

‘Housing First in Europe’

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Research

Presentation Outline

- Linear approaches
- The 'Housing First' model
 - history
 - principles
 - outcomes
- Housing First in the UK
- Housing First in Europe
- Conclusion

Linear Models - 1

- Dominant in most developed countries
- Often referred to as 'staircase' or 'continuum of care'
- 'Progress' homeless people through separate 'transitional' residential services, into more 'normal' accomm.
- 'Treatment first' philosophy; indept. housing only provided when 'housing ready'

Linear Models - 2

- But, re complex needs group:
 - little evidence of effectiveness of transitional housing
 - high attrition rate
 - allows little room for 'haphazard' (non-linear) recovery from addiction / mental health problems
- Such concerns underpinned development of an alternative approach...

The History of Housing First

- First developed in New York, by ‘Pathways to Housing’, for chronically homeless people with severe mental health problems
- Bypasses transitional accomm; places street homeless directly into independent tenancies with support
- ‘Housing first’ *cf.* ‘treatment first’ (or ‘employment first’) philosophy
- Controversial initially; now widely endorsed

HF 'Pathways' Principles - 1

- Immediate provision of mainstream housing
 - independent self-contained flats (in PRS)
 - scatter-site (max 20% units in any apartment block)
 - 30% of income paid toward rent and utilities
- No 'housing readiness' prerequisites
 - do not need to exhibit indept. living skills
 - no requirements re sobriety, motivation to change etc.
- Harm reduction approach
 - departure from dominant abstinence approach in US
 - separates clinical issues from housing issues; clinical crisis (e.g. relapse) does not compromise housing

HF 'Pathways' Principles - 2

- Long-term ('permanent') housing and support
 - only evicted for same reasons as other tenants; evictees re-accommodated elsewhere
 - no time limits on support
- Comprehensive multidisciplinary support
 - ACTs: social workers, nurses, psychiatrists, peer counsellors, employment workers
 - delivered in home and community
- Consumer choice philosophy
 - choice re apartment / furnishings
 - choice re degree of engagement with support (above minimum level)
- Targets most vulnerable

HF 'Pathways' Outcomes

- Housing outcomes exemplary (80% retention over 2 years)
- Thus challenges assumption that homeless people with complex needs are unable to sustain independent tenancy
- Clinical outcomes mixed, but generally positive on balance:
 - Fewer emergency hospital visits
 - Negligible impact on mental health
 - Reduced alcohol consumption / drinking to intoxication
 - No increase in drug use
- Social isolation and financial difficulties common
- Highly cost-effective

Who Does HF 'Work' For?

- Severe mental health problems? – yes
- Active substance misuse? – less clear...
- But, very difficult to predict who will succeed anyway, in either:
 - independent housing
 - treatment for substance abuse / mental health problems

HF in the UK

- ‘Doing it already’? Some provision has elements of ‘HF-ness’, but departs from core principles:
 - used for med/low support needs clients
 - support time-limited
 - contingent on ‘engagement’
- Linear model remains dominant
 - implemented more flexibly than elsewhere (i.e. more ‘elevator’ than ‘staircase’)
 - ‘treatment first’ philosophy nevertheless prevails
 - UK’s first HF pilot underway in Glasgow, Turning Point Scotland (Heriot-Watt evaluation)

Receptivity to HF in the UK

- Spectrum of opinion (pro vs. anti), balance weighted toward pro
- Attractions:
 - avoidance of hostels (problems with shared living)
 - relaxation of time limitations
- Reservations:
 - availability of housing and revenue funding
 - heavily invested in current system
 - influence of drug misuse scale/type on outcomes?
 - potential exploitation/harassment or ASB (of / by users)
 - departure from ↑ interventionist policy agenda?

Transferability of HF to UK

- Replication to UK would not involve same paradigm shift in practice or philosophy as in the US:
 - harm minimisation approach mainstream
 - floating support well established
 - statutory homelessness system ('housing-led')
- But, entrenched views on housing readiness will take some shifting...
- Appetite to 'do whatever it takes', esp. for 'hardest to reach'/'failed in current system', 2012 target to 'end rough sleeping in London'
- HF potentially valuable 'part of the mix' of provision

HF in Europe

- Rapid expansion of HF pilots/programmes
- Endorsed by FEANTSA
- Promoted by EU - Joint Report on Social Protection and Social Inclusion (2010)
- Jury of European Consensus Conference on Homelessness (2010) called for:
 - shift away from use of transitional models
 - towards increased access to permanent housing (with support)

'Housing First Europe' Study

- Funded by European Commission
- 2 year project, beginning October 2011, a) research; b) mutual learning
- Examining HF implementation/effectiveness in:
 - Test sites: Amsterdam (Netherlands), Budapest (Hungary), Copenhagen (Denmark), Lisbon (Portugal), Glasgow (UK)
 - Peer sites: Dublin (Ireland), Ghent (Belgium), Gothenburg (Sweden), Helsinki (Finland), Vienna (Austria)

Open Questions in Europe

- Paradigm shift or a specific intervention model?
- Target group?
- Scatter-site or congregate housing?
- ACT v case management?
- Choice v interventionism?
- Resolving homelessness v wider social integration?
- Cost-effectiveness?
- Risks of, and limits to, HF?
- EU role in 'scaling up'?

Conclusion

- HF is:
 - an innovative approach to meeting needs of homeless people with complex needs
 - presents serious challenge to established views re. housing readiness for this group
- HF has swept across Europe – but many questions remain to be answered in the European context; ‘Housing First Europe’ study aims to help with this
- A paradigm shift or ‘part of the mix’?