

Housing First and Housing Led Policies in Europe

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Some Remarks to Prevent Misunderstandings

- ➡ What the speaker is:
 - ➡ Researcher with 25 years of experience in research focussing on homelessness and housing exclusion in Germany and Europe
 - ➡ Coordinator of European Observatory on Homelessness (FEANTSA) and Housing First Europe project; familiar with HF approach and treatment first/staircase systems, barriers for access to housing, involved in project on prevention of evictions in all 28 EU member states
- ➡ What the speaker is NOT:
 - ➡ Great fan of US welfare systems
 - ➡ Praising existing homelessness policies in Germany or elsewhere in Western Europe as blueprint for other countries

Outline of Presentation

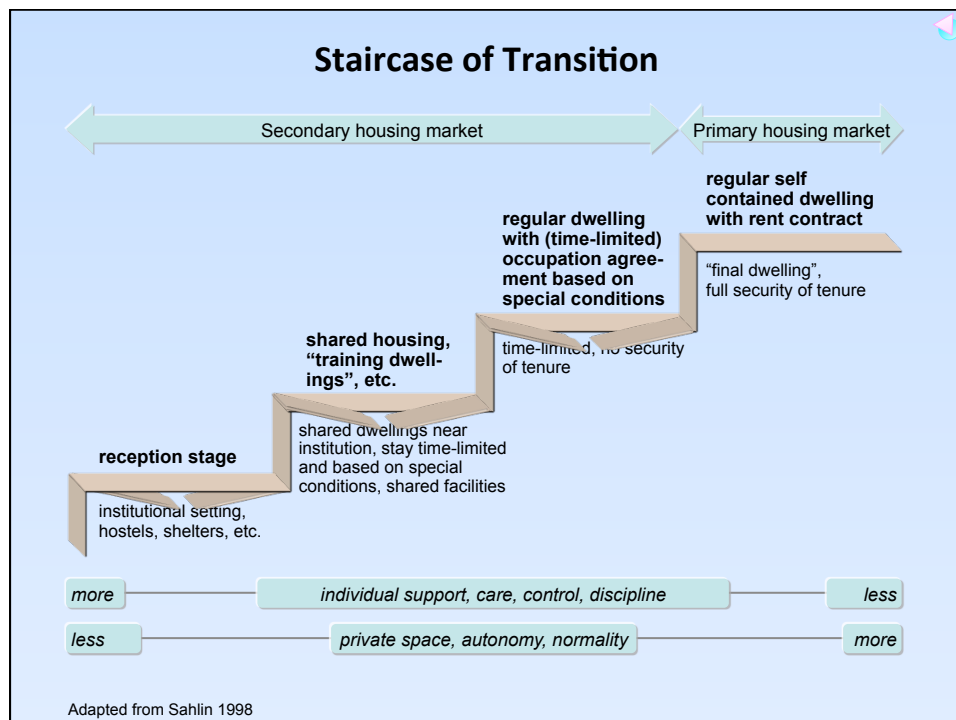
- ➡ What is Housing First (in the European context)?
- ➡ Housing ready approaches and staircase systems
- ➡ Research findings from Housing First Europe project
- ➡ Challenges and lessons learned
- ➡ Recent developments and further evidence
- ➡ Housing First and Housing Led, from pilot projects to broader policies
- ➡ Conclusions and recommendations

What is Housing First in the European context?

- ➡ Housing First provides homeless people with immediate access to ordinary scattered housing and on-going support
- ➡ Housing First approach fits long-term trends in social services
 - ▶ De-institutionalisation and decentralisation of service provision
 - ▶ Normalisation of living conditions (including housing conditions)
 - ▶ Individualisation of support
 - ▶ From place-centred support (supported housing) to person-centred support (support in housing)
- ➡ Alternative to staircase systems and approaches requiring “treatment first” and making people “housing ready” before they can move to ordinary, permanent housing

Staircase Systems/Treatment First in Europe and elsewhere

- Idea of « treatment first » still widespread in many countries. Exclusion of homeless people with severe problems (addiction, mental health, double diagnosis) from regular housing legitimized by assumption that they are not able to sustain a tenancy, not «housing ready»
- Hence either only urgency system (shelter, food) or system of services to make homeless people «housing ready»
- More advanced types of making people «housing ready» include different stages where homeless people should change, learn to live abstinent/ overcome their problems
- Staircase systems / «Continuum of Care», with different number of steps, more or less sophisticated

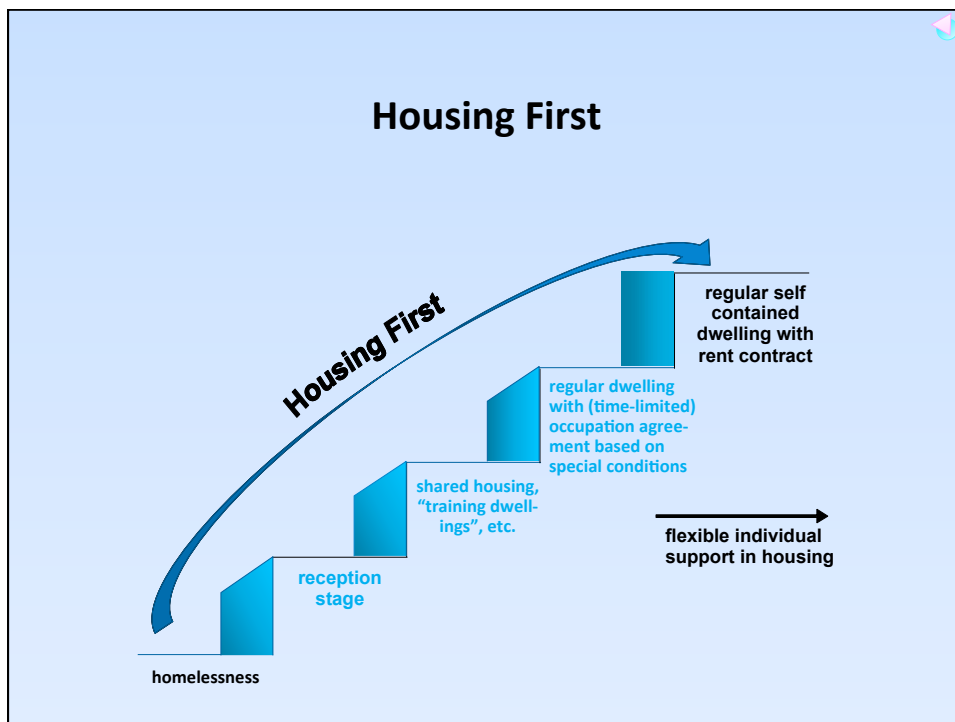


Critique of Staircase Systems

- Stress and dislocation because of need to move between different "stages », revolving doors, «frequent flyers»
- Little privacy and autonomy at lower stages, lack of service user choice and freedom (human rights?)
- Standardised support in different stages
- Skills learned in structured congregate settings often not transferable to independent living situation
- Final move to independent housing may take years (or never happen) and too many clients get "lost"
- Homelessness may increase rather than decrease with such systems (extending lower stages, bottleneck at upper end)

Critique of Staircase Systems

- In Sweden homelessness in «secondary housing market» (shelters, hostels, training flats) grew rapidly after introduction of staircase systems and remained lower where it was not introduced.
- Stepsystem in Vienna: grew by more than 80 % between 2005 and 2011 (when it reached 4,500 places); annual costs: € 43 m
- Landlords refer potentially «risky» tenants back to the secondary housing market, barriers for access to housing increase («housing readiness certificate», no applicants without regular income.....)
- «Success» in the staircase system means having to move on, disrupting any contacts with community in and outside the house
- Most people with addiction or mental health problems live in regular housing, why should it not be possible for homeless people?



Housing First: Learning by doing

- ➡ Ending Homelessness instead of managing it
- ➡ Swimming can better be learned in the water than anywhere else
 - ▶ Maintaining a tenancy can best be learned while having one
- ➡ Challenges:
 - ▶ Regular payment of rent and utilities, managing scarce financial resources, regulating debts,
 - ▶ getting along with neighbours,
 - ▶ keeping a household, cleaning, cooking, shopping,
 - ▶ coping with loneliness, having visitors and controlling the door,
 - ▶ setting and following individual goals,
 - ▶ finding something meaningful to do.....

Eight principles of Pathways to Housing (Pioneer of Housing First in New York in 1990s)

1. Housing as a basic human right:
(Almost) Immediate provision of self-contained housing without condition to be “housing ready”
2. Respect, warmth and compassion for all clients
3. A commitment to working with clients for as long as they need
4. Scattered-site housing; independent apartments
5. Separation of housing and services (Services are provided on voluntary basis, though weekly visits have to be accepted)
6. Consumer choice and self-determination
7. A recovery orientation
8. Harm reduction

What is NOT Housing First

- Approaches requiring preparation, therapy, abstinence
- Projects requiring to complete previous steps in a programme to make clients “housing ready” outside the housing market
- Programmes which offer transitional housing, temporary accommodation and other types of housing where the stay is time-limited and dependent on the duration of support
- Shared housing (where this is not common for low income people and if it is not the expressed will of service users)
- Projects which evict tenants because of reasons over and above those which are standard in rental contracts
- At least controversial: Congregate housing with on-site support

The Framework of Housing First Europe

- ➡ Social experimentation project funded by European Commission
 - ➡ Evaluation of five test sites and mutual learning with five peer sites implementing (elements of) the approach
 - ➡ 5 test sites (Amsterdam, Budapest, Copenhagen, Glasgow and Lisbon)
 - ➡ 5 peer sites (Dublin, Ghent, Gothenburg, Helsinki, Vienna)
 - ➡ High profile steering group (including Sam Tsemberis from Pathways to Housing, Prof. Suzanne Fitzpatrick, Prof. Judith Wolf, Feantsa, Habitact,...)
 - ➡ Project period: August 2011 to July 2013
 - ➡ Main contractor: Danish National Board of Social Services
 - ➡ Coordinator: The speaker

The Framework of Housing First Europe

- ➡ European evaluation based on local test site evaluations of
 - ➡ Dorieke Wewerinke, Sara al Shamma, and Judith Wolf (Amsterdam)
 - ➡ Boróka Fehér and Anna Balogi (Budapest)
 - ➡ Lars Benjaminsen (Copenhagen)
 - ➡ Sarah Johnsen with Suzanne Fitzpatrick (Glasgow)
 - ➡ José Ornelas (Lisbon)
- ➡ Local evaluations had different focus, different starting points and time-frames and followed different evaluation concepts. European report outcome of systematic collation of results on a number of guiding key questions
- ➡ Report: http://www.giss-ev.de/giss-ev/tl_files/giss/upload/Pdf/FinalReportHousingFirstEurope.pdf

HFE test sites

- Five different test sites in five different welfare regimes
- Followed PtH in many respects but none of them exact replica
- No fidelity test, but main principles of PtH broadly covered by 4 of 5 HFE Test Sites; all served homeless people with complex and severe support needs
- Weekly visits condition (in Lisbon six visits per month)
- Client-centered approach, individual support plans
- Relatively high staff-client ratios: 1:3-5 to 1:11
- 24/7 availability of staff (mobile phone for emergencies)
- Budapest special case

HFE test sites – Deviations from “pioneer model” (PtH)

- Deviations (confirming need for “programme drift”)
 - ▶ Target group everywhere people with complex needs, but only in one project restricted to people with diagnosed mental illness; one project targeted exclusively people with active addiction
 - ▶ ACT only used in Copenhagen, close cooperation with specialist services (addiction, mental health) in 3 of 4 others
 - ▶ Copenhagen also provided opportunity to analyse (and compare) effects of both, congregate housing and scattered housing, all others used scattered-site housing only
 - ▶ Use of social housing (in 3 projects), using allocation rights with priority for homeless people in social housing (esp. in DK and UK)
 - ▶ Direct contracts with landlords (in 3 projects, with pros and cons)
 - ▶ No use of peer-experts in 2 projects

HFE test sites – The special case of Budapest

- Budapest included in HFE because one of very few programmes in CEE-countries integrating rough sleepers directly into mainstream housing with support, sharing some principles of Housing First approach
- But some important elements missing
 - ▶ Support time-limited to one year, of low intensity (1:24) and provided by outreach workers in addition to full-time jobs
 - ▶ Financial support with housing costs too little and time limited as well
 - ▶ Long-term housing retention no explicit target (main aim to clear forest area of homeless people)
- Good example on challenges for HF in weak welfare state

Client profile and support needs

- Lisbon project probably highest share of clients with psychiatric diagnosis, but lowest proportion of people with addiction to drugs and alcohol (29.7%)
- High proportion of substance abuse in other projects, highest in Glasgow (where it was eligibility criterion)
- Single long-term homeless men, aged 36-45 and older, predominate
- Most nationals, significant proportion of ethnic minorities in Amsterdam, Copenhagen and Budapest
- Support needs: housing, finances, mental and physical health, worklessness and social isolation

Housing retention rates in Housing First Europe test sites

	Amsterdam	Copenhagen	Glasgow	Lisbon	Budapest
Total number of service users housed	165	80	16	74	90
Unclear cases (death, left to more institutional accommodation, left with no information if housed or not etc.)	23	16	2	6	na
Basis for calculation of housing retention	142	64	14	68	na
Positive outcome (still housed)	138 (97.2%)	60 (93.8%)	13 (92.9%)	54 (79.4%)	29 (< 50%)
→ Still housed with support from HF programme	122 (85.9%)	57 (89.1%)	13 (92.9%)	45 (66.2%)	0
→ Housed without support from HF programme	16 (11.3%)	3 (4.7%)	0	9 (13.8%)	29 (< 50%)
Negative outcome (lost housing by imprisonment, eviction, "voluntary" leave into homelessness etc.)	4 (2.8%)	4 (6.3%)	1 (7.1%)	14 (20.6%)	na

Source: Local final reports, own calculations

High housing retention rates

- Positive results for 4 of 5 HFE test sites, despite differences regarding target group and organisation of housing and support
- Data not as robust as in some US studies, no control groups
- Nevertheless results confirm a number of studies in the US and elsewhere that homeless people even with the most complex support needs can be housed in independent, scattered housing
- Adds to evidence of positive housing retention rates of HF approach for people with severe addiction
- Positive results for 4 of 5 HFE test sites, despite differences regarding target group and organisation of housing and support

Scattered-site housing preferable option for most

- Experience with congregate and scattered-site housing in same programme in Copenhagen
 - ▶ Strong indications that gathering many people with complex problems in the same buildings may create problematic environments, conflicts and unintended negative consequences
 - ▶ Clear preference of bulk of homeless people for scattered housing
- Observations from Finland confirm that individuals living in “Communal Housing First” still think of themselves as homeless and living in an institution (Kettunen, 2013)
- Results suggest that congregate housing should be reserved for those few persons who do either display a strong wish to live in such an environment or have not succeeded to live in scattered housing with intensive Housing First support

Challenges and lessons learned (1)

- Important challenge for most: Securing quick access to housing (and long waiting times in case of scattered social housing). Local shortage of affordable housing remains structural problem to be solved.
- It may also be difficult for some of the re-housed persons to overcome loneliness and social isolation and some may experience a “dip in mood”, especially if they live alone and have cut ties with former peer networks dominated by problematic substance use. If they don’t cut such ties they often find that “managing the door” might be a particular challenge.

Challenges and lessons learned (2)

- Housing First approach involves change in balance of power between service providers and service users, as compared with more institutional provision. To prevent disengagement of programme participants once they have been allocated permanent housing, support staff need to make support offers which are oriented towards the individual goals of programme participants and to meet their needs and preferences.
- Continued funding needs to be available to secure sustainability of projects and support for people with complex problems.
- In countries with weak welfare states on-going support with housing costs and the costs of living is needed.

Some new developments in Europe and elsewhere after completion of Housing First Europe

- Further evidence available:
 - Further evidence in Denmark, evaluation of national homelessness strategy
 - Canada: results of huge national *Chez Soi* programme
 - Largest study of this kind in the worlds (\$ 110 million), randomized control trial
 - Includes 5 cities (Vancouver, Winnipeg, Toronto, Montreal and Moncton)
 - High housing retention rates; costs savings for high need group, much better use of funds (but higher costs than treatment as usual) for moderate need group
 - HF approach did not work for about 13 % of participants
 - First results of large scale evaluation in France
 - Evaluations of projects in England (more than 10 new projects evaluated, high rates of housing retention)

Some new developments in Europe and elsewhere after completion of Housing First Europe

- New projects started:
- Belgium (see <http://www.housingfirstbelgium.be/>)
- Norway (part of new national strategy)
- New dynamics in Ireland (Dublin), Austria.....
- Dynamics in the South of Europe (Spain, Portugal, Italy)
- Erasmus+ project on Housing First in Central and Eastern European countries

Some new developments in Europe and elsewhere after completion of Housing First Europe

- European Conferences and new publications
- September 2013: European Research Conference on Homelessness: "Housing First. What's Second?"
- November 2013: European Peer Review on Danish Homelessness Strategy in Copenhagen
- New European review on "Improving Health and Social Integration through Housing First" (FEANTSA report)
- New articles and contributions to Housing First debate in European Journal of Homelessness
- FEANTSA develops toolkit on Housing First

Housing First and Housing Led From pilot projects to broader policies

- Most of the principles of HF as basic philosophy transferable to all groups of homeless people; less intensive support needed by many. And if it works for those with most complex problems, why should it not work for those with less severe difficulties?
- Jury on European Consensus Conference (2010):
 - “Given the history and specificity of the term ‘Housing First’”, the jury recommends to use ‘housing-led’ as a broader, differentiated concept encompassing approaches that aim to provide housing, with support as required, as the initial step in addressing all forms of homelessness”
 - The Jury therefore calls for a “...shift from using shelters and transitional accommodation as the predominant solution to homelessness towards ‘housing led’ approaches. This means increasing the capacity for both prevention and the provision of adequate floating support to people in their homes according to their needs.”

Housing First and Housing Led From pilot projects to broader policies

- Denmark and Finland stand out with national strategies based on Housing First (national pilots in France and Belgium, housing led policy in UK/Scotland; some cities promote HF, e.g. Vienna), but in general up-scaling slow process; why?
 - Against interests of some service providers, resistance by some
 - Lack of political will at national/municipal level? Cultural change (mind shift) needed in practice
 - Barriers for access to housing for most vulnerable groups are central problem (“Housing First is nice, but where is the housing?”)
 - Deserving/undeserving debate where housing shortage is a problem for broader strata of population; broader social housing strategies required
 - Lack of methods of needs assessment and of financing flexible support

Conclusions and Recommendations

- Housing First approach is to be recommended as a highly successful way of ending homelessness for homeless people with severe support needs
- Evaluations in Europe demonstrate once again that even homeless people with severe addiction problems are capable of living in ordinary housing if adequate support is provided
- Eight principles of Pathways to Housing appear to be a useful device for developing Housing First projects
- Ordinary scattered housing and independent apartments should be the rule; congregate housing should be reserved for the minority who wish to live there or couldn't manage in scattered housing with intensive HF support

Conclusions and Recommendations

- Conditions for success
 - ▶ Quick access to affordable housing must be procured
 - ◆ In Europe social housing should be resource when allocation can be influenced and access barriers can be removed
 - ◆ Potentials of private rental market or even owner-occupied sector
 - ◆ Social rental agencies and Y-foundation examples, how access to housing for homeless people can be improved
 - ◆ Further measures needed to overcome broader housing shortages (inclusionary housing, allocation rights....)
 - ▶ Housing costs (and costs of living for those who cannot earn it by work) must be covered long-term
 - ▶ Multidimensional support of high intensity must be available for people with complex needs as long as it is needed
 - ◆ Either integrated in one team (ACT) or by close cooperation with specialised services

Conclusions and Recommendations

- Support staff have to meet particular requirements:
 - ▶ Need to show respect, warmth and compassion for all clients and put service user preferences and choices at the core of their support work
 - ▶ Have to be able to build up trusting relationship
 - ▶ Support offers have to be attractive and meet the individual needs of their clients, always based on the firm confidence that recovery is possible.
- Huge savings should not be predicted if broader groups are included, but much more effective use of money spent

Conclusions and Recommendations

- Expectations of policy makers and service providers need to remain realistic. Ending homelessness provides a platform for further steps towards social inclusion, but is not a guarantee for it and for the most marginalised individuals relative integration might often be a more realistic goal than making people with complex problems “healthy, wealthy and wise” (Shinn and Baumohl, 1998).
- Nevertheless, for support workers the aim should always be to support clients in achieving the highest level of integration that is possible in their specific situation.
- Further attempts to successfully overcome stigmatisation, social isolation, poverty and unemployment are needed, not only on the level of individual projects, but also on a structural level.

Conclusions and Recommendations

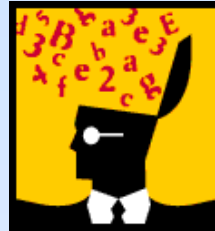
- To effectively reduce homelessness Housing First projects must be embedded in broader Housing Led strategies
 - ▶ Clear emphasis on improving prevention and access to housing for vulnerable groups – tackling structural problems is essential
 - ▶ Affordable housing on a broader scale must be made available for ALL groups in need of it, also for families and single parents with children, for people with migration background and for discriminated minority groups; choice and involvement is essential in this context as well (community development; empowerment...)
 - ▶ Services (floating support in housing) following HF principles for people with less severe needs
 - ▶ Innovative methods of needs assessment and of financing flexible support are needed

Conclusions and Recommendations

- Erroneous developments in the history of advanced welfare regimes should not be copied by others
 - ▶ Don't build up costly and ineffective staircase systems
 - ▶ So called "interim solutions" and "emergency measures" tend to become long-lasting, if not permanent
 - ▶ The costs of homelessness and housing exclusion should not be underestimated. Costs are not only caused by services for homeless people, but also in the criminal justice system, the police, the health system etc., let alone the human costs
 - ▶ The right to permanent housing is a fundamental human right and should not have to be "deserved"; alternative ways have to be chosen to tackle rent arrears and other tenancy related problems

Thank you for your attention!

- ✿ Questions?
- ✿ Comments?
- ✿ Criticism?
- ✿ Suggestions?



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