
Housing First Europe – Results of a European Social Experimentation Project

Volker Busch-Geertsema

Gesellschaft für Innovative Sozialforschung und Sozialplanung [Association for Innovative Research and Social Planning], Bremen, Germany and European Observatory on Homelessness

› **Abstract_** *The following is the summary of the Housing First Europe project, an EU-funded evaluation and mutual learning project collecting evidence from five cities across Europe, which sought to test the Housing First approach and foster the exchange of experiences with five additional cities where the approach or part of its philosophy were implemented. Housing First seeks to move homeless people into permanent housing as quickly as possible with on-going, flexible and individual support as long as it is needed, but on a voluntary basis. The evaluations confirm high housing retention rates of this approach in four of the five projects and show that the approach works in different local contexts and with some variations of the original Housing First model, once that the core principles of the Housing First approach are followed. Results concerning further social inclusion of the target groups (homeless people with complex support needs) are also presented and recommendations are provided for further research and for promotion of the Housing First approach as an effective method to tackling and ending homelessness.*

› **Keywords_** *Housing First Europe, social experimentation project, retention rates*

Introduction

The Housing First Europe (HFE) project was a social experimentation project, funded by the European Commission, DG for Employment, Social Affairs and Inclusion, under the PROGRESS programme from August 2011 to July 2013.¹ HFE's aims included the evaluation of, and mutual learning between, local projects in ten European cities which provide homeless people with complex needs immediate access to long-term, self-contained housing and intensive support. HFE involved five test sites where the approach was evaluated (Amsterdam, Budapest, Copenhagen, Glasgow and Lisbon), and facilitated the exchange of information and experiences with five additional peer sites (Dublin, Gent, Gothenburg, Helsinki and Vienna) where further Housing First projects were planned or elements of the approach were being implemented. Five project meetings, including a final public conference, were used for the exchange of information and experiences. A high profile steering group has contributed actively to the debates.

The main elements of the Housing First approach have to be seen in contrast to approaches requiring 'treatment first' and/or moving homeless people through a series of stages (staircase system) before they are 'housing ready' (for critiques of these approaches, see for example Ridgway and Zippel, 1990; Sahlin, 1998 and 2005 and Busch-Geertsema and Sahlin, 2005). Housing First diverts radically from these approaches, by seeking to move homeless people into permanent housing as quickly as possible with on-going, flexible and individual support as long as it is needed, but on a voluntary basis. It has gained particular attention in the US, where robust longitudinal research has demonstrated impressively high housing retention rates, especially for the pioneer model of Pathways to Housing in New York (Gulcur *et al*, 2003; Tsemberis *et al*, 2004; Padget *et al*, 2006; Pearson *et al*, 2007). The eight principles of this model, which focuses on homeless people with mental illness and co-occurring substance abuse, are: housing as a basic human right; respect, warmth, and compassion for all clients; a commitment to working with clients for as long as they need; scattered-site housing in independent apartments; separation of housing and services; consumer choice and self-determination; a recovery orientation; and harm reduction (Tsemberis 2010 a and b).

¹ The information provided in this article does not necessarily reflect the position or opinion of the European Commission.

Methodology

HFE builds on existing and on-going local evaluations in the five test sites² and it was not possible to devise a common evaluation methodology for all test sites. Local evaluations started and finished at different dates. As a result, diversity in the test sites is observable, in terms of scale and development, and in terms of data collection and evaluation methods. At an EU level, a number of common key questions have been developed for all five test sites. The key questions were related to the following main topics:

- Numbers and profile of service users (age, sex, ethnicity/places of birth/nationality, household structure, employment status/income, housing/homelessness history)
- Support needs (and changes over time)
- Support provided/received
- User satisfaction
- Housing stability / housing retention rate
- Changes of quality of life/recovery
- Community integration/conflicts
- Costs and financial effects
- Specific positive effects, challenges and lessons learned.

The Five HFE Test Sites

The HFE test sites were located in five countries representing different welfare regimes, and in large cities with quite a variety of local contextual conditions. These conditions were difficult in Lisbon, and even more so in Budapest, with low levels of subsistence benefits and housing allowances, and barriers for vulnerable people in taking up even this meagre financial support. In all five test sites the Housing First project was one of the first pioneering attempts to test this approach in an environ-

² The report as well as this article are based on the five local evaluation reports authored by Dorieke Wewerinke, Sara al Shamma, and Judith Wolf (Amsterdam), Boróka Fehér and Anna Balogi (Budapest), Lars Benjaminsen (Copenhagen), Sarah Johnsen with Suzanne Fitzpatrick (Glasgow), and José Ornelas (Lisbon). All local reports as well as the European report are available online for download under <http://www.socialstyrelsen.dk/housingfirsteurope>. See the list of references for the respective titles of the local evaluation reports. The main contractor of HFE was the Danish National Board of Welfare Services, represented by Birthe Povlsen. The author of this article has coordinated HFE.

ment dominated either by staircase systems or by emergency provision for homeless people with no or very weak links to the regular housing market. Only the project in Copenhagen was part of a national (and local) strategy to promote and implement the Housing First approach on a wider scale.

None of the HFE test sites was an exact replica of the pioneer project Pathways to Housing although – except for the Budapest project – they have followed this example in many aspects and have broadly followed most of the principles of Housing First as laid down by the ‘manual’ of this project. However, we have not conducted a ‘fidelity’ test and for some of the principles it was difficult to verify their implementation into practice. While all HFE projects served homeless people with complex and severe support needs, there might have been some selection of clients in the beginning, based on their willingness and motivation to hold a tenancy. In one of the projects (Copenhagen), congregate housing was used for a majority of service users in the beginning, but during the evaluation period and based on negative experiences with this type of housing, increasing use was made of scattered housing (see further below).

Other aspects in which the HFE test sites diverted from the pioneer project regard the target group (only in Lisbon was this restricted exclusively to people with mental illness – see Ornelas *et al*, this edition, for further details), the organisation of support (only in Copenhagen did the project work with an ACT team including medical experts and addiction specialists; other projects – except in Budapest – cooperated closely with such services if needed; peer experts were not employed in two of the five projects), and the use of social housing and direct contracts between landlords and service users.

With the exception of Budapest in some of the points, the HFE test sites all worked with a client-centred approach and individual support plans, having regular home visits as a rule (and with an obligation for clients to accept them), worked with relatively high staff-client ratios (ranging between 1: 3-5 and 1: 11), and offering the availability of staff (or at least a mobile phone contact) for emergency cases 24 hours a day, seven days a week. The deviations from the pioneer ‘model’ in terms of organising housing and support confirm a need for ‘programme drift’ and adjustment when transferring an approach to different local conditions. If social housing is an important source for housing vulnerable people and instruments are available to provide priority access to social housing – as it was the case in Copenhagen and Glasgow – it seems obvious to use this resource. If there is a lack of social housing and it is not accessible for homeless people – as in Budapest – or has long waiting lists and private rental housing can be acquired quicker and is seen as more flexible and better placed for community integration – as in Lisbon – private rental housing may be the preferred option. If access to other specialised and mainstream services is relatively easy, the ACT approach might not be necessary (though it might still hold some advantages for people with severe addiction and physical health problems, as is claimed for the Copenhagen project).

The Budapest project was different from the other projects in many respects. It was included as a test site because it was one of the very few programmes in Central and Eastern Europe which was trying to bring rough sleepers directly in mainstream housing with support, sharing some of the basic principles of the Housing First approach. However, some important elements are also missing: support in Budapest was time limited from the beginning (to a maximum of one year), and far less intensive than in all of the other test sites (1: 24). In addition the support was provided by social outreach workers from different services in addition to a full-time job. Financial support for housing of the service users who had basically to search for their homes by themselves – with some support by staff – was also too little and time-limited. In contrast to all other projects, long-term housing retention was not an explicit target of the Budapest project (the main target was to clear a forest area in Budapest of homeless people).

The Profile of HFE Service Users

Data on the demographic and social profile of the project participants demonstrate that HFE test sites have reached their specific target groups, but that these groups differ to a considerable extent. While the Lisbon project had probably the highest share of clients with a psychiatric diagnosis, it had the lowest proportion of people with problematic alcohol and drug use. While more than two thirds of the service users in Copenhagen and Budapest indicated a problematic consumption of alcohol and abuse of a variety of substances was also frequent among the service users in Amsterdam, the project in Glasgow targets and reaches a particularly challenging group of heroin users. For all projects support needs because of poor physical health were reported for a considerable proportion of project participants.

The overwhelming majority of participants in all projects were long-term homeless people. Most of them were middle aged (36-45) or older; only in Glasgow were half of the participants younger than 36. A large majority of the participants had no regular employment at the time of entry into the projects and were living either on some sort of transfer benefits or had no income at all. In Budapest a greater share of service users (about a third) either received a pension or had a regular income from work when entering the project, but the majority relied on precarious and irregular jobs as claiming subsistence or unemployment benefits required an official address. A majority of service users in Budapest lived with family members, partners or friends, while the majority in all other projects were single person households. Participants were predominantly men and nationals of the countries where the projects were located.

Support Needs, Provision of Support and User Satisfaction

Support needed for gaining access to housing and for sustaining the tenancy (including contacts with the landlord and neighbours) played a major role in all projects. Making an apartment a home is an obvious need in the period after moving in, which can require quite intensive support of a very practical nature (organizing furniture and household items, payment of bills etc.). Financial problems and unemployment were common problems amongst project participants as well. Partly these problems were exacerbated by the financial requirements of substance abuse, and by problems faced in realising existing rights to subsistence benefit. But we should also keep in mind that unemployment and poverty are structural problems, which cannot be 'solved' by the Housing First projects. However, the projects could help with getting personal documents organised and claiming subsistence benefits, housing benefits, pensions etc., and this played a very important role in some of the projects.

From Amsterdam, Copenhagen and Glasgow, a lack of social networks was reported as a problem, not for all, but for a significant proportion of service users. To a certain extent, loneliness and social isolation might be an initial 'price' to be paid for moving into scattered housing, especially if the new tenants want to cut contact with their former peer networks. The support provided was generally most intensive in the time around moving into the apartments and diminished after some time, but not for all service users. Generally the dominant areas of support change after a period of turning an apartment into a home and dealing with public administration, towards issues of addiction and physical health, overcoming social isolation and finding something meaningful to do. Individual needs differed substantially between participants and it has to be emphasised that there is a group of service users whose needs do not diminish over time, but may rather go up and down or remain on a relatively high level.

A high level of service user satisfaction was reported for the projects where this was evaluated. With very few exceptions, the support provided met the needs of service users. Some of the basic ingredients of the Housing First approach led to high satisfaction on the side of users: that they lived in their own self-contained apartments and had the security of being able to remain there; that support was delivered as long as they needed it; that they are accepted as they are and treated with respect and empathy; and that they could be open and honest about the use of drugs and alcohol without the fear of being evicted as a consequence (harm reduction approach). Especially in Glasgow, the inclusion of peer supporters in the support staff was highly appreciated by service users, because they were seen as real experts with relevant lived experiences, non-judgemental and easy to communicate with. Dissatisfaction – which was rare overall – related in some cases to the

support provided (asking for more support), but more often to the choice of housing and in some cases long waiting times before being allocated permanent housing. Such problems reflected structural problems like a shortage of (affordable and accessible) housing of good quality.

Housing Retention Rates

High housing retention rates have been achieved by four of the five projects and the only project where the results were less positive was the project in Budapest, which in many respects departed from the principles of the Housing First approach. Housing retention rates in Amsterdam and Copenhagen were extraordinarily high (over 90 percent, even when we focus exclusively at those persons who had been rehoused in the project more than a year ago). In Glasgow, for a smaller project with a group of homeless people generally seen as particularly difficult to house (users of illegal drugs, mainly heroin), a similarly impressive retention rate of over 90 percent was reported, and for the project in Lisbon the retention rate was still very near to 80 percent after running the project for more than three years and despite severe cuts in funding in 2012.

Table 1: Housing retention rates in Housing First Europe test sites

	Amsterdam	Copenhagen	Glasgow	Lisbon	Budapest
Total number of service users housed	165	80	16	74	90
Unclear cases (death, left to more institutional accommodation, left with no information if housed or not etc.)	23	16	2	6	na
Basis for calculation of housing retention	142	64	14	68	na
Positive outcome (still housed)	138 (97.2 percent)	60 (93.8 percent)	13 (92.9 percent)	54 (79.4 percent)	29 (< 50 percent)
<i>Still housed with support from HF programme</i>	122 (85.9 percent)	57 (89.1 percent)	13 (92.9 percent)	45 (66.2 percent)	0
<i>Housed without support from HF programme</i>	16 (11.3 percent)	3 (4.7 percent)	0	9 (13.8 percent)	29 (<50 percent)
Negative outcome (lost housing by imprisonment, eviction, 'voluntary' leave into homelessness etc.)	4 (2.8 percent)	4 (6.3 percent)	1 (7.1 percent)	14 (20.6 percent)	na

Basis: Housing First Europe project; local evaluation studies

Some caution is needed for assessing these overall very positive results. The two projects in Copenhagen and Glasgow were still at a relatively early stage and given the remaining addiction and mental health problems of many service users, a risk of losing their tenancy at some stage still remained. Also, data from the local evaluations included in our HFE-project are not as robust as in other evaluation projects working with randomized controlled trials and no data is available for control groups of homeless people with the same profile receiving 'treatment as usual'.

Nevertheless the data confirmed a number of studies in the US and elsewhere that the Housing First approach facilitates high rates of housing retention, and that it is possible to house homeless persons even with the most complex support needs in independent, scattered housing. This is even more remarkable as the four successful test sites evaluated in the framework of HFE show some substantial differences concerning the target group, the type of housing and the organisation of services, but share most of the principles of the Housing First approach. As three of the four successful projects also had high proportions of substance abusers, the results add to the evidence of positive housing retention outcomes of the Housing First approach for people with severe addiction, and even for those with active use of heroin and other hard drugs.

Type of Housing Provided

The Copenhagen project provided an opportunity to compare experiences with scattered site, independent housing (as provided in all other HFE test sites) and congregate housing in the same programme, with support provided by the same ACT team. There were strong indications that placing many people with complex problems in the same buildings may create problematic environments (often dominated by substance abuse), conflicts and unintended negative consequences. The evaluation showed a clear preference of the bulk of homeless people for scattered housing. The results from Copenhagen suggest that congregate housing should be reserved for those few persons who do either display a strong wish to live in such an environment or have not succeeded to live in scattered housing with intensive Housing First support.

Changes in the Quality of Life

An overall positive picture regarding changes of quality of life can be reported for four of the five projects. A varying part of those who were addicted to alcohol or drugs have made progress to reduce their abuse or even cease it. Especially for the projects in Glasgow and Lisbon, some remarkably positive numbers are reported, in Amsterdam 70 percent of all interviewees self-reported a reduction of substance abuse and there are also more positive than negative developments documented by staff in Copenhagen. But for some Housing First participants with problematic use of alcohol and drugs the level of addiction remained the same or even got worse after rehousing. The harm reduction approach applied in all projects means that it would not be reasonable to expect a different outcome. The approach facilitates managing addiction and overcoming it gradually, but abstinence is neither a requirement nor a primary goal. Obviously time and qualifications of the teams in Budapest were not sufficient to organize a successful harm reduction approach for most of the participants in need.

Improvements of mental health problems were reported for a majority of participants who were struggling with such problems in Amsterdam, Glasgow and Lisbon where security of housing and reliability of support were held to be important factors in such improvements (though in Copenhagen staff reported positive changes of mental health for 25 percent of service users, but negative changes for 29 percent). It is clear that stable housing has the potential to increase personal safety and to reduce the level of stress compared to a life in homelessness. The positive developments are often attributed to what is termed '*ontological security*' in the literature: housing provides the basis for constancy, daily routines, privacy and identity construction, and a stable platform for a less stigmatized and more normalised life (Padgett, 2007).

The results were generally less positive with respect to the take-up of paid employment, managing financial problems, and social contacts. In particular, the number of formerly homeless people in paid employment remained low in Amsterdam, Copenhagen, Glasgow and Lisbon. For many, paid employment was a long-term aim and doubts may remain as to whether it is a realistic aim at all for some formerly homeless people. However, quite high proportions of participants in Amsterdam, Lisbon and Glasgow were engaged in voluntary work or other meaningful activity.

While a majority of participants in Glasgow and Amsterdam report an improvement of their financial situation, financial problems were the only area for which staff in Copenhagen reported significantly more negative than positive changes. In Amsterdam it was one of the few areas in which a significant minority (16 percent) reported a decline, and in Glasgow participants were still struggling with their

scarce financial resources. With only time-limited subsidy of housing costs, and no access to any substantial subsistence benefits, the financial prospects were probably most precarious for the participants in the Budapest project.

When placed in scattered housing many formerly homeless people experience feelings of loneliness and social isolation. If they remain in contact with the former peer group (which they do automatically if they are rehoused in congregate housing projects), and are struggling with addiction, problems with managing to reduce their substance abuse tend to be reported. If they try to cut contacts with their former homeless peers – as many rehoused homeless people do – it is not easy for them to create a new social network. However, for almost all projects there are also reports about progress made (by a minority) in reconnecting with family members and estranged children.

Community Integration and Neighbourhood Conflicts

Neighbourhood conflicts played a minor role for the Housing First projects in Copenhagen, Glasgow and Lisbon, where constructive solutions could be found in most of the rare cases that did occur. In Amsterdam, nuisance complaints were reported against a third of all service users over a period of five years. Two-fifths of these complaints could be resolved in a relatively short period of time, with the tenants remaining in their homes, some participants got a second chance in another apartment and only three persons were evicted during that period because of nuisance. In all cities where this was analysed (including in Amsterdam, with a relatively high number of nuisance reports) housing providers gave very positive feedback on the way neighbourhood conflicts were handled by service providers.

From the test sites where community integration was measured, the results were also mixed. While some of the project participants were engaging in activities in their community, and met some of their neighbours regularly, others ‘kept their privacy’ and were less active. Given the complex support needs of most of the programme participants, further integration might take more time for some of them and structural constraints (lack of money for going out, having guests and participating in activities which require resources) play a role as well.

Considerations of Cost Effectiveness

We have indications from three of the five HFE test sites, that it would have been more expensive to provide the project participants with temporary accommodation, rather than in scattered site apartments. But none of the projects were in a position to produce robust data on previous service use and on the duration of support needed by the Housing First service. It is important to stress that intensive support such as that provided in Housing First projects requires considerable funding, and homelessness for people with complex support needs cannot be solved by providing 'housing only' or with low level support. While our test sites with high housing retention rates indicate a high cost effectiveness of well-resourced Housing First projects, further research with more robust and longitudinal data and direct comparison of different services will be needed in this field.

Conclusion: Challenges and Lessons Learned

One of the main challenges for most of the Housing First projects related to securing rapid access to housing (and long waiting times especially in case of scattered social housing). The projects can help their clients to overcome barriers for access to housing, but they are all working within structural constraints, including the local shortage of affordable housing. Once housed with a fixed address, some of the tenants may face prison charges for offences committed earlier or find their low incomes further reduced by creditors claiming back old debts. It may also be difficult for some of the rehoused persons to overcome loneliness and social isolation and some may experience a 'dip in mood', especially if they live alone and have cut ties with former peer networks dominated by problematic substance use. If they don't cut such ties, they often find that 'managing the door' can be a particular challenge.

The Housing First approach involves a change in the balance of power between service providers and service users, compared with more institutional provision. To prevent disengagement of programme participants once they have been allocated permanent housing, support staff needs to make support offers which are oriented towards the individual goals of programme participants and to meet their needs and preferences. Problems in securing continued funding were particular challenging for the sustainability of the project in Lisbon. In Budapest, one of the main challenges making it difficult to reach more sustainable results was the time-limited and too limited amount of individual funding available for project participants, who were not fit enough for employment and a context of weak provision of general welfare support for housing costs and the costs of living.

Transferability and Scaling Up

Only in Copenhagen, where the test site was already part of a wider (and nation-wide) strategy to implement the Housing First approach, and in Amsterdam (this time at local level), are there plans for scaling up the Housing First approach. In the other test sites there was interest from other cities to work with the same approach in local pioneer projects or plans from the organisation to replicate their work in other locations and with other target groups. Plans and on-going projects to implement the approach on a wider scale (outside the HFE test sites and peer sites) are reported for example from France and Belgium, from Austria, Finland, Norway, Sweden and the Netherlands. It remains to be seen to what extent these plans go beyond single projects for a very strictly defined target group, and how the positive results of the HFE project and positive experiences made in other projects will influence further development of the Housing First approach in Europe.

Recommendations

The positive results of four of the five Housing First test sites show that the Housing First approach is a highly successful way of ending homelessness for homeless people with severe support needs and helping them to sustain a permanent tenancy. They show that the majority of the target group, including people with severe addiction problems, are capable of living in ordinary housing, if adequate support is provided. The eight principles developed by Pathways to Housing appear to be a useful device for developing Housing First projects, including the recommendation to use predominantly ordinary scattered housing and independent apartments not concentrated in a single building.

Important elements for success of the Housing First approach are:

- **Rapid access to housing:** in countries where allocation of social housing to homeless people is possible, social housing may be a useful resource. Elsewhere, private rented housing, or even the use of owner occupied housing may dominate. Approaches developed by social rental agencies or by the Y-Foundation in Finland may be useful models to gain access to housing in the private rented and owner occupied sector for use in Housing First projects.
- **Housing costs and the costs of living must be covered long-term** for those persons who cannot earn enough money by employment. This can be a particular problem in countries with a weak welfare system as we have seen in the test site in Budapest.

- Multidimensional support of high intensity must be available as long as it is needed. Our examples show that this can be organized in different ways and if close cooperation between medical experts and addiction specialists is possible they do not necessarily have to be integral part of the support team (as in the ACT approach). However ACT has proved to be a positive approach for people with severe mental and physical health problems and addiction.
- Housing First programmes should carefully consider how to deal with nuisance and neighbourhood conflicts, and should make clear agreements about that with both the service users/tenants and the landlords. Our test sites show that successful management of such problems (if they occur at all) is possible in most cases under this condition.
- The risk of failure of schemes which do not procure long-term funding for housing costs and more intensive and specialized support is relatively high as we can see from the evaluation of the Budapest test site.
- Housing First support staff have to meet particular requirements: they need to show respect, warmth and compassion for all service users and put their preferences and choices at the very core of support work. They have to be able to build up trusting relationships, and their support offers have to be attractive and meet the individual needs of their clients, always based on the firm confidence that recovery is possible and aiming at the highest level of integration possible.

The focus of HFE was on relatively small local projects for people with complex support needs. It is still a matter of debate whether the Housing First approach should be reserved exclusively for this relatively small subgroup of homeless people. It would be useful to test and evaluate the effectiveness of services following the same principles for people with less severe needs and for strategies implementing the Housing First philosophy in broader 'housing led' strategies. Several countries and cities have claimed to implement such strategies and it would be useful to promote information exchange and mutual learning between them and evaluate the effectiveness of such strategies. In such a context, innovative methods of needs assessment and of methods of financing flexible support are needed to secure that floating support is sufficient and matching the individual needs but also doesn't overstrain the financial capacities of those responsible for funding it.

However, expectations of policy makers and service providers need to remain realistic. Ending homelessness provides a platform for further steps towards social inclusion, but is not a guarantee for it, and for the most marginalised individuals relative integration might often be a more realistic goal. Nevertheless, further attempts to successfully overcome stigmatisation, social isolation, poverty and unemployment are needed, not only on the level of individual projects, but also on

a structural level. The same applies to structural exclusion of vulnerable people from housing markets. The debate on Housing First should be used to (re-)place access to housing at the centre of the debate about homelessness while emphasising that housing alone is not enough for those with complex needs.

› References

Benjaminson, L. (2013) *Rehousing Homeless Citizens with Assertive Community Treatment. Experiences from an ACT-programme in Copenhagen*. Final Report for Housing First Europe project (Copenhagen: SFI The Danish National Centre of Social Research).

Busch-Geertsema, V. and Sahlin, I. (2007) The Role of Hostels and Temporary Accommodation, *European Journal of Homelessness* 1 pp.67-93.

Fehér, B. and Balogi, A. (2013) *Evaluation of Housing First Europe Test Sites: Budapest – Pilisi Forest Project. Draft Final Report* (Budapest).

Gulcur, L., Stefancic, A., Shinn, M., Tsemberis, S. and Fischer, S. N. (2003) Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programmes, *Journal of Community & Applied Social Psychology* 13(2) pp.171-186.

Johnsen, S. with Fitzpatrick, S. (2013) *Glasgow Housing First. Draft Final Report for the Housing First Europe Project* (Glasgow).

Maas, M., Al Shamma, S., Altena, A., Jansen, N., and Wolf, J. (2010) *Discus Amsterdam: Housing First. Evaluatie van de werkzaamheid*. [Discus Amsterdam: Housing First. Evaluation of efficacy]. (Nijmegen: Netherlands Centre for Social Care Research, UMC St Radboud Nijmegen).

Ornelas, J. (2013) *Casas Primeiro, Lisboa. Final Report for Housing First Europe Project* (Lisbon).

Ornelas, J., Martins, P., Zilhão, M.T. and Duarte, T. (2014) Housing First: An Ecological Approach to Promoting Community Integration, *European Journal of Homelessness* 8(1) pp.29-56

Padgett, D. K., Gulcur, L. and Tsemberis, S. (2006) Housing First Services for People who are Homeless with Co-Occurring Serious Mental Illness and Substance Abuse. *Research on Social Work Practice* 16(1) pp.74-83.

Padgett, D. (2007) There's No Place Like (A) Home: Ontological Security in the Third Decade of the 'Homelessness Crisis' in the United States, *Social Science and Medicine* 64(9) pp.1925-1936.

Pearson, C. L., Locke, G., Montgomery, A. E. and Buron, L. (2007) *The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness* (Washington DC: US Department of Housing and Urban Development).

Ridgway, P. and Zipple, A. M. (1990) The Paradigm Shift in Residential Services: From the Linear Continuum to Supported Housing Approaches, *Psychosocial Rehabilitation Journal* 13(4) pp.11-31.

Sahlin, I. (1998) *The Staircase of Transition: National Report to the European Observatory on Homelessness 1997* (Brussels: Feantsa).

Sahlin, I. (2005) The Staircase of Transition: Survival through Failure, *Innovation – The European Journal of Social Science Research* 18(2) pp.115-135.

Tsemberis, S. (2010a) Housing First: Ending Homelessness, Promoting Recovery and Reducing Costs, Gould Ellen, I. and O’Flaherty, B. (Eds.) *How to House the Homeless*, pp.37-56. (New York: Russell Sage Foundation).

Tsemberis, S. (2010b) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* (Minnesota, MN: Hazelden Press).

Tsemberis, S., Gulcur, L. and Nakae, M. (2004), Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis, *American Journal of Public Health* 94(4) pp.651-656.

Wewerinke, D., al Shamma, S. and Wolf, J. (2013) *Report of the Evaluation of Discus Housing First, The Netherlands* (Nijmegen: Netherlands Centre for Social Care Research).

Wewerinke, D., Al Shamma, S., Dries, L., and Wolf, J. (2013) *Housing First in Nederland. Onderzoek naar opzet en uitvoering* [Housing First in the Netherlands. Research on Design and Implementation]. (Nijmegen: Netherlands Centre for Social Care Research, UMC St Radboud Nijmegen).