

Chapter X

É UMA CASA, Lisboa Housing First A Program for People Who Use Drugs and Experience Chronic Homelessness

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Abstract

É UMA CASA, Lisboa Housing First project provides houses to people who use drugs and experience chronic homelessness and support them in order to guarantee their compliance to the project, social integration and autonomy. Project's main goal is to promote dignify living conditions and to guarantee that people will not return to their previous situation, living in the streets, where they were vulnerable and exposed to several risk factors.

We will describe É UMA CASA, Lisboa Housing First project focusing on its implementation, methodology and effective results. In order to contextualize how this project started we go briefly through a description of CRESCER and portuguese national context.

Keywords

Harm Reduction, Housing First, People Who Use Drugs, People Who Experience Homelessness

Introduction

CRESCER has been operating under the philosophy of harm reduction since 2001. Our intervention is focused on principles like pragmatism, humanism, respect for people's choices and proximity, allowing the creation of trustful relationships. CRESCER focuses its intervention on three main target groups – people who use drugs (PWUD), people who experience homelessness and asylum seekers, refugees and migrants. Our aim is to promote social inclusion by supporting the integration of vulnerable people. Until today, we are the only Portuguese institution that applies Housing First methodology to answer the needs

of people who experience chronic homelessness and use drugs, with or without other diagnosed comorbidities.

In Portugal, a law has been in force since 2001 which regulates responses in the area of addictive behaviors. This law, commonly known as the decriminalization law, allowed the development and implementation of several responses in the area of Harm Reduction, enabling outreach teams to contact with people

who previously were excluded from health or social structures. With this law, a reference network was created, engaging public and private structures which were implemented throughout the country, in order to offer Harm Reduction services to PWUD.

Working in line with Harm Reduction philosophy implies that all the responses promote the relationship with those who are being supported, respecting their choices and adopting pragmatic and humanistic intervention strategies. Harm Reduction approach is based on two main axes, humanism and pragmatism, which are fundamental and guide the type of interventions and practices that were being implemented with PWUD since 2001. Its innovative nature proved that drug-related issues should not be addressed by the criminal system, rather they required the expertise of doctors, psychologists, social workers and researchers. With the implementation of Harm Reduction structures, specially outreach teams, it became possible to contact with PWUD sooner, interrupting a pathway of degradation and exclusion.



Figure 1 - CRESCER outreach worker intervening with people who use drugs and are homeless.



Figure 2 - One of many places in Lisbon where people who experience chronic homelessness sleep.

Portugal policies in the area of addictive behaviors are a world reference. The decriminalization law promoted the creation of several health and social support services for PWUD, providing the tools to approach thousands of people who were marginalized.

However, some years after, a group of PWUD kept experiencing chronic homelessness. These people spent years going in and out of treatment and harm reduction programs and

could not adhere to any social or health structure. Facing this context, an alternative program had to be implemented focused on housing for PWUD and experience chronic homelessness.

É UMA CASA, Lisboa Housing First was implemented in 2013 as a harm reduction response to PWUD and experience chronic homelessness. This project arose in consequence of a social diagnosis carried out in the city of Lisbon in 2012 where it was estimated that more than 650 people were living in the streets, a lot of them with heavy alcohol and/or drug use.

We started our project as a pilot project, with a team constituted by a coordinator, a psychologist, a social worker and a peer worker. We also rely on a nurse and a psychiatrist, in cases of need. The project started with 7 tenants with an average of 15 years living in the streets. This methodology appeared to be an effective alternative for this target group since 89 per cent of the people who engaged in the program did not return to their previous situation. Over the years, we have continued to expand the project, spreading the area of intervention as well as the number of tenants. Until now, 53 people were integrated in our project. On average, tenants lived on the streets for 13 years, where they remained isolated and aloof from support structures.

We used to hear that these people did not want to get off the streets or could not live in houses. Our approach was to question this kind of statements. We began to think that the problem was the lack of an appropriate answer directed to this target group. We thought that an alternative program for PWUD and experience chronic homelessness had to be implemented and we took Housing First as a starting methodology. This methodology inverts the classical paradigm and puts the fact of being housed as a basic human right and as the initial factor of recovery. This methodology pretends to give an answer to the most complex cases. The project was designed to address to a multiple group of clients: PWUD, experience chronic homelessness situation, have already participated in various support programs without satisfactory results, did not adhere to other community services, dropped out from treatment programs, have been experiencing social exclusion, with extreme physical and psychological vulnerability and suffered from comorbid conditions.

We faced many obstacles at the beginning, in many ways. Most stakeholders had many doubts that the project could succeed working with cases of extreme vulnerability. Politicians, decision-makers as well as potential sponsors were not aware of this methodology and did not know about its benefits. At the same time, NGOs and others social and health structures did not believe in this type of approach and had erroneous beliefs and prejudices about this group of people. Some believe that people were living on the streets by choice or that chronic situations were the result of drug use or mental health disorders. Two entities, the City Council of Lisbon and the local Parish, supported É UMA CASA, Lisboa Housing First project and were available to evaluate and compare its results to other conventional responses, leading us to take a step forward.

The project: É UMA CASA, Lisboa Housing First

Since the beginning, this project remained faithful to Housing First principles. Housing First defends a methodology based on Harm Reduction philosophy, where the tenant is the conductor of his/her

life project and the intervention is individualized, attending his/her own needs. All tenants are weekly invited to group meetings that aim to give an active and participative voice to all the members.

In line with Housing First principles, we provide individual houses, scattered all over the city of Lisbon with the support of a specialized team. Each tenant has a case manager, who helps him/her accomplished is goals and needs. We work holistically, focusing on three stages of development: cognitive, relational and organizational capacities. Through a permanent support and a close relationship with the tenants, É UMA CASA, Lisboa Housing First offers an integrated answer designed in co-ordination with the beneficiaries themselves. Each person has specific needs that are managed by a case manager, named a psychologist or social



Figure 3 - The first day of a tenant in her house.

worker, who supports the subject during all the process of house adaptation, in terms of household management, linkage to care (e.g., specialized health appointments, psychological and psychiatric support, nursing care, harm reduction or treatment for drug addiction, etc.) and access to community resources. After housing, a 24/7 support team are available (with a minimum of 6 mandatory visits per month in residential context), personalized support in a perspective of “user as participant” and connection to health and social services. We support our tenants in their registration in local health centres and social services so they can integrate a regular structure (as opposed to being marginalised within institutions exclusively for vulnerable people). Case manager should support the tenant on his/her life reconstruction: defining the goals of the intervention and monitoring the progress. Moreover, we support tenants throughout the entire job seeking process and/or training/education program, providing solutions which are adapted to each case. We continuously monitor the daily needs and worries of our tenants through weekly group meetings with all the tenants where they can also improve their social relationships and share advice and experience with each other. Finally, we provide medical assessment and support in the administration of medicine, when necessary.

One of the main ideas of this methodology is to find the resources in the community, in order to promote social integration. CRESCER has a big network of partners, such as municipalities, health and social



Figure 4 - A tenant and his case manager in a weekly visit.

structures, parishes, food banks, associations, etc., to whom we refer our tenants depending on their particular needs. We do not want to create special services, instead we want our tenants to get access to the services as any random citizen. This allows savings for the State and avoids stigmas.

As we said before, to achieve project goals we seek solutions in the community. First of all, we seek houses in the standard real estate market and explain the project to all landlords,

making them our partners. We do the same with neighbours, local shop owners, and parish council and health service technicians. We also have a number of voluntary workers, who help our tenants in social and learning activities. Tenants and voluntary workers also help us in periodic food collection campaigns. We work closely with local communities because the final objective of the project is the inclusion of the person into the community, getting access to local services and reconnecting with social networks.

This team is committed to work with tenants as long as they need. In some cases, totally autonomy is accomplished, and the tenant is discharged from the program and other cases will need support for life. For this reason, in Housing First we work with a permanent support perspective. In order to engage all tenants with the project, they sign an agreement, were they formally commit themselves with two main rules, namely the team visits (at least 6 per month) and the 30% of income payment.

During this project, CRESCER has attempted to meet its goals, providing an adequate response for PWUD who are experiencing chronic homelessness. All the strategies applied have social inclusion as the final goal. As in any other of our projects, we try to develop positive relationships with the people we work

with to ensure that our intervention has an impact. We encourage the proximity with the tenants based on trustful relationships.

Our work begins when the future tenant is still living on the street, assisting him/her in order to support the transition from the street to a permanent housing. This allows constructing a relationship since the beginning which will be the foundation for all the specialized intervention aiming the subject's



Figure 5 - The moment of agreement formalization with a tenant.

autonomy. We believe that people must be involved in their own recovery.

Nowadays, the team has one case manager (psychologist or social worker) for every 10 tenants. The cost of the project is €21 per tenant per day. We count on the financial support of Lisbon City Hall, Montepio Foundation and PT Foundation. CRESCER coordinates the project activities but work together with several partners for the provision of goods and other resources, in order to guarantee project compliance.

We believe that one major factor of innovation in our project is that at Housing First methodology, subjects have an active voice. They have their own house rules, the possibility of choice and autonomy to care and personalize their own space. This methodology promotes an effective integration, encouraging relationships inside the community, autonomy and empowerment. People are integrated in the community (they have neighbours), are linkage and have access to community services (hospital, local public health centre, parish council, etc.) and use the community resources (they shop at local markets, use the public transports, go to public

library, etc.). The person is accompanied through the whole project by a case-manager. A confidence relationship is established between them, factor which really helps in the success of the project.

In short, É UMA CASA, Lisboa Housing First project aims: to facilitate an immediate access to permanent, individual and scattered housing in Lisbon; to create judgement-free and trustful relationships with each tenant; to promote personal choices, autonomy and a people-oriented response to enable recovery and empowerment; to provide specialized support by assigning a case manager who accompanies each tenant; to promote social and community integration, involving neighbours and local community in the recovery process as well as promoting access and support to local services; to promote group meetings involving the tenants in the project; to provide an individualised approach in which tenants are the main partners.

In 2018 this project won a very important national prize – the Gulbenkian Cohesion Prize, which helped to enhance the importance of this work and the necessity to further expand it to all the places where this social phenomenon is present.

Results

In order to help solving any problem a person might have, we believe that the first necessary step is to satisfy his/her basic needs. Housing is one of those basic needs. The direct positive effect of the project is the integration and improvement in quality of life of the tenants through providing access to



Figure 6 - A tenant cooking his own meal.

individual housing. The project allows a long-term benefit, since the tenants that receive a house do not quit the project (89%) and therefore, do not go back to the street. This basic need being satisfied, people become more structured and it is easier for them to communicate with professionals and embrace local services, engaging with health and social structures.

After entering the program, we observe daily the improvement of personal valorisation through the investment in personal care and household management. We also observe a decrease of risk behaviors, an engagement with specialized appointments and opioid substitution treatments and an increase in medication compliance. People often reduce or even stop drug use. In which concerns with social integration, we observe an engagement with healthcare and social services, access to social benefits and documentation, the reestablishment of contact with family, friends and neighbours and regular use of community resources. All these data support the idea that Housing First promotes a truly social integration and recovery.

Our impact in some numbers: 32 houses are currently given to 34 people (30 individual & 2 couples); 89% of the beneficiaries didn't go back to their previous situation; 75% of beneficiaries improved their autonomy: housekeeping activities, paperwork, food, health, social contacts, etc; 82% gets access to specialized appointments and treatment for addictive problems; 85% of them receive economic incomes; 85% are enrolled in public health centres; 90% of those in need started/re-started specialized appointments; 90% accepted to follow a medicine treatment; 90% reduced the consumption of psychoactive substances; it has proven less investment and cost per person than some shelter.

Employment is a difficult topic when working with people living in homeless situation. The population we work with stayed, in average, 14 years in the street, which means that most of them do not have any employment record for the past years. Nevertheless, we believe that if this target public is supported by charities that know them well, it is possible to find a way out. The proof is that 6 of our beneficiaries managed to get a job and 1 are receiving educational training. Thanks to the project results we manage to raise awareness of politicians and to place the topic in the national agenda.

Conclusion

In conclusion, we highlight that to provide a house with support, as proposed by Housing First methodology, promotes the autonomy and empowerment, personal valorisation, community integration and general wellbeing of PWUD and experienced chronic homelessness. This allows us to state that Housing First promotes a truly recovery.

This methodology can be applied by any structure in any city where people with chronic homeless situation live and it can eliminate potentially 100% the homeless issue in a territory.

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