to earn their right to housing, or earn a right to remain in housing.**

People using Housing First are expected to follow the conditions of their lease, or tenancy, in the same way as any other person renting a home would be, with support being provided to enable them to do this. Housing First services also expect there to be regular contact between someone using their service and a support worker, for example at a weekly meeting, which includes checking whether there are any problems with their home (see Chapter 3).

The housing offered by Housing First is not temporary accommodation. Housing First offers a real home within the terms of both the UN and ETHOS definitions.

69 http://www.ohchr.org/EN/Issues/Housing/toolkit/Pages/RighttoAdequateHousingToolkit.aspx

70 European Typology of Homelessness - English: **http://housingfirstguide.eu/website/wp-content/uploads/2016/03/ETHOS-EN.pdf**

2.2. Choice and Control for Service Users

A key principle of Housing First is that people using the service should be listened to and their opinions should be respected. Someone using Housing First is able to exercise real choices about how they live their lives and the kinds of support that they receive.

This core principle of Housing First centres on enabling homeless people to decide what their needs are and how those needs can be met. In practice this means:

- It should not be assumed that all homeless people with high support needs will share behaviours and other characteristics. Their needs cannot be effectively met with a standardised package of services which makes no allowance for individual needs, characteristics, behaviour or experiences.
- The best way to understand a homeless person's needs is to listen to the person and their views on the kinds of help they need.
- To listen and respond to someone's needs and opinions effectively, Housing First must respect that individual and their strengths, rather than focusing negatively on their limitations. A Housing First service cannot be patronising. Housing First cannot function on the assumption that Housing First staff understand someone's needs better than they do themselves.
- Compassion, warmth and understanding from Housing First staff are as important as respect, when enabling homeless people to choose the right combination of support for themselves.
- Housing First *actively encourages* engagement with the treatment someone needs, including reducing the harm from drugs and alcohol and encouraging someone to seek help with mental or physical health problems. Help with community engagement and establishing and re-establishing social supports are also on offer. While control rests with the service user, Housing First workers actively work to inform someone using Housing First of the possibilities open to them to make positive changes in their lives (see 2.6).
- Support must be flexible, imaginative and able to adapt to the specifics of what an individual person using Housing First requires. It is possible to maintain a set of clearly defined functions for support in Housing First (see Chapter 3) but Housing First must also be able to respond to the specific needs of each service user.
- Housing First is tailored to individual needs, recognising individual strengths, and does not use a standardised or limited set of responses. Housing First service users are not offered help that they do not actually need. This requires recognising the strengths that each service user already has, or develops over time.

In Housing First, self-determination is seen as the starting point of recovery. Shared decision-making, between service users and service providers, is an essential part of recovery in the Housing First model[71]. This is sometimes described as 'consumer choice' in North American Housing First services.

In Europe, there has been a growing emphasis on service user self-determination in social work and health services over the last 25 years. Self-determination is also used by some homelessness services. European practice, such as the 'personalisation agenda', can closely resemble self-determination in Housing First. Sitra defines personalisation in the following way[72]:

> *"Personalisation means individuals having maximum choice and control over the public services they require - moving from the culture of 'one size fits all' to tailoring support to meet individuals' aspirations and build on their strengths."*

71 Greenwood, R. M., Schaefer-McDaniel, N. J., Winkel, G. and Tsemberis, S. J. (2005). Decreasing psychiatric symptoms by increasing choice in services for adults with histories of homelessness. *American Journal of Community Psychology*, 36(3-4), 223-238.

72 http://www.sitra.org/policy-good-practice/personalisation/

Housing First must balance the need for choice and control while working with each person to encourage and support engagement with treatment. Ultimately, Housing First aims to enhance the health, well-being and life chances of every individual who is supported, increasing their chances of a lasting exit from homelessness.

All Housing First services work by balancing priorities. Finding a balance centres on ensuring that service user choice and control is in place, while at the same time working actively to promote the well-being of each service user. Housing First ensures choice, respects opinions, supports individual strengths and is intended to be both understanding and compassionate, but it also actively encourages service users towards recovery[73].

2.3. Separation of Housing and Treatment

Housing First ensures the human right to housing is not compromised by requiring service users to engage with treatment either to access housing, or to remain in housing. Housing is therefore *separate* from treatment.

In practice this means:

- Access to housing, being offered a home by a Housing First service, is not conditional on behavioural change or accepting treatment. In practice, this means housing is still offered if someone does not stop drinking, will not accept treatment for mental health problems or turns down other offers of support.
- Remaining in housing provided via Housing First does not require someone to change their behaviour or accept treatment. Housing First does support someone to follow the terms of a lease or tenancy in the same way as anyone else renting a home would. Housing First also requires regular meetings with Housing First staff, which includes monitoring housing sustainment. However, Housing First does not remove people from housing for not changing their behaviour, or not using treatment.
- If someone is evicted, it should usually only be by a landlord because of lease or tenancy violations. Housing First is designed to re-house a service user who is evicted and to offer them support during the re-housing process. The support services offered by Housing First are continuous and not connected to the housing. This allows a Housing First service to continue to provide continuity in support through residential changes or a clinical crisis (a critical turning point in a person's physical or mental health).

Housing is separated from treatment in another positive sense. While Housing First offers support *for as long as may be required* (see 2.8), when and if someone's use of Housing First support services stops, they keep their existing home. If someone no longer needs Housing First, they *do not* need to move somewhere else.

Unlike some other homelessness services, Housing First is committed to the person and not to their housing. Housing First is person-based, not place-based.

73 Löfstrand, C. and Juhila, K. (2012) The Discourse of Consumer Choice in the Pathways Housing First Model *European Journal of Homelessness* 6(2), 47-68

This means that:

- When someone decides to move home, Housing First support and treatment services remain in contact with them and continue to support them in their new home.
- When someone loses a home that Housing First helped them access, either through eviction or because they abandon their home, Housing First support and treatment services remain in contact with them. If a Housing First service user has lost their home, the Housing First service seeks to find them another home as soon as possible.
- If someone goes into an institutional setting, Housing First support and treatment services remain in touch. For example, if someone has to go into a psychiatric hospital, Housing First will remain in contact with them and either seek to retain their existing housing or arrange new housing in time for when they leave hospital. Housing First will also remain engaged on the same basis if someone is given a short prison sentence.

One challenge for Housing First services can be when apartments are provided in a dedicated congregate or communal setting. This means that housing is provided in an apartment block or block of flats that is only for people using Housing First. Here, it is important to ensure that the rights someone has to their housing are the same as anyone renting ordinary accommodation. This can mean, in theory, that someone can live in an apartment block for Housing First service users after their support has ended by mutual consent with the Housing First team, or if they have decided to stop using Housing First support and treatment. Their housing and their housing rights are separate from the treatment and support they can receive. This may seem an extreme example, but the core principle of separation of housing and treatment cannot be compromised if a service is following a Housing First model. This approach has been adopted in some Finnish Housing First services[74] (see Chapter 4).

Some Housing First services sub-let or sub-lease housing units to service users. This can be for two reasons. First, it can provide reassurance when working with landlords in the private and social rented sectors that legal responsibility for their housing is with the Housing First service, not with an individual using that service. Second, if there is a problem with someone's housing, Housing First can rapidly move someone away and, equally rapidly, place them in alternative housing, because they are not the tenant or leaseholder.

Such arrangements involve striking a balance between ensuring someone's human right to housing while simultaneously placing limitations on their legal right to that housing. Ethical behaviour by Housing First services using these arrangements is of very great importance, if the core principle of separation between housing and treatment is to be properly maintained. Some British Housing First services immediately give all Housing First service users a full tenancy, giving them the same housing rights as anyone else renting social or private rented housing would have[75] (see Chapter 4).

2.4. Recovery Orientation

A service with a recovery orientation focuses on the overall well-being of an individual. This includes their physical and mental health, their level of social support (from a partner, family or friends) and their level of social integration, i.e. being part of a community and taking an active part in society. Promoting recovery can include enabling access to education or helping someone find a rewarding leisure activity. Following a recovery orientation is something far wider and more ambitious than just regulating drug or alcohol use, or supporting engagement with treatment. It is about delivering a secure and rewarding life for someone, creating a life that integrates them into a community, into housing and into wider social and economic life in a positive way.

74 Pleace N., Culhane D., Granfelt R., Knutagard M. The Finnish Homelessness Strategy: An International Review (2015) http://works.bepress.com/dennis_culhane/145/

75 https://www.york.ac.uk/media/chp/documents/2015/Housing%20First%20England%20Report%20February%202015.pdf

The concept of recovery can be approached from different angles[76] but centres on an individual gaining a sense of purpose, with the prospect of a better and more secure life. There is an emphasis on the person "recovering themselves", choosing the direction for their future life.

In the Housing First model, homeless people are able to recover: meaning they are able to regain a more meaningful and hopeful life. Recovery does not mean that service users will no longer experience problems, symptoms or struggles. Nor does recovery mean that they will no longer use specialized services, medication or necessarily be able to live completely independently. The process of recovery is unique and personal. It is a process of trial and error, involving small steps forward and backward. It is a process of celebrating successful experiences, but also of experiencing feelings of pain and frustration. Within Housing First, the recovery process is individual and the support is designed to work flexibly to enable someone to choose their own path to a better life[77].

Services with a recovery orientation are aware that a service user may have experienced traumatic events. They are built on *understanding* someone using a service, in terms of their current support needs, but also in terms of their other characteristics and their experiences. A recovery-orientated service, like Housing First, seeks to maximise the strengths and potential of the people receiving support, encouraging the idea that positive change is possible. Over time, the approach may involve service users being given responsibilities, such as peer mentoring, acting as a representative of other Housing First service users or developing their own support plans. There will also be an emphasis on developing personal relationships, helping where necessary with emotional literacy (the capacity to understand and correctly process emotion) and with enabling service users to build trusting relationships. Services that adopt a recovery orientation often use motivational interviewing techniques.

Housing First *actively encourages* the following:

- Use of treatment for mental health problems and other health problems
- Harm reduction in relation to drugs and alcohol
- Changes to behaviour in order to reduce risks to health and well-being
- An awareness that positive change is possible and the opportunity to have a better life in the future is a realistic option for people using Housing First.

The recovery orientation in Housing First is a philosophy that means that the support provided by Housing First always emphasises the fact that a service user can choose a better future as a real possibility that can be achieved. Support and treatment is in place and available to enable this, but this is just one aspect of the recovery orientation, which also seeks to place the idea of recovery as a realistic prospect in the mind of everyone using Housing First.

The recovery orientation has to be carefully managed in the context of maintaining a clear and equal emphasis on choice and control and person-centred planning within Housing First. It is important that the positive messages of a recovery orientation are carefully put in place. In particular:

- Promoting recovery must always reflect what someone wants for themselves, not anyone else's ideas about which direction their life should take. People using Housing First must be listened to and their choices respected. The recovery orientation is one aspect of Housing First.
- Following a recovery orientation must be realistic and grounded, but no presumptions should be made about what sort of life a Housing First service user can eventually achieve for themselves.

76 Wolf, J. (2016). *Krachtwerk. Methodisch werken aan participatie en zelfregie.* (Strengths Work, a Systematic Method for Participation and Self-Direction). Bussum: Coutinho.

77 Rapp, C. and Goscha, R. (2006). The strengths model, case management with people with psychiatric disabilities. Oxford University Press; Saleebey, D. (2006). *The strengths perspective in social work practice, vol. 4*. Boston: Pearson Education, Inc.

2.5. Harm Reduction

Harm reduction is based on the idea that ending problematic drug and alcohol use can be a complex process and that services requiring abstinence, or detoxification, do not work well for many homeless people. Harm reduction is mainstream practice in some Northern European countries, such as Finland or the UK and is longstanding practice in France[78] , but it is not universally employed throughout Europe. **There is extensive evidence that harm reduction is more effective with homeless people with high and complex needs than abstinence-based or detoxification services[79].**

Harm reduction views problem drug or alcohol use as resulting from other support needs and also as having the potential to complicate and increase other support needs. For example, drug use cannot be treated or dealt with in isolation; it has to be understood in relation to a person's other support needs, characteristics and behaviour.

> A holistic (whole person) approach that seeks to address all the causes and consequences of drug and alcohol use is central to the harm reduction philosophy. Equally, harm reduction seeks to persuade and support people to modify drug and alcohol use that causes them harm. Harm reduction offers support, help and treatment, but does not require abstinence from drugs and alcohol.

Harm reduction is persuasive in approach[80]. The goal is not necessarily to stop all drug and alcohol use, but to reduce the harm that someone experiences, helping them to reduce and manage their use. If someone wants to be abstinent, a harm reduction approach can enable this to happen, but a harm reduction approach will also engage with an active user, working with them to encourage reductions in their drug and alcohol use.

Harm reduction plays an integral role in Housing First. Housing First could not emphasise housing as a human right, promote service user choice or offer the separation of housing and treatment, if it did not use harm reduction. If abstinence were required, housing could not be offered to, or retained by, anyone who refused to stop drinking or taking drugs.

2.6. Active Engagement without Coercion

> Active engagement without coercion, which is American terminology, can be described as an assertive, though very importantly not aggressive, way of working with Housing First service users. The emphasis is on engaging with Housing First service users in a positive way that makes them believe that recovery is possible. This is the technique by which Housing First pursues a recovery orientation (see 2.4).

Within the harm reduction and recovery orientation of Housing First, the emphasis is always on positively trying to get people using Housing First to engage with the help they need. Housing First service users are also asked to look constructively at any aspects of their behaviour that might threaten their exit from homelessness or their health, well-being and quality of life.

78 Dr. Claude Olivenstein was influential in introducing the concept of harm reduction in France in the 1970s.

79 Pleace, N. (2008) Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review Edinburgh: Scottish Government http://www.gov.scot/Resource/Doc/233172/0063910.pdf

80 Pleace, N. (2008) *Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review* Edinburgh: Scottish Government http://www.gov.scot/Resource/Doc/233172/0063910.pdf

- People using Housing First must never be threatened with sanctions for behaving or not behaving in certain ways. There should be no denial of access to housing, or threats to existing housing, or removal of support or treatment, if someone does not modify their behaviour in ways that Housing First staff may think would be beneficial to their well-being[81].
- Equally, Housing First, using a recovery orientation and harm reduction, works actively and continually to emphasise that support, treatment and advice are always available and that positive changes to health, well-being, social integration and overall quality of life are possible. Discussion, advice, information, support and persuasion are all mechanisms to achieve this.

2.7. Person-Centred Planning

Housing First services use person-centred planning, which essentially involves organising support and treatment around an individual and their needs[82]. This focus reflects the emphasis on choice and control for service users. It can be summarised as Housing First adapting to and organising itself to service users, rather than expecting someone to adjust and adapt themselves to the Housing First service.

Some homelessness services expect someone to follow a set path, using a fixed range of services which always work in the same way with everyone. Housing First encourages individuals towards recovery, but is designed to enable them to build their own path, using the particular mix of services that suits them.

Everyone using a Housing First service is encouraged and supported to choose the kind of life they want to live. Choice and control play an important part in this, with Housing First service users making real decisions about the kinds of support and treatment they wish to receive. Person-centred planning within Housing First centres on understanding:

- All aspects of the life that someone wishes to live, i.e. things that are worthwhile, rewarding and which enhance their well-being and their chances for happiness. This extends beyond ensuring that housing is suitable and the correct range of treatment and support is in place.
- The needs someone using Housing First may have around social integration. Social integration includes things such as good social supports (friends and/or family and/or a partner), participation in civic life (being part of their neighbourhood and society, not isolated from it) and contributing to society, e.g. through volunteering, paid work, or other productive activity. Good social integration can enhance health and well-being by positively enhancing self-esteem[83].
- The range of support offered by person-centred planning might include: help with running and maintaining a home; practical skills like cookery, budgeting, shopping and managing bills; debt and money advice and support with decoration and furnishing. In the area of social support, a person-centred plan might concern itself with establishing or re-establishing friendships and positive family relationships. Housing First might also, as regards social integration, encourage and support entry into education, training, arts-based activities, volunteering, paid work and community participation. Finally, with regard to health and well-being, a person-centred plan would encourage and support Housing First service users to engage with treatment.

Housing First is concerned with the human rights and human needs of homeless people, their right to housing and their right to a reasonable quality of life. Housing First is not delivering a real answer to homelessness if it merely 'warehouses' homeless people with high support needs in housing and maintains them with support services. Flexible, personalised support is essential. Person-centred planning should have several features:

81 One exception is if an individual threatens staff safety, in which case engagement may need to cease, either temporarily or permanently.

82 In Europe, the term 'person-centred planning' can be used to refer to a system for helping someone manage all aspects of their life. This is similar to, but not identical to what is meant by person-centred planning in a Housing First service. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/250877/5086.pdf

83 Cohen, S. and Wills, T. (1985) Stress, Social Support and the Buffering Hypothesis Psychological Bulletin, 98, pp. 310-357.

- Ensuring a Housing First service user is at the centre of any decisions that may change their life.
- Understanding what each person using Housing First wants from life, how they wish to live and what they wish to do. This will involve what they want in terms of relationships, their place in society and how they wish to spend their time.
- Housing First staff working with people using Housing First services to ensure that what they want from life, their *quality of life*, managing risks to their health, protecting their well-being and sustaining their exit from homelessness, is at the centre of what Housing First does.
- Person-centred planning can mean that someone using Housing First pursues priorities that are not those which a Housing First service provider might think are the best option for them. Ultimately, Housing First can encourage and support homeless people towards recovery, but it cannot insist that they take a specific direction (see 2.6).

2.8. Flexible Support for as Long as is Required

Housing First emphasises the right to housing in another sense, which is remaining in contact with a person using Housing First when they are evicted. If a Housing First service user is evicted, because of rent arrears, nuisance that causes disruption to neighbours or causing damage, Housing First remains in contact with that person and seeks to house them again. Equally, if someone using Housing First finds themselves unable to cope with living in their own home and abandons it, Housing First continues to work with them.

If someone loses their home, they are not left to cope on their own by a Housing First service. Housing First services remain engaged and continue to try to ensure the person's right to housing.

Housing First offers support designed to meet individual needs. The focus on choice and control, person-centred planning, a recovery orientation and harm reduction all underpin this fundamental characteristic of a Housing First service. Support is adaptable, flexible and can also be imaginative, responding to each unique set of needs as required, at least within the (financial) resources a Housing First service has access to. **Support intensity can rise and fall with individual need, so that Housing First can respond positively when someone needs more, or less, help on a day-to-day basis.**

As mentioned above, support follows the individual, rather than being attached to a place. This allows Housing First to maintain contact if someone loses their existing housing, or has, for example, to enter hospital or prison on a short-term basis.

The final, crucial, element of flexible service delivery is **providing support for as long as necessary.** For people using Housing First, living in their own home may not be their normal experience. They may have spent years, in some cases decades, in homelessness services, hostels and emergency shelters, squatting or living on the street. **The support needed for adjustment to living independently may need to extend beyond a few months, and the process of ensuring that the health, well-being and social integration of a Housing First service user are as positive as possible may also take some time.**

This does not mean support needs will be constantly high. Needs do change over time. Nor does support necessarily need to be permanent, as Housing First service users can reach a point where they no longer need Housing First and can either manage with lower intensity support or can live entirely independently.

SHARED OBJECTIVES

Alongside the core principles, each Housing First service has a set of shared objectives, which can be summarised as:

- Delivering housing sustainment.
- Promoting health and well-being.
- Promoting social integration, including:
  - Community integration
  - Enhancing social support
  - Access to meaningful and productive activity

CHAPTER 3.

Delivering Support

Support in Housing First

Support in Housing First centres on delivering **housing sustainment, the promotion and support of good health and well-being, developing social supports and community integration and extending participation in meaningful activity.** Housing First delivers these services using **multidisciplinary teams** and/or various forms of **high intensity case-management** services. **Mobile teams** of workers provide these services to the people using Housing First services by visiting them **at home**, or sometimes at **another mutually agreed location**, such as a café.

3.1. Housing Sustainment

The first goal of Housing First is to secure housing. Housing is the *first*, rather than the last, issue that a Housing First service deals with. Beginning with housing is a key difference between Housing First and some other models of homelessness service, such as staircase services, that try to make someone 'housing ready' before offering them a home. Using housing as the starting point means that Housing First services can concentrate their support on enabling someone to live as independently as possible, supporting their health and well-being and offering help with community and wider social integration (see Chapter 2).

Housing First is not housing *only*[84]. **Housing is *essential* and is the starting point for Housing First but it must be combined with support.** If someone is housed, but treatment is not being offered, there is no practical help with day-to-day living, they are socially isolated, not part of a community and have nothing meaningful to occupy them, much of what is potentially damaging about homelessness is *still happening* to them[85]. At best, a homeless person with high needs who is housed without support is being 'warehoused' without the option to move towards recovery. At worst, homelessness will become repeated, as unmet needs cause housing loss[86].

Support is essential to the success of Housing First. Ending homelessness at a high rate is achieved by providing high quality support services after a service user has been housed.

There are specific aspects of support that play a direct role in helping the people using Housing First sustain their housing. Central to these forms of support is **regular contact** with a Housing First staff member. Alongside checking the well-being of the Housing First service user, a staff member reviews their housing situation and ensures there are no current, or potential, problems. Most Housing First services have a regular meeting, **usually once a week**, face-to-face, in a Housing First service user's home. Some Housing First services require a set form of regular meeting; others are more flexible about how often the meeting happens and might also allow it to take place by telephone or on social media. **The frequency and type of contact is determined by the expressed needs of the service user.**

3.1.1. The Support Provided

The role of Housing First staff in directly supporting housing sustainment can involve the following activities:

- **Regular monitoring of each Housing First service user's housing situation**, checking for current and potential problems with housing sustainment.

84 http://www.housingfirsttoolkit.ca/

85 Jones, A. and Pleace, N. (2005) *Daytime Homelessness London: Crisis*

86 Pleace, N. (1997) Rehousing Single Homeless People, in Burrows, R., Pleace, N. and Quilgars, D. (Eds) *Homelessness and Social Policy* London: Routledge, 151-179.

- **Ensuring relationships with neighbours are as good as possible.** This can be a crucial part of the support a Housing First service provides. Housing sustainment can be closely linked to community integration, workers will need to ensure, insofar as possible, that a Housing First service user is happy with their neighbours and that their neighbours are happy to live next door to a Housing First service user.
- **Practical advice and assistance in ensuring that a home is suitable.** This kind of help may be provided when someone is moving into their new home and requires help with furniture, with ensuring the kitchen is properly equipped and power and water are connected and working, or if something goes wrong with the apartment and help is needed to get it repaired.
- **Help with budgeting.** Some Housing First services have partial control of budgeting for Housing First service users, to ensure that rent, or their contribution to rent, is paid. Others simply offer advice with managing money. Support with welfare rights, i.e. claiming all welfare benefit payments to which they are entitled, may also be provided to Housing First service users.
- **Advice and support for independent living.** Some Housing First service users may initially need help with cooking healthy meals and with cleaning and maintaining or decorating their home because these are things they have not done before or not done for a long time.
- **Housing First may effectively provide full, or partial, housing management services for private or social rented landlords.** Here, in return for having access to housing, Housing First services may offer to manage the housing for the landlord, so that the landlord effectively has to do nothing but receive rent payments. Some Housing First services may also guarantee rent. Here, the Housing First service provides support to the Housing First service user, but also manages the housing to reflect the concerns of the landlord (see Chapter 4).
- **All other types of support should be provided as needed:** it is important for Housing First services to be very flexible, accepting, non-judgemental and have an ethos of doing whatever it takes. They may be called upon to help unclog a sink or toilet, to teach someone about their new cooker or how to work the remote control for the TV, to help them adjust to their neighbourhood, use the washing machine, practice avoiding a drug dealer, and often just to listen, not as a service provider but as one human being to another.

3.2. Health and Well-Being

3.2.1. Organising Support

The health and well-being of Housing First service users tends to be managed using one of two main approaches. Housing First services may offer both these forms of support, or may only provide one of the two:

- **Intensive case management (ICM)** or a similar form of high-intensity case management, which provides some support and **creates connections** between service users and treatment and support provided by other health, support and social work services.
- **An assertive community treatment (ACT) team,** or another multidisciplinary team that **directly provides treatment** for many needs, including mental health problems, drug/alcohol problems and poor physical health, and provides the case management needed to help the person access treatment from other services as required. This approach tends to be used for homeless people with *very* high support needs.
- A Housing First service offering both ICM and an interdisciplinary team, which is the basis of the original model of Housing First, has the flexibility to allow service users to move from ACT (or equivalent) levels of support to ICM (or equivalent) and vice versa[87].

	Type of intervention	Profile	Support
ACT (Assertive Community treatment)	Service user/ Multi-professional intervention	Serious mental illness with or without addictions	Directly provides services
ICM (Intensive case management)	Service user/ Professional	Mental health problems with or without addictions	Management and coordination to create connections with community resources

There is no completely set way of providing support in Housing First. Where Housing First is **an intensive case management-led service,** support with treatment will centre on a single worker, who may or may not be trained in social work, who will provide some direct support and arrange access to requested health, welfare and other support services on behalf of a Housing First service user. Housing First services may have specialists in addiction, peer support workers, health professionals or other specialists in this case-management role. The Housing First worker will also provide the service user with housing related support to sustain their housing (1. Housing Sustainment) and also help them move towards social integration (3. Social Integration).

When a Housing First service is using **a multidisciplinary team,** it can employ a psychiatrist, a drug and alcohol worker, a doctor, a nurse, a trained peer-support worker who promotes recovery (based on having been through similar life experiences) and specialists in employment and reconnection with family. Sometimes, all of this treatment and support might be provided directly, but where suitable external services exist and are accessible, case management can be used.

Housing First can, potentially, function as an entire welfare state in miniature, providing all required treatment and support by itself. Housing First can also offer a mixture of directly-provided treatment and case management, or Housing First can mainly or entirely arrange access to external treatment via intensive case management. Sometimes, a single Housing First service is able to operate at different levels and in different ways depending on what the user's needs are, which closely reflects the original design of Housing First.

87 Tsemberis, S. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* Minnesota: Hazelden.

The people working for a Housing First service can have a wide range of training and competency. The exact composition of the team will vary, but it can include people who are social-work trained, qualified and experienced in the provision of homelessness support services and, where an ACT or similar multidisciplinary team is used, a mix of health, mental health and drug and alcohol professionals. Housing First may also provide specialists in employment and in peer support, including trained support workers who have had life experience of homelessness prior to working for Housing First.

In 2015, most of the Housing First services working in Europe, though not all, used an intensive case-management only model. This is because Housing First has so far tended to be developed by European countries where the state provides a lot of services, with extensive, freely available, health, mental health and drug and alcohol services that can be easily or relatively easily accessed via case management. However, there are some European countries where public health systems are much less well developed and, as Housing First becomes more widespread, some European Housing First services may find that they need to provide treatment directly, rather than being able to rely on case management.

It is worth noting that even in some highly developed social welfare states like Denmark, France, Sweden and Norway, ACT teams are used in some Housing First services[88]. In part, this is because the service user has not requested treatment – only housing – even though the person may well need treatment. It may be easier to engage a person in treatment once they are comfortable and know the treatment provider. In these instances, it can be very useful, for example, to have a psychiatrist make a house call or sit in a park and have a coffee with the service user, building trust before treatment is discussed.

A multidisciplinary team may be necessary when Housing First is working with homeless people with very high and complex needs. Mainstream services may be unable to effectively meet the very complex and/or challenging needs of Housing First service users, for example because they are office-based and will not visit people at home. Some mainstream services also still work in 'silos' (are operationally separate from each other). A good example of this is when Housing First service users need a combination of health, drug/alcohol and mental health services. Mainstream services can be provided separately and it can be challenging to coordinate them, whereas a multidisciplinary Housing First team is designed to provide a mix of support and treatment.

In some European countries, all the health services a Housing First service user needs should be freely available to them as a citizen. However, there can be barriers to publicly-funded health services that include negative popular attitudes to homeless people, or relatively complex bureaucracy. Homeless people may also avoid publicly-funded health services as they feel stigmatised and expect to be refused treatment, even if in practice they would almost certainly be treated[89]. Housing First can work well in these situations, because it can advocate for and arrange access to all the health services a Housing First service user wishes to use, via case management. As noted, European Housing First services quite often just provide case management, on the basis that all the health services needed are already freely available. Then, the key role of Housing First is to ensure access is properly organised.

When using a multidisciplinary team, Housing First exercises more direct control over the package of treatment and support being delivered to a service user than when using ICM. This is because all of the members of the interdisciplinary team are employees of the Housing First service. When following an ICM approach, there is not the same level of control, as the people in the team mainly work for other services.

Cooperation with other services may require careful management and may present some challenges for Housing First services. The effectiveness of Housing First services in delivering the required treatment and support is dependent in part on external organisations over which a Housing First service may not exercise any control. If these external services refuse to cooperate with a Housing First service or face funding cuts, the Housing First service may find itself encountering operational difficulties. This risk is lower when Housing First services are part of a strategic plan or policy to reduce homelessness and there is an expectation on services to cooperate with one another (see Chapter 6).

88 A majority of Housing First services are ICM or high-intensity case management-based.

89 Quilgars, D. and Pleace, N. (2003) *Delivering Health Care to Homeless People: An Effectiveness Review* Edinburgh: NHS Scotland. http://www.healthscotland.com/uploads/documents/425-RE04120022003Final.pdf

3.2.2. Managing Needs

There will be some individuals whose needs are too high for Housing First. Where this is the case, procedures need to be in place to ensure they are able to move on to more suitable services. Approximately eight out of ten homeless people with high support needs are successfully housed by Housing First services, based on current (2015) European and North American evidence (see Chapter 1).

The reasons why it may not be possible to support someone through Housing First include risk management. For example, someone living in ordinary housing may need a very high level of monitoring to safeguard their well-being, for example because they are at high risk of suicide or overdose. This may be beyond a Housing First service's capacity to provide, as a member of staff might need to be constantly with an individual for a long period of time.

3.2.3. The Treatment and Support Provided

Treatment and support, either provided directly by a Housing First multidisciplinary team, or arranged in cooperation with external services through case management, can include:

- ***Psychiatric and mental health services.*** These will be needed as there is clear evidence that homeless people with high support needs – throughout Europe – have high rates of mental health problems[90]. The treatment available to a homeless person may vary significantly in quality and some will not have been able to access treatment at all prior to starting to use Housing First. The type of support provided will depend on the individual's needs and the preferences of each service user, but Housing First should be able to access a psychiatrist, psychologist, mental health nurses and specialist mental health social work support as required.
- ***Drug and alcohol services.*** These will be needed as there is pan-European evidence that homelessness among people with high support needs can be associated with problematic drug and alcohol use[91]. Again, the exact type of support provided will depend on what a service user chooses, but will usually involve a drug and alcohol specialist who will work within a harm-reduction framework (see Chapter 2). Harm reduction seeks to minimise the damage caused by drug and alcohol use through support and encouragement, rather than using detoxification and abstinence in an attempt to bring use under control. Housing First is a service that uses harm reduction, but it is also a service that promotes choice and uses person-centred planning. This means that if someone using Housing First decides for themselves that they want detoxification or to try an abstinence-based approach, Housing First should arrange that service for them.
- ***Clinical services.*** A Housing First service user may need access to a nurse who can monitor their health, help them administer their medication and follow treatment. A Housing First service user will also require access to a family doctor/general practitioner for medical services. Support may be needed when attending outpatient treatments at a hospital, which might include a Housing First staff member attending an appointment with a service user. Housing First may also need to advocate on someone's behalf to ensure that they have access to the proper treatments. When someone using Housing First is admitted to hospital for treatment, Housing First and the hospital should work together to ensure that their needs are being met when they are discharged from (leave) hospital.
- ***Personal care services*** that provide physical assistance someone with a limiting illness or disability. Some Housing First service users may need help with dressing, washing and preparation of meals.
- ***Occupational Therapy.*** This provides equipment and physical adaptations to housing to enable people with limiting illness and disability to live more independently. A Housing First service user may need modifications to their kitchen or bathroom or changes that enable them to enter and exit their home more easily, or access to equipment that makes their home more useable.

90 Busch-Geertsema, V., Edgar, W., O'Sullivan, E. and Pleace, N. (2010) Homelessness and Homeless Policies in Europe: Lessons from Research, Brussels, Directorate-General for Employment, Social Affairs and Equal Opportunities. http://ec.europa.eu/social/BlobServlet?docId=6442&langId=en

91 Ibidem

- ***Twenty-four-hour coverage.*** This should be available to someone with high support needs using Housing First. This means there are Housing First services available during working hours and someone will answer the phone outside working hours and respond to an emergency.
- ***Advice and information*** on health, which will be provided by Housing First staff, possibly including a peer support worker. A peer support worker is someone with direct experience of homelessness involving high support needs, who is a trained Housing First staff member. European Housing First services may sometimes employ former service users, or people with similar histories as part of an ACT team or similar arrangement or to provide case-management/ICM services.

3.3. Social Integration

Housing First approaches social integration by enabling homeless people with high support needs to live as independently as possible in normal housing in a normal neighbourhood. In the Housing First approach, social integration is expected to result from normalisation of housing and normalisation of living situation. By giving formerly homeless people the option to live in the same way as everyone else; with the same choices and opportunities for neighbourhood-based social interaction as everyone else, Housing First seeks to promote social integration[92].

Social integration centres on emotional and practical support that enables someone to be a part of a society in several senses. To live a rewarding life, someone ideally needs to have a partner, and/or family and friendships that provide them with self-esteem, a sense they are valued, companionship and informal support. Someone also has to feel like they are a part of society, accepted by their community and living as part of that community, not stigmatised by their neighbours or by their fellow citizens. In addition, it is important for an individual to have a sense of purpose through a structured activity in which they find meaning, because this too is important in giving a sense of esteem, belonging and being part of society.

Homelessness, particularly when it is repeated or goes on for a long time, often fractures the links between a person and all dimensions of social life. Someone who is homeless may live without a partner, without contact with family and effectively without friends, may be stigmatised and rejected by the people around them and feel isolated from other people and from society as a whole. Housing First is built around a recognition that a lack of emotional support, love, acceptance by society and a place in society, as well as a lack of purpose stemming from some sort of structured activity, is as damaging to a homeless person as untreated health problems are.

Social integration and health are also closely interrelated. Low self-esteem, isolation and experiencing stigmatisation have long been recognised as detrimental to physical and mental health[93].

3.3.1. Organising Support

The organisation of support towards social integration by Housing First services can include the following elements:

- **Peer support,** which can be from another Housing First service user, from a specialist peer worker or from Housing First staff who are 'experts by experience' because they have lived through similar experiences. A peer-support worker should ideally be employed as an equal member of the Housing First team and not regarded as junior to other staff. Peer support workers can have

92 Tsemberis, S. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* Minnesota: Hazelden; Johnson, G., Parkinson, S. and Parsell, C. (2012) Policy shift or program drift? Implementing Housing First in Australia AHURI Final Report No. 184 http://www.ahuri.edu.au/research/final-reports/184
Pleace, N. and Quilgars, D. (2013) *Improving Health and Social Integration through Housing First: A Review* Brussels: DIHAL/ FEANTSA **http://housingfirstguide.eu/website/wp-content/uploads/2016/03/improving_health_and_social_integration_through_housing_first_a_review.pdf**

93 Pleace, N. and Quilgars, D. (2013) *Improving Health and Social Integration through Housing First: A Review* Brussels: DIHAL/ FEANTSA. Vid supra

unique insights because they have experiences mirroring those of service users and can act as positive examples to service users.

- **Advice, information, practical support and emotional support** from Housing First staff – centred on weekly visits - which can include:
  - Help with accessing education, training, volunteering, paid work and other structured, productive activities, such as arts-based or community-supporting activities.
  - Help with creating or re-establishing social support, for example supporting attendance at social events or providing practical support to allow meetings to take place with family (such as paying transport costs).
  - Providing information, advice and emotional support to Housing First service users. Weekly visits that give service users an opportunity to talk through anything that is bothering them.

3.3.2. The Support Provided

Social integration is not a fixed concept, but a set of interrelated issues that can require differing levels and forms of support. A long-term or repeatedly homeless person may be totally cut off from family, for example, but another person in the same position may have maintained positive family relationships, despite their circumstances. There is no single type of experience or needs regarding social integration and Housing First must provide a range of flexible services. These can include:

- ***Emotional support.*** This can be provided by a Housing First worker through a weekly meeting, taking an interest, listening to concerns and providing practical assistance. This is a relationship that needs to be carefully managed, but can be highly valued by Housing First service users.
- ***Participation in community life.*** This is integral to Housing First as a service because the emphasis is very much on providing housing that enables someone to live within and as part of a community. Participation in community events or smaller-scale actions, such as buying things from local shops and talking to neighbours, are all forms of social integration that Housing First is designed to promote. To an extent, Housing First service users may spontaneously start to show this kind of participation once they are housed in a community, but a Housing First worker may also accompany them and encourage them to do this. This can happen at multiple levels: taking them to a local shop, going with them to a community event, being with them when they meet their neighbours and so forth.
- ***Social support* from a partner, friends and family.** This can be facilitated by Housing First in multiple ways. One way that Housing First can promote social support is to create opportunities, which may be as simple as buying someone a train ticket to go and see their family, but might be more complex, for example a Housing First worker accompanying someone to meet family with whom they have lost contact. Housing First may also provide or facilitate access to family mediation, providing psychological and counselling support when a Housing First service user's family relationship has broken down and needs to be repaired. Housing First might also facilitate and encourage opportunities for socialisation, providing emotional support to someone when they are seeking friends or a new partner and arranging, or sometimes accompanying them to, social events.
- ***Managing negative relationships.*** This can be an issue where Housing First service users need support. 'Door control' when someone has been in the homelessness service system or on the streets for a considerable time can be an issue, with guests who are not really wanted turning up and staying in the home of a Housing First service user. Vulnerable individuals might also be exploited by other homeless people when they are housed by a Housing First service. Here, Housing First can offer practical and emotional support to ensure that a Housing First service user retains control over their own home and is not hosting unwanted parties, or unwillingly providing a venue for nuisance or criminal behaviour.
- ***Challenging, nuisance and criminal behaviour.*** These will be characteristics of some individuals using Housing First services. Part of the management of these issues centres on access to treatment, for example noise and nuisance that upsets neighbours may be linked to problem drug/alcohol use that is in turn associated with mental health problems that require treatment. Housing First staff may also provide 'coaching' or access to services and activities that enable Housing First service users to become better at handling interpersonal communication through

increased emotional literacy and anger management. Here, an array of support, from counselling through to arts-based activities, alongside talking about problems with Housing First support workers, can be beneficial.

- ***Handling Stigmatisation.*** This can be a challenge for homeless people with high support needs, both in the sense that they may experience prejudice due to their experience of homelessness itself, and because they may have other characteristics (e.g. be experiencing severe mental illness, having been in prison) that produce fear or negative responses in other people. Part of the process of managing stigmatisation is passing, i.e. appearing to be the same as everyone else. In emphasising the importance of living an ordinary life in an ordinary community, a key goal of the original Housing First service developed by Dr. Sam Tsemberis was to 'jump over' the barriers that can exist between homeless people, society and social integration. Both by appearing to be the same as everyone else and in living the same way as everyone else, the social barriers that exist between a housed citizen and a homeless person on the street or in a homelessness service, are potentially reduced. Equally, when a Housing First service user opts to use treatment and to orientate themselves towards recovery, the markers – or sets of characteristics and behaviours – that can create stigmatisation can also be reduced. Living within and being visibly part of a community is seen by the Housing First approach as creating scope for overcoming stigmatisation.
- ***Structured and meaningful activity.*** This can be particularly important in giving someone a sense of purpose and promoting their sense of self-esteem. This can be directed, in the sense of progressing someone towards the point where volunteering or paid work (see below) may become possible for them. In the UK and Finland, as well as elsewhere in Europe and North America, arts-based activities are used as a means of helping homeless people engage with structured activity and working with others, that promotes their self-esteem and emotional literacy. This can be an end in itself, or it may be used as part of a process that is designed to persuade and support homeless people to engage with (basic) adult education and further education or training. Housing First services might provide some of these services directly, or use a mix of case management and direct practical and emotional support to encourage homeless people to engage with local services.
- ***Paid work.*** This is possible for some Housing First service users, although they may need considerable time and support before they reach the point where it becomes a realistic prospect. Supporting people into paid work is a feature of the French Housing First programme[94]. Movement towards formal economic activity might involve a pathway that starts with arts-based activities, moves into basic education and eventually volunteering, and then reaches the point of applying for work. Employer attitudes and underlying economic conditions are important factors in keeping people out of work, and it may be that Housing First has to work with employers directly, encouraging and supporting them to consider offering work to Housing First service users (in much the same way as it may work with private rented sector landlords, see Chapter 4).
- ***Ontological security.*** This refers to what might be called a sense of safety and predictability in life and, in Housing First, centres on the role of providing someone with a settled home. Disconnection from other people, from society and from local community occurs in homelessness because someone has no place in society, most immediately because they lack a home, but also because that lack of settled home undermines or removes their chance to have a place in a community or a place in wider social and economic life. In giving someone their own home as starting point, Housing First is designed to give homeless people with high support needs a place in society. Housing First is intended to integrate homeless people into society at this fundamental level, using housing to give a sense of security, certainty and predictability that comes from knowing where one lives and belongs[95].

94 The "Un chez soi d'abord" Housing First programme in France has developed a partnership following the Individual Placement and Support (IPS) model (Douglas Institute, Montreal). The "working first" programme in Marseille is designed to enable access to work and to support work among people using Housing First.

95 Padgett, D.K. (2007). There's no place like (a) home: Ontological security among persons with serious mental illness in the United States. *Social science & medicine*, 64(9), 1925-1936, p. 1934.

In emphasising support with social integration, Housing First is addressing a set of needs that are as significant to recovery as access to settled housing and treatment is. However, it is always important not to lose sight of the core values of *choice and control* in the Housing First model[96]. Housing First is intended to create opportunities for social integration, within a framework that emphasises recovery but also *choice*. Using Housing First should not mean someone is expected to behave in one set way. For example, no-one should have to talk to a neighbour or attend a course or a community event if they do not want to, because another ordinary citizen, in another ordinary home, would be able to exercise choice in the matter.

96 Hansen Löfstrand, C. and Juhila, K. (2012) The Discourse of Consumer Choice in the Pathways Housing First Model *European Journal of Homelessness* 6(2), 47-68 **http://housingfirstguide.eu/website/the-discourse-of-consumer-choice-in-the-pathways-housing-first-model/**

CHAPTER 4.

Delivering Housing

4.1. Housing and Neighbourhood in Housing First

There is an important distinction between being provided with accommodation and having a real home. To be a home, housing must offer:

- Legally enforceable **security of tenure**, i.e. someone using Housing First should not be in a position where they have no housing rights and can be evicted immediately without any warning and/or with the use of force.
- **Privacy.** Housing must be a private space where someone can choose to be alone without interference and can conduct personal relationships with family, friends and/or their partner.
- A space that the person living within it has **control** over, in terms of who can enter their home and when they can do so and also in terms of being able to live in the way they wish, within the usual constraints of a standard tenancy or lease agreement.
- A place in which someone feels physically **safe and secure.**
- **Affordability,** in that rent payments are not so high as to undermine the person's ability to meet other living costs, such as food and utility bills.
- **All the amenities** that an ordinary home possesses, sufficient furniture, a working kitchen and bathroom and working lighting, heating and plumbing.
- A **fit standard** for occupation, i.e. not overcrowded or in poor repair.
- **Their own place** that they can decorate and furnish as they wish and where they can live their life in the way they choose. Housing must not be subject to the kind of rules and regulations that can exist in an institution, determining how a space is decorated, furnished and lived in.

The European typology of homelessness (ETHOS) identifies physical, social and legal domains in defining what is meant by a home. The physical domain centres on having one's own living space, i.e. someone has their own front door to their own home, under their exclusive control. The social domain means having the space and the privacy to be 'at home'. The legal domain echoes the international definition of a right to housing, i.e. security of residence with legal protections (see Chapter 2)[97].

The location of housing is important. However, Housing First services will not have the resources to simply pick anywhere in a city or municipality. In some locations, such as major European cities, there will very often be a need for compromise between what is affordable for Housing First service users and what would be an 'ideal' home.

Where possible, it is important to avoid areas characterised by high crime rates, nuisance behaviour and low social cohesion/weak social capital, where there is little or no 'community' in a positive sense and a Housing First service user might be subject to bullying or persecution or be at continual risk of being a victim of crime. There is clear evidence that the wrong location can inhibit or undermine the recovery that Housing First services seek to promote[98]. More generally, it is desirable to avoid physically unpleasant locations and those without access to necessary and desirable amenities, e.g. an affordable local shop, public transport links and pleasant green space. The right kind of neighbourhood can be a determinant of health, well-being and social integration[99], positively influencing outcomes for Housing First service users.

97 European Typology of Homelessness and housing exclusion **http://housingfirstguide.eu/website/ethos-european-typology-of-homelessness-and-housing-exclusion/**

98 Pleace, N. with Wallace, A. (2011) *Demonstrating the Effectiveness of Housing Support Services for People with Mental Health Problems: A Review* London: National Housing Federation.

99 Bevan, M. and Croucher, K. (2011) *Lifetime Neighbourhoods*, London: DCLG https://www.york.ac.uk/media/chp/documents/2011/lifetimeneighbourhoods.pdf

Some Housing First service users may wish to move away from the locations in which they experienced homelessness. The reasons for this may include wanting to avoid negative peer pressure from their former life. For some Housing First service users, including women who have experienced gender-based/domestic violence, there may be a need to avoid living in certain areas for reasons of personal safety and to improve their health and well-being. Ideally, housing should not be located in an area that a Housing First service user wishes to avoid.

Adequate homes must be located in an adequate neighbourhood. Avoiding areas characterised by social problems and poor facilities will help increase the chances that housing can be sustained.

4.2. Housing as the Starting Point

Housing is the *starting point* rather than an *end goal* for Housing First services. Housing First is very different from some other homelessness services that try make homeless people with high support needs 'housing ready' *before* they are rehoused, i.e. staircase services where housing happens *last*. In Housing First, being provided with housing is what happens *first*.

The role of a home in Housing First has been described as providing ontological security. This is an academic idea, but it can be summarised as someone feeling that their life is secure, predictable and safe - the opposite of what is experienced in homelessness, where nothing is secure and both immediate and longer-term risks are everywhere[100]. For Housing First service users, having their own home is designed to help them return to, or begin, a normal life. One American academic has described the role of having a home in Housing First in the following way:

> *"Having a 'home' may not guarantee recovery in the future, but it does afford a stable platform for re-creating a less stigmatised, normalised life in the present[101]."*

Alongside being designed to deliver a permanent exit from homelessness, a home has **the following roles in Housing First:**

- **A home is the starting point of social integration.** Having a home returns, or introduces, Housing First service users to a central part of having a normal life: having their own home. Housing First emphasises the role of housing in beginning a process in which a homeless person with high support needs lives *within* a community and society and is no longer excluded from it by lacking a home of their own (see Chapter 3).
- Being on the street, or in another insecure place, heightens both the perception and reality of being at physical risk. Emergency and communal homelessness services may also feel and be unsafe. **The right home provides both security and predictability.** Someone using Housing First knows they have somewhere to sleep and it will be safe.
- **A home provides a safe and stable environment that improves the effectiveness of treatment** that Housing First service users may opt to use. Sustained experience of trying to provide effective treatment for mental and physical health problems, or help with drug and alcohol use has shown that when someone is living on the street or in homelessness services, the effectiveness of treatment is *undermined*. If health services are to be effective for homeless people, the first step is to ensure they have somewhere to live in which they are warm, dry, have regular meals and are not subject to the extremes of stress that can accompany homelessness[102].
- **A home brings control over life.** Having a home allows someone to exercise privacy, to socialise and to have a space in which to develop and maintain a partnership. Having a home enables someone to live in the way they want to, something that is not possible when in a communal

100 Pleace, N. and Quilgars. D. (2013) *Improving Health and Social Integration through Housing First: A Review* Brussels: DIHAL/ FEANTSA.Vid note 94.

101 Padgett, D. K. (2007). There's no place like (a) home: Ontological security among persons with serious mental illness in the United States. *Social Science & Medicine*, 64(9), 1925-1936, p. 1934.

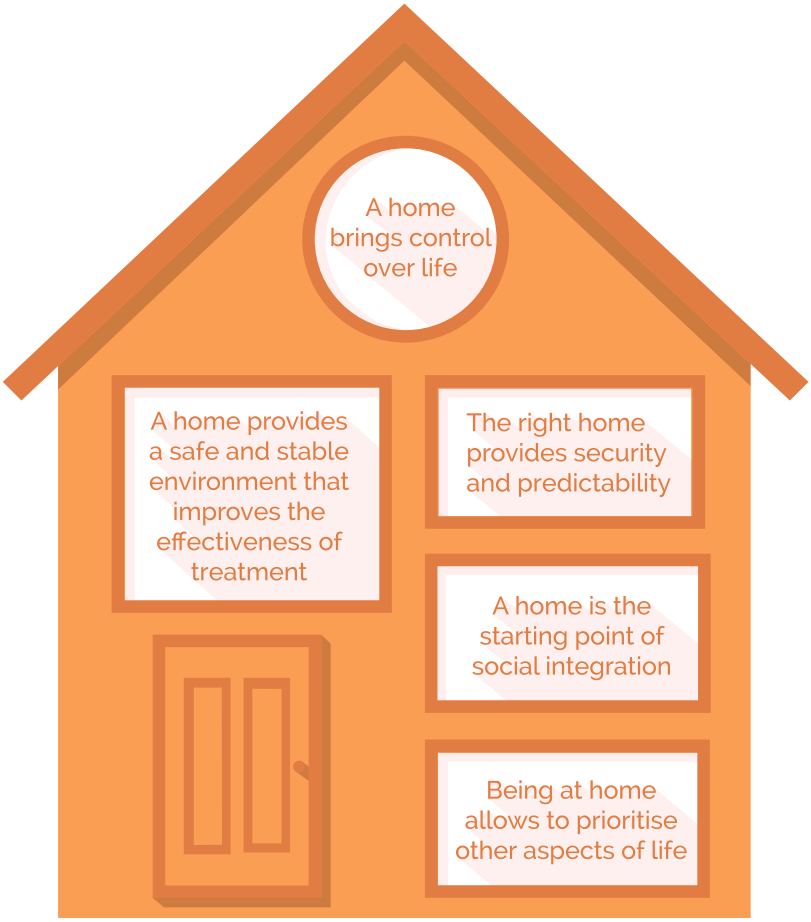
102 Quilgars, D. and Pleace, N. (2003) *Delivering Health Care to Homeless People: An Effectiveness Review* Edinburgh: NHS Scotland. http://www.healthscotland.com/uploads/documents/425-RE04120022003Final.pdf

homelessness service or emergency accommodation - in which all living space is shared - or when on the street.

- When housing needs are met, it becomes possible to **prioritise other aspects of life.** Housing First shows that life can get better by delivering a settled home and actively engages Housing First service users with the idea that their health, well-being and social integration can also improve. This in turn encourages them to engage with treatment and support services.

A service that does not offer what can be clearly recognised as a home cannot be regarded as Housing First. Emergency or hostel accommodation with shared sleeping space, or that offers only a partially private living space, that is not self-contained, is not Housing First. Equally, a service that allows staff to simply walk into the home of a Housing First service user, or which gives them a key to the door of that person's home, which they can use without permission, is not Housing First.

Chapter 3 describes the range, extent and organisation of the housing support provided by Housing First services.



4.3. Providing Housing

Housing First service users are able to exercise choice in using treatment (see Chapter 2 and Chapter 3) and should also be able to exercise choice about where and how they will live. Obviously, housing options will be subject to what is available and what can be afforded by Housing First service users[103], but generally speaking,

103 In some cases, Housing First services will pay rents for service users, in others, rental subsidies are provided via welfare systems.

Housing First service users should expect:

- To be able to **see housing before they agree to move into it.**
- To be offered **more than once choice of housing**, i.e. they should be able to refuse offered housing if they wish without there being any negative consequence for them. In practice, a Housing First service may face challenges in finding ideal housing. This will need to be made clear to each Housing First service user, but there should be no expectation that being offered only one or two choices is sufficient. Housing First should never withdraw an offer of housing and support on the basis that someone has refused one or more offers of housing.
- To have the **financial consequences of having their own home clearly explained to them** and to have the opportunity to discuss this. Before moving into their home, Housing First service users should understand what their financial obligations will be and how much money they will have. In some European countries, which pay a basic income to anyone who is unemployed, someone may have less *disposable* income when housed than when living in emergency or temporary accommodation for homeless people (because they have additional living costs).
- To have **some choice with respect to the location** of the housing that they are offered.
- To be offered some **flexibility around how they choose to live**, i.e. someone may wish to live with a partner, friends or with other people, rather than on their own in an apartment. Some Italian Housing First services, for example, will support families and some English services will support couples (see Appendix).

There are three main mechanisms by which a Housing First service can deliver housing:

- Use of the private rented sector
- Use of the social rented sector (where social rented housing exists)
- Direct provision of housing, by buying housing, developing new housing or using existing housing stock.

The challenges faced by a Housing First service may include:

- **Finding enough affordable, adequate housing** in acceptable locations in high-pressure housing markets (where housing demand is very high). Any area with high economic growth is likely to be a challenging place to find sufficient housing of the right sort. The type of housing available in some rural areas (a relative absence of smaller apartments) may also present a challenge.
- Where **social housing** is available, it may be **targeted on groups other than people who are homeless**, or it may be subject to high demand.
- There may be problems with the **availability, affordability and quality of housing in the private rented sector.**
- Both social and private sector **landlords may be reluctant to house formerly homeless people** with high support needs. There are concerns that people who have been homeless will present management problems, such as getting into disputes with neighbours, or failing to pay their rent.
- **Housing First service users sometimes cannot access sufficient welfare benefits to pay the rent.** This is more of an issue in European countries that have limited welfare systems than in those with extensive welfare systems, where various forms of housing benefit or minimum income benefit pay all or most of the rent for very low income/vulnerable groups. In countries with more limited welfare systems, Housing First services may need to find income streams to help pay the rent for their service users.
- It is possible to create new housing specifically for Housing First but **the costs of development (building new housing) or renovating/converting** existing housing are considerable. Buying housing is also an option, but while this *may* be cheaper than building or renovating, again, the costs may be too high for this to be a realistic option.
- **NIMBY (not in my back yard) attitudes** linked to the stigmatisation of homeless people which may lead neighbourhoods to try to stop Housing First services from operating in their area. Housing

First services may need to work with neighbouring households, providing information, reassurance and if necessary intervening if a Housing First service user has caused a problem (also intervening if a neighbour is behaving unreasonably towards a Housing First service user).

- Housing First can work flexibly and imaginatively, but it **cannot fix underlying problems with affordable and adequate housing supply** and may encounter operational difficulties in any context where there is just not enough affordable or adequate housing for the entire population.

Housing First is meant for homeless people with high support needs. The need that Housing First services have in terms of numbers of housing units will often be *relatively* small. Although data on European homelessness are incomplete, it appears that, even in a major city, a Housing First service would probably *not* require hundreds of homes[104].

4.3.1. Working with the Private Rented Sector

There are various ways in which Housing First can employ the private rented sector as a source of homes. A successful use of the private rented sector includes:

- **Careful inspection and checking of apartments/flats** to ensure that the standards and location are suitable.
- **Checking** that **tenancy arrangements are correct** and that a Housing First service user has the full protection of the laws that cover security of tenure. In some countries, tenancies in the private rented sector will be longer and more secure than in others.
- **Affordability checks**, centring on current and likely future rent levels being at a level that will allow other essential costs to be met. Where a Housing First service requires a financial contribution from a service user, the affordability of this contribution must be subject to regular review. Any expected financial contributions also need to be clearly explained to a service user before they agree to accept a home. Some Housing First services require a 30% contribution of income towards rent. In some countries, this is not practical, as the Housing First service user may have a very low income and the Housing First service itself will need to pay or subsidise the rent. In other countries, the welfare system will pay all, or most of, the rent for a Housing First service user, meaning that the Housing First service either only has to make a small contribution to housing costs, or has no direct housing costs at all.
- **Negotiation and discussion with and education of private rented sector landlords** and/or agents representing one or more private sector landlords. It should not be presumed that all or most private rented sector landlords will be unsympathetic or unwilling to work with a Housing First service. Experience from some Housing First services shows that at least some private sector landlords will be prepared to work with Housing First services out of a sense of civic responsibility[105].
- **Offering a housing management service** to private landlords. This can be a powerful incentive. A Housing First service can offer to guarantee that rent will be paid and that any management issues, such as neighbour disputes, will be dealt with and perhaps also to undertake the maintenance, repair or renovation of housing. If a private landlord effectively has to do no more than collect a guaranteed rent, potential worries about making their housing available to homeless people can often be overcome. Some Housing First services offer to be directly responsible for a tenancy, subletting to a Housing First service user, so the service, rather than the Housing First service user, is legally responsible for any problems with the tenancy.
- **Offering a financial incentive** to private rented sector landlords. This is a possible strategy, but experience in some countries, for example Finland and the UK, has shown that private rented markets tend to react to financial incentives for housing homeless people by increasing rents[106].

104 Busch-Geertsema, V., Benjaminsen, L., Filipovič Hrast, M. and Pleace, N. European Observatory of Homelessness. FEANTSA Brussels (2014) **http://housingfirstguide.eu/website/extent-and-profile-of-homelessness-in-european-member-states-a-statistical-update/**

105 http://www.shp.org.uk/story/housing-first-provides-stability-chronically-homeless-people

106 Wilson, W. (2015) *Households in Temporary Accommodation (England)* House of Commons Briefing Paper Number 02110 www.parliament.uk/briefing-papers/sn02110.pdf

In Portugal, use of the private rented sector by Casas Primeiro in Lisbon has been reported as delivering very good results, with almost every Housing First service user reporting[107]:

- A **sense of control** over their living space.
- That they had **privacy** in their home.
- That their home was a **tranquil place**, somewhere they could find peace and quiet.
- That their home had **all the facilities** they needed.

Casas Primeiro also reports that many, though not all, Housing First service users living in private rented apartments also felt at home in their neighbourhood.

In London and elsewhere in the UK, experience of using the private rented sector for Housing First is much more mixed, for the following reasons:

- **Insecurity of tenure**. Most private rented housing is let on short-term (six or 12 month) tenancies. These tenancies provide some protection from eviction, but once the period covered by the tenancy ends, there is no legal protection. This means that someone with a 12-month tenancy in the private rented sector has no legal protection if they are asked to leave after 12 months.
- **High rents** in some places in the UK, which make all but the cheapest private rented housing inaccessible to someone claiming welfare benefits. Better standard housing in more attractive locations was unaffordable for Housing First service users.

4.3.2. Working with the Social Rented Sector

Social housing does not exist in one single form in Europe and is not universally available[108]. In this Guide to Housing First, social housing is defined as housing which is built with a subsidy, from government and/or from charities/NGOs, that offers security of tenure and adequate housing at an affordable rent.

There are various ways in which Housing First can employ the social rented sector as a source of homes:

- Realising that while the social rented sector can play an important role in housing homeless people, this is not necessarily the only concern of social landlords[109]. Social housing can have a wider remit than ending homelessness, including regeneration and strategic management of housing markets. It may be necessary for Housing First services to carry out negotiation and advocacy, and the case management of an application to a social landlord.
- Accepting that social landlords may have the same reluctance to house formerly homeless people with high support needs that exists among some private sector landlords. Social landlords may be worried that housing management problems may arise from Housing First service users, ranging from neighbour disputes through to rent not being paid.
- Being prepared to offer housing management services to social landlords, e.g. guarantees that rent will be paid and that any issues such as neighbour disputes will be handled by the Housing First service. This might be particularly important when someone using Housing First has previously been evicted by a social landlord.
- Engaging with allocation systems covering multiple social landlords, where these exist. All the social landlords in a city or region may be part of a shared system where eligible people make a single application for housing which is simultaneously received by all landlords. Housing First service users may need support in using these kinds of systems, which may be online.

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107 Ornelas, J., Martins, P., Zilhão, M.T. and Duarte, T. (2014) Housing First: An Ecological Approach to Promoting Community Integration *European Journal of Homelessness* (8.1), 29-56 - **http://housingfirstguide.eu/website/wp-content/uploads/2016/03/Housing-First-An-Ecological-Approach.pdf**

108 Whitehead, C. and Scanlon, K. (eds) *Social Housing in Europe London:* LSE. - http://www.lse.ac.uk/geographyAndEnvironment/research/London/pdf/SocialHousingInEurope.pdf

109 Pleace, N., Teller, N. and Quilgars, D. (2011) *Social Housing Allocation and Homelessness Brussels*: FEANTSA - **http://housingfirstguide.eu/website/wp-content/uploads/2016/04/feantsa_eoh-studies_v1_12-2011.pdf**

- Establishing a working protocol, or agreement, that makes a minimum number of suitable homes available each year. For example, a social landlord might agree to supply 5% of all vacancies to Housing First service users over a three-year period. With large social landlords, for example a municipality or NGO providing all or most of the social housing in a city, the percentage required might be lower.
- Reaching a formal agreement that Housing First service users get additional points or weighting in social housing allocation systems. This could be the allocation system for a single social landlord or it could be additional points in a choice-based lettings system covering multiple social landlords.

CHAPTER 5.

Evaluating Housing First

5.1. The Importance of Evidence

Evidence has been central to the development of Housing First. It is through the collection of good quality evidence that Housing First became influential in homelessness policy debates in North America and was able to attract and then sustain funding. In Europe, the emerging evidence base for Housing First has shown that **it can work in a diverse range of countries**, which have significant differences in their welfare systems, housing systems, culture and levels of economic prosperity. As is shown in the Appendix, Housing First evaluations are reporting successes in countries as diverse as Denmark, England, France, the Netherlands, Portugal, Scotland and Spain.

There are several benefits to evaluating Housing First services:

- **Strong evidence has been fundamentally important in persuading governments, charities and homelessness service providers to consider using Housing First.** Federal government in the USA regards Housing First as a service model of proven effectiveness[110] and systematic evaluations have led to Housing First becoming central to the Canadian and French homelessness strategies. Evaluation has been crucial to promoting the idea of Housing First, in demonstrating that Housing First works and in showing that Housing First can be cost-effective. However, evaluations of Housing First must be of good quality and should ideally contrast the Housing First approach with existing services, if the evidence is to be persuasive.
- **Measuring outcomes systematically and carefully allows a Housing First service to assess how well it is performing.** Good quality evaluation allows Housing First services to learn about any limitations in their support or housing provision, enabling improvements to be made.
- **Evaluation showing good performance can help Housing First services ensure they have funding in place** and help make the case for Housing First services to be expanded.
- Evaluating Housing First is the main means by which good practice and important lessons about providing Housing First can be learned. Conducting and sharing evaluations can be very useful for everyone involved in developing and providing Housing First services.

Evaluation presents risks as well as opportunities. Attention must be paid to how information on performance is collected, because an evaluation that is not well designed or properly conducted can undermine the case for an individual Housing First service and Housing First in general. Anyone undertaking an evaluation of Housing First needs to be clear that the evaluation, if it is properly conducted, will *not* report that a Housing First service is perfect. There will be at least some minor issues that need addressing and, while the rates at which Housing First will end homelessness are, on current evidence, usually very high compared to most other homelessness services, Housing First will not work well for absolutely everyone in all circumstances.

Evidence can certainly help support Housing First, indeed it can be crucial to ensuring that the idea is promoted and that Housing First services are sustainably funded. The use of good quality evidence has been fundamental to successfully promoting Housing First in North America. However, collecting evidence does present some risks because it can highlight limitations as well as successes. It is also important to note that while philanthropists, charities and governments will not expect Housing First to report perfect results, they may not always be persuaded by evidence, even if a Housing First service is very successful.

110 Tsemberis, S. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* Minnesota: Hazelden.

5.2. Process and Effectiveness Evaluation

5.2.1. Process Evaluation

Process evaluation refers to exploring how a service works. This means understanding the philosophy of Housing First. Ensuring the design of a Housing First service is fully understood, i.e. how the Housing First service is supposed to work is a very important first step in evaluation. A key measure here is the level of *fidelity* (similarity) to the original Housing First model. Fidelity refers to the core principles of Housing First and the operational detail of the successful original model of Housing First.

5.2.2. Fidelity

Assessing fidelity is the starting point of an evaluation of Housing First. **Fidelity refers to how closely a service follows the core principles of Housing First** (see Chapter 2). If a service does not follow the core principles, it should not be regarded as Housing First and should not be evaluated as an example of Housing First.

Fidelity measurement can also be described as testing for paradigm or model drift (moving away from the original model), which is a fundamental principle of any service evaluation. This means making sure that the Housing First service being tested is close to the original service design, i.e. that a service has not drifted away from, or was never really close to, the core principles of Housing First. In evaluation, this is very important because it tells the evaluators and anyone hearing about the results of an evaluation whether or not a successful Housing First service, or a Housing First service with problems, had high or low fidelity with the core principles of Housing First. This is important because success or failure may both be heavily influenced by fidelity and it is crucial to understand whether, for example, poor results from a particular Housing First service could be *explained* by low fidelity. The evidence from Europe so far suggests that success in Housing First is linked to **high** fidelity with the core principles[111]. Housing First services that follow the core principles, although they work in European countries with sometimes very different welfare, health, housing and homelessness systems, have all delivered good results in ending homelessness (see Chapter 1).

Fidelity tests exist in North America, are being developed for use in Europe and are also being developed and used in individual European countries. The operational *details* may vary, e.g. whether or not social housing is used, or whether a service employs an integrated multidisciplinary team, intensive case management or a combination of support (see Chapter 3 and Chapter 4). Operational details may also need to vary to allow for differences in context between European countries, e.g. differences in health, welfare and housing systems. However, adherence to the core principles of Housing First *cannot* vary if a service is to be viewed as high fidelity.

Examples of Housing First fidelity tests include:

- The Pathways to Housing First fidelity measure[112].
- The Canadian At Home/Chez Soi programme fidelity measure[113].
- The Full Service Partnership (FSP) fidelity measure[114].

111 Pleace, N. and Bretherton, J. (2013) The Case for Housing First in the European Union: A Critical Evaluation of Concerns about Effectiveness *European Journal of Homelessness*, 7(2), 21-41 **http://housingfirstguide.eu/website/the-case-for-housing-first-in-the-european-union-a-critical-evaluation-of-concerns-about-effectiveness/**

112 http://www.housingfirsttoolkit.ca/sites/default/files/Revised_HF_Self-Assessment_Survey_12-23-13.pdf

113 http://www.housingfirsttoolkit.ca/sites/default/files/AtHomeFidelityScale.pdf

114 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4097835

5.2.3. Effectiveness Evaluation

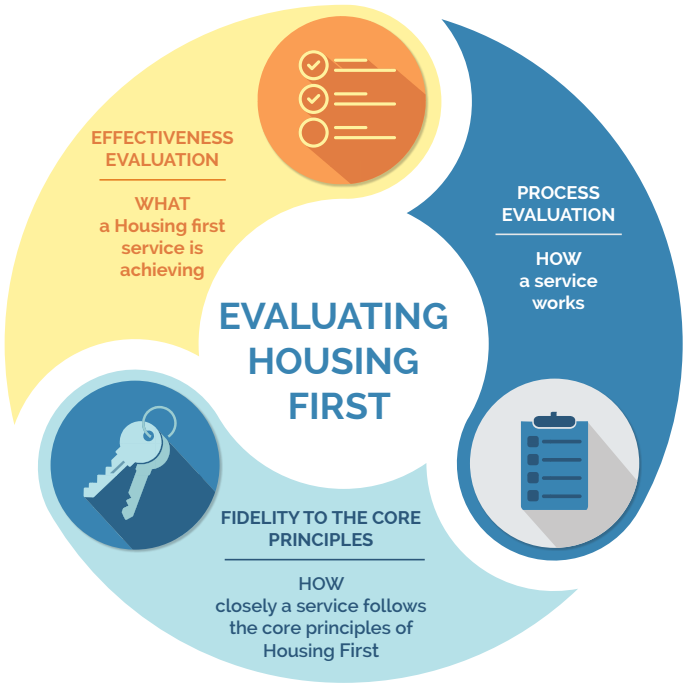
The evaluation of effectiveness centres on what a Housing First service is achieving. This aspect of evaluation includes the progress that a Housing First service is making in terms of delivering the outcomes it is designed to deliver. It is also important for an evaluation to understand what the people using a Housing First service think about Housing First.

The evaluation of effectiveness starts by exploring the ways in which a Housing First service is delivered. Alongside understanding the structure of the Housing First service and observing how it works, this also involves mapping the range of partner agencies involved, how the service is funded and how the networks that a Housing First service relies on are structured and function. In order to understand the effectiveness of a Housing First service, it is very important to understand how the Housing First service is designed and how it operates. This involves understanding how a Housing First service is targeted, what it is designed to achieve and what the roles of the Housing First staff team are.

After assessing fidelity, an evaluation must **explore the outcomes that a Housing First service is designed to achieve**. This means testing whether or not a Housing First service is achieving what it is supposed to achieve, both in terms of outcomes and the views of the people using the Housing First service.

Exploring the effectiveness of a Housing First service has several dimensions:

- Promoting housing sustainment and a lasting exit from homelessness. This is sometimes also called housing retention.
- Enhancing the health and well-being of Housing First service users,
- Improving the social integration of Housing First service users.
- The cost-effectiveness of Housing First.



5.3. What to Measure

5.3.1. Use of Validated Measures

Validated measures are questions that have been repeatedly tested and found to produce consistent results. Validated measures can enhance the quality of an evaluation and mean that the results are more likely to be regarded as accurate. Validated measures can include:

- Validated questions on mental and physical health.
- Validated questions on quality of life.
- Validated questions on social integration and social support.

Some validated measures are widely used at national level, but there are also examples of measures that are used internationally. Some examples of validated measures include (note this list is illustrative only):

- The SF-12[115] and SF-36[116] measures of health and well-being.
- Lehman's Quality of Life Interview[117] (QoLI).
- Quality-Adjusted Life Years (QALYs) used in Health Economics.
- The Self-Sufficiency Matrix[118] (SSM) developed in the US and adapted for use in the Netherlands.
- The SAMSHA (Substance Abuse and Mental Health Services Administration) scale[119].

5.3.2. Key Questions for Evaluation

Housing First has three sets of interrelated goals (see Chapter 2):

- Promoting housing sustainment and a lasting exit from homelessness (also known as housing retention).
- Enhancing the health and well-being of Housing First service users, including:
  - Mental health.
  - Physical health.
  - Limiting illness and disability.
  - Drug and alcohol use (where this has been an issue for someone using Housing First services).
- Improving the social integration of Housing First service users, including:
  - Gains in social support and self-esteem.
  - Engagement in community and civic life.
  - Structured and productive activity and economic integration.
  - Working on nuisance, criminal or anti-social behaviour (where this has been an issue for someone using Housing First services).

115 The SF-12 health questionnaire is available at: https://www.hss.edu/physician-files/huang/SF12-RCH.pdf

116 Available at: http://www.shcdenver.com/Portals/902/web-content/files/JamesGenuario/JG-health%20questionnaire.pdf

117 Pleace, N. with Wallace, A. (2011) Demonstrating the Effectiveness of Housing Support Services for People with Mental Health Problems: A Review London: National Housing Federation

118 Available at: http://www.selfsufficiencymatrix.org/zrm-int.aspx

119 Pleace, N. with Wallace, A. (2011) Demonstrating the Effectiveness of Housing Support Services for People with Mental Health Problems: A Review London: National Housing Federation. Vide supra

- The cost-effectiveness of Housing First, which has two dimensions:
  - The cost-effectiveness of Housing First compared to other homelessness services.
  - The cost offsets, i.e. savings, that Housing First can potentially generate for other types of service, e.g. Housing First can produce reductions in expenditure for health services because it changes the ways in which long-term homeless people use health services and their level of use of medical services falls.

Measurement of outcomes of Housing First centres on these three sets of goals. Successful outcomes for Housing First rest on achieving as much as possible for each individual service user. Housing sustainment is an achievement, but it is a limited achievement if someone is isolated, bored, feels stigmatised or is not experiencing improvements in their health and well-being. Equally, gains in social support are an achievement, but Housing First is not working well if a service user is not sustaining their housing as well.

Overall effectiveness for Housing First rests on achieving successes across a range of outcomes, related to housing, health, well-being and social integration. When successes are achieved, it is important to understand those successes in terms of the overall well-being and situation of each Housing First service user.

Evaluations of Housing First may also need to include an assessment of cost-effectiveness. This element of evaluation looks at the relative cost-effectiveness of Housing First compared to other models of homelessness services. Evaluating cost effectiveness can also include assessing whether Housing First generates wider savings in public spending.

5.3.3. Housing Sustainment

Housing sustainment can be measured in three main ways:

- **Length of time a Housing First service user has lived in the same home.** This approach has some advantages:
  - It is a simple measure that is instantly understandable. If a Housing First service user has been living in their home for a year, this is a clear indication of housing sustainment.
  - The measure gives an idea of housing stability, i.e. if Housing First service users are typically remaining in the first apartment they are housed in for a year or more, this indicates that housing is being very effectively sustained.

- **Time spent in an apartment compared to time spent sleeping and living in other situations.** This approach:
  - Provides a night-by-night measure of where Housing First service users are and allows relative changes to be recorded. For example, if someone were living rough (on the street) for three nights a week prior to using Housing First and living rough drops to one or two nights a month, there is a clear gain.
  - Can be hard to interpret unless very carefully recorded. It needs to be clear whether nights in an apartment are within the same apartment or not, or whether there was a reason for someone not to be in their apartment for a given number of nights.
- **Individuals' feelings about their homes.** This approach:
  - Enables assessment of how a Housing First service user feels about their home and how settled they are.
  - Looks at the success of housing in a wider sense, including:
    - whether someone feels physically safe in their home;
    - whether their home is affordable;
    - whether their home has all the facilities they need;
    - whether their home is of an adequate standard (damp, poor repair or poor space standards);
    - views on the neighbourhood where their home is located;
    - how happy a Housing First service user is with their home.

5.3.4. Health and Well-Being

There are three ways to measure health and well-being:

- **Use very basic measures based on people's own judgement about how their health** is and whether there are any changes in drug/alcohol use (where this is relevant).
  - Using basic measures of whether someone feels they are getting better or worse, in terms of their physical health, mental health and drug/alcohol use, is very simple.
  - Answers will be subjective, i.e. they will be influenced by an individual's interpretation of their health and well-being, which may be more positive, or more negative, than the view a medical professional would take.
  - Answers cannot be compared systematically, because the information being collected is not consistent (Housing First service users will not all interpret their health and well-being in the same way as each other).
- **Use validated measures of health and well-being.** A validated measure is one which has been repeatedly tested and found to be accurate in recording health and well-being. An example is the SF-12 health questionnaire, which has been widely used in surveys and statistical research, which establishes basic information on physical and mental health. This approach:
  - Allows the collection of data that can be compared over time and across Housing First service users, because questions and responses take place within a clearly-defined and consistent framework.
  - Collects data that may carry more influence in the outside world, because they use recognised standards of measurement that have been tested.
  - Will be more complex and expensive to administer than just asking very simple questions about health.
- **Employ external evaluation of health and well-being.** Medical teams and psychiatrists could be used to test health and well-being among Housing First service users over time. This is feasible and is likely to generate evidence that is taken seriously by external agencies, but may be difficult to fund.

5.3.5. Social Integration

In some respects, social integration is the hardest of the various outcomes to measure:

- Social support, participation in community and civic life and the nature and extent of structured activity are very **subjective**. When two individuals receive the same levels of social support, one may report that they are isolated and bored, and the other may feel supported and happy.
- Social integration **can be interpreted in different ways** for different groups of people. In Europe, it is quite common to talk about the lack of 'community' in poor areas as a social problem, but not to view the lack of 'community' in rich areas as being a social problem. It is important not to impose an ideal of what a 'citizen' should be on people using Housing First, when most other citizens do not match that same ideal.
- Validated measures of social support are available, but this is an area where **qualitative outcome measurement**, i.e. talking to Housing First service users about their lives and level of social integration, **may be the most effective way** to collect information.
- Measurement of social integration must **take into account the other needs, characteristics and experiences** of Housing First service users. If many people using a Housing First service have ongoing, limiting illnesses, this will influence how much success can be achieved with economic integration.

Measurements of social integration might include the following:

- **Social support**
  - Is the user in contact with their family?
  - Is the user in contact with friends?
  - Do they have a partner?
  - Do they have esteem support, a sense they are valued by others, and what is their level of self-esteem?
  - Do they have access to instrumental (practical) support from friends, family and/or a partner?
  - Do they have sufficient social companionship?
  - Are there people they can ask for advice and/or talk to?
- **Community and civic participation**
  - Does a Housing First service user participate in community events?
  - What are their relationships with their neighbours like?
  - Do they socialise within their community?
  - Do they participate in social media focused on their community?
  - Do they vote?
  - Do they volunteer in their community?
- **Structured activity and paid work**
  - Does a Housing First service user participate in the creative or performing arts?
  - Are they in education or receiving training?
  - Are they volunteering (in any capacity)?
  - Are they participating in a work placement/work experience scheme?
  - Are they in paid work?

5.3.6. Cost-Effectiveness

The measurement of the cost-effectiveness of Housing First services is heavily reliant on access to good quality, detailed, data. It is possible to produce estimations of cost-effectiveness, but these are less influential than detailed information that clearly shows Housing First delivering effective services. It is important to note that *cost-benefit* analysis is a distinctive, highly detailed and complex form of economic evaluation which should not be confused with evaluation of cost-effectiveness. There are two basic tests of cost-effectiveness which can be used for Housing First or other homelessness services[120]:

- Is Housing First achieving **better results than existing homelessness services** for the same level of spending and/ or for a lower level of spending?
- Is Housing First producing *cost offsets*[121], i.e. **reductions in expenditure**, for other publicly funded services? For example, by ending long-term and repeated homelessness, Housing First may produce savings for emergency health services, mental health services, drug and alcohol services, the criminal justice system, welfare systems and other homelessness services. It is important to explore whether these savings are *realisable*, i.e. the reductions in long-term and repeated homelessness delivered by Housing First really do allow publicly-funded services to reduce spending.

5.4. How to Measure

5.4.1. Planning an Evaluation

When designing an evaluation, it is useful to **look at how other Housing First services (or programmes or strategies using Housing First) have been evaluated** and also to look at any criticism of those evaluations. The Internet is a good source of information and resources such as *Google Scholar* can provide information on the evaluations that have been conducted, with access to some free resources. Major evaluations of Housing First, which tend to be supported by large, publicly-funded organisations, often produce reports which are freely available on the Internet. Some guidance on evaluation is also available on the *Canadian Housing First Toolkit*[122].

Evaluation can be comparative, which can include experimental or randomised control trials, in which two exactly matched groups (a minimum of 100 people in each group is desirable) are monitored. One group uses Housing First and the other uses existing homelessness services. Over the course of a year or more, outcomes for those using Housing First are compared with those for homeless people using existing homelessness services. These comparisons are expensive to conduct, but produce high quality evidence if they are carefully designed and precise. Randomised control trials (RCTs) of this sort have been used to test the French and the Canadian Housing First programmes and have generally reported very positive results (see Chapter 1).

Housing First has also been evaluated using comparison-group, or quasi-experimental, research. Again, these evaluations compare one group using Housing First with another group using existing homelessness services, but the groups are not precisely matched and can be smaller. This kind of evaluation can still be influential, but is generally viewed as being less accurate.

120 Pleace, N., Benjaminsen, L., Baptista, I. and Busch-Geertsema (2013) *The Costs of Homelessness in Europe: An Assessment of the Current Evidence Base* Brussels: FEANTSA **http://housingfirstguide.eu/website/the-costs-of-homelessness-in-europe-an-assessment-of-the-current-evidence-base**

121 Ibid.

122 http://www.housingfirsttoolkit.ca/evaluate

Many evaluations of Housing First are observational, which means looking at the people using a Housing First service and assessing how effective the service is in addressing their homelessness, improving their health and well-being and promoting social integration (e.g. being part of a community, having social support from friends, family and a partner, see 5.3). While this approach to evaluation can produce useful and persuasive evidence, the lack of a direct comparison with other homelessness services can mean the results are seen as less convincing than evaluations using RCTs or quasi-experimental approaches.

It is very important to consider the **resources and objectives of an evaluation** carefully. This includes thinking through what the evaluation is testing, what arguments it may be used to support, how much time and money are available and the potential criticisms that might be made of the results. While RCTs are often described as the best possible form of evaluation, they can still be the subject of criticism and their results may be rejected, particularly if there is seen to be a problem with design or a lack of precision. An RCT cannot be done cheaply and will involve a lot of resources if it is going to be truly persuasive. Equally, a much cheaper way of evaluating, an observational approach, while it has limitations, can still be highly persuasive.

Another consideration is who will be **responsible for an evaluation**. An evaluation is less likely to be influential if it is produced by the organisation *providing* a Housing First service, than if an evaluation uses *independent researchers*. This is not to suggest that an in-house evaluation (an evaluation of Housing First services by the people providing the Housing First service) has no value. The evidence from a good quality in-house evaluation can still be influential. Nevertheless, the argument that an in-house evaluation will be less likely to record or report problems may be used to question the results of an in-house evaluation.

Evaluations should always include feedback from Housing First service users. Giving service users a clear voice should enable any deficiencies in Housing First services to be identified and corrected. Equally, when Housing First is performing well, service users will have a detailed understanding of good practice that can be learned from and shared. Ensuring that the people using Housing First have a voice in evaluation is useful for the following reasons:

- Homeless people are experts by experience; they understand their own needs and what support they require better than anyone else does. The views of service users on how well a Housing First service is working are a very important part of an evaluation. Both the strengths and any limitations of Housing First are best understood by talking to the people using the service.
- The direct experience of homeless people using Housing First, when Housing First is working well, is a powerful way of conveying the effectiveness of Housing First. Statistics can be used to make the case for Housing First, but that case can be made more powerfully when positive opinion from service users is combined with statistical evidence.

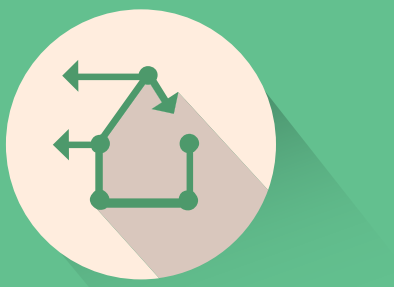
Using qualitative methods, i.e. talking to people using Housing First in an open way, which allows and encourages them to express their opinions, is **the best way to learn from their experience**. It is also possible to understand opinion through statistical surveys, but it is important that surveys are not designed solely by researchers without any consultation with the people using Housing First, who are likely to have useful views on the kinds of questions that should be asked.

How an evaluation is done depends on what the wider goals of Housing First are. For example, if Housing First is being tested for the first time in a particular country, region or municipality, it will make sense to use experimental (RCT) or comparative approaches to research. When it has not been used before, Housing First needs to be tested to see how well it performs when compared to existing homelessness services. Depending on the results of that evaluation, Housing First may then be used on a larger scale.

If the existing evidence is strong enough, either based on a local evaluation or the international evidence base, it may be decided that there is no need to comparatively evaluate Housing First services. Instead, evaluation can be mainly about outcome monitoring, to ensure that the Housing First service is performing as expected and to look for any problems.

Evaluation also needs to be proportionate. A relatively expensive evaluation, such as an RCT evaluation, is only really practical when looking at a large Housing First service or Housing First programme, not for testing a single, small Housing First service. This is because, to be robust, an RCT should involve at least 200 people (100 using Housing First and 100 using other services). It can still be very valuable to look at single Housing First services comparatively, but smaller-scale services with, for example, 20 service users can also be evaluated using quasi-experimental or observational approaches.

CHAPTER 6.



Housing First and Wider Strategy

6.1. The Strategic Roles of Housing First

6.1.1. Incorporating Housing First into Strategies to Fight Homelessness

Research shows that homelessness should not be seen as simply being the result of individual actions or untreated mental illness. Homelessness exists in multiple forms in Europe. Some homelessness does not involve people who use drugs, drink to excess or have mental health problems, but is instead linked primarily to their economic position, a wider lack of community integration, poor social support and difficulties in accessing services[123]. Homelessness can also vary between different groups. For example, women's homelessness is much more likely to be linked to escaping domestic violence than men's. Homeless women may also avoid some forms of homelessness service, often relying on informal relationships to temporarily find accommodation[124]. Women experiencing homelessness can therefore require different services from those provided to single homeless men. Some groups of homeless people, such as teenagers with experience of social work-based child protection systems, people who have been in prison and army veterans, may also require specialised forms of support.

Preventing and reducing homelessness involves a range of policies and services, including enhancing access to housing, enabling development of new affordable housing, providing preventative services and a range of other support services. Some homeless people will only require advice and perhaps some short-term support to prevent or quickly end an experience of homelessness. Others may need low-intensity support for a few weeks, or months, to help them find and sustain a home.aSome may require more support for a longer period of time to either exit or avoid homelessness. Data on homelessness in Europe are often limited, but there is evidence that European countries with highly integrated homelessness strategies, providing a range of well-coordinated services, such as Denmark and Finland, have very low levels of homelessness[125].

Guidance on integrated homelessness strategies is available on the FEANTSA website[126]. A review of the successful Finnish integrated homelessness strategy was published in 2015[127]. A range of discussion on homelessness strategies in Europe, including descriptions and critical evaluations, is available in the *European Journal of Homelessness*[128].

6.1.2. Housing First Alongside Other Services

Housing First is not designed to act as a solution to all forms of homelessness. Nor is Housing First intended to work in isolation: it requires support from the health and social work sectors and from other homelessness services. As part of an integrated homelessness strategy, Housing First works with those people whose homelessness cannot be prevented or whose needs cannot be met by housing alone, or by housing and low-intensity support services.

123 Busch-Geertsema, V., Edgar, W., O'Sullivan, E. and Pleace, N. (2010) *Homelessness and Homeless Policies in Europe: Lessons from Research,* Brussels, Directorate-General for Employment, Social Affairs and Equal Opportunities. Vid. Note 91

124 Baptista, I. (2010) 'Women and Homelessness in Europe' in O'Sullivan, E., Busch-Geertsema, V., Quilgars, D. and Pleace, N. (eds.) *Homelessness Research in Europe* Brussels: FEANTSA.

125 Busch-Geertsema, V., Benjaminsen, L., Filipovič Hrast, M. and Pleace, N. (2014) *Extent and Profile of Homelessness in European Member States: A Statistical Update* Brussels: FEANTSA - **http://housingfirstguide.eu/website/wp-content/uploads/2016/04/feantsa-studies_04-web2.pdf**

126 Toolkits on Homelessness Strategies: www.feantsa.org

127 Pleace, N., Culhane, D.P., Granfelt, R. and Knutagård, M. (2015) *The Finnish Homelessness Strategy: An International Review* Helsinki: Ministry of the Environment - https://helda.helsinki.fi/handle/10138/153258

128 http://www.feantsaresearch.org - *The European Journal of Homelessness* is also indexed on Google Scholar.

The originator of Housing First, Dr. Sam Tsemberis, has suggested a role for Housing First within an integrated homelessness strategy, in which homeless people with high support needs are initially offered Housing First and those whose needs cannot be met by Housing First are then offered long-term, congregate or communal supported housing with on-site support staff or institutional care.

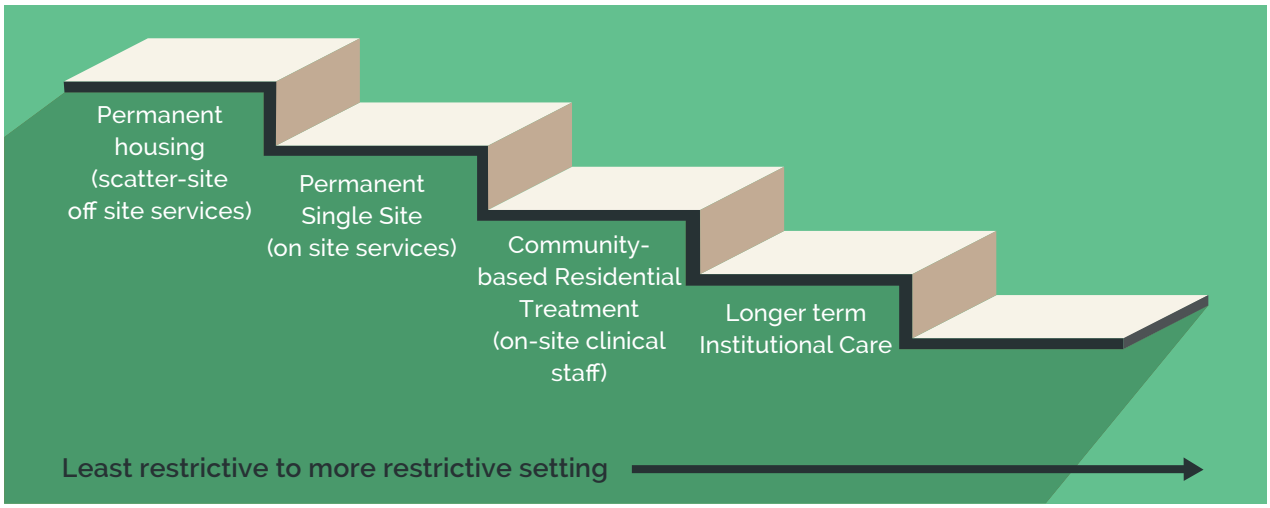


Figure 1: A 'Reverse Staircase' Strategy[129]

An integrated homelessness strategy might have the following kind of structure:

- **Preventative services**, offering housing advice, support and practical help with accessing housing and support services for people with higher needs who are at risk of homelessness.
- **Emergency accommodation for people who suddenly become homeless**, working in close coordination with preventative services to try to avoid any experience of homelessness becoming prolonged or repeated.
- **Lower-intensity support services for people who require some support to leave homelessness**, but whose needs can be met by rapidly providing them with housing and low-level contact with a case-management service offering limited support.
- **Housing First services for homeless people with high support needs, rapidly providing housing and intensive support**. The evidence is that Housing First will be effective in ending homelessness for most of the homeless people in this group (see Chapter 1).
- **Supported housing models offering congregate or communal housing with support staff on-site**, which can be used to provide medium and long-term support to homeless people with high support needs, whose needs or preferences are not met by Housing First.

There is some evidence that some European countries have a long-term homeless population whose needs have not been met through existing homelessness services. In countries such as the UK, there is evidence of a homeless population who make repeated or long-term use of existing homelessness services, without their homelessness permanently ending as a result[130]. Housing First often has the capacity to end this form of long-term homelessness, alongside helping high-need homeless people who spend very long periods of time living on the street, or in emergency shelters, to exit homelessness.

129 Tsemberis, S. (2013) Presentation at the Final Conference of Housing First Europe in Amsterdam, cited in Pleace, N. and Quilgars, D. (2013) *Improving Health and Social Integration through Housing First: A Review* Brussels: DIHAL/FEANTSA

130 Bretherton, J. and Pleace, N. (2015) *Housing First in England: An Evaluation of Nine Services* https://www.york.ac.uk/media/chp/documents/2015/Housing%20First%20England%20Report%20February%202015.pdf

At a strategic level, the use of Housing First services can:

- **Significantly reduce levels of long-term and repeated homelessness associated with high support needs.**
- **Potentially reduce costs of long-term and repeated homelessness for emergency health and mental health services, criminal justice systems and other homelessness services.**
- **Enable homeless people with high and complex support needs to live stably in their own homes.**

6.2. Future Applications of Housing First

Housing First is designed to have a specific function, to end homelessness among people with high support needs by rapidly providing them with housing and intensive support services. There is scope to expand the ways in which Housing First is used, but the basic function and role of Housing First are fixed; it is not intended for groups of homeless people with low support needs, nor as the sole component of an effective homelessness strategy.

It is important to note that while there are services that draw on the ideas of Housing First, for example using ordinary housing and *low-intensity* support services to help homeless people without high support needs (sometimes called housing-led or housing support services), these are *not* Housing First. The use of such services predates the introduction of Housing First in Europe. It was sometimes argued that Housing First represented nothing new in some European countries, because these services already existed. However, there can be important differences in the core principles, the intensity and duration of support between these low-intensity services and a Housing First approach.

Widespread use of Housing First has potential implications for some existing homelessness services. It is not the case that Housing First can or should act as a replacement for all existing homelessness services, because Housing First is only designed for one group of high-need homeless people. However, there is clear evidence that Housing First outperforms some existing service models for ending homelessness among people with high support needs (see Chapter 1). In some cases, for example in Finland, homelessness service providers have changed the way in which they provide services, moving from staircase models to Housing First and have seen improvements in service effectiveness as a result[131].

6.2.1. The possible future uses of Housing First include:

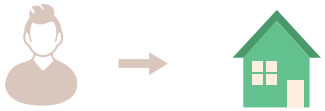
- **Preventative use of Housing First**. Housing First can be employed as a means to resettle people with high support needs who are leaving institutions such as psychiatric hospitals, prison or long-stay supported housing. Some US services work with people leaving psychiatric hospital who are assessed as being at high risk of homelessness or have a history of homelessness[132].

131 Pleace, N., Culhane, D.P., Granfelt, R. and Knutagård, M. (2015) *The Finnish Homelessness Strategy: An International Review* Helsinki: Ministry of the Environment - https://helda.helsinki.fi/handle/10138/153258

132 Tsemberis, S.J. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* Minneapolis: Hazelden.

- Using specialised models of Housing First for particular groups of homeless people. This is another area that can be explored at strategic level. For example:
  - **Homeless women with high support needs**. There is evidence that women with high support needs can often experience homelessness in different ways from men, particularly in their avoidance of services and their use of informal and sometimes precarious relationships to keep themselves in accommodation[133]. Housing First, by providing homeless women with high support needs with their own homes, should be more accessible than some other forms of homelessness service, in which women may not feel safe. However, the experiences of women, which may include high rates of gender-based/domestic violence and other abuse, mean that there is a case for the development of specialist Housing First, staffed by women with specific training. In Manchester in the UK, Threshold Housing has developed a Housing First service for homeless women with high support needs who have had contact with the criminal justice system[134].

  - **Young people with high support needs at risk of homelessness** may also require specific forms of support. Again, this is because their needs, characteristics and experiences may differ from those of other groups of homeless people[135]. For example, young homeless people remain disproportionately likely to have had experience of social services, foster and children's homes and to have had negative experiences during their childhood.



  - **Families with high and complex needs can be supported by Housing First**. There are specific needs here which centre on a Housing First service not just supporting an individual, but also being able to understand and support positively an entire family, including children[136]. The needs of these households around mental health problems, drug/alcohol issues and poor health, may be similar to those of lone homeless people, but different forms of support may be needed when an entire family is being supported by Housing First.

  - **Former offenders with high support needs** may also require specific support when they leave prison. This is another example of how Housing First might be tailored, or adjusted, to meet specific sets of needs. Another example might be the use of a specialised model of Housing First for homeless people with high support needs who have experience of military service.

133 Mayock, P., Sheridan, S. and Parker, S. (2015) "It's just like we're going around in circles and going back to the same thing...": The dynamics of women's unresolved homelessness *Housing Studies* DOI:10.1080/02673037.2014.991378

134 http://www.thp.org.uk/services/housing-first

135 Quilgars, D., Johnsen, S. and Pleace, N. (2008) *Review of Youth Homelessness in the UK*, York: Joseph Rowntree Foundation - https://www.jrf.org.uk/report/youth-homelessness-uk

136 Jones, A., Pleace, N. and Quilgars, D. (2002) *Firm Foundations: an Evaluation of the Shelter Homeless to Home Service*, London: Shelter. - https://england.shelter.org.uk/__data/assets/pdf_file/0020/39521/Firm_Foundations.pdf

6.3. Making the Case for Housing First

Several European governments, for example **Denmark, Finland, France and Spain**, have decided to adopt and test Housing First as a cornerstone of their **strategic responses to homelessness**. In other European countries, the policy response to Housing First has been more uneven[137]. At EU level, the report by the Jury at the 2010 European Consensus Conference on Homelessness recommended consideration of Housing First and related services in tackling homelessness[138], a position shared by the European Commission[139].

The role of evidence, particularly good quality evidence that systematically compares Housing First with more orthodox homelessness services, has been fundamental in encouraging the use of Housing First in North America. A good standard of evidence has enabled Housing First to draw attention from European governments and homelessness service providers and attract interest from international organisations like the European Commission and the OECD. Of course, not all the evidence for Housing First is universally viewed as being of good quality and there will be those who remain unconvinced that the evidence shows that Housing First is a model to pursue. Nevertheless, good quality research that clearly shows success in ending homelessness for high-need people and relative cost-effectiveness, will remain important in making the case for Housing First.

In Sweden, Lund University has been actively promoting the idea of Housing First with homelessness service providers and policy makers[140]. **In Italy**, the Housing First Italia group[141], a collaboration between service providers, municipalities and academics, operating under the auspices of fio.PSD, has also been promoting Housing First. The grassroots, or ground-up, advocacy and discussion of Housing First can help put this important innovation that reduces homelessness among people with high support needs, on the policy agenda. Collaborations between service providers and universities, like in Sweden and Italy, combine professionals in service delivery with professionals in evaluation, which enhances capacity to lobby effectively for Housing First by collecting strong evidence.

In England, Homeless Link, the federation of homelessness service providers, have developed Housing First England[142], a programme designed to promote Housing First at policy level and as a model of good practice, starting in 2016. Again, this is a collaborative effort, closely reflecting developments in Italy and Sweden.

Housing First is successful because of **the way in which support is provided** but it is *equally*, perhaps even more, successful because of the **emphasis on rapidly providing *a home***, and so removing a person from homelessness and the risks and uncertainties associated with homelessness (see Chapter 1 and Chapter 3). There is research evidence that, while coordination of services within an integrated homelessness strategy produces a more effective policy response to homelessness, nothing can ultimately overcome a shortage of affordable, adequate housing. Housing First is important as an innovation, but it is also important because it draws attention to the central role that housing must play within a strategic response to homelessness[143].

Housing First is also significant because **it fractures assumptions about the nature of homelessness and the people who experience homelessness**. It shows that homelessness is not as simple as

137 FEANTSA (2012) *On the Way Home? FEANTSA Monitoring Report on Homelessness and Homeless Policies in Europe.* Brussels: FEANTSA - **http://housingfirstguide.eu/website/on-the-way-home-feantsa-monitoring-report-on-homelessness-and-homeless-policies-in-europe/**
Fondation Abbé Pierre/FEANTSA (2015) *An Overview of Housing Exclusion in Europe: 2015* - **http://housingfirstguide.eu/website/an-overview-of-housing-exclusion-in-europe-2015/**

138 http://ec.europa.eu/social/main.jsp?catId=88&langId=en&eventsId=315&furtherEvents=yes

139 http://ec.europa.eu/social/BlobServlet?docId=9770&langId=en

140 http://www.soch.lu.se/en/research/research-groups/housing-first

141 http://www.housingfirstitalia.org/en/

142 www.homeless.org.uk/hfengland

143 Pleace, N., Culhane, D.P., Granfelt, R. and Knutagård, M. (2015) *The Finnish Homelessness Strategy: An International Review* Helsinki: Ministry of the Environment - https://helda.helsinki.fi/handle/10138/153258

behaviours and attitudes that need to be changed; in fact, it is a successful service response that supports and enables recovery but does *not* demand behaviour change or use sanctions to force change. By rapidly providing housing, recognising the shared humanity of homeless people and respecting their choices and encouraging recovery, Housing First ends homelessness (see Chapter 1).

APPENDIX: Examples of Housing First

Austria

Neunerhaus Housing First, Vienna

Housing First in Austria has been developed as part of the **Wiener Wohnungslosenhilfe programme**, centred on providing psychosocial support for homeless citizens in Vienna. A three-year Housing First service pilot was developed, following debates about changing the staircase service models that predominated in Vienna. **The Neunerhaus Housing First project** follows the eight core principles described in Chapter 2.

By 2015, Neunerhaus Housing First had worked with **69 homeless households**, including lone adults and families with dependent children. The 69 households contained **131 people** (46 women, 38 men, 47 dependent children). The scattered housing is provided by housing management companies and the people using Neunerhaus Housing First all have their own, independent, tenancy agreements. **A mix of social housing, private rented and housing association homes are used.**

Support is described as flexible, being tailored to individual needs with an emphasis on promotion of social inclusion and on what is termed 'self-determination' and 'participation' (i.e. choice and control, person-centred planning, flexible support for as long as is required, active engagement). Social inclusion is centred on actively avoiding the kinds of institutionalisation that can be experienced by homeless people. As housing is dealt with immediately, there is more social worker time to focus on community participation and, where possible, supporting Housing First service users into paid work.

Results have been particularly impressive in respect of housing sustainment. An evaluation reports a **98.3% housing sustainment rate** for people using the Housing First service, alongside reported gains in social integration. An evaluation, covering the first two years of operation, is available at http://www.neunerhaus.at/fileadmin/Bibliothek/Neue_Website/Neunerhaueser/Housing_First/20150925_HousingFirst_Report_english.pdf (English).

Belgium

Housing First Belgium

The Housing First Belgium programme is led at national level and involves the **five largest cities**. There were a total of **eight Housing First services** operating at the time of writing (2015) which were run by a combination of municipalities and NGOs. Housing First is targeted at long-term homeless people with an average of five years' experience of homelessness, all of whom have high support needs. The programme aims to support **150 people by June 2016**.

The eight services use ordinary rented apartments, relying on a mixture of social housing and private rented housing. There is some use of specialist, supported housing for a minority of Housing First service users.

The eight Housing First services deliver support in different ways. All eight Housing First services **use intensive case management**, organising access to required services as and when necessary. Each individual using a Housing First service has their own dedicated support worker, with each Housing First worker having a caseload (number of people they are supporting) of between six and eight Housing First service users.

Some of the Belgian Housing First services have a multidisciplinary team; others rely entirely on social workers acting as case managers. The largest team, in one of the eight services, comprises nurses, social workers, a psychologist, an employment specialist and a housing specialist; the smallest team, in another Housing First service, is made up of only social workers. Five of the eight Housing First services are described as being intensive case management, without a multidisciplinary team. The specific arrangements for each of the eight services are as follows:

- A team of social workers providing intensive case-management services (Antwerp)
- A housing coach and a psychologist providing case management (Ghent)
- A nurse, a social worker and a doctor (Brussels, service 1)
- Specialist social workers with expertise in mental health and harm reduction providing case management (Brussels, service 2)
- A housing specialist and a support worker providing case management (Hasselt)
- Nurses, social workers, an education specialist, a psychologist, an employment specialist and a housing specialist in a multidisciplinary team (Charleroi)
- Social workers and a housing specialist offering case management (Liège)
- Nurses, social workers, an education specialist and a psychologist in a multidisciplinary team (Namur)

The Belgian programme was experimental in 2015 and was being evaluated at the time of writing. There will be a report on the effectiveness of Housing First, which is likely to influence future policy. More information on Housing First Belgium is available at: http://www.housingfirstbelgium.be/.

Denmark

The Danish Homelessness Strategy

Denmark has one of the largest Housing First programmes in Europe. The Danish National Strategy, which was **adopted in 2008** and ran until 2013, included Housing First services which were targeted at **over 1,000 homeless people with high support needs**[144]. As in Belgium and France, the Danish strategy is being evaluated to assess the effectiveness of Housing First and other homelessness service models in supporting homeless people who have high support needs. The strategy is led by central government and the Housing First services operating in Denmark all follow the eight core principles of Housing First described in Chapter 2.

The use of Housing First in Denmark has similarities with the At Home/Chez Soi programme in Canada and also with the French Un Chez-Soi d'abord programme. The national strategy focused on 17 municipalities which contained the majority of homelessness recorded in Denmark, including the three largest cities, Copenhagen, Aarhus and Odense. The specific goals were to reduce levels of people living rough, to target rising levels of youth homelessness more effectively, to reduce the time homeless people spent in emergency accommodation and to bring down the rate of homelessness associated with people leaving hospitals and prisons. Housing First was adopted as a key element of the Danish strategy with the goal of systematically testing how well Housing First could work in Denmark. Housing is provided through cooperation with social landlords.

Denmark explored Housing First by looking at models using **intensive case management (the ICM model) and multidisciplinary teams (the assertive community treatment model, ACT)**. There was also an assessment of both scattered housing and single-site congregate/communal services. Different models, such as the ACT team approach, were targeted at specific groups of homeless people.

The bulk of the Danish strategic use of Housing First was ICM services, which supported over 1,000 homeless people with high support needs in 17 municipalities during 2009-2013. One ACT-based service had worked with 92 individuals by 2013[145].

In an evaluation completed in 2013, the success of the Housing First services was reported as high, particularly in the ACT-based services. There was evidence that the single-site Housing First service was somewhat less successful than the services using scattered housing. There are parallels with Finland in the use of Housing First in Denmark. Like Finland, the extensive social protection (welfare) systems in Denmark combined with social housing, appear to stop most forms of homelessness that are associated with poverty and low support needs[146]. As in Finland[147], most Danish homelessness is associated with high support needs. This gives Housing First in Denmark a central role in the homelessness strategy, because most of the homelessness is among the groups of people that Housing First is specifically designed to help.

Following the positive results from the first homeless strategy, the National Board of Social Services decided to implement the Housing First principle, including ACT and ICM approaches, and explore the use of the related Critical Time Intervention (CTI) model in 24 municipalities from August 2014 to May 2016. A special programme for young people (aged 17-24 years) is also being introduced in 11 municipalities from September 2015 to autumn 2017. The programme is designed to prevent youth homelessness and one of the methods used will be the ICM model. A review of the outcomes from both these programmes will be published in the autumn of 2016.

144 Benjaminsen, L. (2013). Policy Review Up-date: Results from the Housing First based Danish Homelessness Strategy. European Journal of Homelessness, 7(2), 109-131 **http://housingfirstguide.eu/website/wp-content/uploads/2016/04/Policy-Review-Update-Results-Danish-Strategy.pdf**

145 As above.

146 Benjaminsen, L. and Andrade, S. B. (2015). Testing a Typology of Homelessness across Welfare Regimes: Shelter Use in Denmark and the USA. Housing Studies DOI:10.1080/02673037.2014.982517

147 Pleace, N., Culhane, D.P., Granfelt, R. and Knutagård, M. (2015) *The Finnish Homelessness Strategy: An International Review* Helsinki: Ministry of the Environment https://helda.helsinki.fi/handle/10138/153258

The National Board of Social Services has also been given the task of implementing the Housing First Principle and related floating support models at national level from **May 2016 to December 2019**. This programme will contain **support for all municipalities, private service providers and NGOs** to learn about Housing First.

A review of the Danish homelessness strategy is available at http://housingfirstguide.eu/website/wp-content/uploads/2016/04/Policy-Review-Update-Results-Danish-Strategy.pdf (English).

Finland

The National Homelessness Strategy

Housing First is central to the national homelessness strategy in Finland. There is a national objective to end long-term homelessness, which is often experienced by people with high and complex support needs. Using a combination of communal or congregate approaches, which applied Housing First principles to single-site projects and scattered housing approaches, Finland has achieved a **marked reduction in levels of long-term homelessness**. More information about the Finnish homelessness strategy, which employs Housing First within a comprehensive strategy that also emphasises homelessness prevention, can be found at: https://helda.helsinki.fi/handle/10138/153258 (English and Finnish)

Väinölä Housing First

Väinölä Housing First is run by the Salvation Army with housing provided by Y-Foundation[148], an organisation which develops new social housing for rent in Finland. **The housing is in individual apartments, which are all located in a single apartment block.**

The support services provided are present onsite on a 24/7 basis. There is a staff team of **11 people**, including social workers, health professionals, volunteer coordinators and a work coach, who helps users achieve social integration through paid work. The approach used is a case-management model, drawing both on the staff team within Väinölä Housing First and involving external service providers as necessary.

Housing First service users have the option – though of course are not required – to participate in a therapeutic community. The principles of a therapeutic community centre on[149]:

- Offering a structured, psychologically-informed environment, i.e. a place where there are daily activities that are designed to promote health and well-being
- The therapeutic community itself is seen as a mechanism by which treatment and support is delivered, with an emphasis on improving the social support for and self-esteem of individuals within the community

Alongside offering case management and support, Väinölä Housing First encourages voluntary participation in the running of the service. All the cleaning and gardening work within the Housing First project is undertaken by the people who live there. The goal is to encourage social support and social integration through the experience of low-threshold work.

People living in Väinölä Housing First are also **involved in events designed to promote their social integration within the community**. There are open house events, inviting neighbours into the Housing First building and other work centred on informing and educating the neighbourhood about Housing First. People using Housing First also volunteer to keep the neighbourhood tidy, which is designed to promote positive relationships with the surrounding community.

Väinölä Housing First describes its own support priorities as focusing on:

- Housing sustainment
- Health and well-being
- Social integration

Outcome data, based on feedback from Housing First service users is collected every six months. **Success has been reported in housing sustainment and in promoting social integration**, particularly

148 http://www.ysaatio.fi/in-english/

149 http://www.therapeuticcommunities.org/

in re-establishing links with family and friends and in social integration with the local community. Results around drug and alcohol use and health have been reported as more variable, but this is not uncommon in Housing First services (see Chapter 1).

There are some debates within Europe and the USA about the use of a congregate or communal model of Housing First, which centre on the extent to which social integration (see Chapter 3) is possible when Housing First service users live together[150]. Finnish Housing First services use both these congregate or communal models and apartments scattered in the community.

More information about Väinölä Housing First is available at: http://www.pelastusarmeija.fi/paikkakunnat/espoo/asumispalvelu (Finnish)

150 Pleace, N., Culhane, D.P., Granfelt, R. and Knutagård, M. (2015) *The Finnish Homelessness Strategy: An International Review* Helsinki: Ministry of the Environment https://helda.helsinki.fi/handle/10138/153258

France

The Un Chez-Soi d'abord Programme

France has carried out **one of the largest trials** of the Housing First model that have taken place in Europe (see Chapter 6). The Un Chez-Soi d'abord programme (2011-2016) piloted Housing First in four cities: **Lille, Paris, Toulouse and Marseilles** and is led at national level by **DIHAL**, the inter-ministerial body responsible for the national homelessness strategy. The programme involves the health, housing and social welfare departments in the French government. The Housing First services all have management committees at local level, which typically involve all participating organisations (health, social work, social welfare) and there is also a national steering group.

The Housing First services provided via the Un Chez-Soi d'abord programme all follow the core principles of Housing First described in Chapter 2.

The French Housing First programme draws heavily on the original model of Housing First developed by Dr. Sam Tsemberis. Un Chez-Soi d'abord can also be directly compared to the Canadian At Home/Chez Soi national Housing First programme. **A large-scale, highly robust, experimental** (randomised control trial) **evaluation** of Un Chez-Soi d'abord is being conducted with **705 homeless people** participating. In total, **353** homeless people were housed using **Housing First services**, while the remaining **352** received the usual homelessness services (treatment as usual). The evaluation is being conducted by P. Auquier of Aix-Marseille University and will report in 2016.

Housing is provided **by private landlords**. Support is provided using a multidisciplinary team which includes peer support workers and follows an ACT model. The Housing First services operate with a client load of 10 service users per team member. Un Chez-Soi d'abord has high fidelity with, i.e. closely resembles, the original Housing First model developed in New York and the Canadian implementation of Housing First in the At Home/Chez Soi programme.

Success rates reported at 13 months into the Un Chez-Soi d'abord programme were high. **80%** of Housing First service users had sustained their housing. There was also strong evidence of a marked reduction in the use of hospitals, living rough, imprisonment and staying in emergency accommodation when the group using Housing First were compared to those using existing homelessness services. Health, well-being and social integration also improved among Housing First service users, although, as in other Housing First services, the results were not always positive (see Chapter 1). Following very positive initial results, the decision was taken to expand the Housing First programme, continuing to support the existing services during 2017 and moving towards deployment of Housing First services in 15 cities from 2018.

The Un Chez-Soi d'abord programme shows that there are examples of European Housing First services that **closely resemble the original Pathways model** from the USA. The results from the French programme show that an implementation of the original model can be successful in the European context. Such implementations of Housing First are sometimes referred to as having 'high fidelity' with the original Housing First model. See Chapter 2 and Chapter 5.

Information on the initial results from the Un Chez-Soi d'abord programme is available at http://housingfirstguide.eu/website/wp-content/uploads/2016/04/First-results-of-HF-experimentation-in-France-and-next.pdf (English).
Further information on the programme is also available via http://www.gouvernement.fr/sites/default/files/contenu/piece-jointe/2014/10/dihal_-_plaquette_gd_public_ucsdb_ecran.pdf (French).

Ireland

Dublin Housing First

The Dublin Housing First project is operated by two NGOs, **Focus Ireland** and the **Peter McVerry Trust**, and was commissioned by a government body, the **Dublin Regional Housing Executive**. The Dublin Housing First Project follows the core principles of Housing First described in Chapter 2.

The Dublin Housing First project operates both a Housing First service and what is termed a **'street intake team'**. The street intake team, which delivers services to people living rough, is the source of referrals to Housing First. People living rough with high support needs are referred to Housing First, while the street intake team arranges less intensive service responses for people living rough with lower support needs. The specific focus of the Housing First team is:

- Long-term and repeatedly homeless people
- Homeless people with mental health problems and/or problematic use of drugs and alcohol

Housing is mainly provided by **social landlords**, which in Ireland are both municipalities and NGOs. There is also use of the private rented sector.

The Housing First service is delivered using an **ICM team**. A clinical team which has specialists in drug/alcohol, mental health and physical health and counselling is also made available. The services of the clinical team are available to people being supported by the lower intensity street intake team and the Housing First service. The Housing First staff have a caseload of up to ten homeless people. Housing First also has dedicated staff focused on locating housing and managing housing issues. There is also a function centred on finding suitable private rented sector housing. In 2015, **40 people** were being supported by the Housing First service.

Monitoring of the Housing First service shows very positive results in housing sustainment, but there can be challenges in finding suitable housing (see Chapter 4). The initial demonstration project, a pilot Housing First service which was replaced by the Dublin Housing First Project in 2014, showed successes in relation to improvements in health, mental health and social integration; although these were not universal, in common with other Housing First services (see Chapter 1).

The results of the Housing First demonstration project, on which the Dublin Housing First project is based, are available at: http://www.homelessdublin.ie/sites/default/files/publications/HFirst_Evaluation2015.pdf

Italy

Housing First Italia

Housing First Italia is a cooperative group comprising providers of Housing First services in Italy with academic support in the form of a Scientific Committee which is designing evaluation methods for Housing First in the Italian context. Operating under the auspices of fio.PSD (the Italian federation of homelessness organisations), Housing First Italia seeks **to promote the use of Housing First throughout Italy** and work towards giving Housing First a core role in the Italian homelessness strategy. More information is available at: http://www.housingfirstitalia.org/en/housing-first/ (Italian and English)

Tutti a Casa Famiglie, Bologna

Amici di Piazza Grande is a charity working in Bologna, which provides a Housing First service targeted at homeless families with complex support needs in collaboration with the cities in this Northern Italian region. The Tutti a Casa Famiglie Housing First service follows the eight core principles of Housing First described in Chapter 2.

Using scattered apartments in the private rented sector, the Tutti a Casa Famiglie Housing First service provided **support for 42 families in 2015**. The service is funded by a mix of charitable and private donations and the social services departments in municipalities help families meet rental costs. Families are not expected to devote more than 30% of their disposable incomes to rent. There is no operational limit to the size of the project, but funding levels vary between municipalities in Bologna, so that the numbers supported are determined by total spending on the service.

A multi-disciplinary support team is used, with the Tutti a Casa Famiglie service providing a mix of direct support services and case management. The mix of support offered is not the same as a North American ACT team, but comprises a team leader who is a qualified social worker, a psychiatrist with a supervisory role and a team of three 'educators' (who focus on support with social integration), one social worker and one psychologist. The main goal is **to maximise independent living and social integration for previously homelessness families**, working with them for as long as may be necessary. Where possible, there is an emphasis on supporting the adults in the families into paid work.

High levels of housing sustainment have been achieved so far, with only two families opting to leave the service and one making a planned move away from the Bologna region, which meant they could no longer be supported. An initial review of the service has shown that there are good results in improving the well-being of families and their levels of social integration. However, the project was still working on enhancing performance measurement during the course of 2015: http://www.feantsaresearch.org/IMG/pdf/ws_4_guistinietal_piazzagrande.pdf

Housing First, Ragusa

Operated by the Diocesan Caritas of Ragusa, Tetti Colorati ONLUS, a Sicilian Housing First service, is focused on both lone adults and families. The Housing First service in Ragusa follows the core principles described in Chapter 2 of this Guide.

The service engages with both local homeless people and migrants who are homeless and have support needs, being funded by a mix of financial support from the Diocese of Ragusa, private donations, central government and EU funding (EIF). **Housing is provided via the private rented sector**. Temporary emergency accommodation is also provided, when a household cannot be immediately housed, via the Diocese of Ragusa, although in common with other Housing First services, the emphasis is on getting homeless people into their own independent home as soon as possible. A team of nine were supporting 35 households (a mix of single people and families) in 2015. A social worker, educator, anthropologist, language and cultural mediator and three volunteers provided support, coordinated by a team leader. An intensive case-management model is used, providing flexible support that is tailored to the particular needs of each service user, with decisions such as the frequency of support meetings being decided on a case-by-case basis.

In the absence of a minimum basic income provided by the Italian welfare system and barriers to employment, Housing First in Ragusa often has to pay the rent for service users. Beyond finding and sustaining housing, the service focuses on **community integration, positive social support and promoting self-confidence**, using settled housing as a foundation from which to start working towards these goals.

High levels of housing sustainment are reported alongside gains in social integration, health and well-being. Though the service is yet to be formally evaluated, it is part of the Housing First Italia network, which is working with a Scientific Committee to develop an evidence base for Housing First in Italy.

The Netherlands

HVO Querido Discus, Amsterdam

HVO Querido Discus is a Housing First service based in Amsterdam. The service follows the eight core principles of Housing First described in Chapter 2, but places a lower emphasis on a recovery orientation.

The Housing First service is run by an NGO and is fully funded by the Netherlands government. The focus is on homeless people who have both mental ill health and show problematic drug and alcohol use. The service is **one of the oldest in Europe,** having begun operations in 2005. Social housing is provided through cooperation with a housing corporation based in Amsterdam.

HVO Querido Discus Housing First has expanded rapidly over the last decade. In 2005, there were three support officers and one project leader supporting 15 Housing First service users; by 2015 the service had 45 support officers, 4 team coordinators and two project leaders with a caseload of **275 Housing First service users**. In 2015, HVO Querido Discus Housing First had the capacity to expand further. No limit was set on the size of this Housing First service.

Support is organised around a weekly meeting which can take place at a Housing First service user's home, in a public place or in the offices of HVO Querido Discus. It is also possible for Housing First service users to just make telephone contact, rather than physically meeting the Housing First staff. Support is based around an **intensive case-management model** and includes:

- Help with housing sustainment and day-to-day living in their home
- Case-managing access to health, drug and alcohol and other services
- Support with social integration, including practical help in rebuilding links with family
- Help in dealing with the criminal justice system (when required)

The caseload of each support officer is between six and nine Housing First service users. Smaller caseloads are used when someone is working with very high-need service users. Team members can provide cover for each other when necessary. Support is described as fluid, varying and shifting according to the needs and wishes of each Housing First service user.

High rates of success have been reported, with **high rates of housing sustainment and improvements in mental health, drug use and social integration** (though as in other Housing First services, these gains are not universal, see Chapter 1). High gains are reported in the physical health of Housing First service users.

More information is available via: http://hvoquerido.nl (Dutch and English).

Housing First Utrecht

Housing First Utrecht in the Netherlands follows the eight core principles of Housing First described in Chapter 2.

Housing First Utrecht is run by De Tussenvoorziening, an NGO. In 2015, the Housing First service was **supporting 80 people**, often characterised by long-term homelessness and severe mental illness, with problematic drug and alcohol use and sometimes with a criminal record. Housing is provided via social landlords.

Support is delivered by a team of 14 workers. Each Housing First service user has two workers. Most of the Housing First team are qualified social workers and the team also includes a peer support worker. Each individual worker has primary responsibility for up to eight Housing First service users and secondary responsibility for up to five service users. This arrangement means that every service user

has a primary worker and a secondary worker, who can be called upon if their primary worker is not immediately available.

The intensity of support is determined by individual need among Housing First service users, the team providing **more intensive support when needs are highest and reducing support when needs fall**. Every Housing First service user has a case manager who maintains an overview of their needs. External services are arranged by case managers as and when necessary. Housing First Utrecht has what may be described as a single, highly flexible team that can provide a range of direct support at differing levels of intensity and can case-manage external services as required. The service offers:

- A combined support team that responds flexibly to a wide spectrum of need, varying the intensity and nature of the support it delivers as required
- Case-managed access to externally-provided services as necessary
- Neither an ACT or ICM model, but features of both approaches, working within the core principles of Housing First

In 2015, Housing First Utrecht was able to report that **85% of service users** had sustained their housing during the period 2010-2015. Improvements in mental health, physical health and drug/alcohol use were also reported, though as for many other Housing First services, these were not universal. Successes were also reported in social integration, although isolation was an issue for some Housing First service users. More information on Housing First Utrecht is available via https://www.tussenvoorziening.nl/hulp-nodig/wonen/housing-first/ (Dutch)

Norway

Housing First in Norway

Norway has low levels of homelessness compared to many other European countries. Approximately **150,000 people** in Norway are estimated as facing disadvantage in the housing market and some **6,200 of them are homeless**[151]. As in Denmark and Finland, this small homeless population has high levels of support needs, including severe mental illness and problematic drug and alcohol use.

Norwegian policy closely reflects some of the core principles of Housing First, focusing on 'normalisation', which stresses the rapid provision of housing with support services being provided as required, rather than using a staircase approach (services that are designed to make someone 'housing ready' before providing housing). Housing is a seen as a basic right for every citizen.

As in Denmark and Finland, Housing First is one of a series of homelessness services provided within an integrated strategy. As in several other countries, the Housing First services provided in Norway are being evaluated.

By July 2015, Norway had **16 Housing First services supporting 237 people**. Housing First mainly uses social housing and there is an emphasis on using scattered housing. Management of each Housing First service is the responsibility of a municipality. There have been challenges in finding suitable, affordable housing in the private rented sector. Like Denmark and Finland, Norway has an extensive welfare system to support low-income households with paying their rent and meeting living costs.

Each Housing First service varies in composition, none can be described as having an ACT team, but all offer intensive forms of case management. The first Housing First service in Norway, which began operation in 2011, was evaluated and was found to have achieved a **93% success rate** in ending homelessness.

More information is available at: www.husbanken.no www.drammen.kommune.no www.napha.no www.fafo.no and www.nibr.no (Norwegian).

151 2015 Figures, source: Housing Bank.

Portugal

Casas Primeiro, Lisbon

Casas Primeiro began operation in Lisbon in 2009 and is operated by AEIPS, an NGO working in Portugal in collaboration with public sector bodies. The Casas Primeiro Housing First service follows the core principles of Housing First described in Chapter 2.

Casas Primeiro uses private rented apartments. The Housing First service is targeted at long-term homeless people with support needs, people living rough and homeless people with mental health problems. Up to **60 people** are supported by a staff team of 6 with a caseload of up to **10 Housing First service users each**.

In 2015, support was being provided that centred on a weekly home visit, designed to ensure housing stability and health and well-being. The Casas Primeiro team can connect the Housing First service users to other services, such as education services provided by AEIPS, the NGO running Housing First. Case management can also be used to connect Housing First service users to **externally-provided support that they require**, such as mental health services. Support can include:

- Help and case management in accessing welfare benefits and social services
- Help in re-establishing contact with families
- Support in accessing education and employment services
- Help in accessing mental health and health services
- Linking Housing First service users with community services
- Support with managing and sustaining housing
- Support in maintaining positive relationships with landlords and neighbours
- Personal care

Casas Primeiro offers a flexible mix of direct support and case management. A single, adaptable team of Housing First staff tailor support to suit individual needs and preferences. A weekly group meeting is used as the means to deliver peer support.

Results from Casas Primeiro have been positive. There have been large reductions in the use of emergency medical services and admissions to psychiatric hospitals. Results in housing sustainment are good. **Gains in health, well-being and social integration** have also been delivered, though as with other Housing First services these are not universal (see Chapter 1). Reported rates of satisfaction among service users are very high. More information on Casas Primeiro in both English and Portuguese is available from: http://www.aeips.pt.

Spain

HÁBITAT Housing First

HÁBITAT is the first example of a Housing First service to be developed in Spain. Developed by RAIS Fundación and starting operation in 2014, HÁBITAT provides a Housing First service to **38 people** in Malaga, Barcelona and Madrid. The HÁBITAT Housing First service follows the core principles of Housing First described in Chapter 2.

The focus of HÁBITAT is on homeless people with high support needs, including people with long-term and repeated experience of homelessness with experience of mental health problems and problematic drug/alcohol use. Some service users also have a limiting illness or disability. An evaluation of HÁBITAT, including a control group, is ongoing. HÁBITAT offers a **mix of private rented and social rented housing**, although it was reliant on the private rented sector in Barcelona in 2015.

The support provided by HÁBITAT is modelled on an ICM approach. There is a general coordinator, a coordinator based in each city and two Housing First staff, who are social-work trained and trained in adult education, in each city. The fidelity of HÁBITAT to the original Pathways model of Housing First has been tested and it has been assessed as having **high fidelity with the Pathways model**[152] (note, however, that HÁBITAT is an ICM model; it does not have an ACT team like the original Housing First service in New York, see Chapters 1, 2 and 3).

The composition, intensity and nature of support is determined by each Housing First service user and the team is designed to respond flexibly, varying the support according to the specific preferences and needs of each person using Housing First. The support can include:

- Help and case management in accessing welfare benefits, social and health services
- Help and support when dealing with public services
- Support in accessing education and employment services
- Support with managing and sustaining housing
- Help in re-establishing contact with families
- Support in maintaining positive relationships with landlords and neighbours
- Support with personal care, daily life and leisure activities

The use of an ICM model means that HÁBITAT works in close cooperation with other services, with a reliance on case management of externally provided services to meet the expressed needs of Housing First service users.

HÁBITAT was still a new service in 2015, but an independent evaluation had already shown positive results for its first **6 months of operation**. The economic aspect of the research showed the HÁBITAT programme performing with similar costs to those of more traditional services. However, HÁBITAT was delivering better results, especially in the areas of housing sustainment and housing satisfaction; giving Housing First service users a sense of security and helping them develop relationships with their families. More information about the initial stages of HÁBITAT is available at https://www.raisfundacion.org/en/what_we_do/habitat (English) and https://www.raisfundacion.org/es/que_hacemos/habitat (Spanish).

152 http://issuu.com/rais_fundacion/docs/presentaciones_habitathf_web?e=5650917/30872088

Sweden

Housing First in Sweden

Unlike Denmark, Finland and Norway, Sweden had not introduced a national programme with a clear focus on Housing First by 2015. Housing First as a programme, philosophy, method and service had, however, been introduced and incorporated in local homelessness strategies and action plans. In addition, Housing First was also incorporated into strategic documents like the new directives on the treatment of substance misuse from the National Board of Health and Welfare.

The first two Housing First services in Sweden started in 2010 (Stockholm and Helsingborg) and have been evaluated. In 2013, the Housing First service in Helsingborg became a permanent part of the social housing programme in the city. At that time, **the housing retention rate was 84%**. The Housing First pilot is now being up-scaled and the results of the pilot will be implemented within the social housing programme in Helsingborg.

In late 2015, 14 municipalities had Housing First services. They all follow the core principles of Housing First, but there are differences in their operational details. Performance is reported as universally good for all these Housing First services, both in terms of **service-user satisfaction and housing retention rates**. The target group of all the Housing First services in Sweden are homeless people from what is called 'Situation 1'. Situation 1 is equivalent to category 1 and 2 of the FEANTSA ETHOS typology (rooflessness): people rough sleeping and people staying at night shelters.

Evaluations of Housing First are ongoing and will produce results that compare Housing First models. In Gothenburg, the Housing First service uses one ACT team and two ICM teams. In other municipalities, support is provided by social workers employed by social services. In one of the municipalities, the whole programme is run by a NGO. In two municipalities, so far, the support services are provided under contract from the City Mission by the social services. In this context, it will be very useful to identify what the key ingredients are in the support given **that make Housing First work so well in Sweden**. Housing First has been introduced in a context of ongoing, very significant, reform in welfare services and social housing systems in Sweden.

A formal network has been created for all those municipalities that use Housing First services. They meet regularly and discuss different aspects of Housing First. At the last meeting, commonalities and differences between the different services were discussed and a special session focused on how the different services worked with difficult cases.

For more information, see: http://www.soch.lu.se/en/research/research-groups/housing-first (English)

The United Kingdom

SCOTLAND

Glasgow Housing First

Turning Point, an NGO, began developing the UK's first Housing First service in Glasgow, Scotland in 2010. Glasgow Housing First follows all the core principles described in Chapter 2.

The Glasgow Housing First service was developed primarily in response to **increasing levels of drug-related deaths** among the lone adult homeless population. The focus was therefore on problematic drug and alcohol use among homeless people, not on severe mental illness or long-term homelessness as is the case for many other Housing First services, although both mental health problems and sustained experience of homelessness were often issues for the people using Glasgow Housing First. Led by Turning Point, Glasgow Housing First was developed in cooperation with and with financial support from the municipal government of Glasgow, the Police, the Scottish Government, the National Health Service and social landlords.

In 2015, Glasgow Housing First was supporting 34 people and had a capacity of up to **42 people**. Housing was provided through joint working with the social landlords operating within Glasgow.

The support team is led by a service manager and has a coordinator and two assistant coordinators. Direct support to Housing First service users is provided primarily through three peer support workers, who in 2015 had up to **14 service users to support**. The peer support workers are all people with direct experience of homelessness and problematic drug/alcohol use, i.e. experts by experience who are also trained Housing First support staff. Glasgow Housing First is unusual in European examples of Housing First (and also differs from many North American examples of Housing First) because it uses experts by experience as frontline providers of support, rather than having separate peer support workers. Systems for training people with experience of drug and alcohol use as workers and counsellors are relatively well established in the UK. Support is also provided by other staff when required.

Support is designed to suit individual need and preferences and varies accordingly. The service is described as providing support to each Glasgow Housing First service user that can vary on a week-by-week basis, depending on what they wish for and what their needs are. On average, service users receive **two visits a week from a peer support worker**. The meetings take place according to the preference of the service user, sometimes in their own home, but also in cafés or in the team's office space. Case management is used to connect Glasgow Housing First service users with psychiatric, medical and other services that the Housing First team do not provide directly.

The organisation of support uses a fluid, flexible approach centred on a core team that also encompasses an element of case management. As with some other European Housing First services, this is an **individually-tailored and flexible response to expressed needs for support**, rather than strictly following an ACT or ICM model.

In 2015, rates of housing sustainment among Glasgow Housing First service users were very high and improvements in mental and physical health and in drug/alcohol use were reported. Progress in relation to social integration was more mixed, as has been reported for other Housing First services (see Chapter 1). There were plans to expand use of Housing First into neighbouring municipalities.

More information about Glasgow Housing First is available at: http://www.turningpointscotland.com/what-we-do/homelessness/glasgow-housing-first/

ENGLAND

Housing First England

Housing First England is a project which aims to raise the profile of, share learning about and evaluate the use of Housing First across England. **Homeless Link, the national membership body for the homelessness sector in the UK**, will be delivering the project starting in 2016. They will support statutory and third-sector organisations nationally and locally to further develop and deliver the approach in England, and will work with researchers to build an evidence base for Housing First in England.

More information is available from: www.homeless.org.uk

Camden Housing First, London

SHP is an NGO operating in London. SHP has developed and operated a number of Housing First services, including services that used social housing. During 2012-2014, a pilot service developed in cooperation with the municipal government was operated in the London Borough of Camden. This service followed the core principles of Housing First described in Chapter 2.

The **successful pilot of Camden Housing First**, which was later expanded into a larger service, is an example of a low-resource implementation of Housing First. High need homeless people were selected for the Housing First service on the basis that they had repeated, *unsuccessful*, contact with the highly-developed homelessness services in Camden. A minimum period of three years' unsuccessful use of existing homelessness services was the main criteria for referral, although the small group supported (up to 10 people at any one point) had often been using homelessness services for much longer.

Support was delivered by a team of three, a manager and two Housing First workers, who each had a caseload of up to five people. Camden Housing First was entirely reliant on using the private rented sector. Existing practice in tenancy sustainment or floating support services for vulnerable homeless people in the UK is **to provide a mixture of emotional support, practical advice, information and case management** using quite infrequent contacts, e.g. a couple of hours' support during the course of a two-week period. Camden Housing First took this existing approach and greatly intensified it, raising the level of contact to several hours a week, with the capacity to vary according to expressed needs. The organisation of the support was highly flexible, varying according to individual need and preferences and often changing on a weekly basis.

Alongside their role in providing support, the two Housing First workers also had to find and secure private rented housing, without being able to offer any incentive to private rented landlords in one of the most overheated housing markets in Europe. Support and case management were delivered while simultaneously sourcing appropriate private rented housing.

While housing could take a fairly long time to secure, the speed at which this was possible was still greater than could be achieved in seeking social housing in London. Housing sustainment was **achieved and gains in mental health, physical health and social integration** were also observed. There was also some progress in respect of drug and alcohol use, although the group of service users being supported was small.

More information about the Camden Housing First service pilot can be found at: http://www.shp.org.uk/story/housing-first-provides-stability-chronically-homeless-people

Changing Lives, Newcastle-Upon-Tyne

Changing Lives is an English NGO which operates a Housing First service in Newcastle-Upon-Tyne in the North of England **in cooperation with the City of Newcastle municipality**. The Changing Lives Housing First service follows the core principles of Housing First described in Chapter 2, although it has an operational difference with some other European Housing First services.

The Housing First service is focused on long-term homeless people. This group includes 'entrenched' (i.e. long-term) rough sleepers and people who are long-term and repeat users of existing homelessness services whose homelessness has never been resolved. The main form of housing used is private rented sector houses and apartments, but the service was negotiating with social landlords during the course of 2015. In 2015, the Housing First service was working with **38 people**, with the capacity to support up to **60 individuals and couples**.

Support is arranged via a case-management model which is based on an intensification of the existing support model for homeless people with support needs. There is a longstanding practice in the UK of using case-management led, low-intensity mobile support services for homeless people housed in ordinary housing. This model has been modified for Housing First, reducing caseloads and increasing the time spent with service users very significantly. Support can be raised, lowered and altered as and when requested and required for each Housing First service user. There is less emphasis on pursuing a recovery orientation in support service delivery (see Chapter 2 and Chapter 3.2), with a focus on realistic goals allowing for the support needs and enduring physical and mental health problems that many Housing First service users have.

High levels of housing sustainment are being achieved, alongside improvements in mental and physical health and in the use of drugs and alcohol. **Levels of social integration are also improving** among Housing First service users. Again, these positive achievements are not universal, as is the case for all Housing First services (see Chapter 1).

An observational evaluation of Changing Lives and other examples of the English implementation of Housing First services is available at https://www.york.ac.uk/media/chp/documents/2015/Housing%20First%20England%20Report%20February%202015.pdf More information on Changing Lives Housing First in Newcastle is available via: http://www.changing-lives.org.uk

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