Housing First
The Basis for Health and Well-Being?

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Housing First in America

- Federal policy to tackle chronic homelessness
- Also policy in major cities e.g. Chicago, New York and becoming very widespread

Housing First is an approach that offers permanent housing as quickly as possible for people experiencing homelessness, especially for people with long histories of homelessness and co-occurring health challenges, while providing the supportive services people need to keep their housing and avoid returning to homelessness. US Interagency Council on Homelessness

Housing First Europe project

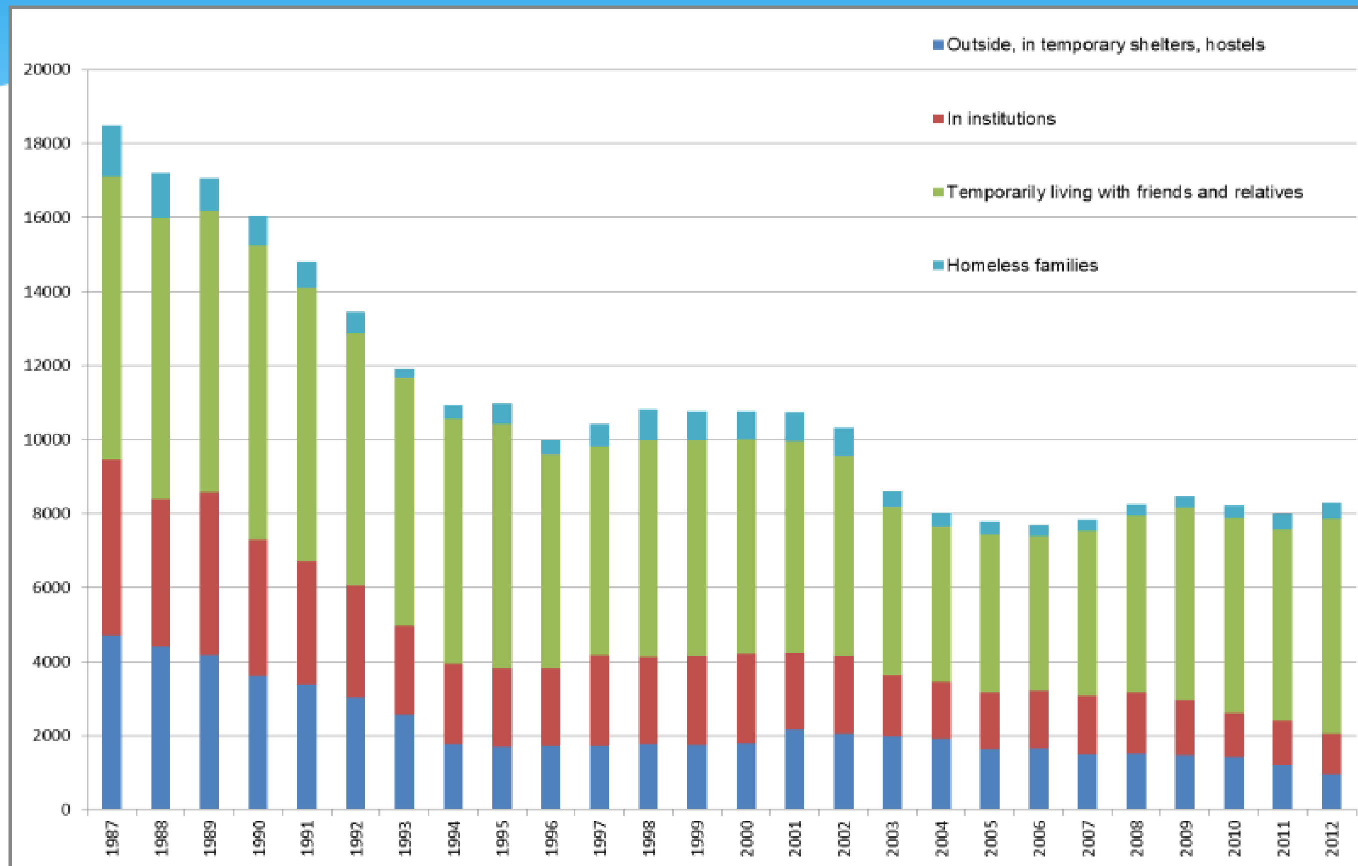
- Major evaluation of five sites completed in the summer of this year led by my colleague Dr Volker Busch-Geertsema, Coordinator of European Observatory on homelessness
- Four housing led projects: the Turning Point service here in Glasgow, projects in Amsterdam, Copenhagen and all Lisbon showed very high level of success
- Very high rates of ending chronic homelessness, just under 80% in Lisbon, over 90% in Glasgow and in Amsterdam and Copenhagen

Finnish Name on the Door Programme

- 2010-2012 major project to shift to Housing First model in major cities
- Repurposing of existing shelter system, changing from emergency accommodation to congregate Housing First model
- Use of scattered housing Housing First model too
- Target to *end* "long term" (i.e. chronic) homelessness by 2015
- As yet, the only example of a truly national level Housing First strategy

Finnish Name on the Door Programme

Homelessness in Finland 1987 - 2012



Source: Ministry of Environment, Finland

More in Europe

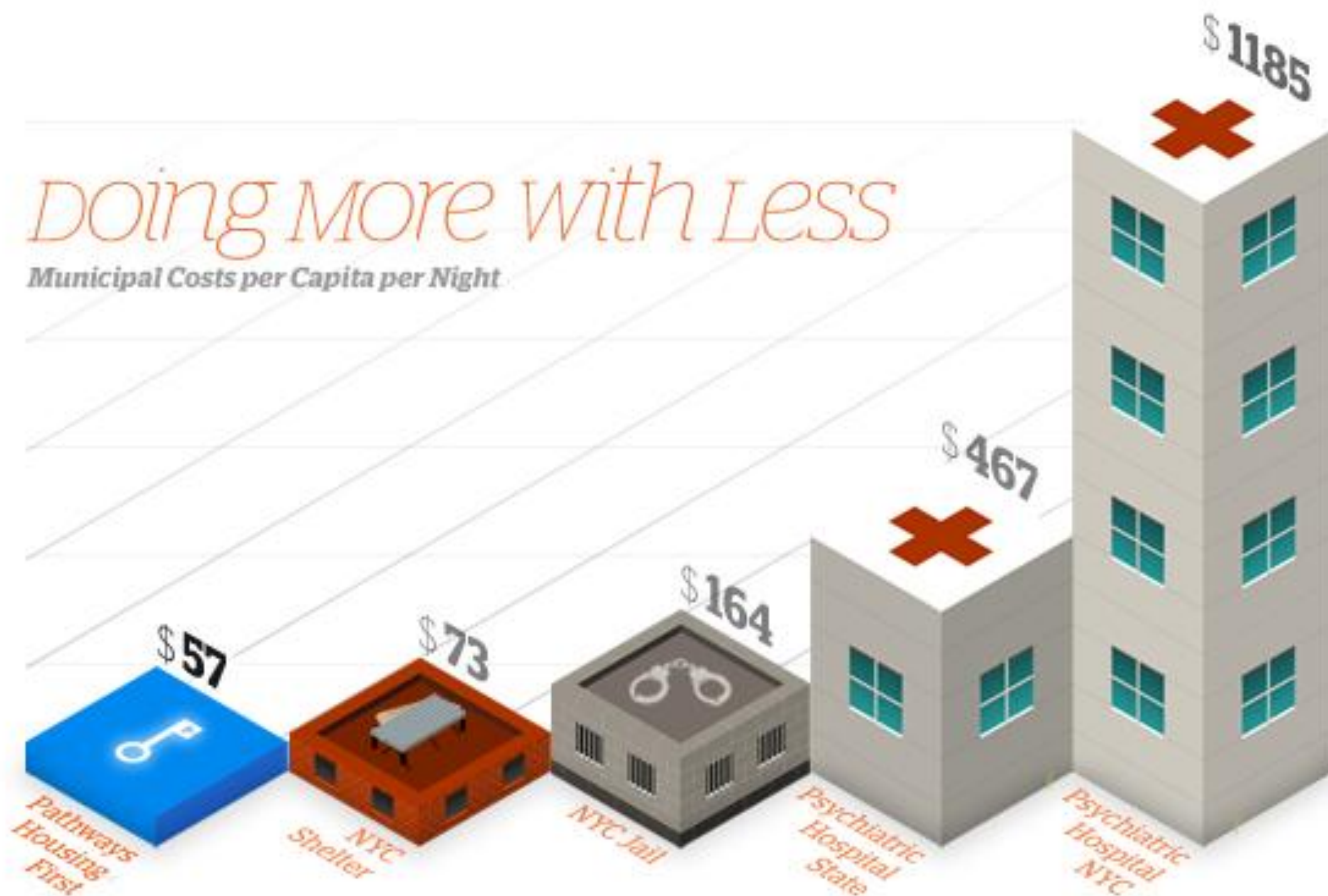
- Small scale London ‘Camden Housing First’ project run by SHP has had positive results (Pleace and Bretherton, 2013)
- Five city pilot in Belgium
- City wide plans for Vienna
- France has a multisite randomized trial of Housing First underway in Marseille, Lille, Toulouse and Paris, 200 people using Housing First services, final report 2015, interim results from DIHAL funded study are positive

Canada

- Canada spent CAD$ 110m on *At Home/Chez Soi* Housing First pilot in five areas, running from 2009-2013.
- Pronounced a major success. Interim results convinced Federal Government to invest a further CAD$ 600m
- Largest ever evaluation of a Housing First programme on-going via Mental Health Commission of Canada

Housing First and health

- A major driver in the USA is $ Housing First services have an *explicit goal to reduce health expenditure*
- Housing First project in Seattle, targeted the 100 most expensive chronically homeless people based on health service utilisation, if you were 101st most expensive – no service. Similar logic in Housing First in Chicago
- "Homeless Study Looks at 'Housing First' Shifting Policies to Get Chronically Ill in Homes May Save Lives, **Money**" 2008 *Wall Street Journal*



Source: Pathways to Housing

Improving health and well-being

- In the USA, key mechanism by which Housing First delivers gains in health is viewed as delivery of **ontological security**
- Johnson *et al*, writing about chronic homelessness and ontological security in Melbourne provide a clear definition

Ontological security is the basic need we all have for safety, predictability and continuity in our day-to-day lives. In order to feel ontologically secure, we need to feel there is a sense of order and certainty in our world. Our homes are a crucial site through which ontological security is established and sustained. Johnson, G. et al (2010)

Improving health and wellbeing

- Essentially, Housing First is designed to deliver that ontological security
- Through a process of normalisation led by housing. An ordinary home in an ordinary neighbourhood and an ordinary *life*
- And a crucial part of that normalisation is the *separation* of housing and support
- As a Housing First service user, you exercise control over whether receiving treatment and support

Outcomes around health

- Drawing on a soon to be published review for DIHAL (Pleace and Quilgars, forthcoming) looking at social integration and health and Housing First
- Also on general review of evidence in 2012 (Pleace, N. *Housing First* DIHAL)
- French inter-ministerial body with responsibility for national homelessness strategy

Improvements to health

- Mental health, stabilisation or modest improvement over longer term, no deterioration; feelings of ontological security
- Alcohol and drug issues, mainly stabilisation, no deterioration; success for communal services for specific groups
- Physical health - very limited evidence; possibly improved engagement with services, some evidence of reductions in use of A&E/ED/ER.
- Positive effects not global, there could be mixed results

Improvements to health

- After allowing for costs ($1,120 per person per month), health spending saving of $2,449 per month per person. Costs continued to fall with more time in housing. 30% reduction in number of alcoholic drinks per day, 41% lower Medicaid costs for residents after one year of supportive housing. Collins *et al* on Seattle Eastlake Housing First project.
- 29% fall in hospital admissions, 29% fall in days in hospital, 25% reduction in ED visits compared to control, Sosin *et al* on Chicago Housing First.

Improvements to health – limits

- Chronically homeless people can have long term limiting illness and disability, the extent to which they can enjoy full health and well-being may be limited
- The financial arguments for Housing First less clear beyond chronically homeless people who make extensive use of emergency medical services
- Housing First may bring costs **upward**, at least initially for other groups, though may be lifetime savings

Improvements to health – limits

- Extent of homeless people's use of service may be *too small* to reduce fixed costs, e.g. Even if individually, chronically homeless people are very expensive to treat, an A&E/ER/ED may not be able to lower costs
- Communal models of Housing First in Finland and Australia, issues: people with severe mental illness, drug and alcohol issues in shared space
- Separation of communal Housing First from community – can **ontological security** be generated in that context?

Improvements to health – limits

- Ontological security may take time to work in improving health and well-being
- May be years, decades of insecurity, fear and exclusion prior to using a Housing First service
- Housing First is highly reliant on networking and good resources, it needs adequate and affordable housing in reasonable areas, good links with high quality health and social services
- All the more so in Europe, where intensive case management (ICM) is becoming the norm, rather than direct provision of health and care.

The Successes of Housing First

- Ends chronic homelessness at a near unprecedented rate
- Takes people out emergency and temporary accommodation and off the streets
- That, in and of itself, is likely to improve health and well-being as being removed from potentially highly "toxic" situations that pose a number of known threats to mental and physical health – and there is evidence of improvement
- But need to be *realistic* about Housing First and also have to ensure it is *delivered properly*

Thanks for listening

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EUROPEAN OBSERVATORY ON HOMELESSNESS