

Homelessness as unfairness



HOME_EU

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INTRODUCTION

Scope and Purpose

José Ornelas*HOME_EU Principal Investigator*

The E-Book is one of the HOME_EU (GA/726997) deliverables and it is focused on information that was not comprehensively described in the sectorial studies integrated into each of the Work-packages. This E-Book provides the description of the overall research designs and methods selected to accomplish the overall project aims, as well as the implementation challenges of trans-national research efforts (many already included in procedural documents produced during the project). We also provide critical reflections the authors found to be relevant for the future.

The other aim of this E-book is the presentation of the development of Housing First Programs within the European Partner Countries, bringing in the vision and challenge of partner organizations implementing programs in diverse communities in very different stages of development.

Therefore, the content is composed of two main sections, one with a Research focus, and the other related to Housing First program development within partner countries.

SECTION I is focused on The HOME_EU Project: Overall Perspective and Challenges, and is composed by six chapters focused on the studies developed. Specifically, in Chapter I - HOME_EU Reversing Homelessness in Europe, authored by the PI and the Coordinating Team is an overview of the initial challenge and a reflection on how the overall aims were attained. Chapter II - Reversing the Unfairness of Homelessness: An Examination of Service User's Experiences of Housing First and Traditional Services in Eight European Countries, authored by Ronni-Michele Greenwood; Rachel Manning; Branagh R. O'Shaughnessy from the University of Limerick in Ireland - is focused on on a service user's specific contribution. Assuming that Housing First is developed as an alternative to the Staircase Model services for homelessness response, in this Chapter we emphasize the core features of an individual's recovery, the access of in-vivo supports, and, without treatment or sobriety preconditions.

The overall purpose of the Service User's studies was to document the experiences of the people involved and how they reported differences in their recovery paths from homelessness. The particular focus was on how Housing First potentiates the individual's ability to increase their capacity to "live a good life", based on the capabilities approach, and applied to this social group. This Chapter further describes how the studies were delineated and present the measures used for the quantitative protocol and the interview guide organized for the qualitative study.

On the critical reflection within this chapter, the authors emphasized the aspects associated with the services implementation efforts and the territorial scope of the projects and the programs in 31 European

Cities, where data were collected, and the effort posed in the measures translation in 8 European Languages.

The overall results by the Service Users of the Housing First Programs were that there are reports of more choice and control over their lives, more choice and satisfaction with the services and the supports, and more housing stability measured as more time spent in independent accommodation.

Finally, in this chapter's qualitative section, it is emphasized the importance of having a home to further enhance the individual's capabilities and strengthen participants to overcome persistent and prolonged homelessness situations.

Chapter III titled EU Citizens and Homelessness, authored by Owen Taylor, Sandrine Loubierre, Aurelie Tinland, Pascal Auquier from the Université d'Aix Marseille describes the implementation of a European public opinion survey. The final version of the European Citizen's opinion survey/study on Homelessness is composed of sections associated with KAP (Knowledge, Attitudes, and Practices) and WTP (Willingness to Pay), and was implemented through a telephone survey. Through this study we also probed to understand the partner countries' valuation of the Housing First model; and the final version was composed of sections from prior surveys. Concerning the data gathering, the French team was able to complete a final validation of 5631 surveys completed which comprised around 700 surveys for partner country.

The KAP section was focused on prevalence, the sources of funding, and the homeless people's life conditions including perceived causes of homelessness situations; homeless people's capabilities, empowerment, and community integration.

The survey also included the perceived magnitude of the phenomenon and the role of Governments in terms of intervention and spending. Related to practices, the questions were focused on donating, volunteering, and citizen's interactions with homeless people.

Concerning the valuation of Housing First as an innovative social policy and the WTP for this social policy, the results integrated into the project deliverables are quite illustrative of the public support to the solutions focused on providing housing to the homeless people and the need of further investments to design and implement policies able to respond to this extreme social phenomenon.

All the measures were also translated into the 8 European participant languages and the procedure is described in this chapter. The authors finalize the piece with an overall presentation of the measures selected to compose the survey that corresponds to one of the Project published outputs.

Chapter IV is focused on a reflection about new Strategies to Study Organizations with people experiencing Homelessness: The Service Provider's Study, developed by Francesca Desperati; Marta Gaboardi; Michela Lenzi; Alessio Vieno; Massimo Santinello from the University of Padova in Italy. The overall purpose of this contribution is to document the experiences of those who work with people who experience homelessness, gathering information on the factors affecting their professional performance. Through a qual-quantitative process of studies we probed to understand how professional aims are being attained and the difficulties or barriers encountered. The studies were also organized to provide information on how Housing First Programs are introducing changes on how the way services are provided and on the main differences from the staircase traditional homelessness services. The services

for homeless populations are emotionally straining due to constant exposure to the extreme situations that homelessness experiences represent; the organizations are often financially constrained with consequences in high levels of professional turnover, vague definition of roles, and lack of specialized training. The professionals' work conditions and specialized training are crucial for the effectiveness of the services provided.

The measures and guides deriving from the qualitative and quantitative studies were all translated in the 8 partner languages and the studies sections provided us opportunities to expose in the project deliverables analysis on the services profiles including core features, levels of burnout, work engagement and balance, as well as user's capabilities promotion. All these attained through semi-structured interviews with teams, program leaders, and photovoice projects. From this stage derived the SER PRO Questionnaire with 6 dimensions and 24 items that is a relevant new tool to further understand how we may realize and systematize the professional's experiences.

The Chapters V and VI are intertwined and are two pieces resulting of efforts entailed to further understand the political dynamics and trends concerning the social policies on homelessness advancements and implementation efforts. Specifically, Chapter V was titled Homelessness Policies in 8 EU countries: An analysis on Policy formation and implementation, developed by the ISPA-IU Team, Maria Vargas Moniz; Fátima Jorge-Monteiro; José Ornelas, and Chapter VI - Housing First & Homelessness Challenges: A Focus Group with international experts, by Maria Vargas Moniz, included the transcription and analysis of a focus group discussing in-depth models and trends on the advancement of Housing First in Europe and the United States.

SECTION II of the E-Book is focused on the implementation of Housing First Programs in EU Countries: Contributions towards ending Homelessness in Europe, and brings us contributions from Poland, Sweden, and Portugal. The Chapter VII – From Evidence to Practice: Implementation of Housing First Program in Poland, authored by Anna Bokszczanin; Aleksandra M. Rogowska from the University of Opole in Poland; Chapter VIII - The Emergence and dissemination of Housing First in Sweden, by Mats Blids; Ulla Brejer, Hakan Kalmen from the Karolinska Institutet; and Chapters IX and X brings us a report on the implementation of two housing first programs in Lisbon, Portugal, coming from the civic organizations that were project partners and provide an illustration of their journey and the attained results on the implementation of Housing First Programs in the Country. Chapter IX - Casas Primeiro Program: Ten years of Housing First in Portugal, by Teresa Duarte & Inês Almas from the organization AEIPS (Associação para o Estudo e Integração Psicossocial) and Chapter X - É UMA CASA Lisboa Housing First: A program for people who use Drugs and Experience chronic Homelessness by Américo Nave; Cristiana Merendeiro; Maria Carmona from the Association. These contributions probe to document the structure, the challenges, and the advancements of conducting transnational, multicultural research endeavors focused on attaining socially relevant political aims such as ending homelessness in Europe.

SECTION I

The HOME_EU Project: Overall Perspective and Challenges

Chapter I

The HOME_EU Project on Housing First as a Path to End Homelessness in Europe

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Abstract:

Homelessness is a persistent, prevailing and life threatening and deprivation situation that is the expression of major structural, institutional and circumstantial maladjustments. In this contribution we provide some background information about the contributions upon which the HOME_EU Project is anchored, how we perceived and structured the Horizon 2020 challenge, and reflect upon the potential impacts for the present and future strategies to reverse homelessness in Europe.

Key Words

Homelessness – Housing First - Social Impact

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The author thanks all the partner teams for their investment, persistence and capacity to entail the predicted and unpredicted practice and theory-driven contributions for the completion of all the aims of the HOME_EU Project.

The HOME_EU Project Background

The HOME_EU Project emerged from a longstanding experience of research and intervention with University-Community partnerships in areas associated with community mental health, deinstitutionalization and social integration of people with severe mental illness. Since 2009, we coordinated a National Research Project “Capabilities Approach and Integration of People with Mental Illness” [PTDC PSI-PCL/113301/2009 Fundação para a Ciência e Tecnologia], that resulted in contributions for an in-depth understanding of the potential of crucial roles for practice of constructs such as Empowerment, Recovery (Jorge-Monteiro; Ornelas, 2016 a and b), and the applicability of the Capabilities framework within Community Mental Health (Sacchetto... Ornelas, 2016; Sacchetto, Ornelas, Calheiros and Shinn, 2018).

During the same year of 2009, the Housing First model for long-term homelessness, severe mental illness and substance use, was introduced in Portugal through a state-community-university partnership, with a Protocol signed amongst the stakeholders and international consultants Sam Tsemberis and Marybeth Shinn.



Protocol signature at ISPA – Instituto Universitário with Teresa Duarte (President of the Board of the AEIPS, the implementing NGO), Edmundo Martinho (Director of the Social Welfare Institute), Marybeth Shinn (Vanderbilt University), Sam Tsemberis (Pathways to Housing) and José Ornelas (ISPA – University Institute Lisboa, Portugal).

This pilot-project with 65 houses, supported by the Ministry of Social Welfare, and integrated in the 2010 European year against Poverty and Social Exclusion¹.

Link for Video “Getting out of Poverty - Manuel – Portugal, available at:

https://ec.europa.eu/employment_social/2010againstopoverty/mediagallery/video_en.htm

The program was progressively integrated in intervention programmatic initiatives, including the national homelessness strategies (2009-2013²), and later the (2017-2023³). The development of Housing First programs⁴ was crucial for the understanding and documentation of the challenges associated with the implementation of an individual, scattered, and permanent Housing First Program for people with long-term homelessness experiences, and severe health, mental health and/or addiction related situations (Ornelas, Martins, Zilhão, Duarte, 2014; Ornelas, Jorge-Monteiro, Duarte, 2014; Ornelas, Esposito, Sacchetto, 2014; Martins, Ornelas, Silva, 2016).

During the previous years of entailing the HOME_EU Project there were intensive network building

¹ Link for Video “Getting out of Poverty - Manuel – Portugal, available at:https://ec.europa.eu/employment_social/2010againstopoverty/mediagallery/video_en.htm

² National Strategy for the Integration of Homeless People: Prevention, Intervention and Follow-up http://www.seg-social.pt/documents/10152/13334/enipsa_2009_2015

³ National Strategy for the Integration of the Person in an Homelessness Situation <http://www.enipssa.pt/enipssa>

⁴ In 2009 with the Associação para o Estudo e Integração Psicossocial (www.aeips.pt); In 2011 with the Municipality of Cascais and the NGO “Gaivotas da Torre” <https://www.redesocialcascais.net/respostassociais/clube-gaivotas-da-torre-apoio-alimentar/>; in 2013 with the Associação CRESCER – Associação de Integração Comunitária (www.crescer.org/)

efforts in different locations including the European Countries United States and Canada, with whom we have long-standing research and practice exchange within scientific organizations (e.g. Society for Community Research and Action; European Community Association; European Federation of Psychology Associations, and other extended world-wide networks), and also extended network of Housing First program implementation partners that organized Conferences in Lisboa (2013), Limerick (2015), Padova (2018) and the next is planned for Toronto (2021), that are crucial for efforts for sustainability, mutual support, and socio-political influence. Prior academic, research and intervention practice was also crucial to delineate a project that reflected both the knowledge of the field of intervention in direct contexts on providing housing and supports for people with long term experiences of homelessness.

HOME_EU Reversing Homelessness in Europe: The Challenge

The project was integrated in a call on reversing inequalities with the reference H2020-SC6- REV-INEQUAL – 2016, that challenged proponents to advance an empirically informed European Theory of Justice and fairness.

The consortium was composed of **7 Universities** (ISPA - University Institute, Portugal; UNIVERSITY OF LIMERICK, Ireland; UNIVERSITA DEGLI STUDI DI PADOVA, Italy; UNIWERSYTET OPOLSKI, Poland; STICHTING KATHOLIEKE UNIVERSITEIT, The Netherlands; UNIVERSITE D'AIX MARSEILLE, France KAROLINSKA INSTITUTET, Sweden; **one Municipality** CAMARA MUNICIPAL DE LISBOA, **one Federation** EUROPEENNE D'ASSOCIATIONS NATIONALES TRAVAILLANT AVEC LES SANS-ABRI, Belgium, and **3 NGO's** ASSOCIACAO PARA O ESTUDO E INTEGRACAO PSICOSOCIAL, Portugal; CRESCER, Portugal, and RAI S, Spain.



Final Congress, Madrid June 2019

This consortium was characterised by different forms of diversity namely different organizational structures, differentiated backgrounds and fields of expertise including the concrete intervention with Housing First and Stair Case Model Services and outreach teams; the consortium also integrates policy stakeholders associated with direct implementation of policies and financing programs; researchers were also integrated coming from different scientific fields, including psychology, clinical and medical sciences, and health economy, epidemiology, social work, and political science. Each of the partners played a different roles focused on responding to the challenge here organized in three main vectors: a) the systematization of personal accounts of inequality; b) Housing as a Human Rights approach to Homelessness, and c) Facilitate the social dialogue about integration.

a) Systematization of personal accounts of inequality

Within the HOME_EU consortium we acknowledge the power and relevance of experiential knowledge (e.g. Borkman, 1976; Baillergeau & Duyvendak, 2016), therefore our studies proposed were delineated to gather systematized information to document circumstances, opinions, experiences and narratives (first person accounts) about how Homelessness is an expression of extreme inequality.

The studies involved people with current and past experiences of HOMELESSNESS (periods ≥ 1 year), and we were aware of prior accounts of people who were in homelessness situations for periods from 10 to 20 years. So, the voice of those with personal experience is essential for the in-depth understanding on how to reverse it.

The quantitative data were gathered in two-time points through an extensive protocol (Greenwood, et al., 2020) designed to expand our understanding the ways in which the Housing First and the Stair Case model services may be differentiated both on the rationale and the outcomes. The protocol was organized in three main axes: 1. Setting & Support Services (Work Alliance; Service Satisfaction; Choice; Housing Quality); 2. Rehabilitation related Recovery (Housing Status; Psychiatric Symptoms; Alcohol and Drug Use, and Physical Health), and 3. Personal Growth related Recovery (Mastery; Capabilities, Recovery; Community Integration, and Distal social supports) (See also Chapter II of this publication).

In Greenwood...Ornelas (2019), we focused on the relevance of recovery with an approach aimed at the access to resources, but also a capability and personal growth approach for those who experience homelessness. From this rationale we also needed to expand our understanding of the meaning of recovery including notions of sense of community and citizenship, also present in other studies (e.g. Pelletier et al, 2015 or Ponce and Rowe, 2018). Therefore we probed to determine whether participants in Housing First Programs reported fewer psychiatric symptoms, and experienced more community integration, justifying the need to advocate for an independent, scattered and permanent model as emphasized by Tsemberis, 2010 (cit.in Idem, 2019). The overall results indicate that there are significant group differences in which the Housing First group report significantly more choice, housing quality, and satisfaction with services. The Housing First group spent more time in independent accommodation (their Own homes), reported fewer psychiatric symptoms, and greater community integration.

The qualitative section of the Service User's Study was delineated to expand the potential of the Capabilities approach associated with the lived experiences of Housing First and other Service Programs.

Considering that the participants of the Housing First Programs experienced long-term Homelessness, may support the comparison their experiences both on their present situation in Housing First and their previous experiences in Stair Case Model Services. The description of other Homelessness services are also documented by participants who are still living on the streets, are using shelters or other transitory accommodation. In this section of the service user's study, it is emphasized the meaning of having a home as a means towards enhance personal capacities, improving the social relations, increasing personal affordances and reducing constraints associated with the homelessness situation. For personal experience we also probed to document with people who are currently homeless how their situation threatens their longevity, health, mental health and global well-being (see also Chapter II of this Publication).

b) Housing as Human Rights Promotion

We understand the human rights approach, and the Millennium Development Goals⁵ provide a guiding framework to advance housing as a basic human right (for more information see "Affordable housing and social protection systems for all to address homelessness"⁶, and assumed by the EU as stated in the Articles 18 (Long-term care) and 19 (Housing and assistance for the homeless) of the EU Pillar of Social Rights (2017)⁷.

Systematic country-based and cross-country information on how the current public policies impact real people in concrete homelessness situations. Perceive the role of services in reversing their Homelessness circumstances. Demonstrate how Homelessness is a barrier to basic human rights attainment in the perspective, Service Providers and Key-Stakeholders. For this purpose, we probed to document the preferences of the EU Citizens and how are they were distributed in a continuum of tolerance vs. contest Homelessness in the Human Rights Perspective.

Petit...Auquier (2019), reported that 76% of the Citizens living in the eight partner countries consider that the governments should invest more to end homelessness, and 49% (with wide country variations) are willing to pay for the housing first as an innovative model.

Based on the contribution by Gaboardi...Shinn (2019), documenting the service providers perspective, we were able to understand that both Housing First and Traditional Stair Case Model service providers share the same goals and principles, but discussed and experienced differently within each of the Teams. The Housing First model providers enhance the collaborative capacity with other services and community resources to respond to concrete service user's situations, and tend to discuss more and challenge the existent resources, and require more specialize training to support their intervention (See also Chapter IV of this publication).

⁵ For more information see <https://www.un.org/millenniumgoals/>

⁶ The Resolution <https://undocs.org/E/CN.5/2020/3>

⁷ European Pillar of Social Rights https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en

From the social policy studies (See Vargas-Moniz, et al. in this publication) we also were able to understand that Housing First is already transversally incorporated in the national and strategic policy documents in the eight counties. A substantive percentage of socio-political stakeholders (62.6%) consider homelessness a moderate or a major social problem in their Municipalities, and acknowledge (42.4%) that there is no policy aimed at reversing homelessness in their region or country. When we focus exclusively on the Housing First Model 16.2% is already aimed at in the local policies, and 15.7% that is already implemented in their municipality, it is important to mention that although data were collected in 31 European cities including a set of major capitals, the implementation is still expanding. Through these exploratory data we are now better prepared to implement data-driven strategies for the differentiation of concrete policy analysis, the perception and concrete implementation of homelessness policies. We may develop guidelines for mainstreaming solutions and result oriented proposals for transformative social policies.

c) Facilitate a Dialogue about Social Integration

The generation of a fruitful dialogue amongst different ecological levels of analysis incorporated sectors who play a crucial role, both on understanding the problem, but also the focus on collaborative solutions approaches (Wolf, 2010). So, for the HOME_EU studies we have included individuals with personal homelessness experience, professionals working in Housing First support teams and Stair Case model services including temporary shelters, day-care centres or outreach teams, socio-political stakeholders with direct responsibilities reflect the acknowledgement that transformative community science requires the understandings and perspectives from different implicated stakeholders with different scientific backgrounds (e.g. psychology, philosophy, public health, health, social work or political science). Through this myriad of stakeholders we were able to have an in-depth understanding of the social dynamics around a complex phenomenon such as homelessness, including the public perceptions.

Adopting insights from community science such as advancing systematic understanding of the links between individuals and communities, the ability to respond to pressing community problems, integrating science and socially relevant interventions, as well as changing public policies (e.g. Wandersman, 2003; Tebes, 2017).

From this premise we organized an empirical multilevel reflection of inequalities to support social innovation and the development of services and practice aimed at reversing inequalities related to Homelessness.

This selection of Ecological levels of analysis EU Citizens, User's, Providers, Policy Actors, and Policy related documents, provide us a broad and updated perspective on the stakeholders with a relevant role on this particular phenomenon, and inform an evidence-based perspective aimed to reduce unfairness and concrete inequalities.

One of the basic concepts anchoring this project is the capabilities approach as a guiding theory to pursue social justice operationalizing the theory into an empirical strategy. The consortium acknowledges the Housing First as a mean to reverse unfairness, and that is an intervention inspired by the ecological perspective requiring the direct connection with contextual intervention to understand how stakeholder's

perceptions and experiences influence both causes and solutions of a severe social problem such as Long-Term Homelessness.

This framework is relevant for understanding and measuring economic welfare and human development; initially proposed by Amartya Sen with a critical reflection on how to conceptualize and measure equality, poverty and justice (Sen, 1980; 1985). Sen argues that traditional approaches, such as utilitarianism do not include consideration of crucial dimensions when assessing of human well-being and quality of life. Sen's new proposal was to shift the focus from incomes and commodities to opportunities and agency; from resources or means to capabilities or ends. Sen's idea of justice is a social choice theory (Sen, 2010), based on the analysis of liberties and rights also inspired by Rawls (1971). This approach has underpinned measurement of welfare and social outcomes of efforts towards global poverty reduction at the transnational level. For instance, Sen's approach was used in the UN's Human Development Report (UNDP, 2010).

The HOME_EU Project current and prospective Impacts

Considering that the EU Governments are being pressured mostly by civic society organizations to support housing options to respond to homelessness, the role of evidence practices and the emergency of an informed theory of justice, requires effective forms of communication that reversing homelessness does not include options such as new forms of institutionalization such as reopening the doors of major psychiatric institutions, prisons, or asylums for the people in extreme poverty. Reversing homelessness is not about expanding new forms of congregating people in segregated urban areas, or develop congregated housing options like apartment buildings or group-homes in the community that concentrate problematic situations generating new forms of inequality and unfairness.

The HOME_EU compromise was to empirically inform a European based theory of justice generating a debate and a renovated focus on concrete action focused on individualized, scattered and permanent housing solutions for the people who experience long-term homelessness, for which the housing is the departing point for a recovery and integration path. The Housing First model represents a paradigm shift for the integrated nature of social intervention, a strategy to renew the social fabric of cities, and a renovated opportunity to rethink the community life, contributing for the reversion of severe inequalities.

From 2016 to 2020 and in alignment with the aims of the HOME_EU Project some advancements have been achieved.

The Housing First model in the partner countries and others largely emerged with the impulse of civic society organizations or movements has up-scaled from pilot or experience projects to integrate the national strategies on Homelessness, being explicitly adopted as a privileged social policy in France, Ireland, and Spain. It is mentioned in national documents and operating and with Local Government and Municipal support in The Netherlands, Portugal (2009 National, currently Municipal) and Sweden, and Italy, and Poland started in 2019 a pilot project in 3 major cities. Other locations in EU countries are also adopting and/or upscaling Housing First Programs (e.g. Romania, Check Republic, Norway, etc.).

Nevertheless, the HOME_EU project advances a crucial model feature that potentiates capabilities, recovery

and community integration that is an individualized, scattered and permanent housing as opposed to group or congregate formats of housing for people who experience long-term homelessness.

Therefore the debate and the results dissemination are still relevant in order to ensure effectiveness and results in preventing recurrent paths of homelessness and advance the relevance of community science to support the reversion of severe and persistence of social phenomena.

There are many recent and relevant documents and reports tackling the current status of Homelessness in Europe; the FEANTSA's fourth report on the Index of Housing Exclusion (2019), focused on the role of housing in the life of the EU populations and with some close-up examples with a country focused perspective; the OECD (2020) policy brief on data and policies to respond to homelessness are relevant, particularly for the descriptive nature and explanatory potential on what might be the potential or the perceived causes of homelessness. This report advances a threefold series of causes including structural, institutional and individual to explain homelessness; each of the mentioned elements are relevant but the interdependency of the three realms is in fact far more challenging from the point of view of the effectiveness of reversing the concrete situations of the people who find themselves is the Rawlsian "contingency of social circumstances".

One of the contributions of the HOME_EU was the study conducted with the participant of European Citizens in France, Ireland, Italy, the Netherlands, Poland, Portugal, Spain and Sweden, with a sample size was 5600, with 700 per country adult citizens, selected from opt-in panels from March to December 2017. Homelessness prevalence was 4.96% for lifetime (95% CI 4.39% to 5.59%), 1.92% in the past 5 years (95% CI 1.57% to 2.33%) and 0.71% for the past year (95% CI 0.51% to 0.98%) and varied significantly between countries (see Taylor...Auquier, 2019 and Chapter III of this Publication).

The prevalence of homelessness among the surveyed nations is significantly higher than might be expected from point- in- time and homeless service use statistics. There was substantial variation in estimated prevalence across the eight nations. Coupled with the well- established health impacts of homelessness, medical professionals need to be aware of the increased health risks of those with experience of homelessness. These findings support policies aiming to improve health services for people exposed to homelessness.

The perceive causes of Homelessness by the European Citizens configures another contribution of the HOME_EU Project When asked to list the three leading causes of homelessness, respondents in every country mentioned job loss (60.3% of overall sample); addiction was also mentioned in all countries, except in France where indebtedness was mentioned more frequently, closely followed by divorce or the loss of family, rent arrears, with addiction appearing fifth. In all countries, the majority of respondents thought that homeless people had shorter lifespans than members of the general population, were the victims of violence, and were discriminated against when seeking employment. A sizeable proportion of respondents (48.3%) agreed with the statement that homeless people remain homeless by choice.

Respondents from our study reported not seeing people who are homeless in an average week, recognized an increase in the number of people experiencing homelessness over the last 3 years, as confirmed by recent figures from European countries. Compared to the 2010 Eurobarometer survey, a much higher proportion reported that many people in their area are homeless (14% vs. 3%). This combination may

reflect policies in force across several countries to reduce the visibility of people who are homeless by moving them on from public spaces, banning panhandling, or the hostile design of urban spaces to deter rough sleeping, whilst demonstrating that such policies have not been effective at deflecting or ameliorating public concern with or awareness of homelessness. This argument therefore corroborates that the complexities of such numbers require a careful reading of prevalence rates (Idem, 2019).

There are several reported impacts for the HOME_EU Partners, including presentations in major National Governmental or Institutional instances (e.g. the Irish Parliament; the Portuguese President or the Spanish Prime Minister).

Presentations in major international sessions with different scales and scopes, from which we emphasize a few: Fifty-eighth session of the Commission for Social Development: 10 – 19 February 2020 in an NGO session organized by SPSSI (Society for the Psychological Study of Social Issues), represented by Ronni Greenwood, and the Portuguese national accreditation of Maria Vargas-Moniz; the presentation by the PI and Teresa Duarte in the International Seminar “Moradia para População em Situação de Rua”⁸ for Governmental instances in Brasília; the presentation of the PI on the National Norwegian national strategy “Housing for Welfare: National Strategy for housing and support services (2014-2020)”⁹.

The consortium members invested in being present in several international scientific events and symposia, besides the events integrated in the HOME_EU Project, presenting and disseminating results in different scientific areas including psychology, public health, mental health in different countries including France (Nice), Ireland (Dublin), United States (Chicago and S. Francisco), Canada (Ottawa), Chile (Santiago), Portugal (Lisboa, Oporto), Hungary (Budapest), or Russia (Moscow).

In terms of national devolution of the The HOME_EU results, the Italian Partner team lead by Massimo Santinello from the University of Padova organized an Event in the University of Roma “La Sapienza”, with the presentation of the HOME_EU results, and promoted several Photovoice exhibitions across Italian Cities; the Portuguese team organized an event in Lisboa at ISPA – Instituto Universitário for national stakeholders

The Spanish partner consolidated their visibility with formal presentations with the Prime Minister, the National Coordinator of the Spanish Research Agendas 2030, and the Final HOME_EU Project Congress, was held in Madrid with an expressive support to Housing First of the Minister of Health. In Portugal there was a Protocol signed with the HOME_EU and the National Portuguese strategy and the direct reporting to the Portuguese President, as well as the participation in the National Research Agenda 2030 for Citizenship and Inclusion, and national consultants for the Horizon Europe, and the organization

⁸ Housing for the Population in a Street Situation.

⁹ Housing for Welfare 2014-2020 Norway https://www.regjeringen.no/globalassets/upload/kmd/boby/housing_for_welfare_national_strategy_for_housing_and_support_services_2014_2020.pdf

of a Public presentation of results in the presence of several key national representatives, and there is a forthcoming debate and public hearing in the Portuguese parliament; The HOME_EU Project is being used as an example in training sessions for new stakeholders in the Portuguese National Agency for Innovation.

The Polish partner represents for the Consortium one of the most rewarding achievements. The team leader Anna Bokszcsanin from the University of Opole integrates the training and evaluation team impact of the new pilot project in 3 major Polish cities;

There is an overall dynamics of upscaling Housing First in the partner European Countries (e.g. France, Spain, Portugal, Ireland), and others like Belgium or Norway, and emerging initiatives in the Czech Republic and Romania. Housing First has recently been a selected topic for discussion in national Parliaments, and the European Parliament .

The core issue of the current social policies is the fact that although mentioning housing as a path towards the solution to homelessness, resist to adopt scientific evidence and evidence-based practices and systematized and consistent bodies of evidence that were generated in different continents and countries with different cultural backgrounds with coherent results.

Individualized, scattered and permanent housing options with the availability of support teams is a path that demonstrates the solvable nature of a phenomenon such as homelessness; therefore there is the need to convey the notion that long-term homelessness is a social emergency situation, a life-threatening condition, and an inclusive society is no more than a mere abstraction if homelessness is not effectively tackled.

The Housing First model is relevant for other fields of social intervention including migrations, domestic violence survivors, and a strategy to support the deinstitutionalization of youth in sheltered or foster care, women and families survivors of domestic violence, psychiatric institutions, or imprisonment release, and the capabilities approach has a wider application for the reflection on paths for personal growth, development empowerment and recovery of other social groups who are at risk for homelessness situations.

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Chapter II

Reversing the unfairness of homelessness: an examination of service users' experiences of housing first and traditional services in eight European countries

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Introduction

For some people who enter homelessness it is very difficult to exit, and their homelessness becomes a chronic situation of extreme unfairness and inequality. Traditional responses to long-term homelessness such as emergency and temporary accommodation, have managed the problem but not solved it. In recent years, an alternative model of homeless services, Housing First (Tsemberis, 2010) has taken root in many European countries. In this chapter we describe a study of homeless services users' experiences of Housing First and traditional homeless services in eight European countries. Our aim was to contribute to the evidence base for the efficacy of Housing First for reversing homelessness in the European context. In this chapter, we first briefly describe the key differences between Housing First and traditional homeless services and review relevant research on the effectiveness of HF for reversing homelessness. We then describe the Study of Service Users' Experiences, which formed the basis of the Work Package 3 component of the larger Home-EU project that was described in Chapter 1.

Background and Aims of the Service Users Study

Individuals who experience long-term homelessness typically engage with homeless social services that are aligned with what is commonly referred to in Europe as the "staircase model". This model rests on the assumption that chronic homelessness results from bad judgment, especially in regard to mental health treatment or the use of alcohol or other substances, which causes housing loss. Individuals who lose their housing ostensibly for these reasons are deemed not "housing ready" (Lyon-Callo, 2008; Manning & Greenwood, 2019), and traditional homeless services are usually configured in ways that are meant to get people "housing ready". For example, in congregate and supervised living situations, residents demonstrate their readiness for independent living by complying with alcohol or substance abuse treatment and following house rules (Gulcur, Stefancic, Shinn, Tsemberis, & Fischer, 2003). When they do comply, they may be recommended for more independent forms of accommodation, if and when such accommodation becomes available to them. However, for individuals engaged with

staircase services, this process is slow. On average, it takes about 10 years for a given individual to exit homelessness through staircase services this way (Feantsa & Fondation Abbé Pierre, 2018). In reality, too many people spend years cycling through an “institutional circuit” of homelessness, hospitals, jails, and prisons before they exit homelessness, if they ever do (Hopper, Jost, Hay, Welber, & Haughland, 1997). Homelessness becomes very difficult, sometimes impossible, to reverse, for individuals who get caught in this institutional circuit.

The Housing First model was developed as an alternative to the staircase approach (Tsemberis, 2010) and is built on the assumption that housing is a human right. In HF programs, the typical order of services is reversed, so that individuals are offered access to independent, scatter-site housing, first. A multi-disciplinary team provides client-led, recovery-oriented, wraparound supports in vivo without treatment or sobriety preconditions (Tsemberis, 2010).

The North American evidence base for Housing First is substantial. Across studies conducted with different methods in different geographical contexts, participants in HF programmes consistently get housed faster and maintain their housing longer than participants in traditional staircase services (e.g., Tsemberis, Gulcur & Nakae, 2004). And, although the evidence for other outcomes is more mixed (e.g., Baxter et al., 2019), HF has demonstrated greater efficacy compared to TS on a range of indicators including, but not limited to psychiatric symptoms (Greenwood et al., 2005) and community functioning (Aubry et al., 2015).

HF is spreading across Europe as new or reconfigured programs (Busch-Geertsema, 2014). As support for HF grows and the number of programs increases, it is important to understand how service users experience them compared to TS programs. Do HF programs in Europe achieve the same outcomes as have been reported in North American contexts? Previous research has demonstrated that participants in HF programmes consistently report experiencing greater choice in housing and services (Greenwood et al., 2005; Tsemberis et al., 2004), and some research has shown that choice is the mediating factor that explains the relationship of HF to psychiatric functioning community integration and problematic substance misuse (Greenwood et al., 2005; Greenwood & Manning, 2017; Manning & Greenwood, 2019b). Building on previous research, we hypothesized that in the European context, participants in HF programs would experience greater choice in housing and services. We also sought to explore whether participants' experiences of HF programs were different from experiences of TS programs in terms of their rates of satisfaction with services and perceived housing quality.

We not only wanted to determine whether service users experience these kinds of programmes differently. We also wanted to know whether these experiences of services were associated with differences in their recovery from homelessness. Recovery of stable housing, of psychological well-being, and of community integration are highly relevant in the context of homelessness. Based on previous research, we hypothesized that participants in HF programs would report more recovery on these four indicators. We were also interested in a fifth indicator of recovery: an individual's ability to live a good life, to be who they want to be and to do what they wish, as defined in the capabilities approach (Nussbaum, 2011; Sen, 1999; 2010). According to Sen, in situations of greater equality, capabilities are maximized for all social groups, while in situations of inequality, capabilities are constrained for some groups and not others.

Homelessness can be conceptualized as a ‘capabilities failure’ because it strips away people’s abilities to be and to do. Justice-oriented homeless services should be capabilities-enhancing (Shinn, 2015). In the present research, we compared service users’ experiences of HF and TS programs as capabilities enhancing. Because the HF model rests on the assumptions that housing is a human right and that individuals are the best assessors of the kinds of services, treatments, and supports they need, we hypothesized that participants in HF programs would experience their programs as more capabilities-enhancing than participants in TS programs.

Design of the Service Users Study

In the present study we took a multi-method approach to investigating the experiences of adults engaged with either Housing First or traditional services. We collected questionnaire data at two time points from a sample of adults with significant histories of homelessness eight European countries. We also completed in-depth interviews with a subsample of these participants. Taken together, we hope these findings will be translated into European social policies that will improve the delivery of homeless services, and ultimately reverse long-term homelessness.

In this study we aimed to expand our understanding of the ways in which homeless services users experience Housing First programs in Europe, compared to traditional services, both in terms of program features and in terms of recovery outcomes that are relevant to the context of homelessness, such as stable housing, psychiatric functioning, and community integration. Because the larger project is anchored in the capabilities approach (Sen, 1999), we also sought to investigate whether homeless services users experience Housing First programs as more capabilities enhancing than traditional services. Consortium Partners from France, Ireland, Italy, Netherlands, Poland, Portugal, Spain, and Sweden committed to collecting questionnaire and interview data from participants engaged with either “Housing First” or “Other Services” programs.

Questionnaire-based Study

We created and agreed a data collection protocol for Consortium Partners to follow to ensure validity and reliability of the quantitative data they collected for the project. Each Consortium Partner agreed to contribute data from homeless services users on measures of 13 key constructs and demographic characteristics. These 13 key constructs, their definitions, and their sources are presented in Table 1. We created a measure of homelessness based on the ETHOS typology (Feantsa, n.d.). We included measures of physical health, mental health, alcohol and substance use, social and community integration, and recovery experiences. We measured their experiences of features of homeless services including choice over housing and services, perceived housing quality, and relationships with service providers. We also included a new measure to assess the extent to which participants experienced their homeless services as capabilities enhancing. This measure was adapted from an existing measure of community mental health services as capabilities enhancing (Sacchetto et al., 2016). Because homeless services users are highly diverse on a wide range of demographic characteristics, the questionnaire included measures of standardized demographic information, including current and past histories of homelessness. Every partner followed best practice guidelines (Beaton, Bombardier, Guillemin & Ferraz, 2001) for translating

the English version of the measures into their own languages, so now all measures are available in Dutch, English, French, Italian, Polish, Portuguese, Spanish, and Swedish.

The Consortium partners also agreed a set of standardized procedures for recruiting participants, collecting and managing data. Researchers recruited adults already engaged with either Housing First programs or with homeless programs aligned with the traditional staircase model. They met individually with participants in locations of their choice, which for Housing First participants was usually their own home, and for traditional services participants was usually an office or living space in a homeless hostel or other homeless service. Researchers introduced themselves to participants and explained the purpose of the study to them. They explained that participation was voluntary and confidential, and asked them if they would like to take part in the study by completing the questionnaire. Those who agreed signed an informed consent form. The researcher used standardized procedures to read each item to the participant and record their responses. Once they had completed the questionnaire, the researcher asked permission to contact the participant to arrange to meet and complete the questionnaire a second time. Participants were compensated with €20 all-for-one shopping vouchers for their time and information. Partners in each country supervised data collection and data entry. A codebook and spreadsheet were created for each partner to enter participants' data. Once all data were completed and entered into the spreadsheet, the data file was copied to a member of the Service Users' Study Team, who cleaned the data files and merged them into a single data set for analysis. These data files were used to test hypotheses about differences in the experiences of HF programs compared to traditional services, and to test hypotheses about differences between participants in HF and traditional services on a set of recovery indicators believed to be important to individuals with histories of chronic homelessness.

Interview-based Study

One of the key objectives of "Homeless as Unfairness" is to gain understanding of the ways in which homeless services users experience the services they receive as enhancing or blocking their capabilities (Nussbaum, 2011; Sen, 1999; Shinn, 2015). We wished to identify features of homeless services users' ecologies that they experienced as enabling or blocking their capabilities, defined as their freedom to be who they want to be and to do what they want to do. To achieve this objective, our aim for the qualitative component of this study was to explore the capabilities sets of ten homeless services users (five Housing First, and five traditional services) in each Partner country. We used the structure of the Capabilities Measure (Sacchetto, Ornelas, Calheiros, & Shinn, 2018) to design an interview guide (See Appendix A) to systematically explore homeless services users' subjective accounts of their central functioning capabilities (Nussbaum, 2011; Shinn, 2015, p. 245). In developing this interview guide, we followed Shinn's (2015) suggestions to examine these capabilities sets in terms of participants' freedom to make choices about what they choose to do as well as what they choose not to do. We also asked them to describe the constraints and affordances, both internal and external, that they experienced as shaping these choices. In essence, we wanted to understand how participants made sense of the opportunities and constraints that affected their freedom of choice over how they express themselves and how they operate on the world around them.

The Consortium partners agreed a standardized qualitative protocol to follow. Partners agreed to recruit

10 individuals, five engaged with Housing First programs and five engaged with traditional services, who had already completed the quantitative questionnaires to complete the qualitative interview. Consortium partners were encouraged to aim gender balance where possible, and aim to have a range of ages represented. We encouraged partners to recruit participants who had engaged well with the questionnaire, who liked to talk, were able to effectively articulate their thoughts, and compellingly tell the stories of their lives.

Researchers again met with participants at a location of their choice. All participants were informed about the study and asked to provide informed consent to participate. Once they agreed to participate, the interview began. All partners used a semi-structured interview to guide their discussion with each participant. At the end of each interview, participants received a €20 all-for-one shopping value in exchange for their time and information.

All interviews were digitally recorded and then transcribed. All transcripts were anonymized. Next, the researcher used a standardized coding scheme to code the transcript (See Appendix B). According to the protocol, two independent coders coded each interview and then met to agree the codes. An example set of codes is presented in Appendix C. Once codes were agreed, they were translated into English, and the two independent coders agreed the English translation of the coded excerpts. The English-language coded excerpts were delivered to the Service Users Study team. Researchers on the Service Users Study team compiled the codes from all eight countries and then examined them to identify patterns in the ways participants talked about the ways in which homeless services were experienced as affording or constraining capabilities in different domains. These findings are reported elsewhere (O'Shaughnessy, Manning & Greenwood, 2019c).

Critical Reflections

The Service Users Study was an ambitious project that required the expertise, dependability, and good will of busy researchers working in eight different languages, in eight different contexts. It required significant faith in our partners' willingness to follow our agreed protocols for data collection and management. Invariably, more funding would have improved overall implementation of the service users study. Limited finances meant that site visits were not possible during periods of data collection, and research partners were limited in translation and recruitment activities, for example.

Although the overall project had a large budget, there were many expenses associated with the research that were not covered. There was no budget for translation services, which are very expensive and time consuming, and led to decisions that reduced the potential of the data for future research. For example, we do not have a full set of English-language transcripts from the entire qualitative study of service users' capabilities, and these could have been used by other researchers to further our understanding of capabilities and homelessness. Some teams did not have the budget for transcription or translation and so these responsibilities reverted back to the Project Coordinators, who were already overburdened with project-related tasks. As a consequence, we experienced delays in receiving our partners' qualitative data.

That said, the Service Users' study has delivered some very important and useful findings. In our first paper

(Greenwood et al., 2019a) we reported that participants engaged with Housing First programs reported more choice over housing and services, more satisfaction with services, and better housing quality. These features, which distinguish Housing First programs from traditional services, were important predictors of time spent in independent accommodation, psychiatric functioning, and community integration. In our second paper, we report findings that HF programs are more capabilities-enhancing than traditional services (O'Shaughnessy et al., 2019). Finally, we describe the ways in which participants talk about the importance of home as capabilities enhancing in our third paper (Greenwood et al., 2019b). Taken together, these translational findings offer strong support for the further dissemination of Housing First programs across Europe as a method to reverse unfairness and promote equality for people who belong to one of Europe's most marginalized social groups.

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Table 1. Quantitative Measures Administered in “Homelessness as Unfairness”

Domain	Variables	Instruments
Setting and support features	Working Alliance	Working Alliance Inventory – Participant (Horvath & Greenberg, 1989)
	Service Satisfaction	Self-Help Agency Satisfaction Scale (Segal, Redman & Silverman, 2000)
	Choice	Choice in Housing and Services (Srebnik, Livingston, Gordon, & King, 1995)
	Housing Quality	Perceived Housing Quality and Choice/ Control (Toro et al. 1997)
Rehabilitation-related recovery	Housing Status	European Typology on Homelessness and Housing Exclusion (ETHOS) (FEANTSA, 2005)
	Psychiatric Symptoms	Colorado Symptom Index (Shern et al., 1994)
	Alcohol and drug use	Alcohol Use Disorders Identification Test (AUDIT) and Drug Use Disorders Identification Tool (DUDIT) (Babor, Higgins-Biddle, Saunders, & Monteiro; 2001; Berman, Bergman, Palmstierna, & Schlyter, 2005)
	Physical Health	General Self-rated Health (Desalvo et al., 2006)
Growth-related recovery	Mastery	Mastery Scale (Pearlin & Schooler, 1978)
	Capabilities	Capabilities Scale (REF)
	Recovery	Recovery Assessment Scale (Giffort, Schmook, Woody, Vollendorf, & Gervain, 1995)
	Community Integration	Community Integration Measure (Aubry & Myner, 1996; Segal, & Aviram, 1978)
	Distal Social Support	Distal Social Support Scale (Wieland, Rosenstock, Kelsey, Ganguli, & Wisniewski, 2007)

Appendix A

Work Package 3: Service Users Study

Qualitative Interview Guide¹

Guidance Notes to Interviewer: *Please be sure you reviewed the interview protocol before meeting the participant for this interview. In this interview, it is most important to cover each of the capabilities domains and to probe the participant's responses to learn more about a) what they choose to do, choose not to do, and what they cannot do but would like to be able to do in each domain; and b) how they experience aspects of themselves or aspects of their context as facilitating or blocking their capabilities in each domain. Be sure to explore the role of homeless services in the participant's capabilities in each domain. [italicized text in this document is only notes to interviewers and should not be spoken to participants.]*

Probes: *For each domain, the following probes are designed to elicit the participant's talk about capabilities in these terms:*

- *Ask the person (neutral questions) about the role of homeless services in each domain.*
- *Probes:*
 - **What things do you choose to do [in this area]?**
 - **What kinds of things do you choose not to do that could help you improve [in this area]?**
 - **What kinds of things are you not currently able to do, but you would like to do, to improve [in this area]?**
 - **What prevents you from being able to do these things?**
 - **What would help you to do these things?**

We know that not all probes will be relevant to all questions, but please be sure that you've explored each domain as much as you can in terms of these dimensions. We've included in the probes in the first domain (Life) in the interview guide below as an example. For each subsequent domain, you are prompted to use your judgment and use the above probes to elicit further information.

Beginning the Interview: *In the opening comments, we ask you to take a little time to get acquainted and help the participant feel comfortable in the interview situation. We ask you to make a connection between this interview and the questionnaire, to help the participant feel recognized and remembered for the time and effort they've given to the project already. Once you have completed the informed consent forms, the following is a script you can adapt to connect to them and explain the purpose for the interview:*

¹A list of prompts are included on the last page of this interview guide.

In the questionnaire you completed with _____ <insert name of research interviewer>, you answered questions about the ways in which the services you receive from _____ <insert name of service> have affected your life. Today, we want to talk to you more about some areas of your life and the kinds of things you can and can't do in each of these areas. We want to focus on the ways in which the services you receive from _____ <service> support or block you in these areas.

Some examples of things that might help you or block you in these areas include service providers' attitudes toward you, their clients, or their job; the rules and regulations that govern the service, and the range of supports the service offers. Some things that could block you from doing all the kinds of things you'd like to do are your income, your access to housing; the availability of affordable housing in your area; housing policy; your education, job training, and employment history; society's attitudes toward people with backgrounds like yours; the decisions taken by local authorities and elected officials; and the economy.. If you think members of your family or friends may help or block you in these areas, we'd like to know about that, too. Finally, some of your personal experiences may help you or block you from being able to do what you want to do, such as physical illness or injury, experiences of violence or abuse, substance use, psychiatric illness, or your prior education, training, or work experiences.

Do you have any questions before we get started?

Domain: Life.

The first topic we want to discuss is your quality of life, which means your general health, happiness, and life circumstances.

- How would you describe your general health and happiness? How satisfied are you with your life circumstances?
 - What things do you choose to do that contribute to your health and happiness?
 - Are there any other people or things that contribute to your health and happiness?
- What things do you choose not to do that could improve your health and happiness?
- What are you not currently able to do, but you would like to do, to improve your health and happiness?
 - What prevents you from being able to do these things?
 - What would help you to do these things?

What do you hope your life will look like when you reach old age?

[this question is about retirement age; adjust the wording to be both respectful and age-appropriate. What we want to know is how people hope their life will look like when they are old, but please phrase carefully appropriate to the participant's age].

What are your hopes for the rest of your life, into older age?

- Explore further by asking the participant to explain or describe.
- Follow up with probes.

Domain: Health

- Next we will talk about ‘health’ and basic needs such as sleep, hygiene, good food, and physical exercise. Can you tell me about your basic health in these areas?
 - Explore each area further by asking the participant to explain or describe.
 - Follow up with probes.

People need access to basic health services for medical, dental, psychiatric, or substance use problems.

Can you describe how easy or difficult it is for you to access the services you need?

What kinds of things can you do to maintain or improve your access to these health services?

- Explore each area further by asking the participant to explain or describe.
- Follow up with probes.

Domain: Bodily Autonomy

- The next topic is about how safe you feel, and whether you are safe from violence or any kind of abuse, such as verbal, psychological, physical, or sexual abuse, or if you feel threatened with any type of violence or abuse.
- Would you say that you feel safe where you live right now? Do you worry about violence or any form of abuse? What helps you feel safe?
- What could increase your safety?
 - Explore each area further by asking the participant to explain or describe.
 - Follow up with probes.
- Having sex and being intimate with another person, if you choose to, are important aspects of life. Can you describe the extent to which you feel you have freedom to express your sexuality or be intimate with others?
 - Explore each area further by asking the participant to explain or describe.
 - Follow up with probes.

Domains: Emotions, Thoughts, and Relationships

- These next questions are about how you see yourself now and who you would like to be in the future.
- How would you describe yourself and who you really are, right now? Do you feel able to express your true self to others?
 - Can you give an example of a time when you did or did not feel comfortable to express your true self?
 - Are there some situations in which you are more able to express your true self? Is this important to you? Could you give me an example?
 - Is there anything that you do to make it easier to be your true self with others? What would help you or stop you doing this?
 - Are you able to freely express your emotions to other people? Are you able to control your emotions

when you want to?

- *Explore each area further by asking the participant to explain or describe.*
- *Follow up with probes.*
- **When you think about your future self, who do you want to become? Who would you like to be, say five or ten years from now?**
- *Explore each area further by asking the participant to explain or describe.*
- *Follow up with probes.*

Domain: Sense, Imagination, & Thought

- **Is it important to you to be informed about what is going on in your community, in the country, and in the world? Why or why not?**

If participant says it is important, then ask:

- **What kinds of things do you do stay informed on these topics?**
 - **What helps you to do these things?**
 - **Are you able to be as informed as you would like to be? What kinds of things get in your way?**
- **How important is it to you to develop your intellectual capacity, to access further education or training?**
- *Explore each area further by asking the participant to explain or describe.*
- *Follow up with probes.*

Relationships with Others

- **These next questions are about your relationships to others.**
- **How would you describe your current friendships and romantic relationship? How are your relationships with your family, like your parents, siblings, cousins, aunts and uncles, and children, if you have any? Can you describe your connections to them?**
- **What kinds of things do you do to maintain or improve your relationships?**
- *Follow up with probes.*

Domain: Affiliation, Social, and Community Interaction

Next, we want to learn more about your experiences of your community and your neighbourhood

- **Do you feel part of your community?**
 - **Do you interact with and connect to people in your community?**
 - **Or developed new relationships with any people in your community? Could you give me an example?**
- **Do you feel respected by people in your community?**
 - **Which community resources do you use on a regular basis?**
 - *Prompts: Some examples are grocery stores, libraries, cinemas, churches, hairdressers or barber shops, banks, post office.*
- **Is there anything about your relationships in your community that you would like to change or**

improve?

- **What things do you do to maintain or improve these relationships?**
 - *Explore each area further by asking the participant to explain or describe.*
 - *Follow up with probes.*

Domain: Other Species

- **Next, we want to you to tell us about your opportunities to care for animals or plants, or to go out in nature, like walk or sit in a park, walk in the countryside or at the seaside, of example. Which of these things do you like to do?**
 - *Explore each area further by asking the participant to explain or describe.*
 - *Follow up with probes.*

Domain: Play

- **What do you do for fun, like recreation or hobbies? Can you describe a recent time when you had fun? Can you describe a time where you felt joy? Do you feel like you have enough of those kinds of opportunities in your life? Are there opportunities for fun that you choose not to take?**
 - *Explore each area further by asking the participant to explain or describe.*
 - *Follow up with probes.*

Domain: Practical Reason

- **Next let's talk about your sense of control over your life. Could you describe how much control and choice you have over your everyday life, such as managing money, paying rent and bills, keeping your home tidy, washing your clothes, and cooking?**
 - *Explore each area further by asking the participant to explain or describe.*
 - *Follow up with probes.*

Domain: Control over Environment (Material)

- **Next, we'd like to know how much control you have over your legal, financial, and housing situations. What kinds of challenges are you facing in these areas?**
- **What kinds of things are you doing to deal with these issues?**
- **Are you receiving any support in dealing with these issues?**
 - *Explore each area further by asking the participant to explain or describe.*
 - *Follow up with probes.*

Domain: Control over one's environment: Political

- **Now, I'll return to a topic that we've touched on throughout this conversation, and that is your experience of choice and control over aspects of your life.**
- **Overall, how much you feel that your own opinion is taken into account in the decisions that are made about your everyday life, activities, and goals?**

- *Explore each area further by asking the participant to explain or describe.*
- *Follow up with probes*
- **Do you express your opinion through voting in elections, or participating in public forums or meetings?**
 - *Explore each area further by asking the participant to explain or describe.*
 - *Follow up with probes*
- **Finally, do you advocate on your own behalf, or on behalf of others, on issues such as homelessness, poverty, social exclusion, substance misuse treatment, mental health treatment, criminal justice problems, or child custody problems?**
 - *If the answer is yes, be sure to ask the participant to explain or describe how they advocate for themselves or for others. Be sure to explore any affirmative responses.*
 - *Follow up with probes.*

Okay, those are all the questions that I have for you. Is there anything you'd like to add or comment on?

Domain(s)	Activities Prompts
Health; Life	Take my medication; see my health provider when I should; eat better; use substances less; go for walks
Bodily Autonomy	Avoid certain areas/people; Use substances less/avoid intoxication; Sexual freedoms e.g., having a private home or breaking curfews/segregation rules in congregate spaces;
Practical Reason	Pay my bills on time; set up a direct debit so that payments go out before I can spend the money;
Control over Environment (Material)	Make and attend appointments; turn up sober
Emotions, Thoughts, and Relationships	Know other people well; having a permanent place to build relationships; building trust; staying in contact;
Affiliation, Social, and Community Interaction	Go out; talk/say hello to other people in the apartment block/street, shop, park.
Other Species	Work to reach agreement with landlord to permit pets/plants.
Play	Save some money; look after health so I am well enough to have fun.
Control over one's environment: Political	Watch/read news, talk to others; go to meetings/residents groups; attend protests.

Appendix B

Qualitative Codebook

Please use the WP3 Qualitative Coding Excel Spreadsheet (Appendix G) to document your codes and coding process. We have created a tab for each of your ten interviews in this Excel file. The first tab is where you will document basic information about the interviewer, coders, and participant. You will also record all your coded text in the original language and in English on this tab. On the second tab you will summarize your findings and describe how you agreed the codes, including how disagreements were resolved.

Capabilities

Please use the following capabilities, actions, and affordances/constraints categories to code WP3 qualitative interviews.

Please only code text that refers to capabilities that are currently present or absent. We are only looking for evidence of capabilities in the present or future, not capabilities in the past, such as in childhood or adolescence. Past capabilities may be relevant if the participant describes them as constraints or affordances on present or future capabilities. For example, the past choice not to go to university created an internal constraint (lack of skills, lack of undergraduate degree) to work in a job that requires an undergraduate degree. The freedom to choose not to go to university as a young person is an action taken in the past that created an internal constraint; it should not be coded as a present-day capability that the person chooses not to do.

Please code text chunks that reflect capabilities in one or more of the following domains. **Multiple codes may be applicable to the same text chunk, but please limit the number of capabilities you assign to a specific text chunk to no more than three.** Please complete the grid in the Excel sheet with your coding. Use the bolded terms as codes for each capability domain. The first Irish HF interview and coding is included in Appendix F WP3 Qualitative materials as an example. Although this is in a Word document, we ask that you combine all your coding into the Excel file that we added as Appendix G.

- **Life:** life, general health, happiness, life circumstances, and desire to live to old age);
- **Health:** basic needs such as sleep, hygiene, food, physical exercise, access to basic health services (e.g., medical, dental, psychiatric, or substance use);
- **Bodily Autonomy:** a sense of safety, freedom from: violence / abuse (e.g., verbal, psychological, physical, or sexual), threat of violence / abuse, freedom to have sex and be intimate with another person;
- **Emotions, Thoughts, & Relationships:** the ability to experience & express emotions, to have personal attachments and relationships to things and with others.
- **Sense, Imagination, & Thought:** understanding of what is going on in the community, in the country,

and in the world, and their relationships to others;

- **Affiliation, Social, & Community Interaction:** means having the social basis of self-respect and non-humiliation in experiences of social relationships in the community, neighbourhood and society;
- **Other Species:** opportunities to care for animals or plants, or to go out in nature (e.g., to the park, countryside seaside);
- **Play:** opportunities for fun, recreation, hobbies, and joy;
- **Practical Reason:** involves a sense of control over one's own life, to critically reflect, plan one's life, engage in meaningful social roles, and aspire.
- **Control over Environment (Material):** perceived control over legal, financial, and housing situations;
- **Control over one's environment (Political):** perceptions that their opinion is taken into account in making decisions about their life and goals.

Actions

Also code text chunks related to the actions taken in relation to each domain. Excerpts that describe actions in the present or future should be identified: What is the person free to choose (or choose not to do) now or in the future to enhance their capabilities in each domain.

- **Choose to do** to enhance capabilities in each domain;
- **Choose to not do**, but could enhance their capabilities in each domain (e.g., chooses not to quit smoking, even though it could enhance their capabilities in the 'life' domain). Would like to be able to do, but is currently unable to do, to improve their capabilities each domain (e.g., would like to grow a vegetable garden to enhance capabilities in 'other species', but lives in an apartment block)
- **Would not like to** be able to do something, and are currently unable to do it, to improve experiences (e.g., does not want to vote, and is ineligible anyway, so can't expand capabilities in control over one's environment (Political)).

Affordances/Constraints

Also code text chunks related to:

- **Internal constraints** on capabilities or actions (e.g., factors within the person that are restrictive);
- **External constraints** on capabilities or actions (e.g., factors in the environment that are restrictive);
- **Internal affordances** on capabilities domains (e.g., factors within the person that are enabling).
- **External affordances** on capabilities domains (e.g., factors in the environment that are enabling).

Appendix C

Qualitative Coding Example

time / line no's	Capabilities	Actions	Affordance/ Constrain	Text Chunk
43-46, 50-53	Life & Health	Choose to do (e.g. listen to music)	Internal Affordance (e.g., being motivated by music)	When any person loses any parent...you're in shock. You want to wake up, and it's all over, but it's actually happening. Now I look forward to waking up each morning. Each morning I wake up, I'm so happy to be able to get up. Music motivates me personally, in the mornings and the 80s...Whitney Houston because I'm emotional and passionate with music and feelings. I'm a very emotional person deep down inside
81-87	Life & Affiliation, Social, & Community Interaction	Choose to do	External affordance (e.g., using community resources) Internal affordance (positive attitude to participating)	We're doing it the last 3-4 months, culinary skills, well I have them naturally anyway, but that was to get out of the house, and then positive mental mindness on a Thursday in the library. They're finishing now next week, but I have to see a man because the culinary ends in April, I'm going to keep going till April and I have to see a man on Thursday...just for counselling and guidance...I'm hoping to get me another course just to keep me keep myself occupied...

time / line no's	Capabilities	Actions	Affordance/ Constrain	Text Chunk
120-136	Practical Reason & Affiliation, Social, & Community Interaction	Choose to do (e.g., talks to others, forms relationships with others, uses community resources, refrain from gambling)	External affordance (e.g., having someone to talk to); External constraint (e.g., budget) External affordance and constraint: food banks External & internal constraint: pull of the 'old way of life'	<p>P1: Just being able to talk to somebody in private, in private, with confidentiality, and just being able to talk. See the first few months would have been shaky because...I was still adjusting, getting used to budgeting, for example, because I have a very low budget trying to run a house</p> <p>Ronni: - really hard -</p> <p>P1: I support a daughter, paying maintenance like,, I mean, I come out of the Post Office, 60 70 quid every week for feeding myself, that after getting the gas, and the maintenance, and ESB. You see I have to feed myself out of that, but there is great support service for extra bits, but, but I like to be independent. I like to go to the shop and buy my own stuff.</p> <p>Ronni: of course, of course, yeah -</p> <p>P1: Going to these food banks, is the word I'll use, you come across a lot of negativity, and it's very easy to fall back into, back into that way of life.</p>
221-234	Control over material environment	Choose to do (e.g., saving)	External affordance (e.g., help from HF to save money)	<p>... Housing First are great because I can put away a little each week, but I'm going to meet them on a Wednesday, give them a few quid, maybe give them 20 quid, but they all add up there. I'll be coming off my presents for my daughter pretty much, yeah.</p>

time / line no's	Capabilities	Actions	Affordance/ Constrain	Text Chunk
395-402	Health, Practical Reason	Choose to do	Internal affordance (e.g., makes a plan, go to appointments)	<p>Ronni: Has Housing First helped you do things like get to the dentist or link up with the dentist?</p> <p>P1: No, I did all that by myself. I've done all that myself because, I believe all the time I spent in the dream world is the way I put it, in gambling, I try to, my attitude is, what can I do tomorrow? And I write things down right there in front of me and then I say I'll do the things I can do, do you know, like missing out going to the dentist, going to the doctor, just all the things that I used to miss, appointments.</p>
404-416	Control over one's environment - material; practical reason; Affiliation, social & community interaction	Choose to do	External affordances (e.g., support from Housing first, own, independent home)	<p>Ronni: do you think moving into this house... that helped you be able to do those things?</p> <p>P1: Yeah I have my own space now. I can work on my own head, make my own decisions. I have responsibility back in my life. I have my daughter back in my life. I mean, I have nieces in and out on the weekends. I have grandchildren or nephews and nieces and, I have a two year old granddaughter I just found out. I have a son in [another part of the city], he's been in touch with me after years...And so it's a lot responsibility, and not having it for years, but I always had, it but I didn't worry about it. I was gambling, you see. I was in that world digging deeper holes..</p>

time / line no's	Capabilities	Actions	Affordance/ Constrain	Text Chunk
465-480	Bodily Autonomy, Practical Reason, Sense of control	Wants to do, but can't (e.g., get a dog) Choose to do (e.g., participate in his family activities)	Internal affordance (e.g., prioritize family, making plans) External constraint (e.g., finance)	Ronni: do you feel like you have enough feeling of safety, or is it something that you would feel that you'd like to increase? P1: Safety, yeah maybe next year, that's part of the plan. I want a little dog for out there (garden)... but as I say, only 7 months, so much has happened in this 7 months, going to courses, there was another death in the family recently after my mother...so there's massive responsibility there, because...I'm representing my mother, going to christenings going to all these masses...I used to always go to these family things with my mother...But now, I'm representing, trying to be responsible and go on her behalf, because that's the way she'd wanted...as I said, I'm stretched to the limit. I'm building toward next year, doing a bit of work Monday to Friday, save a bit more for the following year, maybe go on a holiday the following year, and put an alarm in the house... there's loads of things, you know. Maybe I want to be driving after three years, three and a half years.
545-560	Emotions, thoughts, relationships	Choose to do (e.g., trust professionals)	Internal affordance (e.g., has trust in professionals); External affordance (e.g., relationships with trusted professionals).	Ronni: do you feel like you can express who you are freely to other people, be yourself? P1: Depends on who I'm speaking to. If it is on a professional basis yes, I can be straight up to whatever the question is.... depending on who the people are. On a professional basis I can open up because they're the people that actually help me along the way, to be introduced to the next stage, people like keyworker, like Housing First like you from UL, what you're doing.

time / line no's	Capabilities	Actions	Affordance/ Constrain	Text Chunk
608-626	Emotions, thoughts, and relationships	Choose to do	External affordance (e.g., HF support) External constraint (e.g., budget, low income)	<p>Ronni: Did Housing, how did Housing First help you with that, with gambling?</p> <p>P1: Just checking up on me once a week, and 'how did you go this week?' 'Did you gamble?' And at first, I'd say yeah, gave 'em a tenner. What's happened now as you see, my responsibilities are in the house you see, and like it's like what I say that I mean I get paid in the morning now, it's not ok right, gas ESB, they're all automatically taken out, I have it set it up that way. Food, you know ?, tobacco, another 20 quid, you know, like, like trying to get another about a few pounds saved. I still have another bit to go, 20 after that you know, so you don't have much room to manoeuvre so there's a little bit of pressure, which can be easily turn you back to the casino because of the pressure.</p> <p>Ronni: Do you talk about that feeling pressure?</p> <p>P1: I do, with [my keyworker] he knows the story. It's like what I say, I just want to keep my head down for this Christmas. I'm not really into Christmas spirit because, first of all, first Christmas after my mother, second, come back and forth, it's only a short bit of time, christenings masses for me to go to attend them was an effort draining me just to go to these events.</p>
650-654	Affiliation, social, community	Choose to do	Internal affordance (e.g., efforts to make friends)	<p>That girl's coming up here next week, the Ethiopian girl, with her husband, so they're coming out for dinner, like just mashed potatoes, sausages, and beans. That's no bother, you know</p>

time / line no's	Capabilities	Actions	Affordance/ Constrain	Text Chunk
812-829	Affiliation, social, community	Choose to do	External affordance (e.g., friendly neighbours)	<p>...there was a little bit of a gap in my life where I wasn't around for years. I was here, was a young kid like, I was gambling from a young age you see...My neighbours probably remember me. Always gambling...people can see a difference in me now, they see me come back with the shopping bags, do you know, little things like that, and I feel a part of the community... it's important to me, very important. I wouldn't be comfortable here if I didn't feel part of the community... Like the woman who got off the bus the other day. She had a baby in a pram trying to carry a box, getting off the bus...so I carried the boxes for her [and she said] thanks very much. Little things like that..</p>
919-936	Other species	Wants to do, but can't (e.g., getting a puppy)	<p>Internal constraint (e.g., not yet ready)</p> <p>Internal affordance (e.g., ready for a fish)</p>	<p>Ronni: You mentioned something like you'd like to have a puppy?</p> <p>P1 I'd love to have a puppy if I had the time for walking. There's a dog walk over there. Think about that next year because right now I have so much to do.</p> <p>Ronni: It's in your plan</p> <p>P1: A little fish tank is what I was thinking of. A nice little fish I think electric, not a little plastic one, you know it would be very soothing...</p> <p>I'm very domesticated... but it's early yet, I have a lot to do. I have a lot of my mother's belongings that need to come down here, a big television, that's my television will go upstairs in my bedroom. There is a lot of manoeuvring to do. I have to go, I have to get a big coffee table, my mum's coffee table. There's a stereo to come out as well, you know proper stereo, now proper stereo now.</p>

time / line no's	Capabilities	Actions	Affordance/ Constrain	Text Chunk
959-970	Play	wants to do, but can't (e.g., fun activities)	External constraint (e.g., budget)	<p>Ronni: what kind of fun things do you do?</p> <p>P1 at the moment, I don't have much space for fun because of the finances...I'm working on the finances. Next year I hope to be, early next year, little bit wherever they decide to put me (in terms of employment).</p> <p>Ronni: what are you looking forward to doing?</p> <p>P1 to be honest I'm looking forward to meeting a partner, just to go on a spin on the bus ... or go away and have a bite to eat ... and spend the day out and come back again, things like that, you know, just normal stuff like just go shopping together, just doing simple things, that's what I really like.</p>
992-1001	Control over material environment		Internal Affordance (e.g., Motivated to keep house)	<p>Ronni: so legal, financial, housing situations. So you've got this place, it's pretty secure?</p> <p>P1: Right this is my base. I'm working for here and as long as I'm breathing I'm going to stay here</p>
1010 -1028	Control over political environment	Chooses not to do	Internal constraint (e.g., lack of interest)	<p>R: ...can you talk about how much control you have over other aspects of life? Would you be one that would go out and vote in elections or participate in public forums or meetings or anything like that?</p> <p>P1: no. no.</p> <p>Ronni: you're not interested in that?</p> <p>P1: no, I'm not going to be someone who I'm not</p> <p>Ronni: fair enough. So what is it about that that turns you off?</p> <p>P1: none of those people ever did me any favours. None of them helped me along the way. Pen pushers</p>

Chapter III

EU Citizens and Homelessness

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This chapter provides a description of the implementation of the European citizens' survey, led by the French team from Aix Marseille University, as part of the HOME_EU project. The French team set out to use a telephone survey and quantitative research methods to investigate the opinions and experiences of European citizens in relation to homelessness, in addition to use a contingent valuation method to elicit the value respondents placed on the Housing First model as a potential solution to long-term homelessness. Data collection covered a 10-month period (March to December 2017). The survey produced results for European citizen's knowledge, attitudes and practices (KAP) in relation to homelessness, willingness to pay (WTP) for the Housing First model, and the prevalence of homelessness among the surveyed population. Some critical reflections on the implementation and management of the Citizens 'survey and the WP2 as a whole close the chapter.

Keywords

Homelessness, Prevalence, Contingent Valuation, Knowledge Attitudes and Practices, Willingness-to-pay

Overview of the European citizens' survey

The European citizens' survey had the objective of investigating European citizen's experience and knowledge of homelessness, as well as their valuation of the Housing First model as a means of reducing or eliminating long-term homelessness. The investigation was part of the broader HOME_EU project, to be led by the French Aix-Marseille University (AMU) team within the HOME_EU consortium, with the team managing all of the data collection centrally. A study protocol was written and sent to each partner as well as to the French legal authorities. The European citizens' opinions survey received a favorable review from the Committee for Information and Liberties - CIL (reference number: 2017-CIL-01) and the Committee of Ethics of Aix Marseille University (reference number: 2016-01-02-01) in February 2017.

Overall design and Aims of the European citizens' survey

The EU citizens' survey aimed to produce recent and comprehensive data for European citizen's knowledge, attitudes and practices (KAP) towards homeless people, past history of homelessness in the surveyed population, and respondents' valuation of the Housing First programme. These were investigated through representative surveys of eight countries, France, Ireland, Italy, the Netherlands, Poland, Portugal, Spain and Sweden. The design of the investigation centered on administering a telephone survey and subsequent statistical analysis of the survey data, using quantitative methods to reach the overall project aims. The survey questions were based on other existing surveys with similar objectives, mainly conducted in the United States (Tompsett, Toro, Guzicki, Manrique, & Zatakia, 2006), which were identified through a literature review conducted at the beginning of the study between November 2016 and January 2017. The final survey included a series of instruments taken from these earlier surveys, in addition to a selection of ad hoc questions to answer the aims specific to this project. Drafts of the questionnaire were discussed within the HOME_EU Consortium study group, and the final English version received the approval of all partners in February 2017. A pilot study was conducted on a sample of 30 individuals (French people) to assess the length of the questionnaire and its intelligibility (face validity).

Subsequently, the questionnaire went through a four-step translation process that included two translations into the targeted native language leading to one consensual version after discussion about discrepancies and input on cultural adaptation provided by each partner within the Consortium. This latter document was translated back into English (back-translation) by two independent professionals, thus producing two back-translations. An expert committee reviewed all the documents mentioned above and the associated reports to produce a final version for the targeted language (Beaton, Bombardier, Guillemin, & Ferraz, 2000).

Data collection was carried-out over a period of 10 months, from March to December 2017. A maximum of three months of investigation were planned in each country, beginning with the French sample and ending with the Swedish sample. A total of 5,631 European citizens completed the telephone survey (see below for details on the data collection process).

The analysis of the data took up the final part of the study design, conducting quality control for the overall database, and calculating missing data for each variable. Statistical weights were applied to address discrepancies between the distribution of age and education variables and census data obtained through the World Bank and Eurostat (Eurostat, 2017; The World Bank, 2017). Data analysis was conducted using R 3.6.0 'Survey' package that allowed us to incorporate a complex sampling design (clustered and weighted data).

Selected measures and outlines of instructions for data collection procedures

Measures:

Measures selected for the citizen's survey were those that would comprise respondents' KAP, valuation of the housing first model, and the prevalence of homelessness among the surveyed population. The survey also collected demographic data, including gender, age, educational level, professional status,

annual household income, marital status, number of dependent children, municipality, and the number of adults in the household. In addition, the number of operational landlines and mobile phones within a household was collected to adjust for selectivity due to telephone/mobile ownership.

Knowledge:

In order to determine the KAP of respondents, knowledge was approached as empirical data relating to homelessness. Initially, five items assessed the respondents' knowledge of the national prevalence of homelessness, of the main sources of funding for homelessness care and housing services, and of health issues among people experiencing homelessness – such as mental disorders and addiction issues. Respondents would have to provide estimates, or select from alternative answers, and responses would be compared to existing national data. However, due to the absence of key data for the majority of the surveyed countries, items addressing health issues among people experiencing homelessness were dropped from the final analysis. Knowledge was measured based on estimates of the number of homeless people in the respondents' country, and healthcare and housing service provision.

Attitudes:

Attitudes were addressed through questions addressing a respondent's perception of the capabilities of people experiencing homelessness, their empowerment, and their integration within their community. Other items drawn from the Eurobarometer 355 on poverty and social exclusion (TNS Opinion & Social, 2010) were added to explore a respondent's perception of the magnitude and cause of homelessness, their inclination to help reduce homelessness, and their opinions on government interventions and spending. Finally, we created an indicator to synthesize the descriptive data on Attitudes using a multiple correspondence analysis. Respondents were grouped into three groups: those with positive or negative attitudes, and those without a set opinion. In a multilevel analysis this indicator provided the analysis with the surveyed population' position, between tolerance of homelessness and desire to contest and challenge its existence.

Practices:

Practices were investigated by questions about past behavior in relation to people experiencing homelessness reported by the respondent, including reported practices of the respondent donating to or volunteering with homelessness organizations, in addition to their interaction with people experiencing homelessness.

Homelessness Prevalence:

The prevalence of a history of homelessness among the surveyed population was assessed through three measures, lifetime, five-year and past-year prevalence, for which data was collected on whether or not the respondent had ever been homeless, and when this had last occurred. For this question, homelessness was defined as having experienced at least one night of rough sleeping or shelter use. This definition encompasses ETHOS 1 and 2 from the European Typology of Homelessness and Housing Exclusion-ETHOS (Amore et al. 2011). Respondents who reported homelessness were asked a follow-up question to determine the time spent homeless. Sociodemographic data were then addressed to assess correlates of homelessness prevalence using generalized linear models for clustered and weighted samples.

Valuation of Housing First

Respondents' valuation of the Housing First model was investigated by assessing their willingness to pay (WTP) for Housing First as an innovation in social policy using the Contingent Valuation (CV) method (Carson & Hanemann, 2005). This section of the survey started by presenting information about homelessness, on the national prevalence of homelessness and on current solutions to accommodate people experiencing homelessness. Following this a description of the HF model was provided, along with data on the proven effectiveness of the HF model drawn from experiments focused on housing stability in several European countries (cf Greenwood et al., 2013; Martins, Ornelas, & Silva, 2016). To quantify the respondent's willingness to pay a bidding game format was used in which progressively greater monetary amounts were proposed as an additional form of general taxation, and this procedure was introduced and explained briefly. Bids ranged from 10 euros to a maximum of 400 euros; the range had been tested in a small pilot study that included 10 respondents (Carson & Mitchell, 1995; Mitchell & Carson, 1989). Finally, the CV scenario ended with a "cheap talk" i.e., a short explanatory passage that is usually employed to mitigate the effects of hypothetical bias by stressing to the respondent the importance of placing realistic bids. Indeed, as respondents are projecting themselves into a hypothetical situation, their bids may be very different from what they would consider paying in reality (Murphy, Allen, Stevens, & Weatherhead, 2005).

Data Collection

Data collection was undertaken by hiring staff to administer the telephone survey. Bilingual interviewers (those speaking French and the language of the target country) were recruited in France. Two or three bilingual interviewers carried out the telephone interviews for each targeted country. Calls for the telephone survey were placed within the premises of the Faculty of Medicine, at Aix-Marseille University. Call centers were used to carry out the survey in Sweden and the Netherlands, due to difficulties in hiring bilingual interviewers speaking Swedish or Dutch and also because of a tight data collection schedule. The written questionnaire was transferred to the VOXCATI operating system, a software application used to conduct telephone surveys. Each national version was inserted into the software. Tests to make sure that interviews could be implemented through VOXCATI were carried out, and several parameters had to be adjusted with the help of the Information Technology team. The French research unit EA 3279 provided internal training for the interviewers and drew-up a training plan in relation to the field manager. This training considered all technical aspects related to telephone surveys. The first task of the interviewers was to ensure the eligibility of the person contacted by telephone. On the basis of computer-assisted telephone interviews, interviewers were trained to ask questions as they are written on the computer screen, and were trained in different scenarios and uses of fallback statements in the event of the respondent asking questions. On a regular basis, quality control of the interviews was carried out by a methodologist with the opportunity to listen to interviews and to discuss observations with the interviewers and the research team.

Sampling criteria and procedure:

This study included adults (18 years old or older) from eight European countries, namely: France, Ireland,

Italy, the Netherlands, Poland, Portugal, Spain and Sweden. There was no upper age limit. To be included in the study sample, respondents reached by telephone must have spoken the official language of the country. Respondents were randomly selected from opt-in panels and a quotas sample method was used to be representative of the general population with respect to gender and age.

To determine an adequate sample size, existing environmental and social studies literature, when assessing willingness to pay in the general population, considers a sample size of 300 per country to be appropriate (Arrow et al., 1993). In the case of large target populations ($N > 100\,000$) and for an accuracy of $\pm 5\%$, the sample size is recommended to be a minimum of 400 individuals actually surveyed. We extended the sample size to a total of 700 individuals surveyed in each country, representing a total of 5,600 European citizens across the eight countries.

Critical Reflections on Citizens' survey implementation and management:

At this stage, it is important to reflect on the positive elements of the project as implemented by the French teams, but also the limits that emerged in relation to the structure of the project and the diffusion of the results.

Translation issues

It is clear that in such a research project, involving many countries with different languages, one of the primary difficulties confronted by the consortium was the translation of both working tools and outputs. Even bearing this in mind at the start of the project, on reflection the French team underestimated the impact of this task on their small research team. This topic also lay at the heart of the first consortium meeting – it was necessary to find an approach that would be adequate for the various projects and their objectives, but that would also fit within the budget. Although the choice to use an identical process (back translation) across all of the HOME_EU projects ensured coherence and high quality translations, this nevertheless became an extremely time consuming process for the research teams, and required a larger share of the overall budget than was initially foreseen.

Timeframe of the HOME_EU project

The HOME_EU project was financed by the European Commission (EC) as a Horizon 2020 project, and involved twelve partner organizations. The strict three-year time frame of the funding and the necessities of inter-partner organization brought additional limitations to the fore. The EC calendar included a series of mid-term deliverables that provided their own unique challenges in relation to otherwise ongoing research processes. Such pressures are not easily compatible with the necessary rigor for scientific study, involving robust methodologies and the confident release of results.

The necessity of prioritizing deliverables for the funding organization also impacted the broader functioning and relations of the consortium. The results for the citizens' survey, for example, had to be used first and foremost as data covering all countries as a group, in line with fulfilling the main deliverables for this aspect of the broader HOME_EU project. This inevitably functioned to the detriment of secondary analyses, exploring the data country by country with local teams. Although this ensured unity in the methodology and analyses implemented, and the citizens' survey project successfully

delivered the expected published work on the three aspects of the study (with certain papers still under revision), the hoped-for secondary analyses are unlikely to emerge given the end of financing and with the main objectives achieved. Although it is possible for the consortium partners to maximize the significant potential of the citizens' survey results with data in their respective countries, given the relevant methodologies and analytical plans, it is a shame that this will have to be done outside of the framework of the consortium and will need to find other means of financial support. Although these experiences are far from unique and will be familiar to the scientific community, it is worth highlighting the necessity in projects like this to yield to immediate imperatives and that in doing so something of the global interest may be lost.

Table 1. Measures addressed from the European citizens' survey.

Measures	Description	Source(s)	Methods
Prevalence of homelessness	<ul style="list-style-type: none"> • Lifetime prevalence • Five-year prevalence • Past-year prevalence 	Tompsett et al. 2006 Toro et al. 1992	Questions being preceded by a definition of homelessness as being either roofless or houseless
Knowledge	<ul style="list-style-type: none"> • Number of homeless people in their country, • Percentage of comorbidities in homeless people • Funding sources for caring homeless people 	Toro et al. 1992	
Attitudes	<ul style="list-style-type: none"> • Magnitude of homelessness • Main causes of homelessness • Who should be mainly responsible for providing homeless services • Level of government spending on homelessness • Intentions to act to reduce homelessness • Satisfaction with homeless services capabilities of homeless • Empowerment of homeless • Community integration of homeless 	Eurobarometer 2010 Sen A. 1993 Rogers et al. 1997 McColl et al 2001	KAP survey approach
Practices	<ul style="list-style-type: none"> • In person help • Help through organisation • Volunteer work 	Toro et al. 1992 Eurobarometer 2010	
WTP approach	<ul style="list-style-type: none"> • Willingness to pay for the Housing First • Protest zeros 	Carson & Mitchell, 1995 Mitchell & Carson, 1981	Contingent valuation method using a bidding game format

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Chapter IV

New Strategies to Study Organizations Working with People Experiencing Homelessness: The Service Providers' Study

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keywords

providers, homelessness, service delivery, housing first, cross-national study, mixed method

Abstract

Working with people experiencing homelessness represents a challenge for social providers, who work in very emotionally consuming settings. Providers' well-being and their working conditions are critical for the success of the services and can strongly influence clients' outcomes. Moreover, the organizations working with marginalized groups do not have any specific instruments to analyze the working context from the providers' experiences.

Based on these assumptions, the aims of this research were a) to investigate social providers' prospective and factors affecting their work; b) to develop a questionnaire aimed at identifying profiles of organizations working with marginalized groups, basing on the factors identified. This chapter presents and discuss the quali-quantitative methodology to achieve the objectives of the study, evidencing the challenges and difficulties faced.

1. Overview of the Providers' Study

Starting from the first experiences in North America, the Housing First (HF) approach has been spreading all over the world and is being implemented alongside Traditional Staircase model (TS), also in Europe (Lancione, Stefanizzi and Gaboardi, 2017). That is changing the way service providers work with people experiencing homelessness (Gaboardi et al., 2019).

Working with homeless people represents a challenge for social providers, who work in very emotionally consuming settings where they are often exposed to traumatic life events, emotional suffering and mental health problems (Mullen & Leginski, 2010). Besides, services for people experiencing homelessness are often characterize by financial strain, high turnover, a vague definition of roles and a general lack of professional training. Thus, providers' well-being and their working conditions are critical for the success

of the services to people experiencing homelessness and can strongly influence clients' outcomes (Henwood et al., 2013; Manning & Greenwood, 2018).

What still needs to be learned are the specific organizations' features that could be influencing the providers' work. Thus, it is critical to identify the features of homeless services that enhance the providers' job and how they may vary according to the approach adopted (HF vs TS).

Nevertheless, in literature few studies are focused on social providers' perspective and factors affecting their work and there are not standardized instruments to analyze the working context of the service providers working with people experiencing homelessness. Moreover, the organizations working with marginalized groups do not have any tools to catch the providers' point of view about their services. Then, the analysis of the providers' working conditions starting from their perspective is part of the European project HOME-EU, with a Providers' Study using a mixed-method protocol.

The HOME-EU project had different challenges: the need of using a universal language due to the multi-languages team (8 different languages) with different backgrounds and professional skills; the presence of countries with different socio-political contexts; the need to use the results to promote social change. For these reason, The Providers' Study, coordinated by University of Padua (UNIPD), focuses on experiences of homeless services' social providers using an explorative mixed-method protocol in order to examine which service characteristics influence their work experience (in term of stress and work engagement), by comparing Housing First (HF) services with Traditional Services (TS) across 8 European countries of the HOME-EU project.

2. Overall design and aims to attain

The main goal of the Providers' Study was to understand service providers' perspectives on how their organizations work and influence their well-being and stress.

We started with a study aimed at understanding how social providers, working in HF or TS, describe and conceptualize their services. Then, we conducted a Study to know which are the services' characteristics affecting the providers working with this target exploring the professionals' points of view using. Finally, created an instrument for measuring these characteristics in order to analyze the services' profiles.

Particularly, specific aims were:

- to evaluate which service features contribute/obstacle providers' work;
- to identify different profiles of organizations working with homeless people;
- to investigate the association between the features of the services for people experiencing homelessness and the providers' levels of burn-out and work engagement;
- to investigate the relationship between services' features and the promotion of service users' capabilities.

To achieve the aforementioned aims, both qualitative and quantitative methods have been implemented, following a bottom-up process.

Qualitative and quantitative methods have the potential to be complementary, producing both comprehensive and complete results. During the first year of the project, the qualitative study was conducted using the following methodologies:

- Semi-structured interviews with program leaders;
- Focus Groups with service providers working in HF programs and in TS;
- Photovoice projects with service providers working in HF programs and in TS.

Program leaders and service providers working in 3 HF programs and 3 TS in each country were involved. More specifically, providers from 2 HF and 2 TS participated in the FGs, and program leaders in the same organizations responded to a semi-structured interview. Moreover, 1 HF and 1 TS (different from the previous ones) were involved in Photovoice projects, while the program leaders in the same organizations responded to a semi-structured interview. In the following second and third years, a quantitative methodology was adopted. A questionnaire aimed at creating a profile of organizations working with people experiencing homelessness was developed, using the quantitative data (pictures and captions) from cross-national Photovoice projects. The questionnaire (Service Providers Questionnaire) was administered to providers' in all the 8 countries involved in the HOME_EU project. Finally, a version of the SE PRO questionnaire was developed, with 24 items, in 6 dimensions (SE PRO Q 24).

The SE PRO Q 24 has the potential to create a profile of the services, to make comparisons between services, among providers' perspective and across countries. Then, it is possible to correlate the service' profile to providers' well-being and stress.

3. Selected measures and outlines of instructions for data collection procedures

We started with two qualitative studies. The decision to use a qualitative method in the initial stage of the research has been made with the intention to have a deep understanding of the organizations' features that deal with marginality and the social providers' work, due to the lack of literature analyzing this topic. The main purpose was to explore opinions, experiences, difficulties faced and strengths of those who, every day, tackle the challenging task of working with people experiencing homelessness. This information would then be used as a guide to direct the construction of the questionnaire in the quantitative research phase, during the second and third years of the project.

Semi-structured interviews, Focus Groups and Photovoice (Wang, 2000) were the instruments selected in order to catch the providers' experiences. Focus groups are group discussions on a specific topic, based on the freedom of expression of group members, so they are useful to facilitate the emerging of aspects not previously considered on a specified theme (Powell and Single, 1996). Photovoice is a participatory action research methodology that, through pictures, directly involves the subjects, inducing them to reflect on specific themes and ways to produce change (Wang, 2000). It was chosen to use this methodology mainly to overcome the language boundaries since images can be understood regardless of language and culture. Also, images can provide a clear portrayal of what exists in a particular moment and could have a strong emotional impact.

Then, we conducted a quantitative study to develop a questionnaire (the Service Providers' Questionnaire – SE-PRO Q) aimed at creating a profile of organizations working with people experiencing homelessness, i.e., identifying the principals' strengths and weaknesses of homeless services in different domains. The questionnaire was created basing on the qualitative results of Photovoice projects and it was combined

with providers' well-being and stress dimensions.

3.1 Qualitative Studies

3.1.1 Focus Group and Semi-Structured Interviews

Focus group is a qualitative research method where a group interview is conducted by a researcher on a specific topic. It is particularly useful to explore in-depth the opinions, attitudes or behaviors of a certain community or group (Powell and Single, 1996). In this research, Focus Groups have been implemented in order to investigate which service features contribute/obstacle the effectiveness of the program, basing on the empowering community settings model (Maton, 2008). Maton identifies six organizational characteristics that influence providers' job: belief system, core activities, relational environment, roles, leadership, and mechanisms for setting maintenance and change. Each organizational characteristic is associated with psychological mediators that, in turn, are associated with higher levels of empowerment for setting members (Gaboardi et al., 2019).

The data were collected through Focus Group (FGs) discussions during May–June 2017. Participants were recruited through convenience sampling within HF and TS programs. We used a selection criteria to involve providers of having at least six months of experience in the service. At minimum, four service providers were recruited per FG. Participation in the study was voluntary, without financial compensation.

Local researchers in each country conducted all Focus Groups, which were audio-recorded and lasted approximately 60–90 min. First, researchers asking participants to describe the main aims of their program. Afterward, specific questions explored the six organizational characteristics of empowering community settings model (Maton, 2008).

In total, 29 focus groups (15 HF, 14 TS) were conducted with 121 participants, 70 female, and 59 male. Two HF and two TS FGs were conducted in each country, except for Poland (2 TS FGs) because there were no HF programs there at the time. Data were analyzed following two steps and using the thematic analysis method (Braun & Clarke, 2006). In the first step, all the focus groups were transcribed verbatim in the local language and two independent coders conducted the coding in each country. They created a first set of codes based on the empowering community settings model (Maton, 2008). The second step involved coding the data through a thematic analysis (Braun & Clarke, 2006). Two independent researchers of the Italian team developed codes and compared them to create a final coding framework discussing discrepancies until they reached agreement. In this study, we started by analyzing the responses regarding goals and principles (belief system) and considered them as bases of the other organizational characteristics. The results were discussed in Gaboardi et al., 2019.

3.1.2 Photovoice projects

Photovoice can be defined as a participatory action research methodology that uses a universal language (the photography) to promote social change through the involvement of the participants (Wang, 1999). Adopting photographic language has contributed to overcome some of the difficulties due to the participation of providers coming from different cultures, languages and socio-political contexts, besides different professional skills. Also, Photovoice captures the positive and negative aspects of

a situation from the points of view of people involved (Wang, Cash, & Powers, 2000), in this case, the homeless services. People can identify, represent, and then improve the contexts in which they are inserted using the photographic language (Wang, & Burris, 1997), becoming active participants in the processes of analysis.

The HOME_EU partners in each country used convenience sampling to assemble groups of at least four workers who each had at least six months of experience in the service. Separate groups were formed for providers working in HF and TS programs. Each Photovoice project was divided into 4 weekly or biweekly sessions, each lasting about 2 hours. The projects were composed of 4 sessions: introduction and review of the project and training; photographic training and assignment; sharing/discussing photos; creation of a report shared with participants. In particular, participants were instructed to take pictures that responded to the following questions: What are the aspects of the program that help your work? What are the main obstacles? [insert Fig.1]

The discussions around the photographs were guided by the Photovoice technique called SHOWeD (Wang, 1999). Then, they summarized what emerged from the photographs and the discussions in main themes.

The data were collected during May-June 2017. Overall, 17 Photovoice projects (HF=8; TS=9) were conducted in 8 Countries and 81 participants (providers and volunteers) were involved. In particular, in each country, 1 HF and 1 TS Photovoice projects were realized.

Data were analyzed following two steps. First one, a draft summary report was created in collaboration with the Photovoice participants in each project, incorporating the most salient themes that emerged during the discussion of the pictures. Facilitators translated the reports into English for cross-national analysis. Three researchers from the Italian team independently coded the themes that emerged in the reports of each country into categories, with disagreements resolved in discussion among the team. In total, 195 photos (HF=97, TS= 98) were analyzed. Finally, themes were divided into three levels: systemic, organizational, and individual (Macnaughton et al., 2015).

Also, the potential impact of the Photovoice method at the community or organizational level has been considered as result of the research. The Photovoice projects' results (in Italy, Poland and France) were presented to the community and local politicians through exhibitions in strategic places of the city, organized by participants and researchers. Moreover, some selected photos of all the projects were presented for the first time in Padua, Italy, in an exhibition (Santinello et al., 2018) hosted at the Municipality Center on June 2018, as part of the 3rd International Housing First Conference. The success and the impact that the exhibition had on social workers and citizens made other countries involved in the HOME_EU project to host it in their local contexts and promote it as an instrument of awareness and empowerment of local communities. [Insert Fig. 3 & 4]

3.2 Quantitative Study: SE PRO Questionnaire

In literature, there are not standardized instruments to analyze the working context of the service providers working with people experiencing homelessness. Moreover, the organizations working with marginalized groups do not have any tools to catch the providers' point of view about their services.

This is the main reason why the second phase of the research was focused on the development of a questionnaire for providers working in services for people experiencing homelessness.

The results collected from cross-national Photovoice projects were used to generate the new tool. The domains included in the questionnaire were identified starting from the pictures and captions of the Photovoice projects of the 8 countries involved.

The developmental process of the questionnaire lasted from January to September 2018 and followed the different steps: item processing; item selection; pre-test; translation into HOME-EU consortium partners' languages (Dutch, English, French, Polish, Portuguese, Spanish, Swedish).

Together with SE-PRO Q, other measures related to providers' well being (work engagement) and stress (burnout) were combined.

The questionnaire was digitalized and uploaded on an online platform managed by the Italian team from July to September 2018. A link of the questionnaire was sent to all HOME-EU consortium partners in order to reach a sample of providers in each Country. Overall, 715 providers (65% women) working with people experiencing homelessness with at least 6 months of experience participated at the survey. We conducted a correlation between items-subjects and confirmatory factor analysis (CFA) of the instrument.

Based on this analysis, a final version of the questionnaire was developed: a 24 items version, divided into 6 dimensions. This version of the SE PRO Q 24 showed good psychometric properties, i.e. fit indices for the factorial structure. Nevertheless, these are a preliminary analysis of a new instrument that will be validated with a new data collection to confirm the structure. Additionally, further analyses were performed to verify the correlation between organizational features and providers' well-being and the providers' belief in the potential of the service to promote users' capabilities.

4. Critical Reflections on Project implementation and management

The main challenge that has been faced in these three years of research had to do with overcoming the difficulties deriving from the cross-national study. First, working with 8 different countries means dealing with 8 multi-languages teams, from different backgrounds, diversified professional skills, and different socio-political contexts. Also, these studies represented first experiences of using qualitative methods in cross-national research in the field of homelessness. Photovoice was used precisely to reduce the difficulties associated with the translation into various languages, through the adoption of the universal language of photography. Also during the Focus Groups discussions were used some strategies to overcome the two main limits of a cross-national comparison (Gaboardi et al., 2019).

A first methodological limitation derives from the translation of key findings into English for cross-national analysis. The translation may have affected the meaning and could have influenced the understanding of what should have been included among the key themes. To reduce translation problems all partners used standardized translation-back translation procedures (Beaton et al., 2000) and doubts/issues regarding translation have been discussed among the HOME-EU Consortium. Future research adopting the same methodology should dedicate a considerable part of their funds on translation and back translation process.

Second, the researchers were different for each country and individual researchers may have used different styles in conducting the groups discussions. To reduce this bias the Italian research team developed a detailed protocol about planning (aims, recruitment, setting, role of the moderators and assistant, ethics), discussions/Photovoice method (introduction, questions, conclusion, briefing) and content analysis. Moreover, the research protocol for analysis used several strategies to reduce potential bias and to enhance the trustworthiness of the interpretation (Padgett, 2011) including having two independent coders in each country, prolonged engagement with participants, and group discussions between the researchers involved in the research.

Another challenge was related to involving social providers in the survey, especially for the quantitative one. First, in the countries examined there were no registers dedicated to providers working in marginal contexts, so it was difficult to reach a sample with a significant number of participants in each country. Second, there was no financial compensation for participation in the survey. An economic reward would probably have strengthened the motivation to participate in research. For future studies, it might be useful to consider this aspect.

Nevertheless, the results of the present studies helped to increase knowledge about providers' work with people experiencing homelessness and to have an instrument useful to create a service' profile.

The SE PRO Q 24 can be used to create a profile of the organizations working with people experiencing homelessness with the potential to compare services, working models and providers' perspective. This tool has the potential to deal with the lack of standardized tools for organizational analysis in homelessness services. Not only, but it can also be a useful organizational tool for the organizational profiling of services. Leaders and coordinators can use SE PRO Q 24 to capture the point of view of their professionals, compare their perspectives and identify the strengths and weaknesses of the organization. Finally, identifying weak points allows to strengthen the service's weak aspects and therefore to prevent the providers' burnout. Attention to the working conditions of providers allows workers to do their job to the best of their capacities, with the potential to improve their well-being, the quality of care and therefore clients' outcomes.



Figure 1. Photovoice session in the shelter of Vicenza, Italy



Figure 2. Photovoice exhibition in Vicenza, October 2nd 2017, Italy

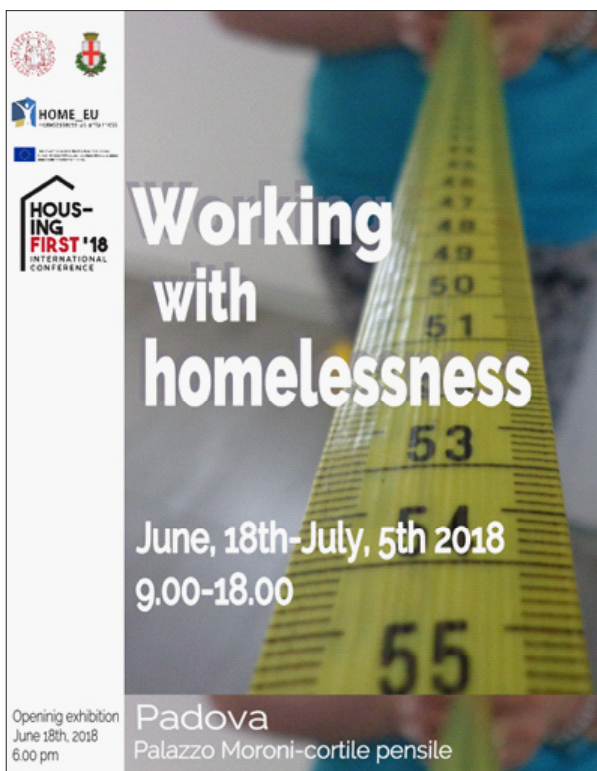


Figure 3. International Photovoice Exhibition Flyer, Padua, June 18th-July, 5th 2018

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Chapter V

Homelessness Policies in 8 EU countries: An analysis on Policy formation and implementation

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Abstract

The transnational comparative analysis of social policies is a challenging endeavour for researchers, going beyond the description of the “letter of the law” or policy document regarding similarities and differences concerning content, also requiring the understanding of the dimensions associated with formation and implementation.

The overall aim of HOME_EU homelessness policy study is to compare Homelessness Policies from 8 EU Countries on the reduction and reversion of this prevailing social phenomenon, with a particular concern related with the presence of Housing First programmatic measures.

The study is composed of a qualitative phase with policy documental analysis and a quantitative phase with a survey sample survey for policy stakeholders on policy implementation. The chapter also offers a critical appraisal on limitations and discusses and recommendations for future research.

Keywords

Homelessness policies, Document analysis, Comparative analysis, Policy formation

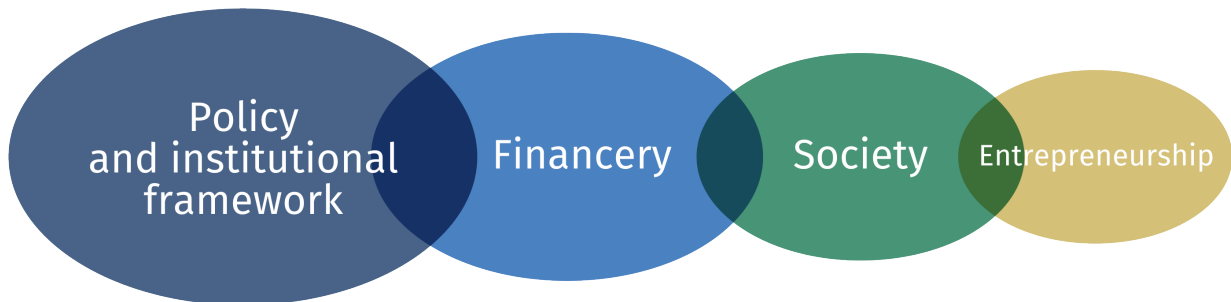
Background of the homelessness policies study

This study is one of the components of the Project Homelessness as unfairness (HOME_EU GA/726997), funded by the Horizon 2020 program of the European Commission, with the overall aim of providing comprehensive and empirical data to understand how homelessness may be reversed. This chapter reports on an analysis of European, and a reflection on policy formation and implementation with the contributions of a socio-political stakeholder survey, including the presence of Housing First within the selected documents.

The analysis of social policies requires a series of considerations as those raised by Rihouz, Rezohazy and Bol (2011) or Thiem (2014), related with the agenda setting for policy formation; the momentum for its emergence and the strategies for implementation. On transnational policy analysis researchers usually deal with small documental samples of equivalent documents and simultaneously are required to capture at least some of the complexity of the analysed cases.

Therefore the study probed to respond to challenges such as the capacity of having a case sensitive approach (Ragin, 1987), considering the eight countries involved; be able to explore multiple conjuncture paths causation; and simultaneously meet mission-oriented research criteria, such as the adoption of a problem solving approach, that is the core idea of the HOME_EU Project through the adopted lemma "Researching to end Homelessness in Europe, the focus on specific goals, as is the extreme case of unfairness that long-term homelessness represents, and one of the key challenges that contemporary European Societies face, requiring investment, training and qualification for social innovation (Mazzucato, 2018). Another of the relevant criteria for the mission-oriented research is the capacity to generate spillovers for other socially relevant issues, on which the Housing First Model may produce significant impacts, as well as the capacity of projects through a focused mission produce direct influence on policy formation, and development in the partner countries (Idem, 2018). Therefore, projects such as the HOME_EU have the potential to promote agenda setting for homelessness and through civic engagement produce social innovation in Europe. According to the social innovation index (2016), the approach to innovation is also profoundly connected with the core purpose of the HOME_EU Project, because it may be analysed through concrete social innovation initiatives such as the Housing First, anchored in bottom-up solutions. Drawing for the experience of the partner countries the experiences Housing First Program implementation is being mainly ensured by civic society organizations and also the advancement of institutional frameworks for policy support and to facilitate the emergence of more social innovation initiatives; also a financement environment is a relevant condition and a civic engagement dynamics (See Fig. 1).

Fig. 1. Adapted from Social Innovation Index Method (2016)



Taking into account that the focus of the HOME_EU Project is on the mission of influencing European Social Policies to reverse Homelessness through Housing First as a privileged response to long-term Homelessness, and also with the potential to generate spillover effects, it becomes relevant to explore further paths to expand the notion of impact, engagement with political actors and knowledge exchange among researchers and political bodies (Cf. Boswell and Smith, 2017). The authors present an interesting frame to guide evidence display guided by political science literature review on the substantive debate about how knowledge shapes policy (how projects like the HOME_EU – mission oriented – enhance the capacity for the consortium influence), the reverse, policy shapes knowledge (the challenges advanced by the H2020, and Horizon Europe), the dynamics of co-construction, or that these spheres are totally independent. Within the Home_Eu journey the first three features were observable, and some of the evidence is to be presented in the results.

Specific Aim and research questions

Taking in consideration the overall purpose of the comparative analysis of the Homeless of the policies of the eight partner countries participating in the HOME_EU consortium, we also probed for information on: a) the principles and the scope of the national homelessness social policies; b) the transversal components; c) specific elements related with outcome focus or definition; and d) the reference to the Housing First Model.

Guided by these questions we probed to capture case sensitive variations, and commonalities on policy formation national context and the policy elements that could support a broader understanding of the emergence of social change and innovation required to tackle homelessness through a concrete focus on access to scattered, individualized and permanent housing options as the ones advanced by the Housing First model.

Methods & Procedures

The study was composed of two phases, one qualitative phase comprising policy documental analysis, and one quantitative phase with a survey for policy stakeholders focused on policy awareness and implementation.

The consortium partner leading team provided was provided a previously agreed framework for document search and selection for each of the partner countries. Due to language diversity the search required to be conducted by each national partner teams; the time frame selected was 2011-2018 in order to capture changes introduced, and considering that 2010 was the European Year against Poverty and Social Exclusion¹ were a call for action was undertaken through the recognition that there is “the fundamental right of persons experiencing poverty and social exclusion to live in dignity and to take an active part in society” (EU Commission, 2010), and evolvments on governmental response were introduced.

The selection of national policy documents was guided by the following criteria (for more information see Schel & Wolf, 2019, HOME_EU WP5/D5.3 Technical Report);

1. Focus: The policy consists of principles and action statements focused on people who experience homelessness;
2. Intervention(s): Services described in the policy document aimed at reversing homelessness, including policy components aimed at reversing long-term homelessness and/or Housing First were taken into consideration;
3. Time frame: a relatively short time-frame of six years was set (2011-2018). The underlying reasons for this frame were: a) to minimize recall problems; b) to ensure that only the most recent and with increased probability of integrating Housing First measures;
4. Case-Sensitiveness: Particular recommendations were produced to address Policy implementation levels (1-Preparatory phase; 2-Published; 3-Partilaly implemented; 4 Fully implemented);
5. Country cultural background and languages management: The documents were written in one of the eight European languages involved in the consortium that could be processed national research teams.

Based on these criteria the research team developed a data collection protocol, both for the document analysis and the quantitative survey. The Protocol to support the document analysis was developed in English in collaboration with the researchers from the Home_Eu consortium. A draft protocol was pilot tested in order to explore whether the instructions and selection criteria described in the protocol actually resulted in finding policy documents relevant to the objectives of the study. The results of the pilot lead to a further specification of the document selection criteria and clarification of the questions with which researchers analyzed the documents. Following in the procedures for the search of policy documents the reference sources could be used to entail a snowball sampling procedure to probe for additional documents: databases of public records (e.g., records of legislative changes; media

¹ European Year Against Poverty and Social Exclusion https://ec.europa.eu/employment_social/2010againstpoverty/extranet/About_the_Year/factsheet_EY2010_en.pdf

communications; annual reports from government departments), researchers (i.e., those whose research may have been used in the policymaking process); stakeholders (i.e., those who are immediately affected by the documented policies); policymakers (i.e., legislators or policy advisers).

In each participating country, several sources were used to identify relevant policy documents:

- a) Databases of public records (e.g., records of legislative changes, media communications, and annual reports from government departments);
- b) Researchers (i.e., those whose research may have been used in the policymaking process);
- c) Stakeholders (i.e., those who are immediately affected by the documented policies);
- d) Policymakers (i.e., legislators or policy advisers); Furthermore snowballing could be used to obtain additional documents.

Considering that policy documents were solely written in the national languages, the HOME_EU researchers performed the first step of documental analyses by filling the analysis framework of homelessness policies for every selected document. The fields included questions in order to gather general information, a more detailed description of the content of the policy and the policy context, aims and policy measures, Housing First, the change process and other relevant information the researchers found necessary to address. Researchers were asked to fill in these forms in English, so the authors were able to do the overall analysis. In addition, the HOME_EU researchers were asked to fill in a data gathering process form. Questions entailed the sources used, important remarks regarding the data gathering process and the number, title and authors of the included documents.

Concerning the second phase of the policy study and in order to obtain a broad overview of municipalities and regions homelessness policies, the Consortium an on-line quantitative surveys. The quantitative survey focused contents, aims, development and implementation of homelessness policies. Drafts of the survey were discussed within the Home_Eu Consortium study group which resulted in a final English version. The English version of the survey was translated into the eight EU languages between October 2018 and November 2018, using standardized best practice explained by Beaton et al. (2000) and then inserted into Lime-survey (an online survey application). The final version of the survey consists of 31 questions and took approximately 20 minutes to fill, with a focus on basic content, development, implementation and evaluation of homelessness policies, and also a specific section about the implementation of Housing First, as well as biographical information of the respondents. The data gathering timeframe process was entailed between July 2018 and March of 2019.

Regarding the selection of participants the following criteria were selected:

- a) Stakeholders at national level, i.e. civil servants or policy officials at national governmental departments with responsibilities in the development of policy documents to reduce, reverse or prevent homelessness;
- b) Stakeholders at regional/local level, i.e. civil servants or alderman at municipalities with responsibilities on local homelessness policy

Concerning the survey administration, the authors provided the researchers with test links of the online surveys; one link to the survey for national stakeholders and one link to the survey for regional/local stakeholders. The researchers tested these links in order to prevent the collection of unreliable data

by unforeseen problems in coding (poor skip patterns, poor continuity and flow of the questions, etc). After the testing phase the survey was disseminated. The survey was held among civil servants, policy officials and alderman involved in developing, implementing and/or evaluating homelessness policies in The Netherlands, France, Spain, Poland, Sweden, Ireland, Italy and Portugal. Per country two surveys were administered, i.e. for: civil servants and policy officials working on a national level & civil servants and alderman working on a regional or municipal level.

Analysis Strategies and Results

Qualitative Data

As the stated purpose of the policy analysis was the identification of the principles and the scope of the national homelessness social policies, understanding transversal topics, specificities and the presence of the Housing First model as a programmatic option, the first option provided that a total of 79 analysed documents received by the research team was the selection process; this process was composed with a two stage procedure; the first was focused on a broader understanding of the country's major documents that resulted in the inclusion of 20 policy pieces (see Table 1).

Table 1. Selected national homelessness policies

Title	Country (year)	Authors/institution
Bostad sökes. Slutrapport från den nationella hemlöshetssamordnaren. [Looking for housing. Final report from the National homelessness coordinator]	Sweden (2014)	The Government Offices of Sweden
Estratégia Nacional para a integração de pessoas sem-abrigo: Prevenção, Intervenção e Acompanhamento. [National Strategy towards the integration of Homeless Persons: Prevention, Intervention and Follow-up.]	Portugal (2009-2015)	Ministry for Social Welfare
Estratégia Nacional para a integração das pessoas em situação de sem -abrigo 2017 -2023. [National Strategy for the integration of persons in a Homelessness Situation]	Portugal (2017-2023)	Ministry for Social Welfare
Chantier National Prioritaire 2008-2012. [National Priority Work 2008-2012]	France (2008-2012)	Prime Minister
Stratégie nationale de prise en charge des personnes sans abri ou mal logées 2009-2012. [National strategy on services for homeless and precariously housed people 2009-2012]	France (2009-2012)	Prime Minister and the Ministry of Ecology, Energy, Sustainable Development and the Sea
Plan pluriannuel contre la pauvreté et pour l'inclusion sociale. [Multiannual plan against poverty and social inclusion 2013-2017]	France (2013-2017)	Prime Minister

Title	Country (year)	Authors/institution
Plan triennal pour réduire le recours aux nuitées hôtelières 2015-2017. [Tri-annual plan to reduce overnight stays in hotels 2015-2017]	France (2015-2017)	Ministry of Housing, Territorial Equality and Rurality
Action Plan to Address Homelessness	Ireland (2014)	Government of Ireland
Department of Environment- statement of strategy 2011-14	Ireland (2011-2014)	Department of Environment
Homeless Policy Statement	Ireland (2013)	Environment, Community & Local Government
Programme for Government 2011-2016 (1)	Ireland (2011-2016)	Government of Ireland
Rebuilding Ireland Action Plan-3	Ireland (2016-2021)	Government of Ireland
The Way Home - A strategy to address adult homelessness in Ireland 2008-2013	Ireland (2008-2013)	Department of the Environment, Heritage & Local Government
Plan van aanpak dak- en thuislozen maatschappelijke opvang 2e fase. [Strategic Plan for Social Relief, the 2nd phase]	The Netherlands	Government in collaboration with the 4 large cities (Amsterdam, Rotterdam, The Hague and Utrecht)
Estrategia Nacional Integral Para Personas Sin Hogar 2015-2020. [Comprehensive National Integral Strategy for the Homeless 2015-2020]	Spain (2015-2020)	Spanish Government. Ministry for Health, Social Services and Equality
Wytyczne w zakresie pomocy osobom bezdomnym. [Guidelines for assisting the homeless]	Poland (2004)	Ministry of Family, Labour and Social Policy, Department of Assistance and Social Integration
Program Wspierający Rozwiązywanie Problemu Bezdomności. [Homelessness Problem Supporting Program]	Poland (2016)	Ministry of Family, Labour and Social Policy, Department of Assistance and Social Integration
Programma Operativo Nazionale "Città Metropolitane 2014 – 2020". [Multi-fund National Operational Programme "Metropolitan Cities 2014/2020"]	Italy (2014-2020)	Ministry of Labor and Social Policies
Programma Operativo Nazionale inclusione. [Italy's Operational Programme (OP) for Social Inclusion]	Italy (2014)	Ministry of Labor and Social Policies
Italian Title Piano Nazionale per la lotta alla povertà e all'esclusione sociale. [National Plan against poverty and social exclusion]	Italy (2016)	The Chamber of Deputies and the Senate

Table 1: Sandra Schel, Tessa van Loenen & Judith Wolf (2019) HOME_EU Technical report (WP5/ D5.3)

The policy formation procedure for tackling Homelessness in each of the Partner Countries has a different dynamics, which enhances the transversal nature of this social problem, from a direct and explicit Prime Minister involvement (FR3; IR2; PT/ Council of Ministers involving all Government; SW Central Governmental Offices), to the involvement of differentiated Ministries (Welfare PT, NL; Labour

and Social Policies IT2; Gender, Health, Social Services and Equality ES; Family, Labour and Social Policy PL; Ecology and Sustainable Development, Health, Housing and Territorial Equality FR). The time frames of the strategies or policy documents have also a substantive degree of variation. One important observation to be made is that there were a first round of policy formation from 2008 to 2014 already mentioning the Housing First as a model and supporting its implementation (ES, FR, IR NL, PT SW), and Poland (not mentioning HF), and a the second 2015-2020, with timing country variations (ES, FR, IR, IT, PT, again PL does not mention HF).

As a transversal outcome of the policy analysis we concluded that all the national policy documents focus on the systems development, including the investment in the strengthening the formal relations among political sectors like including diverse governmental departments associated with Housing, Social Welfare, Health, Labour, Social Inclusion, probing to respond to Homelessness. This is a meaningful result because it reflects the Governmental acknowledgement of the complexities to address an effective response to persistent and prevailing homelessness, and a recognition that the systems designed have left behind people with higher scale social support needs, and the government/civic society partnerships need further attention to generate result-focused and meaningful transformative change (Nelson, Kloos, Ornelas, 2014), as the stated ambition of the HOME_EU Project to contribute to reverse homelessness in Europe.

Furthermore, the EU Citizens according to the HOME_EU Study on KAP (Knowledge, Attitudes and Practice (Petit et al., 2019) demonstrates that the EU Citizens allocate the responsibility to respond Homelessness to the Governments (81%), and consider that the Governments should spend more in Homelessness Programs (75.6%). These and other results indicate that for further policy formation to clearly respond to homelessness the EU Governments have the support of the citizens.

We have also concluded that less than 50% of the policy documents are focused on the concrete lives of the populations with homelessness experiences (e.g. their access and choice of services, housing options, and integration opportunities), and only a few policies (less than 20%) include the direct participation of the Service User's, the population with a homelessness experience as a source of information for the evaluation of the effectiveness of the strategies or policies being implemented. Another evidence deriving from the HOME_EU Studies, Greenwood et al. (2019) the Housing First programs contribute significantly for the increase of community integration, choice, satisfaction with services and the housing quality and to the reduction of psychiatric symptoms. In alignment with these results we have the contribution another HOME_EU Study Gaboardi et al, (2019), emphasizes the role and contributions of the professionals that although sharing values dignity, respect, humanity an social justice require further support and training to increase outcomes, and provide more personalized supports, strengthen User's networks, and to advocate for housing as a human right.

We therefore conclude on the recommendation for the next generation of policy formation the service user's and integrated on the evaluation panels and that the studies systematizing evidence of outcomes of Housing First Programs are taken in consideration for policy evolvement and further implementation efforts.

Another topic of interest for homelessness policy formation was that we were also able to understand

with the contributions of the analysis of the other 59 policy documents(including 34 regional/municipal programmatic regulations, 12 policy reports, 11 records of Parliament debates and 2 Policy Campaigns), that the emergence of Housing First model in the most recent social policies was pressured, and advanced by the civic society, varying from large-scale protest in France, resulting into consistent legislative initiatives, to the specific negotiations of Non-Governmental Organizations resulting in a Protocol for Regional Planning in Italy, the consistent lobbying of Non-Governmental entities influencing national strategies, and Municipal Programs in Spain, Ireland and Portugal, to negotiations with Municipal Organizations in Sweden and the Netherlands. These observations are consistent with the Rihouz, Rezohazy and Bol (2011) or Thiem (2014) about the need to look at broader realities informing the policy formation being able to capture case sensitiveness and the fact that through different paths, and different forms of influence we may attain similar results.

Quantitative Data

Being the link for the survey associated with the leading research partner all the information about the filled surveys was directly integrated in a centralized database, and the study leading team informed weekly the partner countries of the updates on surveys so that the national partners could keep their strategic efforts of involving more national, municipal or local stakeholders. When the previously determined period for data gathering was attained, the research team brought the process to an end proceeded with descriptive analysis of the data.

The results indicate a wide variance of respondents and involvement from each of the partner's countries; from a total 198 received surveys (See Table 2), from 6 (3%) in the Netherlands to 93 (47%) in Poland. 146 (73.7%) are women, with an average age of 46.4 years (min. 25 to a max. 70 – Median on the 46 years of age). The average number of years of experience in the field is of 8.3 years, varying from less than 1 year to 35 years of experience, being the median situated in the 5 years of experience.

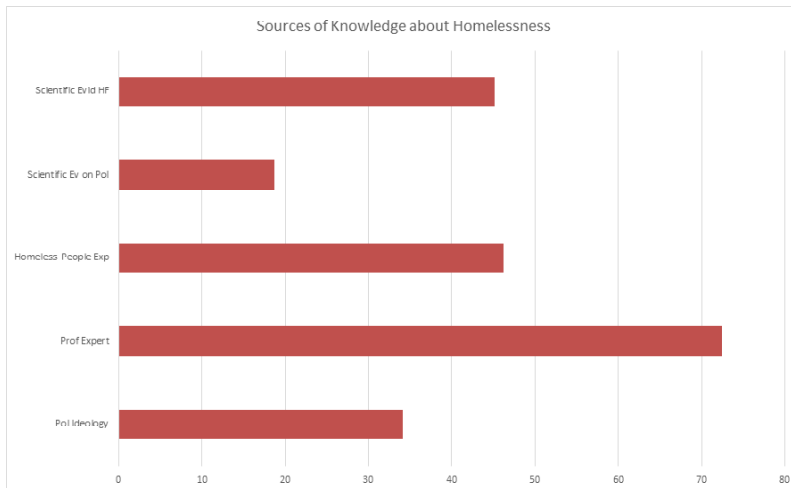
Table 2. Responses obtained by Partner Country

Country	N	%
France	12	6,1
Ireland	6	3,0
Italy	20	10,1
Netherlands	7	3,5
Poland	93	47,0
Portugal	39	19,7
Spain	21	10,6

Concerning the preferential sources of knowledge about homelessness, 72.5% of the 197 respondents, reported that professional expertise was their privileged source of knowledge, followed by a similar result of 46.2% directly from homeless people's experiences, just followed (45.1%) of Scientific evidence about housing first. Curiously the least preferred sources of data and information are political ideology

(34.1%) and the Scientific evidence integrated in policy documents 18.7%), as reported in Table 3.

Table 3: Stakeholders responses Sources of knowledge (N=197)



This result indicates, although not generalizable that the dynamics within the countries and for policy implementation and using the proposal advanced by Boswell and Smith (2017) stakeholders tend to privilege as sources of information and guidance for action professional experts, scientific evidence on Housing First and interestingly the people with homelessness self-experience, and less that 20% probes for scientific accounts of evidence in social policy documents.

Critical reflections on Policy formation and implementation

Within this critical appraisal on limitations and recommendations for future research we probe to convey the lessons learned and the ways in which some of the challenges may be attained. Methodologically we were able to capture the nuances of the case-oriented complemented with variable-oriented research on policy formation, and implementation, following recommendations on (QCA) Qualitative Comparative Analysis (i.e. Rihouzy, Rezohazy and Bol (2011) or Thiem (2014)), that reaffirm the complexity of the exercise of comparing social policies at a transnational level and the need to respond to different kinds of challenges. First and foremost, the country differences, the current political status and systems, the consolidated democratic procedures, the uniqueness of the cultural and social and traditions, the epidemiological and demographic variance, furthermore the economic situation (Ritter, 2007), and more recently the impact of migrations on the resources for extreme situations, e.g. Esposito, Ornelas and Arcidiacono (2015); all determinants for the centrality associated with the response capacity to a severe social phenomenon such as Homelessness.

Additional operational barriers are associated with information accessibility; requiring country-base expertise of systems and contextual governmental structure information, as well as language proficiency (cf. Ragin, 1987; Ritter, 2007).

All these factors need to be taken into account to enable a meaningful comparison of policies among countries; the legal data collected within the current research project were insufficient to obtain adequate insight into these contextual factors, the HOME_EU consortium organized additional qualitative data collection (e.g. two focus groups) to further complete these data.

Another limitation found to be the most common within policy analysis was the challenge associated with the gap of policy statement, the concrete legal document, and the outcomes of the policy evaluation (Ritter, Livingston, Chalmers, Berends & Reuter, 2016). However, from the additional 59 documents identified by the partners in the consortium it was possible to identify official reports and analysis of the national strategies, that are being used to further explain the HOME_EU overall results and some additional data maybe drawn from the quantitative surveys to illustrate a detailed understanding of the policy implementation.

For future research in the field we recommend focus groups formats with representants for the in-depth understanding of the Policy implementation outcomes in large-scale and smaller scale geographic locations to capture country overall status and internal variations.

Another limitation was that the analysis was performed as a secondary source, which may have contained some bias deriving from differences in detail provided on the described policy aims and measures. A consideration that also to be minded is that the policies on Homelessness, particularly the Housing First Programs are frequently within the responsibility of regional, municipal or even local level; this reality reinforces the concern raised by Rihouz, Rezohazy and Bol in 2011 about the macro-level policy formation becoming a generalist affirmation of principles with no further accountability considering the geographic variability and the concrete results in the lives of the people to whom the policy is addressed to.

In relation with the Survey, the challenges raised are of a totally different nature, and are related with national sample representation, the requirement of having a purposive sampling procedure, resulting of the requirement to invite people who are currently in the social roles of policy formation and implementation, and clearly define these categories of participants

The use of tools such as on-line surveys also imply that researchers have no full control over the origin of the respondents which could result into situations where municipalities or regions where homelessness is an important social theme might be more eager to respond and therefore may be overrepresented.

The most important limitation of the quantitative survey emerged during the data analysis. Often there were multiple participants per municipality or per country at national level. Comparing the answers of participants working at the same municipality resulted in substantial variations the knowledge about national policy documents. We also learned that participants from some Municipalities communicated their decision of not filling the survey, because they considered that homelessness was not a scaled social problem in the specific location and the social services were responding every time a new situation emerged.

For example, the question “Currently, is there a specific policy implemented at a national level in your country to reduce, reverse or prevent homelessness?” From the same locations we obtained Yes/ No answers, Implemented within the last year’, ‘Yes/No, implemented longer than 5 years ago’ Yes/no and

also 'I don't know'. Apparently, key stakeholders are either insufficiently informed about homelessness policies implemented in their municipality/country or they are aware of these policies but they perceive them differently. Either way, these results suggest that key stakeholders in the 8 participating countries have insufficient concrete information about homelessness policies in their municipality or country entail. Future research could verify this idea by conducting qualitative interviews/ Focus groups with these stakeholders to understand in-depth if these variations occur due to lack of knowledge or are protest answers. With this contribution we may conclude that the Homelessness policy studies require further more than the strict analysis of the policy documents, and that the comparison terms require a clear prior definition of frameworks and aims conducting the analysis.

Concluding we consider that through the HOME_EU Project we have been able to further understand what are the Housing First features and challenges that increase the capacity for spillovers (Mazzucato, 2017), with promising applications on field areas like domestic violence, deinstitutionalization of young adults from child protection services, deinstitutionalization of the remaining psychiatric hospitals or closed mental health institutional devices, and as a programmatic model to support migrants with all kinds of socio-political statutes. Furthermore, advancements are being observed in the partner countries that configure the core elements of the social innovation index (2016, see Fig. 1), namely the influence on policy formation, and institutional frameworks (i.e. IR team in Parliamentary discussion; PT team in National Homelessness strategy, the Research Agenda 2020-2030, and national consultants for the Horizon Europe, consultants for program development - 3 partners – ISPA; AEIPS; RAIS in Brazil; and ISPA, AEIPS in Poland, and Norway); on Financing environment (i.e. PL Government investing in HF Pilot in 3 major cities and PL Team as evaluator; PT Budget 2020 with a 7M€ for HF). On Society (i.e. ES Civic Engagement –national and local level scaled up HF from 28 to 300 houses from 2014 to 2018; PT National Housing First Network, including municipalities and civic organizations), and finally on Entrepreneurship it is important to emphasize the “risk taking mindset”, particularly of all the Civic organizations that are advancing the implementation of HF Programs with no sustainability guaranty and that the evidence of results is crucial for the advance of Housing First Programs in Europe.

In the words of one of our partners from SW would be “So we have a long way on the road ahead”, many achievements have been attained but future endeavours and challenges lie ahead to effectively reverse Homelessness in Europe, and we are prepared to support the transformative social change required.

We are ready to support the scaling-up process in countries as Ireland, Spain (on-going process), Portugal, France (where is already an adopted policy), or the Netherlands. In Sweden the upscaling is taking place at a steadier rhythm due to previous dissemination efforts; in Italy the upscaling is less clear although the National budget for Homelessness has substantively increased, in Poland with the inception of a Project in three major cities, the dynamics of Housing First is going to start and with it, the confrontation of the phenomenon.

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Chapter VI

Housing First & Homelessness Challenges: A Focus Group with international experts

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Abstract

Homelessness is becoming an expressed concern on the political realm expressed by the different political sectors, governmental bodies in the European Union and across other territories. Critical events related with Homelessness (e.g. deaths, violence both as victims and perpetrators, children being born on the streets) with variations, receive some attention from some media. However, we are experiencing a somewhat contradictory situation, on one hand, governments express concern with the phenomenon, support the emergence and the consolidation of national strategies, allocate programmatic resources (budget) to provide relief responses and the general public is concerned with those affected by the fact that some people despite the age, gender, ethnical background, health or mental health status remain for variant periods on the streets of the cities with a larger incidence on larger metropolis; on the other hand effective change in societal response is low and the situation essentially prevails. Within the HOME_EU: Reversing Homelessness in Europe Project (H2020 GA/ 726997), we were able to gather experts from the United States Marybeth Shinn (University of Vanderbilt), Sam Tsemberis (Pathways to Housing), Ken Matton (University of Illinois at UrbanaChampaign), Paul Toro (Wayne State University), and Europe, Ronni Greenwood (University of Limerick), and José Ornelas, ISPA – Instituto Universitário in Padova (June, 2018) around the core questions: a) why is Homelessness is a prevailing condition; and b) Why are we not being able to solve the problem? (We know about solutions, and effective responses.)

The debate pointed that the major challenges include the variations of interest and the lack of consistent and continued efforts to address homelessness as a political priority; the shortage of Housing policies on availability and affordability; as a positive note the renovated national strategies may represent new opportunities, mostly advanced and pressed by civic and grass-roots movements, and some homeless in some specific cohorts (e.g. the Veterans in the United States have effectively reduced. Major research studies (e.g. At Home/ Chez Soi in Canada, Chez Soi d'Abord in France, and now the HOME_EU with eight European Countries) contribute to the advancement of Housing First as a privileged model to transform Homelessness into an exceptional social emergency.

Keywords

Homelessness; Transformative Change; Housing First Date:

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Overview and Purpose

Homelessness is currently a concern, it is an expressed concern by the political bodies, the EU organisms, and across other territories; it is a concern on the political realm, but has also received attention from some media. We are currently living a somewhat contradictory situation; the governments express concern with the phenomenon of homelessness, support the emergence and the consolidation of many national strategies and allocate programmatic resources (budget) to provide responses; it has caught the attention of the public, but it is a prevailing situation.

MJVM: Moving directly to our first question (open to all participants): Why do you think that homelessness is a prevailing condition; why are we not solving the problem?

P.T.: First of all, I think many of us, can talk about this question but focused on the US, and that's it! I have conducted a little number of studies in the Europe, but most of what I know is about the US. We have done a study on Media coverage, professional interest, political interest in terms of funding; I have tried to somewhat establish a kind of connection among these different trends in the last couple decades.

The real peak coverage in the US, was in the late 80's early 90's, and it has dropped since then; it kind of levelled off, we came from a time where you get a lot of coverage in the holiday time, and winter, and Christmas and Thanksgiving, but the overall trend is kind of flat.

Funding, on the other hand, we have had the McKinney Act¹, caused one big piece of funding, and just kept rising over time. And even today it seems that is becoming a heavy budget, and why is that? Media coverage is one thing; consistent media coverage, especially in the 80's and the 90's, but also have various advocacy groups in the US like the National Alliance on homelessness that have been pounding on the doors of Congress, pounding every day; and bringing more research data to support more funding, and they have been successful, because the funding keeps going up.

Of course, there are good data, like Housing First; we can say we know something, and the media takes that, and advocates even more so; why is there a political interest? A lot has to do with the constant pressure. In Europe you have got FEANTSA, and you have got each individual nation; it is a little more complicated. So I guess if you see it on the media, and people are concerned it is because there is at least some continuing pressure of important people and advocacy groups and also researchers.

J. O.: I could say something about the European Union; there are different national strategies, coming from different countries, and many things are happening at the national level, but I think that we are missing European Union strategy about homelessness, and about these alternatives. We don't have, until

¹ The United States National Affordable Housing Act (1990). <https://www.govtrack.us/congress/bills/101/hr1532/summary>

now, a clear European Union strategy, and the commission is interested. For example, very recently... a couple of months ago, they came out with what was designated the European Pillar of Social Rights², and is interesting, that besides the services to the children, the care for homeless are the two specifically mentioned social groups. That fact is meaningful, indicating that we need to resolve this situation in terms of Housing. So, this is like a Bill of Rights for social problems.

We also have a European Union program, designated "Europe 2020"³, and the next period is now being prepared (2020-2030), and these funding mechanisms are explicitly clear in two ideas: we have to deal with deinstitutionalization in general and homelessness and extreme poverty. So, the European Union is concerned but there is no clear political European Union decision on about how to do it. This is why we create these initiatives, to be able to influence our politicians.

S.T.: When I think about our national level, the difference between the US and Canada or the EU is that the conversation about homelessness in the United States does not receive very frequent coverage, but even this little money that's growing is nothing. Is nothing comparing to the money that was taken away. The United States from the Reagan Administration on stopped building public Housing. And now the money is going in is supportive Housing, a little homeless emergency Housing a few million a year. We are talking about they took away many hundreds of millions of dollars, and now they're putting in a little bit of change. So, it is not changing in the US, because there's no investments. And even the media coverage is about individual problems, or about these poor persons, you know, giving food for the Thanks Giving or for Christmas. The conversation in Canada and in the EU is about national affordable Housing strategies, the Canadians just committed to forty billion dollars a building affordable housing. Look at what's happening in Scandinavia, the Norwegian and Finnish, are pretty much near to ending the homelessness because they have invested in the Housing bank, and the Y-Foundation they have building a thousand of units of houses, affordable housing. So, the conversation is not about the poor homeless individual, is about national affordable national Housing strategies. So, in another countries, in the EU, e.g. Ireland, where there has been investments in Shelters vs. Housing and the consequences of that. In Portugal or Spain, and very modest in Italy, what you are doing in Housing First is very grass-roots. Greece that I know well, they are overwhelmed the refugee problem. So there are a kind of confounding phenomena in the EU about what the focus is. But when the focus is clearly about homelessness, especially in northern countries, they have their eye on the real intervention, which is about the affordable Housing strategy, and beneath that there are the people that need support services, like the people in Housing First programs. So, I don't know exactly the concerns but there are national differences, in all these different ways.

Mb.S.: I think we all agree with that. I think the attention in the United States, steady and also is sporadic, and it is not sufficiently focused on affordability. The affordability crisis, in some places is striking and young professionals; we are getting periodic stories now in the newspapers about the Housing and

² European Pillar of Social Rights (2017) https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en

³ Europe 2020 <http://www.europeanpublichealth.com/governance/european-union/europe-2020-an-overarching-eu-strategy/>

affordability for us, for middle class people. So, that is raising the level of dialogue a little bit. People are connecting that to the problem of homelessness particularly, and we continue to put much more money into subsidizing Housing for rich people either subsidizing Housing for poor people. We do it in different ways, the subsidies for rich people are through the tax structure, where the interest that you pay on your mortgage up to a certain level is deductible from your taxes. That means that a rich person gets a much bigger subsidy for Housing than a poor person. There is no subsidies for renters and they are not nearly enough subsidies to go around for poor people or more formal kinds of subsidies. And it is because the disinvestment in the affordable Housing over the last several decades.

The one bright note in the United States is that we had invested in reducing homelessness among veterans, and it shows that it is possible. I think it is important to show that it's possible, because as long as people feel that the poor are always with us, there is nothing we can do; they turn aside they don't want to invest. When you show that through a variety of different strategies, you can bring down the numbers for bad trends; they come down for about half, more than half, for street homelessness, seems we started paying attention to it; that shows we can do it, that's really important.

There has been other research that shows that we can do it for different populations. So, as wonderful as New York Housing study was, it was long ago, and one small study, with the investigator being also the person who developed the program.

At Home Chez Soi⁴, really showed on a massive scale independently five cities in Canada, that we could do it. About studies on family options, if you give family Housing vouchers, and no additional services, it pretty much ends homelessness for families. So, we now have the rigorous evidence that we can do it, and we have seen the investments for bad trends that we can bring rates for homelessness down. So I think were poised to change the argument, but I think we doing succeed in doing it, yet.

S.T.: I would add the French study to that too, that was a randomized control study⁵. That is right, we have the evidence the question is: how do we take the evidence and advocate? I guess that is the challenge.

R.G.: I think that the different national contexts it is importing to have an understanding when advocacy works. In Finland and Norway it worked in a way that it hasn't work as effectively in Ireland. Ireland probably is not as rich, or has the resources to allocate increasing that amount of social Housing, building social Housing. But I think that now Ireland has something that is maybe different, that is slightly different take or a more intense take focused on worth and deservingness of Housing among homeless. So, I think we have a default kind thought, ignoring the problem that being faced every day in Dublin on the streets. For example, we see people on the streets, and then if something happens, someone is burned to death in sleeping bag in Phoenix Park, or freezes to death, than public interest is spiked, pressure increases for a while, and it declines again.

Money is invested in the same systems that have been there for generations, congregate Housing,

⁴ At Home Chez Soi <https://www.mentalhealthcommission.ca/English/document/24376/national-homechez-soi-final-report>

⁵ Tinland A, Fortanier C, Girard V, et al. (2013) Evaluation of the Housing First program in patients with severe mental disorders in France: study protocol for a randomized controlled trial. *Trials*; 14:309. doi:10.1186/1745-6215-14-3

staircase model, and those programs are entrenched and supported by the system and so Housing First has come in, a bit top-down in a country, and is growing bottom-up across the country in smaller places. So, I think it is interesting we can champion; we have the evidence, we champion it, and we come up with different barriers that are normative culture barriers, and we have the figure it out the way to insert ourselves in those conversations in different kinds of ways.

MJVM: Taking on the media or the pressure in terms of advancing or even enforcing new social policies, or innovation on social policies, what would be your advice?

K.M.: I think it is always from the inside and the outside, simultaneously. It is from bottom-up and top-down, the advocacy organizations that we have in champions on the inside. From my awareness of policies in the United States, I would advise multiple approaches, partnerships both with the leading advocacy organizations and everything local, regional, national level, and I would advise partnering, making connections with the entrepreneurs, there is always transitions. With the policy entrepreneurs there are always transitions. You have to be always connecting with the new people taking on the responsibility roles.

I would advise that in addition to providing evidence to the advocacy organizations, they have the most recent useful evidence, they can affect, put pressure from the outside at all levels; I think one always needs to be using one's social networks, using one's time and energy. Finding who is going to champion this from the inside. In the United States we know who the key Senator is or who is the key chair of a committee at the local, state or national level. Also who has entree to them, who do you know that knows someone else, who has entree to them. What intermediary organizations, what professional groups have connections? This means finding all the time, continuously investing time and energy in making the connections on the inside, people who can champion your cause, and when they leave office, who are you connecting with next. And on the outside, who is providing the evidence to the advocacy organizations continually.

I think that on-going, proactive, continual work to connect both people from outside who can put pressure on the people on the inside, then you can champion your cause.

MJVM: The expression "Champion" is not very common, why is the word or this idea of champion important. Could any of you provide a very small definition of what would you understand what a "champion" is?

K.M.: Well, I use it as a verb. Is the person who champions their cause; so, it could just be called, someone with power, who is a policy-maker, who will champion your cause. So, influence your policy-makers who will say: "I am going to use my political capital for this cause. I am going to work across the aisle; I am going to work to what I need to do; that is what I say would be someone who champions the cause. And these people are always changing, so you need to always be finding new people over.

J.O.: I like to comment about the affordable Housing, because what is happening in the EU, and I think in the United States with veterans, and in Canada, e.g. in countries like France, Portugal, Spain, many others; What is happening is not about building affordable Housing, but a considerable amount of money being allocated to rent housing in the private market.

The money allocated is considerable, take the example of France, the President made a statement recently they have allocated a budget for about fifty thousand new houses, but that does not mean

building new houses;

In policy development there is something I find to be interesting, similar to what is happening to the Veterans in the United States, there are not more houses being built for them. In Portugal to provide responses to the homeless, the priority is not building social houses. We are changing the social Housing policy through Housing First.

This is very interesting, because we rent the normal private market and now we are observing a spill-over effect; the same idea is being used for refugees, for domestic violence situations, so Housing First is contributing for a new way of seeing social Housing policy, instead of building big areas concentrating a low coast, we are dispersing people in the cities and villages. I mention countries as Portugal, Spain, Italy and also, France, but probably many other countries, money is being given to local organizations, to pay rents, and not just for Municipalities to build new households. In Portugal we are influencing what was designated the “New Generation of Housing Policy”. There is a governmental investment in rehabilitating old houses, also we have had problems with social Housing in Portugal and in other countries in the European Union because they are concentrated, much degraded, with a lot of social problems, so Housing first is giving a new perspective.

MB.S.: That’s true in the United States too, that for a long time we have not been building Housing, We have been putting Housing into subsidy, whatever money we have into subsidies you can use in the private market, and the Housing economist tell us that’s more cost efficient than actually building. There is some “push back”, particularly in very high rent areas, and on the coast it is common to hear that there is not enough Housing in California. The Housing economists say, “Oh well! If you have the vouchers that will take care of it”. So, there’s some argument about that, but certainly the policy is very much on vouchers. There’s still public housing that’s nothing new is been built

P.T.: One thing I would like to talk about is the capitalization of Housing, this is something that is not just talking about decades but centuries. This has been on-going for a long time, and it has gotten to a point where Housing is not a place for people to live and be happy and have good lives, it’s a commodity; like oil and gold and anything else. It is a big business, real estate, and in the nations where we have perhaps the big capitalization Housing in the United States, United Kingdom, and Canada for example, those are the nations with the high rated lifetime homelessness and other nations of Europe have lower rates, because they haven’t got quite as far in this these countries.

S.T.: The point about the way rent to pay in the United States is calculated, for example, is they have something called the fair market value, right? So they do an assessment of what is the average rent, but there’s a trend now where a lot of small towns and cities where everybody is moving to the city, the demand for housing is very high, so for the same apartment, the rents are going up because it’s market driven, and the vouchers or the government subsidy cannot really compete with young people working in full time jobs and they are willing to pay more and the landlords find that more attractive.

I think that it depends on the Housing market, in any one place, and how much you can do that. You adopt a picture of Social Housing, which I used to have, you know, it’s almost like a cast system, the poor people go there. When look at the Netherlands or Sweden, their social housing is actually very much like their Rental Housing, because it is not managed by profit organizations, but by non-profits, and so

the difference of social housing and Rental Housing not so much, old people, young people, families are living in both types of Housing, so there's less of that feeling about it.

But you know there is also this idea in the social Housing on the plus side, there's a government commitment to build affordable Housing, and one of the things that happens in the United States with the fights over the little bit of money, many of the homeless providers insist, like in California, they just committed 10 billion dollars on this measure "Supportive Housing - Proposition HHH"⁶, and everybody wants to build supportive Housing. Housing that has thirty, fifty or a hundred units with the social workers living in the building. You know, like treatment Housing. And there's a big competition there for that little money, they are not building affordable Housing for everyone, they're building specialized Housing.

J.O.: About the market, for example, in Lisbon Portugal, we started the program with sixteen euros per diem per person, in the normal market, now with all the competitiveness of the Housing market it is twenty euros per person per diem. The Municipality is paying now this difference, because although increased is more affordable for them.

Take the example of deinstitutionalization, we have one of the worst histories of social Housing, we have millions of people concentrated in very poor areas, they are not going to the schools, or if they go they do not have academic success, it is a big problem. So now they are changing to this rehabilitation paradigm, we have about seventy thousand houses to be rehabilitated, to be rebuild, and I think we can influence this policy.

K.M.: I think that we are concentrated in bringing this up, it is a big issue in the United States is that poverty is concentrated, and particularly in urban areas where they have really concentrated poverty, social problems, and a lot of the middle class people have moved out of their cities, and I think that really exacerbates all of the problems of community integration and makes everything a thousand times harder, when you have concentrated poverty and homeless areas.

J.O.: Even in Oslo, in Norway, I went for a visit, and they said "now we are going to the area of the social Housing in Oslo" and they went to show me it was a really very socially segregated area, and I advised our colleague "Housing First (and this is not only in my opinion to resolve homelessness) is also a strategy for social change in many areas". For example, in domestic violence, now instead of going to shelters for women, they are using the idea of Housing first for women, in alternative, for refugees. The refugees are moving to individual Housing. So, because of Housing First, there is an ongoing social change process, very innovative, a paradigm shift.

S.T.: I think it's the other way around, I think we are doing Housing First for immigrants, refugees all the time, it's just that we were never doing it for the group that Housing first was originally designed for, we just are helping doing housing first for everybody else.

J.O: We are not dispersed for the other groups, so far!

MJVM: In terms of these national strategies, and we understand that homelessness is a multisector issue;

⁶ Supportive Housing Proposition HHH https://www.labavn.org/index.cfm?fuseaction=contract.opportunity_view&recordid=36769

to the best of your knowledge, in the context that you work in, are these sectors like welfare, Housing, justice are they working in convergent way? Or is still a mix-match of understandings about what should be done about homelessness.

S.T: You mean are they working independently without talking to each other? Or are they coordinated? Is that the question?

MJVM: Yes, that is the question. What do you think we should and how should we support them in terms of probing to converge?

S.T.: That's a huge challenge everywhere. You know, it's different in different places. One of the things about the veterans initiative, it was probably the first time in the United States that the Federal Government had two federal agencies collaborating. They had one that paid the rent the veteran's administration working together to pay the case management services. It worked tremendously well for the veterans. I think one of the problems that is why homelessness is still around, it's because it usually it falls to social services or to Housing, even in places where they have a strong healthcare system, the healthcare system is not a part of the Housing first programs, it's very difficult to get the healthcare system. The health care programs are not part of the Housing First programs, even when you have the universal healthcare, to have them make home visits to people, there is still a huge separation. I agree with you that the collaboration is still a problem.

J.O: I think that the problem here it's because historically, in my opinion, is that Housing first instead of creating the formal access to the regular settings like the health center, the justice system, promoted a parallel system to resolve health, mental health, completely separated. For example, in Portugal, we didn't create that parallel system, we use the normal system, when the homeless person comes to the house, they have to go to the regular health center, they have to go to the regular justice system, and they have to go to the regular psychiatric system. We didn't create alternatives, because of the historic process, so when that happens there is articulation, because that is no alternative. And also because of the National Strategy they create broad Commission and the NPISA (Community Board for Planning and Integration of Homeless People) at the local/ municipal level, where all the sectors are represented. The teams using the regular generate more articulation. When ACT (Assertive Community Treatment) is an example of a classic form of intervention, they have psychiatrist, and the health system; for example, in some countries of Europe they have nurses, so they are creating parallel channels, therefore the Users are never satisfied, when they go to the hospital, it's a new thing, they are not familiar with, but if we do this since the begging of the integration process, therefore we articulate more. This is my reflection about this.

S.T: I mean, we can debate that. I think that ACT was created, and I think that is still true today that most people, like 60% or more, who have severe mental illness, never go to treatment. So, you know, it's nice to have a system that you don't have to need to have a parallel system, but many people will not participate in treatment voluntarily, or will they acknowledge they have a problem. So, this ACT or intense case management teams are relevant. I don't think they are a parallel system, they are an innovation to the existing system, so you get the clinicians out of the office and they are making house calls, to engage people that ordinarily would never even think about going to the office, because they don't

think they have a problem, they're in a different stage of you know, pre-contemplation or denial, so you got to intervene, to move them along to where they would get support. Ultimately that's the goal, for everybody, to use the regular system.

MbS.: In the larger homelessness system in the United States, run through the Department for Housing and Urban Development there's a real push to try to use so called main stream services, being those that everybody has access to, and the HUD (Housing and Urban Development) should simply get people out of shelters and Housing, it should just be an emergency system that kind of rapidly rehouses people and then they should use the main stream systems. I think HUD is convinced, but I don't think the main stream systems are convinced, and so the Housing people are saying "this is your problem" and the main stream people are looking somewhere else, and not embracing that. And there's a problem, the sometimes called the "wrong packets" problem. A Housing program may save money for some other system, but that other system doesn't return that money back to the homeless system, and so, the fact that the criminal justice system might have saved some money, that's nice, it doesn't then feedback into housing more people. So, I don't think we've done in the United States a very good job of coordinating across systems, and it's still for us a real problem.

K.M.: It's terrible problem in the United States, and I am curious to know if in Europe it is different. But at least at a national level in the United States it's incredibly territorial, the different agencies that are near Washington DC, so everyday all you read about it's the different eight national agencies turf; it's a politicized system. At the local level I think you have the change for more integration across agencies, but at a national level in the United States it's terribly political. They are fighting for money, power and prestige. I don't know if it's different in Europe at a national level, but I think that at a local level in the US there's more human contact, sometimes people work on it.

J.O.: I think that is a big difference with the European Union, we have 28 countries, it's different. In the majority of the countries, we have for example a free health system meaning people can use the services and they don't have to pay. We bring a homeless person, already integrated in the Housing First Program, to the health system and they don't have to pay anything. It is not a parallel health system, the community team that go with the users to the health center. It is more complex for the judicial system, but not because of the homelessness, you see in general it is very slow, the solution, but for everybody, even for rich people. It's very slow, and that is the problem.

S.T.: Rich people go to jail in Europe? We don't have that in America!! (Laughter)

J.O.: They go to jail, but the process is very slow.

S.T.: I think that from what I saw that actually shifted, I think the French realized, because they were targeting people with severe mental illness, and they had the whole community health system, when they saved all that money from the hospitals, I think that motivated the investment, to have, you know, fifty thousand euros, they saved millions of dollars saved on the hospitalizations.

R.G.: But has to be how big it has to be before you can make that kind of change happen!!

P.T.: It must be noticed on a big scale; and there is another thing, with so many projects, like even herein Italy with so many tiny projects, it's hard to have an impact. But with national studies with huge data, I think that definitely helps.

Mb.S.: Deinstitutionalization in the United States happened a long time ago, and so there isn't a lot of savings to be had in the mental health system at this point, because people got moved out of mental hospitals quite some time ago.

S.T: Into jails!!

Mb.S.: Largely yes, many. But there is [Collaboration] on paper; there is the Interagency Council on homelessness at the federal level; it is supposed to coordinate the Federal Agencies, there have been repeated pushes. Phill Mangano did a bunch of policy academies where everybody from the states was supposed that had anything to do with homelessness to come together and talk to each other and develop a statewide plan. So, there are continual pushes to try to get people to coordinate, but that doesn't mean that works very well. I think you're right that it can work better at a local level.

MJVM: Now moving on to the specifics of Housing First, the models; there is debate about specificities of Housing First models, the single site, the scattered individualized and the mixed options. What is in your opinion the best way of promoting integration on the long run? Again, with the best of your knowledge and the results that you have been achieving in your research.

S.T.: Very important. I am not a big participant in the housing debate per se, because I mean, it's all about client choice, but can you legitimately give a choice? It doesn't matter if we really have many different types of Housing available ideally, and you say the person you want live in this place, or that place, you tell us. Because the goal is not about Housing really, the goal is about empowerment and just supporting that decision-making process. I think most people have very limited choices on their Housing site, so, if the program doesn't have the money for an apartment, and most people want a place of their own, you know. If everyday they've been hearing about all of these people having to share apartments here, there is not really enough money for the rent, and it's not working so well, there are a lot of arguments, two strangers from the street living in one place you know, their retention data is not going well.

I think if the program is operated with the right resources most people will choose the independent department, but we do have this 20% failure rate on apartments that aren't structured enough for some people, they keep failing, so we need some complementary. You know, what are we going to do with those people? And I think there single site with supports services, like somebody at the door it's a nice complement instead of having auctions after apartment number four or five or whoever is in at the program who helping the person.

R.G.: Right, so I think there's a couple of challenges with this single site and congregate. If the infrastructure is already there and available to programs means that Congregate Housing options are going to be more readily available to some programs than single site. So, if that is what you have to offer, that is what the person has to choose. Choice is constrained, yet people will fail out of apartments a certainty amount, seems to be around consistently around 20%, that is what Anna Stefanic and colleague's⁷ talks about. The reverse staircase model, the reverse continuum where you start out in independent Housing and

⁷ e.g. Yanos, P.; Stefanic, A.; Tsemberis, S. (2011) Psychological community integration among people with psychiatric disabilities and nondisabled community members. *Journal of Community Psychology* <https://doi.org/10.1002/jcop.20441>

when that doesn't work, then you might step it back to a different type of Housing, that is perhaps suited to their needs at that time and sometimes we talk about this as if its static you make this choice now or you're placed in a congregate Housing first, because that's what's there and available so you can choose the congregate.

What we really need is a longitudinal vision of this, I think, what about when that person says like: "I've done okay here, where's my flat?!" Will there be choice at that point in time? So I think that having a space available for people who repeatedly fail out of apartments, it's a small number of people to have that as the assumption as a starting point doesn't make me comfortable. I think you always going to come up again; it ends homelessness but that doesn't do the other side of Housing first, which is the recovery and the community integration. There is always going to be a false ceiling as long as you are promoting congregate Housing First witch in my mind is a paradox, a contradiction as an equal choice to an independent flat, so I worry about the recovery side beyond recovery of a home.

Mb.S.: Is is interesting, in the US more and more people are living in what we call "sub families" that is more and more young people and not so young people are staying with their parents. People having trouble, middle-class people affording Housing that's independent. I think we need to think about a variety of Housing models, not everybody needs or can have a white picket fence, and when we think about a variety of Housing models we need to think about integration so students going to schools within dormitories they could live in single room occupants, kind of hotels intermingled with people who might have a serious mental illness or some other kind of issue and as we think about multiple kinds of Housing models, we need to think about ways of integrating those models so that we don't have a kind of specialized Housing for folks with a particular kind of disability that becomes stigmatized and isolating.

J.O.: I think this is the main discussion, I am very concerned that we replicate the same problems that happen with the institutionalization; in Europe, it was very serious. I don't know what is going on now with Disabilities Act in the United States. In Italy, they closed down completely the Psychiatric Hospitals in the country and now the mentally ill are in big group homes, completely separated from the community, they created cooperatives with one hundred two hundred mentally ill people working together, so they are more segregate now than before. Sometimes in the Psychiatric Hospitals sometimes the doors are open; currently there are small group homes where people are closed in holes. I already went to visit there, so we are taking a risk in Housing First, if we don't discuss this to repeat the same segregated situations. I think, for example, the client choice, how can we talk about choice if they don't have the opportunity to choose the individualized solution. In some programs they are divided, for instance in Lisboa is all individualized, this also means families, when we say individualized, there are many families together or couples, and other countries are single site. Those options are segregated, they don't have this choice in terms of wanting to choose an individualized house or have the option for a group home.

The problems are completely separated, and I think that the fact that we are concentrating people in buildings with one hundred homeless people together and this is something that concerns me because, as I said, Housing First is a change process. It's not only about taking the people out of the streets; if the goal was just to take people out of the streets, we could repeat the concentration models, we have done

that. This model is also about diversity, helping them to come back to the streets again but as citizens, participating.

I have worked in group homes, because of the mentally, I have had this experience also when we created group homes; the studies are very clear, they don't propionate recovery and community integration. Recovery, for me is a full life in the community, it's not a psychiatric process. On the other way, if people get into the group, they stay there; this people that we are talking the people we contact on the streets, most of them are mentally ill or have drug dependencies, and the best results is when they are more individualized or in a couple than to be in large groups. When we ask them: Do you want to come to a house? When it's individualized, they are interested, they don't want to go to shelters, they don't want to go with big groups, they have to communicate, is complicated. We have fifty years of experience in segregate Housing it's not a new thing and if we do this mistake again, in a couple of years the European Union is very clear that the European problem is the deinstitutionalizing, we are going to have to deinstitutionalize the single site congregate homes.

S.T: That's already happening in the United States with the Olmstead Decision⁸.

J.O: Are you working in New Hampshire or Vermont, in the United States?

S.T.: New Hampshire, New York, Illinois because the Department of Justice. People can have the institutions, and they went to this large group homes but we are not talking about differences in architecture, we are going to have to build big buildings because that's the most efficient and cheapest way to do it, we are talking percentage of people who are living in these buildings, if it's 10%, 15% or less it's normal Housing, over 60% is saturation, 100% is ridiculous. But if we're only going to focus on the 80% that are going to be able to live in the community there is going to be a small group, especially as they get older and maybe there's something in between like a nursing home or assisted living, for people will need other services. So I think it's useful to have some sense of continuum with the vast majority being driven by choice, independence and integration.

J.O.: The other justification for congregate Housing that sometimes is used is the speed to resolve homelessness; and we don't agree with this theory, because for example in Portugal, that's only individualized Housing, we are in a very good speed, we are moving very fast. We used to have three thousand people in the streets in Lisbon five years ago and now we have three hundred and we plan to end it in two or three years, our President said 2023, let's try. It's not because of segregate Housing it's faster that is another justification, we are in a very good process.

K.M.: One thing that bothers me is often innovative programs that are developed and then when they get defused, the program loses the spirit, it loses the essence of what made it work, and I worry about the Housing First being used in congregate Housing just because they're original model was scattered Housing; so I just worry, and it makes me sad, when there's an innovative model that's really special at the local level an then it gets used to many different things. Secondly I'm a researcher so to me this

Supreme Court Decision (1998) OLMSTEAD, COMMISSIONER, GEORGIA DEPARTMENT OF HUMAN RESOURCES, ET AL. v. L. C., <https://www.law.cornell.edu/supct/pdf/98-536P.Z5> or <http://www.accessiblesociety.org/topics/ada/olmsteadoverview.htm>

is an empirical question: Where are the randomized controlled trials that randomly assigns people to scattered and congregate, what are the results of that? If the results of that are clear, then that would be helpful, so that's a different point. Ultimately, I would say that Housing First is what worked initially. We use the term for other things, but my scientist side says: - let's do the randomly controlled trials where we assign people in different conditions, let's do it with 80%, 50%, 20%, 8% of the people, I would love to see the science on that.

J.O.: We already did that for the mentally ill we have many studies comparing Congregate Housing and Individual Housing and it's very clear, the results are very different, there are many studies that we should use too, it's not about homelessness in general.

MJVM: We are almost at the end, just a final question: - What would you like to say if we had to send a message to whoever is out there, that is willing to do something to change Homelessness, what message could we send out for them, what is it that they have to do?

Mb.S.: Provide resources.

S.T.: We have to take it on scale.

J.O.: I think, in Portugal now they are putting a lot of money around poverty, they say the priority now is poverty, but I think we should say to the policy- makers that homelessness it's not only poverty, it's an emergency situation, it's a different situation, people are dying on the streets. There are many cities in Europe that count how many people die in the streets every year and it's very significant, for example in Milan it's sixty people during the winter that die every year on the streets, so it's more than poverty, it's an emergency.

We have to consider homelessness as priority, because if we put homelessness in the same package of poverty, they don't have money and have to resolve so we should say something to the policy-makers that it's poverty, and also emergency that we have to take immediately as an investment.

MJVM: There is a debate on some national contexts that whether homelessness is a social emergency or not and if people, even the person who manages to call to the services and says: I need something today! The answer is: You've been on the street for so many years, you're not an emergency. To get across this message of emergency, that homelessness it's a life threatening condition or situation is still to be attained.

J.O.: As a consequence of the research with the mentally ill that are 30%, 35% of the all people in homelessness situations, we see that a considerable number are not poor. People have studied in the University, some of them come from middle class, so it's not only a poverty problem, and it's an emergency particularly in the mentally ill group. I don't know with the other groups, but we have studied this group very well and some of them come from the middle class families.

MJVM: Would you like to give a final recommendation for us to build guidelines, and to do a good job with using this opportunity, and for us to ask other researchers and politicians and people who are key stakeholders on developing or implementing policies in homelessness?

K.M.: I would just like to say one small thing which is you mentioned that researchers and others see homeless people as part of the ones who are speaking in this stories. What is the role of the homeless people as the Housing First participants, in putting the documents together we want to raise that other

issue, what is their role if they have a role.

MJVM: Thank you all very much for consenting to be here with us and provide us the opportunity for this in-vivo contribution. The focus-group session was formally ended.

Methods Note

The focus group session was preceded with the signature of an invitation and consent form on the recording of session and a handout with the guiding questions, previously sent to the participants by email, and again distributed to facilitate the concrete contributions.

In Fig. 1 we provide the outline of the Focus Group Session inspired by literature review and on the HOME_EU Policy Guidelines.

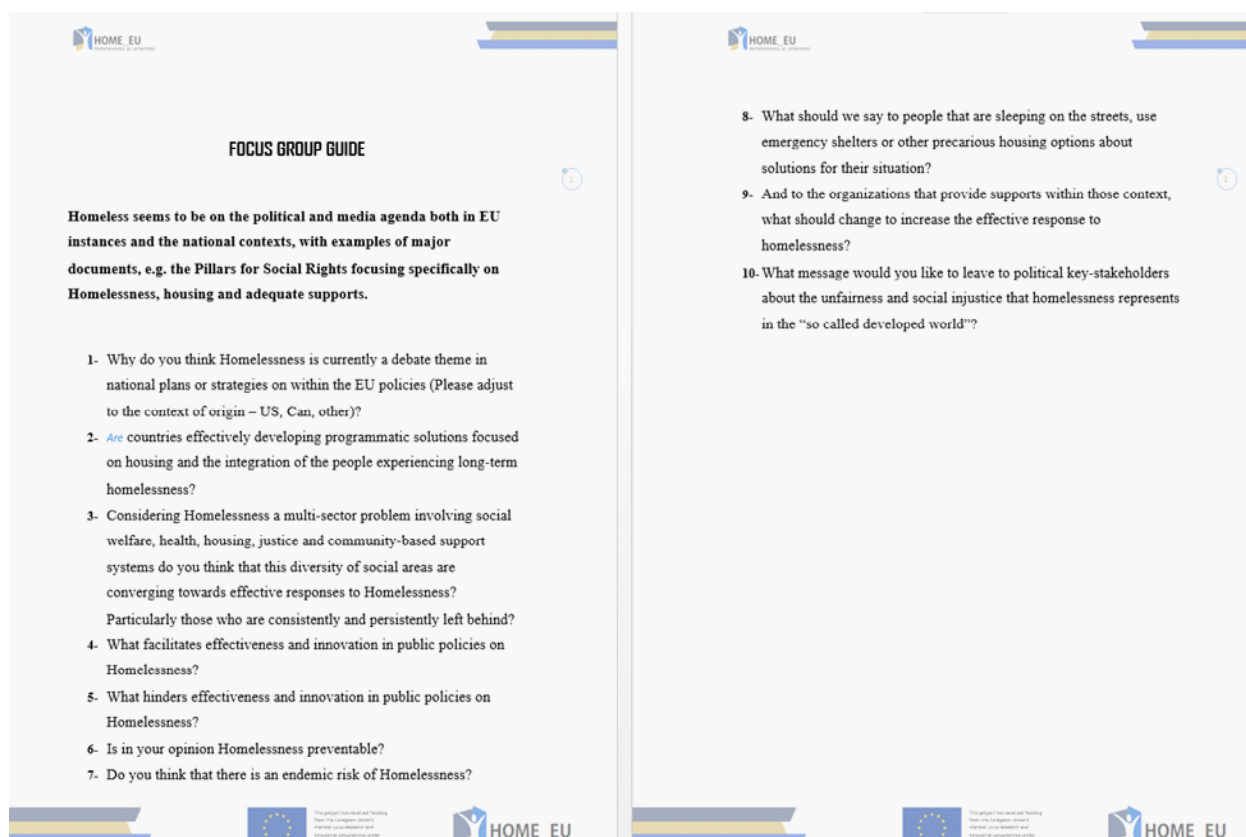


Fig. 1 – Focus Group Guide held in Padova (Italy) June 2018

Concluding Remarks

The focus group had the overall duration of 58.17 minutes, and content was substantive and insightful for future reflection on the directions to take for the implementation. The resulting text was composed of 7340 words of which through a word frequency analysis we were able to identify that the five core words were Housing (104), People (78), think (61), Homelessness (32); and Systems (30). In Fig. 2 we provide a word cloud display to illustrate how the focus group participants.

The central topic for the expert participants is that homelessness is first of all a Housing discussion, with direct focus to respond to people who do not have access to this basic human right, and it is still relevant

to address homelessness. On one hand, we have the shortage of housing policies on availability and affordability of housing options, solutions tend to be more effective at the local level, where “champions” (Key-Stakeholders) may make a difference. As a consequence the civic movements and organizations are required to combine their efforts, and their available data to advocate and advance more effective responses and support the governments on investments so that Homelessness becomes effectively a social emergency and not a mere poverty sector to be addressed at a certain point in an uncertain future.

The experts were quite inspiring in supporting political guidelines focusing Homelessness into a Housing policies and that systems need to be improved to provide accessible opportunities for those people who experience homelessness, and that governmental agencies need to further improve collaboration due to the multisector nature of this societal solvable challenge.

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SECTION II

The Implementation of Housing First
Programs in EU Countries: Contributions
towards ending Homelessness in Europe

Chapter VII

From evidence to practice: Implementation of the Housing First program in Poland

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Likewise in other EU countries, also in Poland a large number of people experience homelessness. In particular, the growing number of long-term homeless people with complex mental problems, for whom effective help is a challenge for stakeholders, i.e. politicians, professionals, scientists and ordinary citizens, is worrying. An innovative solution in this areas is the Housing First (HF) program designed for long-term homeless people with mental problems and/or addictions. The effectiveness of the HF model were shown, among others, by the results of the HOME-EU research project implemented under the Horizon 2020 program. The goal of our article is to present the current situation of homeless people and outline the existing help system. We also want to show what barriers and challenges are connected to the implementation of the HF program in Poland.

Keywords

homelessness, Poland, social assistance, Housing First,

Homelessness in Poland: the current state of affairs

Homelessness is one of the most complex and severe social problems in the modern world. The lack of shelter affects the deprivation of basic human needs, preventing their development and self-fulfilment, as well as achieving a good quality of life related to mental and physical health. Homelessness often leads to social exclusion due to the dangers it brings, such as alcoholism, drug addiction, beginning, crime, prostitution and epidemiological diseases. For example, a random sample study found that 57.4% suffer from mental disorders or are addicted to psychoactive substances (Toro et al. 2014), which proves that a high percentage of Polish homeless adults experience serious mental health problems. The problem

of effective help for homeless people is, therefore, particularly complicated due to the multitude and complexity of the needs they experience.

Access to shelter is a basic human right. Unfortunately, homelessness appears to be expanding due to wars and natural disasters, hunger and poverty due to climate change, lack of access to energy sources, education, as well as rising unemployment and migration. Recent data on homelessness in the EU indicate that about 700,000 people in the EU spent at least one night on the street or in a temporary shelter. In the EU, the levels of overcrowding, uncertainty and inadequacy of assistance to homeless people are constantly increasing (Serme-Morin & Coupechoux, 2019).

There are severe housing problems in Poland because it is the European country with the 2nd highest rate (44.2%) of overcrowding among the population. Approximately 32% of poor households are in housing cost overburden (Serme-Morin, 2017). Although the vast majority of Poles own ownership housing (83.5% of the population), as much as 15% experience poverty, and 9.1% admit to severe housing deprivation (Serme-Morin & Coupechoux, 2018). A nationwide survey of the number of homeless people (Ministry of Family, Labour and Social Policy, 2017) showed that there are approximately 33,408 homeless people in Poland (including 83.5% men). The vast majority (80.52%; n = 26 900) stayed in institutional facilities. Homeless people indicated that the reason for their homelessness is eviction, primarily, check-out (45%) and a family conflict (36.39%), as well as addiction (29.2%), unemployment and lack of work (17.3%). Among the homeless, a quarter were people with a 2-year homelessness period (26.47%) and people who were homeless for 6 to 10 years (25.14%). In 2017, 49% of people declared a very long homelessness, exceeding 5 years, and 54% in 2019, which means that the phenomenon is very serious because now more than half of the homeless in Poland are long-term homeless (Wygnańska, 2014).

Governmental and non-governmental social assistance

Social assistance is an institution of social policy of the state, aimed at supporting people and families in overcoming difficult life situations. Social assistance provides support in the form of financial, material and in the form of services to meet the necessary needs and enable living under decent conditions. Social assistance also helps prevent difficult life situations and helps to become independent and integrate with the environment. Pursuant to the Social Welfare Act (2004), “social assistance is organized by governmental and self-governmental administration bodies, cooperating in this respect, on the basis of partnership, with social and non-governmental organizations, the Catholic Church, other churches, religious associations and natural and legal persons.”

The Ministry of Family, Labour and Social Policy (Ministerstwo Rodziny, Pracy i Polityki Społecznej, MRPiPS, 2017) shapes the policy regarding social assistance, defines directions of activities, prepares solutions, develops standards and monitors their implementation. The Ministry also creates and improves service standards in social assistance organizational units, social employment entities and environmental services standards, and monitors their implementation. Currently, MRPiPS implements the nationwide program “Overcome homelessness”. A program to help homeless people, which aim is to inspire and support actions aimed at preventing and solving the problem of homelessness in four modules: prevention (prevention of homelessness); activation of the homeless; infrastructure (supporting

entities in adapting their facilities providing services for the homeless to current standards); innovation (inspiring to implement new solutions in the field of helping the homeless people).

MRPiPS (2017) also coordinates nationwide research aimed at determining the number of homeless people, which is a necessary introduction to any further actions aimed at limiting the negative effect of homelessness and influencing the shaping of social policies at the central, provincial and municipal level. Information on the number of homeless people staying in a given municipality can be the basis for making specific decisions, e.g. about building a facility for the homeless, conducting appropriate housing policy, as well as providing a basis for including the problem of homelessness in Municipal strategies for solving social problems.

The Ministry also oversees the homeless accommodation system. The voivode is obliged to keep a register of places where the municipality grants temporary shelter in shelters for the homeless, shelters for the homeless with care services, night shelters and heating rooms. Pursuant to the Act on social assistance, homeless assistance is one of the municipality's own tasks. The municipality appoints Social Welfare Centres, which distribute government resources intended to help people who are in a difficult life situation. The municipality can provide support in the form of shelter, meals, clothing, as well as targeted for treatment. Municipalities can also outsource these tasks to non-governmental organizations.

Currently, there are many non-governmental organizations (NGOs) in Poland, both local and nationwide, specialized in helping homeless people. The most well-known ones include the Aid Association of St. Brother Albert, the "Monar" and "Markot" associations, or the BARKA Foundation and Association, charitable institutions, such as the Polish Red Cross and Caritas. Church institutions, such as the Camillian Social Assistance Mission founded by Father Bogusław Paleczny, or the Capuchin Foundation named after the blessed Ancient Kopliński, appointed in Warsaw on the initiative of the Capuchin Minor Brothers of Homeless Pastoral Care. NGOs provide shelter, run diners and offer social and professional reintegration.

Statistical data show (Chochorowska, 2017) that out of nearly 2.5 million beneficiaries of community social assistance in Poland, over 67% (n = 1 667 600) were people below the statutory poverty line, including 1.2% (n = 30 300) of homeless people. There was an increase of over 25% (compared to 2009) in the number of homeless people who were helped by social assistance centres in 2016 due to homelessness. Homeless people benefited from cash benefits, 92%, (n = 26 300) and non-cash benefits, 75%, (n = 21 000) due to homelessness, as well as 43%, (n = 12 900) for health reasons, 31%, (n = 9 500) due to unemployment and 12% (n = 3 600) for social reasons.

However, the existing system of providing assistance to homeless people in Poland presented briefly still has serious gaps noticed by almost all stakeholders. Olech (2011) showed a lack of a coherent government strategy in existing programs to cope with the problem of homelessness. Also at the municipal level, serious neglect in dealing with homelessness is noted. Dębski (2011) points out that municipal strategies for solving social problems in many cases do not at all relate to the problem of homelessness or raise this problem incidentally, without relying on a reliable long-term diagnosis or theoretical knowledge. In addition, the lack of specific assistance programs is particularly evident in the case of long-term homeless people with mental problems, which can most often be seen as begging on the streets of cities

or living in canals or gazebos, occasionally using shelters, lodging houses and other short-term services, without hope for a permanent apartment.

Challenges and barriers for Housing First in Poland

Most of the municipal programs for helping the homeless in Poland are based on the stairs model. This model assumes that homeless people meet a number of criteria and go through various stages of social rehabilitation to get the right to live in an independent property. Individual tasks are directed at selected risk groups, which leads to a sense of social injustice and exclusion of people who do not meet the criteria. Currently, certain institutional services provided for specific demographic groups (such as children, the elderly, the disabled, the mentally ill, and the homeless) are being questioned in the EU. In addition, the support system varies, depending on who is providing assistance: governmental or non-governmental organizations, non-profit organizations, private companies, charities or religious organizations. In each of these cases, assistance is provided selectively and is usually directed towards one short-term goal (e.g. accommodation, dinner, clothing). In general, stair-based systems do not deliver the expected results to the same extent as programs based on the Housing First (HF) approach. The Housing First housing program is revolutionary approach to solving the problem of homelessness among people affected by serious problems and persistent mental illness. Unlike the “treatment first”, the Housing First approach provides housing for a homeless person suffering from a mental illness shortly after being admitted to the program, without any requirements, as opposed to offering an apartment as a reward for progress in treatment (Nelson et al., 2014).

In Europe, for the first time, a social policy program to reduce long-term homelessness, based on the principles of Housing First, was implemented in Finland (Y-Foundation, 2017). Currently, the HF program is developing in many European countries. In the current HOME_EU Homelessness as unfairness project, in the evaluation of the HF the following EU member states take part, like Portugal, Spain, Ireland, Sweden, Belgium, the Netherlands, France and Italy (Bokszczanin, Zmaczyńska, 2017).

The HF program showed a significant improvement in the quality of life and social integration, a significant decrease in medical and psychiatric hospitalization, as well as a high rate of residence stability among 50 HF participants in Portugal (Ornelas, Martins, Zilhão and Duarte, 2014). According to research (Ornelas et al., 2014), participation in the Housing First program increases the sense of belonging to their neighbourhoods and social integration (using local resources and participating in social activities). The individual process of reversing homelessness is oriented in the HF approach on consumer choice and the ability to decide on the priorities in the received social support. Research indicates (Martins, Ornelas, & Silva, 2016) that the active participation of HF program beneficiaries in the recovery process control significantly increases its effectiveness. Poland also joined the EU countries in which the HF program will be developed. The process of introducing this program is associated with serious challenges that the Polish society, politicians and professionals operating in the arena of social services as well as scientists will have to face. These challenges are primarily to overcome negative stereotypes about homeless people, change the housing policy and thoroughly evaluate the interventions (Bokszczanin & Rogowska, 2019).

Roles played by civil society stakeholders in implementing the HF

The important role of scientists and practitioners should be to present and disseminate research results showing the evidence-based effectiveness of the HF approach in combating long-term homelessness. Such a role is already fulfilled by several centres operating in Gdynia, Gdansk and Warsaw (Dębski, 2011), and Opole (Bokszczanin & Zmaczyńska, 2017; Bokszczanin & Rogowska, 2019).

For several years, analyses of housing availability for the HF program in Poland and proposals of future solutions have already been known (Różycka, 2016). Standards for collecting data on homelessness and source materials characterizing the HF program and its various studies within the projects: Housing First – Evidence based advocacy (HFEA) (Wygnańska, 2014) are also developed. The goal of HFEA is to obtain a positive attitude of stakeholders, in particular decision makers, to programs based on the idea of Housing First.

Thanks to the determination of the group of activists and scientists, in 2019 the implementation of the HF program began in Poland. The program implemented by the Aid Association of St. Brother Albert is financed by the Ministry (MFLSP) from the European POWER fund. The experimental version of the program will be introduced in three large Polish cities: in Gdansk, Warsaw and Wroclaw, with the substantive support of the AEIPS organization (Associação para o Estudo e Integração Psicossocial, Portugal). Challenges for the research team, which also includes scientists from the University of Opole, which undertook the scientific evaluation of conducted activities, are mainly related to the time and budget constraints of the project. At the same time, the HF program is implemented in the Cooperation Fun Foundation in Warsaw. The success of both projects is also associated with maximizing their faithfulness to the original program proposed by its creators. Empirical evidence indicates that the greater the faithfulness of the program, the better its effectiveness due to achieving housing stability and improving the quality of life (Aubry et al., 2018).

The existing barriers and challenges mean that today the further development of the Housing First program in Poland should be viewed with cautious optimism because the results of experimental projects will be known only in a few years. However, today we should direct the view of politicians, signatories and stakeholders to long-term solutions of the problem of homelessness. The solution which is the HF program today seems expensive but in the long run leads to spectacular results, reversing homelessness and, as a result, reducing the incurred costs. It is necessary to constantly remind the public that the right to housing is a basic human right and developed societies should take care of such legal and systemic solutions to ensure that all people enjoy decent living conditions and prevent the loss of housing for people in difficult living conditions. The participation of the team from the University of Opole in the HOME_EU Homelessness as unfairness program allowed to reach many politicians and stakeholders in facilities for helping the homeless by presenting the results of our research which prove that it is possible to eliminate homelessness. We are also convinced that the dissemination of information about our activities related to HOME_EU will in the future result in more favourable attitudes towards homeless people, greater understanding and support for the HF program.

The issue of homelessness and intervention principles of the Housing First program have been permanently introduced by us to the curricula at the Institute of Psychology of the UO. We believe that education of young people in this field should be systematically introduced into the curricular at all universities. Universal and reliable education is an important path that leads to an increase in openness and support (advocacy) of innovations in the sphere of social assistance.

As research has shown (Duarte, Costa, & Ornelas, 2018), close cooperation, sharing experiences related to the implementation of the HF program and mutual learning from HF participants from other countries significantly supports development. It is necessary to constantly evaluate HF programs and compare them with other programs aimed at helping the homeless. Important steps in this regard have already been made as part of the HOME_EU project. It is necessary to continue these efforts to provide evidence of the effectiveness and cost-effectiveness of programs based on the HF approach in the economic, psychological and social area. Establishing the EU strategy and adapting it to the solutions in force in individual Member States should eliminate homelessness in Europe by 2030 (Serme-Morin & Coupechoux, 2019).

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Chapter VIII

The emergence and dissemination of Housing First in Sweden

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The development and dissemination of Housing First programmes have been slow and without national

Background

Even though the Swedish housing policy since the 1940s has been built upon the idea of housing as a universal right, many people are today homeless or find it difficult to enter the ordinary housing market in Sweden. In the most up-to-date mapping of homelessness in Sweden (The National Board of Health and Welfare, (NBHW) 2017) an estimated of 33 000 people were defined as homeless and it has been an increasing trend since the 1990s. There have been five national homelessness surveys in Sweden, beginning in 1993 followed by 1999, 2005, 2011 and 2017. In every survey the definition of homeless persons has changed, which makes it problematic to compare the data (Knutagård, 2018). Although resources have been allocated to solve the problem the prevalence rate has increased.

The up to day situation

The total number of 240 municipalities (83 %) are reporting housing deficits (The Swedish National Board of Housing, Building and Planning (NBHBP), 2019), which makes it hard for the social services to counteract the homelessness situation. Still the social services have an important preventive role in counteracting homelessness. There are especially two types of preventive interventions used, outreach work and preventive eviction work. More than half of the municipalities carry out outreach work aimed at those at risk of losing their housing.

For those already homeless the municipalities social services try to remedy this through different housing interventions making up for a secondary housing market. In 265 of the 290 municipalities (NBHBP, 2019) a second-hand market has developed consisting mainly of more or less temporary housing solutions, usually arranged in a model based on a stepwise thinking. The main part of these housing interventions are apartments including special rules and who are rented by the social services and then subleased to

homeless people. The social services have become a major landlord, managing around two percent of Sweden's total amount of rental apartments (Wirehag, 2019). The number of that type of apartment were January 2019, 26 100 (NBHBP 2019). Although the goal is that those who are the subject of this type of intervention, which is usually referred to as the staircase model, should in time be able to obtain their own housing, few achieve this goal (NBHW, 2012).

Housing First in practice

In several countries, the Housing First model are today a national strategy for homelessness work, but not so in Sweden. In the lack of governmental guidelines Sweden's municipalities and county councils (SKL) have developed a national network working for and disseminating the method that meets once a year (SKL 2019). 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 ([www. http://housingfirstguide.eu](http://housingfirstguide.eu)).

The university of Lund (www.soch.lu.se) has since 2009 and later The Sweden's City Mission been driving forces in the dissemination of the Housing First idea. The project "Abolishing homelessness with Housing First" was started by City Missions in the spring of 2018, and through cooperation with important researchers and Lund's University knowledge, education and dialogue about Housing First are disseminated (<http://www.bostadforst.se/om-projektet/>).

Since 2016 researchers at Karolinska Institutet (KI) and Mid-Sweden university also have been part of the researching and dissemination of Housing First in Sweden.

The use of the Housing First model has been encouraged in a rather haphazard way from a governmental perspective as a complement to the existing way to work with the homelessness problem in different publications and websites: a magazine from Swedish Association of Local Authorities and Regions (SKL, 2015), a report from The Government Offices (2014) and a website and reports from the National Board of Health and Welfare (NBHW, 2009; 2011b; 2015). Although widely disseminated, the actual implementation of Housing First has been slow over all.

The programme has, however, been introduced and incorporated in local homelessness strategies and action plans. One reason there are sort of a resistance against implementing Housing First could be given the extent of the staircase-oriented homelessness work in Sweden, there are also strong organizational and financial incentives to defend the staircase model (Knutagård & Kristiansen 2013). The question many municipalities are struggling with is how do we adapt the prevailing way to deal with the homelessness to the Housing First model? How can we incorporate some core principles without having to re-model or terminate the staircase model?

Two cities, Stockholm and Helsingborg, started Housing First projects both in a small scale 2010 and slowly over the years the number of apartments have increased. The number of Swedish municipalities who have started a Hosing First programmes so far varies between 29 (NBHBP, 2019) up to 64 (23 %) (SKL 2018) depending on informant. Usually the number of apartments only cover a small number of the actual homeless population in respective municipality. Data from the NBHW's 2017 mapping, showed

that the number of people receiving Housing first as a housing intervention at national level was only marginal (245 people or less than one percent of all people living in homelessness) during week fourteen of 2017 (Wirehag, 2019).

In a modified table (see below) we can see that there is a relatively large overlap in the municipalities between the two models, where municipalities providing the Staircase model also provide Housing first (Wirehag, 2019).

Type of municipality (N=290)	Housing first	Staircase model
Large cities (n=24)	58.3%	70.8%
Commuting (n=130)	15.4%	34.6%
Smaller cities (n=81)	7.3%	27.2%
Rural (n=55)	7.4%	20.0%

In all municipalities, the overall organizational principle in the form of the staircase model has remained and Housing first has been small-scale projects or pilot projects (Knutagård & Kristiansen 2013, Uhnoo 2016).

An interesting conclusion about the dissemination and implementation of Housing First programmes in Sweden could be that it is not done through a “Top-down push process” (Macnaughton, et al., 2017) with clear governance from the state but rather the opposite. This might in the long run force researcher to acknowledge the importance of paying more attention to the community context which might led to the development of more interactive and integrative approaches (Ibid.).

Housing First in Swedish research and evaluation reports

Below follows a summary of published research material about Housing First in a Swedish context.

- Bothén, L., Blid, M., Beijer, U. & Källmén, H. (2019) Comparing the effect of Housing First against the Staircase Model on recovery. Submitted to Nordic Journal of Psychiatry.
- Knutagård, M. & Kristiansen, A. (2013) Not by the book - The Emergence and Translation of Housing First in Sweden. European Journal of Homelessness _ Vol. 7, No. 1.
- Källmen, H. & Blid; M. (2016) Free from Homelessness: Is “Housing First” the Solution? - A Comparison with the “Staircase Model”. A Feasibility Study. Int Arch Addict Res Med, Vol. 2:1
- Knutagård, M. and Kristiansen, A. (2018) Nytt vin i gamla läglar - Skala upp Bostad först, boendeinflytande och om att identifiera och stötta ”the missing hero” RESEARCH REPORTS IN SOCIALWORK 2018:1 School of Social Work Lund University
- Pleece, N. (2016). Housing First Guide. Europe. FEANTSA, Bryssel. Published in Swedish with an introduction by: Knutagård, M. (2018) Bostad först – en handbok. Europa Swedish edition. Sveriges Stadsmissioner och Égalité bokförlag.

Evaluations of Housing First programmes

A number of evaluation reports have been published concerning Housing First projects in different municipalities. Below are most of them listed:

Stockholm

Källmén, H., Blid, M. & Jalling, C. Utvärdering av Bostad Först för hemlösa i Stockholms stad och Helsingborg. En jämförelse med Boendetrappan Slutrapport.

Källmén, H. (2018). Effektutvärdering av Stockholms stads version av Bostad Först. Jämförelse med boendetrappan. STAD, CPF, Stockholms Läns Sjukvårdsområde/ Karolinska Institutet.

Bothén, L. (2018). Comparing the effect of Housing First against the Staircase Model on recovery. Karolinska Institutet

Helsingborg

Kristiansen, A., & Espmarker, A. (2012). Sen är det ju mycket det här att man får vara ärlig också och det är man ju inte van vid... Bostad först ur de boendes perspektiv. (Working paper-serien; Nr. 4). Socialhögskolan, Lunds universitet.

Kristiansen, A. (2013). Utvärdering av Bostad först-projektet i Helsingborg Slutrapport .

Knutagård, M., & Kristiansen, A. (2018). Nytt vin i gamla läglar: Skala upp Bostad först, boendeinflytande och om att identifiera och stötta "the missing hero". (Research Reports in Social Work; Vol. 2018, Nr. 1). School of Social Work, Lund University.

Västerås

Björkman, Å. (2016). Bostad Först Implementering av en modell för att motverka hemlöshet. Mittuniversitetet Östersund.

Kalander, P. (2017). Uppföljning av Bostad Först. Västerås Stad

Göteborg

Uhnoo, S. (2016). UTVÄRDERING AV BOSTAD FÖRST GÖTEBORG. Göteborgs universitet.

Uhnoo, S. (2017). Utvärdering av BODIL-projektet. Ett lokalt bostad först-projekt i SDF Askim-Frölunda-Högsbo. Göteborg stad 2014-2016.

Karlstad

Folkesson, P. (2017). Bostad Först i Karlstad. FoU Välfärd Värmland 2017:1

Örebro

Aronsson, P. (2015). Bostad Först, Örebromodellen. VERDANDI ÖREBROKRETS.

Here follows a brief summary of the main results of the above evaluations:

The results show mainly positive outcomes for many long-term and severely marginalized homeless persons which in turn have generate both humanitarian and socio-economic benefits.

Trusting relationships have been established between service users and social workers which are crucial for recovery and change for participants. Further, the results also show an average moderate to high positive change in several important areas of life and an average high to very high satisfaction with the support the service users have received.

Most municipalities have incorporated the Housing First philosophy and the core principles but with variations depending on the local resources, especially when it comes to securing tenure and offering a first-hand contract from start.

An issue widely discussed in the reports are how much the Housing First programme actually can promote a recovery process including additional problems such as addiction and health problems.

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- McNaughton, E.; Nelson, G., Goering, P. and Piat, M. (2016). Moving Evidence Into Policy: The Story of the At Home/Chez Soi Initiative's Impact on Federal Homelessness Policy in Canada and its Implications for the Spread of Housing First in Europe and Internationally. *European Journal of Homelessness*, Vol. 11, No. 1.
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- Uhnöo, S. (2016). Utvärdering av Bostad Först I Göteborg. Göteborgs universitet.
- Wirehag, M (2019). Counting and Mapping Local Homeless Service Systems in Sweden. *European Journal of Homelessness*, _Vo.13, No. 1

Chapter IX

Casas Primeiro Program: Ten years of Housing First in Portugal

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Abstract

Casas Primeiro is a Housing First program that offers immediate access to independent and permanent apartments combined with the provision of individualized and flexible supports to homeless people with mental illness living on the streets. The program was implemented in 2009, in the city of Lisboa, as a pilot project to test the feasibility of the housing first approach in the Portuguese context.

In this chapter we provide an overview of the program implementation and subsequent developments over the last 10 years. We briefly set the context of its implementation and describe the housing and supports delivered by the program. We then go on to present a summary of the positive findings, particularly regarding housing retention and wellness. Finally, we appraise the subsequent developments related with the program dissemination and scaling up, and its policy impacts at the city and national levels.

Keywords

Housing First, Homelessness, Mental Illness, Public Policies

Introduction

Casas Primeiro was the first Housing First project in Portugal. The project started in 2009 and was implemented by AEIPS-Association for the Study and Psychosocial Integration, in collaboration with ISPA-University Institute. AEIPS is a nonprofit organization that since 1987 develops a set of community support services to promote recovery and community integration of people with mental illness, including supported employment and education programs, mutual-help groups and advocacy. The collaboration established from the earliest years with ISPA-University Institute has been essential to link intervention with evaluation and research, and to enhance the organization's capacity to be more effective and innovation-driven.

The Housing First proposal was introduced in 2008, the year when the first National Strategy for the

Integration of Homeless People (ENIPSA) was being designed. In this context, the Social Security Institute, the government body responsible for drafting the Strategy, met with various organizations to collect their input and comments. At that time, Portuguese homelessness responses were largely emergency based, including shelter accommodations, social canteens, public baths, food distribution vans, and outreach street teams. Policymakers recognized the limitations of these approaches and sought more effective solutions. AEIPS and ISPA-University Institute took advantage of this window of political opportunity to present a Housing First project, which was welcomed by policymakers (Ornelas & Duarte, 2018).

The Casas Primeiro project was designed as a two-year pilot experiment to test and evaluate the innovative Housing First methodology in the national context. In March 2009, the project was announced at the official launching ceremony of ENIPSA 2009-2015. In May of the same year, the Collaboration Protocol for the implementation of the Casas Primeiro project was signed by AEIPS (the project operator), the Social Security Institute, IP (the funding entity), ISPA-University Institute (the project evaluator) and the two consultants, Sam Tsemberis and Marybeth Shinn. The project was implemented in Lisboa and addressed long-term homeless people with mental illness, often with alcohol or drug use, who were more likely to be excluded from other services that require participation in treatment as a condition.

Description of Casas Primeiro program

The Casas Primeiro program offers access to independent and permanent housing combined with the provision of individualized and flexible supports. The project constituted a shift away from the usual approaches because of its emphasis on rapidly housing long term homeless people without requiring psychiatric treatment compliance or sobriety as preconditions. Housing is provided up front, rather than last, as it is considered a requisite to address appropriately health, social or other issues and needs people may have. Moreover, housing is not transitory as people can remain as long as they need.

In the first two years, the program provided housing and support for 75 people, 50% of whom had been homeless for over 6 years, and 7% for more than 16 years (Ornelas, Duarte, Almas, & Madeira, 2011). The collaboration with the city outreach teams facilitated the initial contacts between the project team and future tenants. In the initial encounters, the team presented the program and invited them to visit one of the available apartments, explaining that if they like it they can move in immediately, or they can stay there while looking for an apartment that met their preferences.

The apartments are independent, ranging from studios to one-bedroom units. Tenants can decide if they want to live on their own or share their home with someone of their choice. Apartments are not congregated in the same building or street but are spread over 20 residential neighborhoods of Lisboa, trying to match the tenants' choice as much as possible. All apartments are furnished and equipped with appliances and essential household items.

The apartments are rented from the private housing market, which offers a wider choice to tenants and more integrated living environments. Research has shown that scatter-site apartments, blended into integrated neighborhoods facilitates tenants' community integration (Barnes, 2012; Ornelas, Martins, Zilhão, & Duarte, 2014; Yanos et al., 2007). In Lisboa, social housing tends to be concentrated in socially

isolated areas on city limits, and presented huge waiting lists. Therefore, private rental market ensures that people may move more easily and quickly into housing, and provides access to apartments with better quality.

The lease agreements are signed by AEIPS and the landlords, which facilitates the accommodation of homeless people who are undocumented or don't have any source of income. Having AEIPS as the leaseholder also facilitates the negotiation with landlords, because the organization ensures timely rental payments, good maintenance of the apartments and support to tenants. To all landlords is provided the team's cell phone number that is available 24/7 and communicated that the team will respond to any issue that might arise.

The program team is composed by professionals from social and human sciences. One of its members has a lived experience of homelessness. The staff – tenant ratio is 1 to 10. An agreement is signed between the program team and the tenants, setting the commitment of both parties. Tenants' commitment includes receiving a weekly visit from the program team, to pay 30% of his/her income towards rent, and to abide the regular tenancy rules. In turn, the program team commits itself to deliver individualized and flexible support, according to tenants' needs and preferences and for as long as they need and want. Support services are provided in tenants' apartments (at least 1 weekly home visit, previously scheduled) and in the community contexts. Support is also available on call 24/7, as tenants can contact a team member who, on a rotation basis, ensures the support on nights and weekends.

The team uses an ecological and collaborative approach to intervention, focused on housing stability, recovery and community integration. At the housing level, the team assists tenants to manage their apartments, daily routine tasks such as cooking, cleaning, laundering, personal care, money management, shopping, decoration, and with neighbors' relationships.

A recovery approach requires that staff and tenants work collaboratively. Recovery is a process of regaining personal strengths and control over one's own life, involving engagement in meaningful activities and community participation (Ornelas, Duarte, & Jorge-Monteiro, 2014; Tondora, Miller, Slade, & Davidson, 2014). The team assists tenants to identify their goals, get relevant information, evaluate different options, and provides opportunities for people to make their choices and decisions about the services and activities they consider more suitable for them. This includes the development of personal strategies to increase and maintain physical and mental health.

Community integration involves the access to community resources and activities in the same way as other citizens (Ornelas, Martins et al., 2014; Salzer & Baron, 2014). Support is provided in the process of obtaining / renewing citizen documents, to apply for social welfare benefits, and to access mainstream social and health services. The team brokers' access to services that tenants identify as needed, and accompanies them to those meetings and appointments when necessary. The team also assists tenants to engage in community activities that are significant to them, to access employment or education, and helps them to benefit from these opportunities successfully.

Biweekly group meetings are held with tenants and team members to discuss issues of general interest and to regularly review the activities carried out. These meetings also provide moments of camaraderie and peer support, which play an important role in the recovery process, and in community living.

The team meets weekly to take stock of the work done the previous week and to plan activities for the following week. Team members also participate in the weekly sessions of the AEIPS' Ongoing Training Program which is open to all service professionals and users. Since Housing First activities are challenging, ongoing training is essential for staff to build advance expertise, and enhance capabilities over time.

Program Results

The evaluation outcomes of Casas Primeiro program are similar to those described in the international literature. Over the years, the program has demonstrated a high housing retention rate (% of tenants who maintain their homes in the last twelve months), ranging from 85% to 90%. Data from 2018 shows that about 90% of tenants maintained a stable housing situation (AEIPS, 2018). This findings demonstrate that even people who have been homeless for many years, often referred to as "chronic", can move directly from the street to permanent and independent housing.

Having access to an apartment of their own was the major factor that led tenants to join the project. Tenants reported that previously they only had used night shelters occasionally because of lack of privacy, health risks and the feeling of insecurity experienced in those contexts (Ornelas et al., 2011). Thus, contrary to a prevailing notion that most rough sleepers want to live on the streets, our findings suggest that people remained on the streets for many years because the accommodation facilities that had been offered to them were not adjusted to their needs.

The program also has positive effects in tenants' quality of life (Ornelas et al., 2011). Tenants reported that having a home increased their personal safety and afforded them to eat healthier meals, to rest more and sleep better, to maintain personal hygiene habits, and to obtain a regular monthly income.

The program also facilitated tenants' access to health services in their residential areas which contributed to the improvement of their health conditions. Casas Primeiro tenants reported a significant improvement in their physical and mental health. Compared with the previous year where they lived on the street, the use of emergency services (line 112) and psychiatric hospitalizations, decreased by 90% (Ornelas et al., 2011).

Access to independent and scattered site housing is also associated with better community integration outcomes (Ornelas, Martins et al., 2014). Tenants reported that since they have been living in their own homes, they have started to carry out various activities in their neighborhoods, have met other people and established new social relations with their neighbors or with other members of the community. Some have resumed contact and relationships with their families. Housing stability has also increased tenants' range of opportunities to get a job, go back to school or pursuing other projects that were meaningful for them. For example, the latest data from the Casas Primeiro program shows that 55% of tenants have been involved in school, vocational training or employment activities in the last twelve months (AEIPS, 2018).

Tenants also reported being very satisfied with their homes and with the support provided by the team (AEIPS, 2018). Noteworthy is the satisfaction of tenants with the privacy, security and comfort provided by the house and the ways the team helps them to solve problems and access to community resources.

Overall, tenants reported having more hope and better stability to reorganize their lives.

Under the 2010 European Year for Combating Poverty and Social Exclusion, Casas Primeiro program was selected by the European Commission as an example of innovation and good practice in social investment. A short video was produced and released at the European level. Another important public recognition was the Calouste Gulbenkian Foundation Prize, a major national award for social innovation received in 2011. In 2019 the project was also selected as a Good Practice in Mental Health & Well Being by the European Commission.

Program sustainability and public policies

The incorporation of research into the Casas Primeiro program made it possible to document the effectiveness of the intervention and the social return on public investment. Collaboration with ISPA-University Institute was essential to ensure a credible evaluation process, to undertake new studies and to publish articles in scientific journals. AEIPS has participated in the Housing First Europe research project (2011-2013) and more recently in the Home_EU project (2017-2019), which have provided additional evidence of model effectiveness. Evaluation reports were used to communicate the program's positive outcomes and to negotiate with the City Council the funding support for maintaining the intervention beyond the pilot phase.

AEIPS has widely disseminated the Housing First model throughout the country. The lectures given at conferences, workshops, and other scientific and professional events were opportunities to present the model, describe the program, communicate its results, and disseminate the tenants' personal recovery narratives. The program was visited by officials from various municipalities, managers and practitioners from other organizations, members of government agencies, and even by the President of the Republic. The interest expressed by other organizations and municipalities was an opportunity to broaden the Housing First intervention in the national context. AEIPS recognizes that program scaling-up, either through program expansion or replication, will generate impacts on a larger scale that could leverage more political support for the intervention. In 2012, AEIPS started a new project in the village of Cascais with the support of the local Municipality. In the following years, AEIPS has also provided technical consultation to the implementation of two other Housing First projects: one in Lisbon (Crescer) and other in Braga (Portuguese Red Cross).

All of these experiences led to the establishment of the Housing First National Network, with social organizations and city councils from different cities throughout the country that are implementing or intend to implement projects in their territories. This network has been holding regular meetings to share information, collaborate in projects planning, and delineate strategies to make the case and negotiate with policymakers at local and national levels. International contacts have also contributed to the dissemination and sustainability of the intervention. In December 2013, AEIPS held the first International Housing First Conference which brought together professionals, researchers, academics, policymakers and HF tenants from different European countries, Canada and the United States. The presentation of Housing First experiences, carried out in different communities but with similar results, contributed to

reinforce the validity of the approach in addressing homelessness.

The sustainability and generalization of Housing First approach depends on favorable public policies. With this purpose, AEIPS has participated in local and national committees and policy working groups. This advocacy work, supported by research results has created the foundations for policy influence.

The Lisbon City Council has been taking a leadership role. Under the city Plan for Homeless People 2016-2018, it was created the first public funding stream specifically targeting the implementation of Housing First projects. Moreover, this funding stream incorporated HF principles as application requisites, particularly concerning housing structure, only funding rental of individualized and scattered apartments, and to support services that focus on wellness and community participation.

In the new Lisboa Plan for Homeless People recently launched the Housing first approach has become the major axe of intervention. The Plan intends to provide all 361 homeless people living on the streets with a housing solution. To accomplish this goal the Plan will invest in a larger number of HF apartments from the current 82 to 400 till 2021. As Lisboa is the major city in the country we believe that this Plan will have a spillover effect on other Portuguese cities.

At a national level, the second National Strategy for the Integration of Homeless People (2017-2023) defines as a strategic objective the increase of individualized and permanent housing responses. For 2020 the Portuguese government has announced an investment of 7 500 000 euros towards innovated projects mainly projects using a Housing First approach.

In ten years, what it has been achieved in mainstreaming Housing First approaches was most significant. Combining intervention with research we were able to sustain the initial project and to scale up the program to other communities. We also successfully influenced public policies that clearly adopt the HF approach as the main response to end homelessness in Portugal.

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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



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

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 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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The global aim of HOME_EU is to contribute towards the advancement of the homelessness policies and practice to end homelessness in Europe.

The HOME_EU project conducted research in Portugal, France, Ireland, Italy, The Netherlands, Poland, Sweden and Spain and compiled data from diverse sources such as: citizens, service users, providers and policy actors to understand how this phenomenon is viewed and to highlight effective solutions, such as the Housing First approach.

The research and comparative analyses that will result from the Project will have a transnational effect on national homelessness policies and on organizational strategies to reverse the social inequality associated with long-term homelessness.

