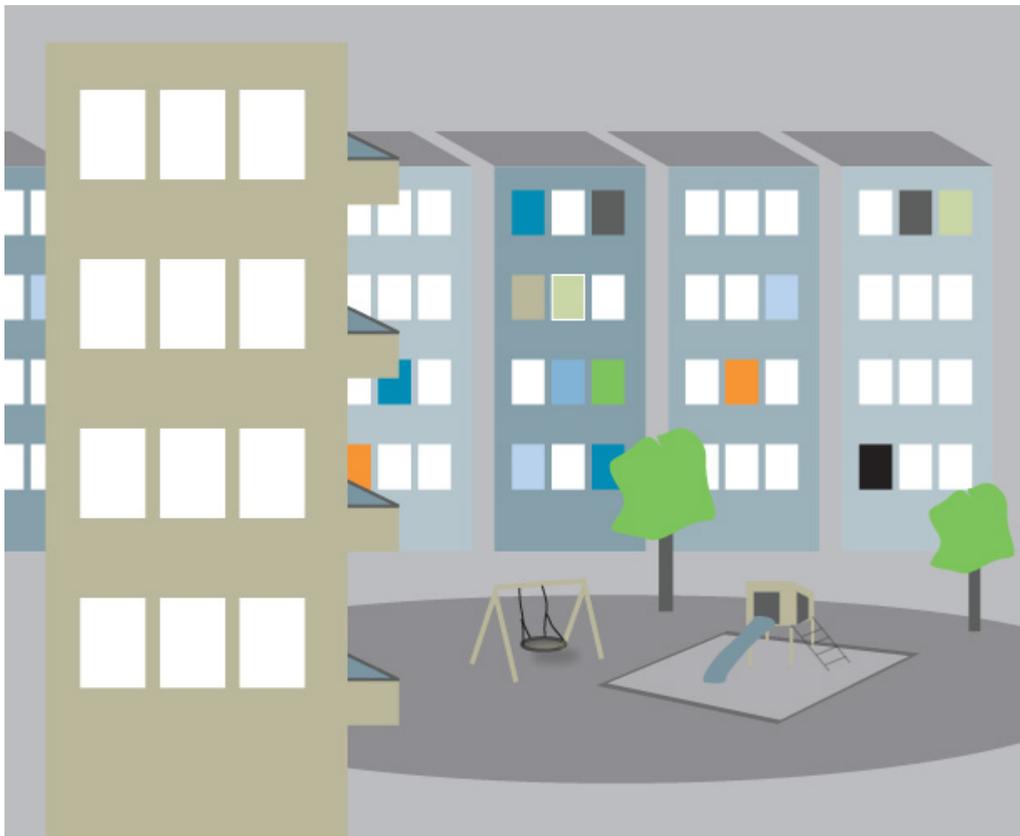


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Housing First – a brief introduction



Husbanken

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1. Introduction

Housing First is a method of providing long-term housing for homeless people with substance dependency and/or psychiatric disorders. From its origins in New York, the method has also become widely adopted in Europe in recent years.

In Norway, some municipal authorities and organisations are currently considering trialling Housing First. Husbanken has seen the need for a concise description of what the method involves, for municipalities, professionals, politicians and other interested parties. The aim is to contribute to a shared understanding of the Housing First model among those who are considering or have already decided to trial it.

More details about the model will become available in various ways once it is actually being trialled. It involves a clear partnership between housing, health and social services. The role of Husbanken is to help spread knowledge about the model within the housing and social field.

For the sake of clarity we must point out that this introduction is intended neither as an authorised Norwegian version of the Housing First method, nor as a guide to its use. Comprehensive information about the model is referred to in the section “Sources/literature”.

2. Background

2.1 Work to combat homelessness in Norway

Systematic, national work to combat homelessness in Norway started in 2001 with *Prosjekt bostedsløse* (“Project Homeless”). Co-ordination between the housing sector and the social sector on housing with follow-up services provided significantly improved housing stability to those with the greatest need. The national strategy *“På vei til egen bolig 2005–2008”* (known in English as “A Home of One’s Own”) followed up Project Homeless, bringing in the justice and health sectors as partners.

As a result of the project and the strategy many homeless people were offered housing, though a large proportion of this housing was clustered together and in addition was located in deprived environments. A 2012 report by the International Research Institute of Stavanger entitled *“Ryktet forteller hvor du bor”* (“Your Reputation Says Where You Live”) shows that when people suffering hardships live in large population clusters, this results in significant challenges in terms of social inclusion and integration. The evaluations of both Project Homeless and “A Home of One’s Own” highlighted the same point.

The official Norwegian report *“Rom for alle”* (“Room for All” – NOU 2011:15) clearly indicated that social inclusion should be an objective, and reinforced the principle of unified, multidisciplinary follow-up. The Norwegian Directorate of Health’s guidelines for the treatment of people with drug-related and psychiatric problems (“ROP guideline 03/2012”) set out provisions regarding the improved, unified follow-up of people who are homeless or at risk of becoming homeless. The treatment apparatus should actively make calls on people who do not keep appointments.

In *“Byggje – bu – leve”* (“Build – Prepare – Live” – Report No. 17 to the Storting¹ 2012/2013), one of the points made is that Husbanken should provide stimulation to municipal authorities to offer housing to people with drug problems, psychiatric disorders and double diagnoses. It is also proposed that models be developed to ensure user involvement in the selection of housing and services.

2.2 A brief background to Housing First

The voluntary organisation Pathways to Housing was founded by the psychiatrist Sam Tsemberis in 1992 in New York. Since then the organisation has established the Housing First method, a method that has proved effective in helping homeless people with serious psychiatric diagnoses and/or extensive drug problems into long-term housing.

The Housing First method was developed as a reaction to the principle that homeless people should be enabled to cope with living in their own homes by means of “living training”, rehabilitation or treatment before they are allocated their own home. The basis of Housing First, on the other hand, is that housing is a fundamental need that must be met before the homeless person will be able to cope with more complex processes such as rehabilitation. Experience with the method has shown that having a long-term place to live that the resident views as “home” is an important motivating factor for stabilising his or her life.

Pathways to Housing can point to great success in achieving stable living situations for (former) homeless people. Surveys show that 85 per cent become residents in the housing, that substance abuse and criminal activity are reduced, and that the quality of life increases.

As a result, a number of cities in various countries have drawn inspiration from this work. The Housing First method is now being trialled in a number of countries, including Canada, Denmark, the Netherlands, Germany, Portugal and Finland. In 2012 Rambøll was

¹ The Storting = the Norwegian Parliament

commissioned by Husbanken to report on the opportunities for and hindrances to implementation in Norway. The report, which attaches importance to the original model, concluded that there are excellent opportunities for using the method in Norway.

There are clear indications that initiatives that are very similar to the original Housing First method produce the best results. In chapter 4.5 of the report Rambøll has also prepared a checklist, outlining primary elements they feel must be addressed when introducing the method in Norway.

The following section of this document provides an outline of the values and principles of Pathways to Housing. It is these values and principles that Husbanken is referring to when we talk about Housing First as a chosen method.

The primary value in the model is: “Each person shall be able to choose where they would like to live and what sort of follow-up they need.”

3. Housing First – main principles

3.1 Housing as a human right

Housing is a fundamental human right, not a privilege that you should have to earn. The allocation of housing should not be conditional on ability to cope independently with living conditions, and should also be without any requirement of “living training” or rehabilitation. “Housing” means long-term, adequate housing that covers all necessary functions for living, that is leased with a standard rental contract and that fulfils the main provisions of the Norwegian Tenancy Act on rental periods.

3.2 Freedom of choice

Participation in Housing First should be the choice of the individual. Experience from other countries shows that the vast majority, including those with very serious substance-abuse problems and psychiatric disorders, are able to live in housing once the right conditions have been put in place and where appropriate services are offered.

Wherever possible, the homeless person should be able to choose the area in which he or she lives, and an individual dwelling in a normal residential environment should be an option. Housing in deprived environments where many residents are suffering hardship is not appropriate for the Housing First method. This may mean that some municipal rented housing is not appropriate for a Housing First initiative. Options may include the initiative helping homeless people to rent a private dwelling or the municipal authority renting a private dwelling and then subletting it.

Other options may include:

- agreements with professional private landlords
- municipal housing-association or joint-ownership apartments
- municipal purchase of housing
- purchasing an individual dwelling with the help of a start loan and an establishment grant

Experience indicates that a few participants choose to live in the same location or in a shared dwelling with one or several others in the same life situation.

The degree to which the initiative is able to assure landlords that the housing will be taken care of will be vital for access to the private rental market. An agreement based on the

dwelling being in good physical condition at the time the rental begins and then being handed back in the same condition has proved appropriate in other countries.

3.3 Integration

As a primary rule, there should be a maximum of 20 per cent occupancy by Housing First programme participants in an apartment block or equivalent small area. Housing First dwellings should not be located close to other people with substance-abuse and psychiatric problems.

The housing should be in good condition and have normal furniture and essential appliances. Arrangements should be made to allow residents to furnish and/or decorate the residence to suit their wishes and needs.

3.4 Distinction between housing and follow-up

Housing should be allocated without this entailing an obligation to accept follow-up. Therefore, the user's freedom of choice also applies to this point. Nevertheless, it is a condition of the Housing First programme that those responsible for the programme have access to the residence once a week.

The distinction between housing and service means that no resident would lose access to the services even if they are evicted from the housing. It also means that the programme follows the participant and not the housing.

The resident should lose neither the housing nor the follow-up services if they are admitted to an institution.

Once a resident can take care of him- or herself, the service should be gradually phased out until it is no longer needed. Nevertheless, the resident can continue to live in the housing under the same rental contract.

Housing First normally has agreements to follow up over a three-year period, but the follow-up period can be extended if the resident has a need for further support.

3.5 Respect, warmth and compassion

The method is based on a positive view of people. Users should be treated with respect and compassion, on their own terms and in their own environment.

This is a matter of how the service workers treat the resident, the kind of language they use, the signals they send out and whether they take the time to listen to what the participants actually say.

The Housing First method is based on the empowerment principle – a principle that involves a framework of understanding in which decisions are made *together with* (and not *for*) the user.

3.6 Rehabilitation (“Recovery”) and the reduction of harm

The Housing First model focuses on participants' health by offering comprehensive rehabilitation services, treatment and follow-up in the housing environment. Offering various health-promoting activities, courses and social activities, such as employment training, may be relevant. Nevertheless, the method does not require that the substance abuse or psychological problems come to an end; rather, the aim is rehabilitation and the reduction of harm.

The follow-up work also focuses on the resident avoiding behaviour that might result in negative consequences, such as causing trouble or failing to pay the rent, which could lead

to eviction. It is important to make the resident aware of the consequences of various types of behaviour or conduct.

4. The work in phases – a short description

To provide a clearer picture of what is involved in the programme, we present here an outline of the way the work proceeds. This is not a complete description, and the order of the points may vary. For example, resource mapping takes place when the user is ready for it.

4.1 Commencement

Commencement occurs on receipt of an enquiry in the form of a simple application, including the user's name and personal identification number, from NAV (the Norwegian Labour and Welfare Administration), the psychiatric health authority or another agency. The user can also apply directly to the programme, in which case commencement takes place once service follow-up has been agreed with the necessary agencies.

In the introductory discussion with the user, it is important to provide information about what it means to be part of a Housing First programme, including explaining the advantages and disadvantages. It is important to emphasise that the user him- or herself must want to participate.

The programme makes a decision regarding admitting the user and takes the initiative to make an agreement with the user. It is the user's responsibility to determine the time and location of discussions as well as to convey his or her wishes regarding the location and the nature of the housing and follow-up.

Together with a programme worker, the user maps out his or her own strengths and weaknesses. Emphasis should be placed on identifying the person's resources and skills. The core principle of the method is that change is possible for everyone, irrespective of their previous experiences and current situation.

The user is helped to find housing him- or herself or is offered a number of housing options (normally two or three) to choose from, which the programme finds on the rental market. It is important that the user him- or herself decides which housing he or she wishes to move into.

The user moves into the housing with a standard rental contract. This should take place as quickly as possible, and at the latest six to eight weeks after the user has started to participate in the programme/project.

4.2 During the process

The primary contact (on behalf of the Housing First team) and the resident have meetings and contact at least weekly. The frequency of contact is assessed based on the user's wishes and what is required during the process. Experts connected to the team should have a high degree of availability.

If the user moves out of the housing or is evicted, the follow-up services should continue. The same applies if the person is admitted to an institution or is imprisoned. (NAV will assist with obtaining temporary housing if permanent housing is not possible.)

4.3 Conclusion

The follow-up services connected to Housing First are normally agreed based on a timeframe, e.g. three years. Nevertheless, the user can decide that an individual service should come to an end, in consultation with the support apparatus.

5. Organisation and staffing

The follow-up services can be organised in various ways.² For example, a dedicated municipal follow-up team can be set up, establishing a binding partnership with the municipal authority and the health enterprise, to ensure access to the specialist health service. This would ensure that the follow-up and any treatment are offered to those who need them, in accordance with the ROP guidelines.

The multidisciplinary teams are tailored with a view to the individual resident's needs and problems. They can include members with specialist expertise within:

- Psychiatry
- Substance-abuse work/double diagnoses
- Social work
- Nursing
- Employment training
- Social networking
- Living-skills follow-up
- Personal finances
- Housing follow-up (contracts, rental terms)
- Related areas of expertise

Ideally the team will be available 24 hours a day, seven days a week. Local adaptations to existing emergency-telephone arrangements during evenings and nights should be considered. In the case of rented housing on the private rental market, a representative of the team must be available to the landlord at all times.

Education and training of staff is required, for example regarding motivation techniques, the reduction of harm and the detection of phases of change in individual residents. Staff members should also be especially careful to keep their clinical/professional approach separate from the housing perspective.

² Examples: ACT (Assertive Community Treatment) is a well-documented model for providing outreach and unified services to people with serious psychiatric disorders in combination with substance-abuse problems. The ACT teams have been set up as a partnership between municipal authorities and health enterprises/district psychiatric centres. The teams have a multidisciplinary makeup. The philosophy is to focus on users coping, functioning and integrating into the local community.

ICM (Intensive Case Management) addresses users with somewhat less serious problems than those addressed by ACT. The ICM teams are staffed by generalists who procure specialist expertise as necessary.

FACT (Function ACT) has been set up in the Netherlands and is an adaptation of ACT. The target group is people with serious psychiatric disorders.

6. Sources/literature

Lars-Marius Ulfrstad, 2011. *Velferd og bolig* ("Welfare and Housing"). Kommuneforlaget.

NOU (official Norwegian report) 2011:15. *Rom for alle* ("Room for All"). Departementenes servicesenter, Oslo 2011.

Tsemberis, Sam (2010). *Housing First. The Pathway Model to End Homelessness for People with Mental Illness and Addiction*. Hazelden.

Rambøll, 2012. Husbanken. *Housing First – muligheter og hindringer for implementering i Norge* ("Housing First – Opportunities for and Hindrances to Implementation in Norway").

Norwegian Directorate of Health, 03/2012. *Nasjonal faglig retningslinje for utredning, behandling og oppfølging av personer med samtidig ruslidelse og psykisk lidelse – ROP-lidelser* ("National professional guidelines for the reporting, treatment and follow-up of people with both substance-abuse problems and psychiatric disorders (ROP guidelines)").

IRIS 2012/316. Anders Vassenden, Nils Asle Bergsgard and Terje Lie. *Ryktet forteller hvor du bor. Botetthet og integrering blant rusavhengige kommunale leietakere* ("Your Reputation Says Where You Live – Population Clustering and Integration among Substance-Dependent Municipal Tenants").

Report No. 17 to the Storting³ (2012–2013). *Byggje – bu – leve. Ein bustadspolitikk for den einskilde, samfunnet og framtidige generasjonar* ("Build – Prepare – Live. A Housing Policy for the Individual, the Community and Future Generations").

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³ The Storting = the Norwegian Parliament