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Housing Homeless People in Europe

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The European Journal of Homelessness provides a critical analysis of policy and practice on homelessness in Europe for policy makers, practitioners, researchers and academics. The aim is to stimulate debate on homelessness and housing exclusion at the European level and to facilitate the development of a stronger evidential base for policy development and innovation. The journal seeks to give international exposure to significant national, regional and local developments and to provide a forum for comparative analysis of policy and practice in preventing and tackling homelessness in Europe. The journal will also assess the lessons for Europe, which can be derived from policy, practice and research from elsewhere.

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Editorial

At the eighth annual European Research Conference on Homelessness, held in the Alice Salomon Hochschule in Berlin on 20th September 2013, a range of stimulating papers were presented on different aspects of how to move from shelter led to housing led services, and the nature of the supports required to sustain secure occupancy of dwellings for formerly homeless people. The *European Journal of Homelessness* is delighted to publish a select number of the papers presented at the conference and to further inform the debate on Housing Led / Housing First policies and practices in Europe.

It is worth reminding ourselves that the term ‘Housing Led’ was developed by the Jury of the European Consensus Conference on Homelessness “to describe all policy approaches that identify the provision and/or sustaining of stable housing with security of tenure as the initial step in resolving or preventing situations of homelessness” (2011, p.14). Thus, as formulated by the Jury, Housing First, a specific, highly successful intervention developed in New York, can be encompassed within the Housing Led approach to ending homelessness. Therefore, what unites Housing Led approaches is a belief that the provision of housing, with secure occupancy – which is a broader concept than the more narrow legal understanding of security of tenure (see Hulse and Milligan, 2014) – rather than shelter, is a fundamental human right and a prerequisite to solving other problems, such as social, health and employment issues. However, while policy makers and service providers are increasingly convinced of the merits of a Housing Led / Housing First approach, the provision of such housing is no easy task. A recent plan to end homelessness in Ireland by the end of 2016 elegantly outlined this dilemma, when noting that “the core of the necessary response is straightforward to conceive though in the present circumstances difficult to execute, namely, to provide permanent housing for the homeless” (2013, p.4).

In the papers presented in this edition of *European Journal of Homelessness*, further comparative material is presented on operationalizing Housing Led and Housing First approaches to ending homelessness in a range of different member states, and how different projects obtain secure housing for homeless people in challenging circumstances. Busch-Geertsema provides an overview of Housing First projects in a number of member states, noting that while the context of the projects varied considerably in terms of welfare services, availability of housing subsidies, access to different forms of rental housing, the retention rates in the five

projects were extraordinarily high. While noting a number of methodological limitations, the overwhelming evidence from the projects suggests that the provision of scattered site housing with appropriate support for homeless people, even for those with complex needs, is considerably more successful and potentially more cost effective than the provision of congregate facilities.

The next three papers explore various Housing Led projects, some with greater fidelity to the Pathways Housing First model than others, in Portugal, Hungary and Italy respectively. The variations in project delivery in each case study largely reflects various structural constraints, particularly around funding, but clearly demonstrate that the provision of secure accommodation in the private rented sector, with appropriate support for homeless people, is possible in diverse settings and cultural contexts.

Often, both policy makers and practitioners are wary, sometimes with very good reason, of importing models of service delivery from other jurisdictions arguing that while such a service provision may work in one particular jurisdiction, it will not always easily translate or take root in very different contexts. Certainly this was the case with Housing First, with many being sceptical that a model of service provision originating in New York would work in the European Union. However, the growing body of evidence is that it does work in member states of the European Union, albeit that further rigorous evaluative work is required.

Moving from concrete examples of the operation and outcomes of Housing Led approaches to ending homelessness, our final contribution provides a theoretical justification for adopting a 'Housing First' rather than a 'Housing Ready' model of service provision based on an exploration of how social exclusion is manifested in terms of positive and negative coping strategies. Lindovská argues that the Housing Ready model may unintentionally contribute to negative coping strategies which can reproduce and reinforce social exclusion, whereas the Housing First model can enhance positive coping strategies, which in turn can reduce social exclusion.

The next special edition of the European Journal of Homelessness will feature selected papers from the 9th European Research Conference on Homelessness, which takes place in Warsaw on the 19th of September 2014. The theme of the conference, 'Homelessness in Times of Crisis', will provide an opportunity to reflect on, and give examples of how the 'crisis' has impacted on homeless people across the European Union.

Providing a forum for robust debates on policy and service provision for homeless people was a key rationale for establishing the European Journal of Homelessness in 2007. We hope our diverse readership finds this edition of the Journal stimulating.

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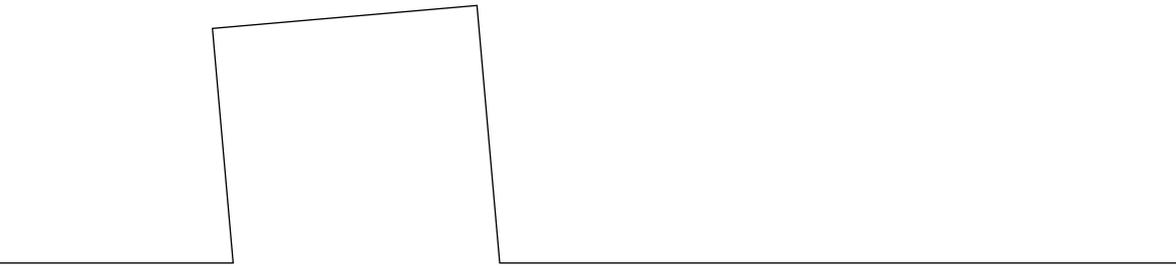
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Articles



Housing First Europe – Results of a European Social Experimentation Project

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› **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 <i>percent</i>)	60 (93.8 <i>percent</i>)	13 (92.9 <i>percent</i>)	54 (79.4 <i>percent</i>)	29 (< 50 <i>percent</i>)
<i>Still housed with support from HF programme</i>	122 (85.9 <i>percent</i>)	57 (89.1 <i>percent</i>)	13 (92.9 <i>percent</i>)	45 (66.2 <i>percent</i>)	0
<i>Housed without support from HF programme</i>	16 (11.3 <i>percent</i>)	3 (4.7 <i>percent</i>)	0	9 (13.8 <i>percent</i>)	29 (<50 <i>percent</i>)
Negative outcome (lost housing by imprisonment, eviction, 'voluntary' leave into homelessness etc.)	4 (2.8 <i>percent</i>)	4 (6.3 <i>percent</i>)	1 (7.1 <i>percent</i>)	14 (20.6 <i>percent</i>)	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.

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Housing First: An Ecological Approach to Promoting Community Integration

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› **Abstract_** *This article present the findings from an evaluation which examined the impacts of a Housing First program on participants' community integration. Using an ecological approach, the programme Casas Primeiro provides individualised and scattered apartments in mainstream neighbourhoods to homeless people with severe mental illness. The programme seeks to link participants to community resources, to facilitate neighbourhood relationships and to support participants' projects and activities in the community that could lead to higher levels of social participation. Qualitative and quantitative methods were used to determine whether the acquisition of stable and independent housing is associated with improvements in participants' community integration. The research also sought to explore the degree to which the project users were participating in community activities, the nature of interaction with other neighbours and whether they feel a sense of belonging to their community. In all, 45 participants were interviewed. The results of the study highlight the possibilities that a Housing First approach could offer in promoting community integration. After being housed, participants reported that they began to use local resources and to participate in community activities and they developed a sense of belonging within their neighbourhoods.*

› **Keywords_** *Community integration, Housing First, homelessness, mental illness*

Introduction

Housing First is increasingly seen as an effective intervention to end homelessness for people with severe mental illness and co-occurring addictions. By separating treatment from housing issues, whilst providing immediate access to permanent, independent and mainstream apartments scattered throughout a community, combined with the provision of flexible, individualised support services that are consumer-driven, this approach has demonstrated significantly better outcomes in terms of housing stability and satisfaction, well-being and community integration (Greenwood *et al*, 2005; Tsemberis and Eisenberg, 2000; Tsemberis *et al*, 2004). The integration of homeless people with mental illness at all levels within their communities is a main goal of supported housing programs (Carling, 1995; Yanos, Barrow and Tsemberis, 2004; Wong and Solomon, 2002). As a guiding principle, community integration advocates that every person has the right to a stable regular housing setting, with access to opportunities and community resources, and to participate in community life in the same way as everyone else (Salzer and Baron, 2006; Townley *et al*, 2013; Wong and Solomon, 2002).

Community integration has been deemed a multidimensional concept that encompasses three elements of integration: *physical integration*, *social integration* and *psychological integration* (Aubry *et al*, 2013; Wong and Solomon, 2002). Physical integration is defined as the extent to which an individual has access to a wide range of community resources and services, whilst also participating in community activities. Social integration refers to social interactions within the local community (e.g. chatting with neighbours or staff at the local grocery stores). Finally, psychological integration reflects a sense of belonging, the perception of oneself as a valid member of the local community. The social and psychological domains of integration are particularly relevant to people who have experienced chronic or long-term homelessness and who have a mental illness, since they often experience feelings of loneliness, rejection and isolation, and do not have the same opportunities to engage in community activities or develop social networks (Nelson *et al*, 2005; Siegel *et al*, 2006; Townley *et al*, 2009; Tsai and Rosenheck, 2012; Yanos *et al*, 2004).

It is useful to approach community integration through an ecological framework (Kelly, 2006; Levine *et al*, 2005). A contextual and ecological approach helps to avoid exclusive focus on individual characteristics. It provides frameworks for a better understanding of environmental factors that either hinder or foster community integration, and how resources could be mobilised to overcome social barriers and increase opportunities for social inclusion. Community integration relies on opportunities to access resources, to develop social networks, to contribute to society and engage in activities that connect people to their community (Aubry *et al*, 2013;

Ornelas, 2008; Ware *et al*, 2007). An ecological perspective helps to better understand homelessness and social exclusion phenomena by taking into consideration both individuals and contextual risk factors and the interplay between them.

Causes of homelessness are complex and multi-layered. Several studies indicate that mental illness and/or substance use disorders are risk factors for homelessness (Lehman and Cordray, 1993; Lowe and Gibson, 2010) and that the experience of homelessness is a risk factor for the development of health and mental health problems, including substance use issues (Mojtabai, 2005; Newman and Goldman, 2008). Other studies suggest that stressful life events, such as loss of relationships, family conflict, foster care history, major financial crises, as well as weak social support systems (Calsyn and Winter, 2002; Padgett *et al*, 2012) are also contributing factors to causing homelessness. While those risk factors are important, research indicates that structural conditions such as poverty, particularly so when there is insufficient social welfare support and a lack of affordable housing, are the most significant factors contributing to homelessness (Gould and Williams, 2010; Shinn *et al*, 2001; Shinn and Gillespie, 1994).

Recently, a number of research studies have examined the relationship between housing environments and housing support services and their contribution to community integration (Gulcur *et al*, 2007; Kloos and Shah, 2009; Yanos *et al*, 2004; Yanos *et al*, 2007). With regards to the location and the type of housing, several studies have shown that individualised, independent and scattered housing have an important influence on community integration (Gulcur *et al*, 2007; Kloos and Shah, 2009; Yanos *et al*, 2004; Yanos *et al*, 2007). Housing in integrated neighbourhoods with access to diverse community resources, such as local amenities and public transport, has also been associated with positive community integration (Hall *et al*, 1987; Parkinson *et al*, 1999). Others studies have found that higher standards of housing and its environment (i.e. home and neighbourhood) is associated with housing stability, psychological wellbeing and positive community participation (Evans *et al*, 2000; Kloos and Shah, 2009). By contrast, neighbourhood disorder is associated with weaker community cohesion and poorer sense of community belonging (Brodsky, O'Campo and Aronson, 1999).

Other key aspects of community integration rely on the importance of permanent housing. Yanos *et al* (2012) found that the length of time living in a neighbourhood boosts social integration. When there is more stability across a neighbourhood, people tend to engage in developing support networks and positive relationships (e.g. with landlords and neighbours). This in turn can strengthen social capital in their own lives (Fisk *et al*, 2007). Farrell *et al* (2004) have demonstrated that neigh-

bours can play an important role in community integration and they found a positive correlation between neighbours' support and residents' positive sense of community and well-being.

Prince and Gerber (2005) found that participation of people with mental illness in meaningful activities have a greater sense of community belonging, which in turn has a positive effect on their quality of life and their psychological well-being. Townley *et al* (2009) obtained similar results, showing that people participating in a greater number of activities reported improved life satisfaction. According to these authors, participation in community activities provides opportunities for interaction with other members of the community, contributing to expanding social support networks of people with mental illness. Yanos *et al* (2007) evaluated the impact of objective and subjective factors of the neighbourhood that could shape the relationship between housing and psychological integration of formerly homeless people with mental illness, who resided stably in independent apartments or group homes. The results showed that the perception of neighbourhood social cohesion was strongly correlated with psychological integration and that, in turn, the sense of community was moderately related to physical and social integration. On the other hand, most people residing in independent apartments performed meaningful activities in the neighbourhood or were employed, unlike those residing in group homes. They reported a greater sense of community and higher levels of social interaction in the neighbourhood.

Gulcur *et al* (2007) conducted a longitudinal study to examine the impact of housing characteristics (independent apartments and congregated settings) on physical, social and psychological integration of participants. The results of this study have shown that higher levels of choice and the dispersion of houses in mainstream neighbourhoods (rather than institutional contexts), contributed significantly to participants' psychological and social integration. According to the authors, a greater sense of autonomy by participants in independent apartments contributes to their wellbeing and a greater sense of belonging to the community. Nemiroff *et al* (2011) obtained similar results in a study that examined the levels of psychological integration of homeless women recently housed in permanent housing. The authors concluded that higher housing satisfaction contributed to higher levels of psychological integration. The housing satisfaction, in turn, is associated with housing choice, privacy, security and quality (Srebnik *et al*, 1995; Tsemberis *et al*, 2003) – all of which are fundamental dimensions of Housing First approaches. Aubry *et al* (2013) also found that housing environments that support participants to live independently in regular neighbourhoods can positively impact on community integration.

Tsai and Rosenhek (2012) conducted a study with a group of participants in a Housing First program, who had a long history of homelessness and mental illness. Their aim was to understand whether there was a correlation between psychiatric symptoms and social integration of participants, and to ascertain if higher levels of social integration were related to greater life satisfaction. As shown in other studies (Gulcur *et al*, 2007; Yanos *et al*, 2012), social integration is independent of clinical symptoms. In other words, the severity of psychiatric symptoms, clinical diagnosis or histories of psychiatric hospitalisation are not necessarily determining factors of the quantity and quality of participants' social support network. In summary, research has indicated that independent, permanent and scatter-site housing solutions are linked with more positive outcomes of community integration and improved wellness of formerly homeless people.

Casas Primeiro Project in Lisboa

Casas Primeiro was the first Housing First project in Portugal. The project aims to support homeless people with dual diagnosis of mental health problems and addiction issues, in accessing and maintaining independent apartments in the cities of Lisboa and Cascais. The project started in 2009 and is operated by the non-profit organisation AEIPS (Associação para o Estudo e Integração Psicossocial). Separating housing from treatment, the project provides immediate access to permanent housing, and project users are not required to engage in psychiatric treatment or maintain a period of sobriety. Apartments are rented from the private housing market, and are scattered throughout the city's boroughs, in affordable buildings in mainstream neighbourhoods, with access to various resources, such as public transport, shops and others amenities. The apartments range from studios to one-bedroom units. All apartments have a kitchen and a bathroom. If they wish, participants may share their home with someone else that they know, or a family member.

Support services are flexible, individualised and tailored to participants' needs and goals. Service support is available 24 hours a day, 7 days a week (on-call). This support is delivered within the participants' apartments (at least one pre-arranged home visit per week), and support is also offered within the neighbourhood and in other community contexts. Once a week, the program organises a group meeting in AEIPS's headquarters, where the participants have the opportunity to raise and discuss with their peers and the staff, issues of concern or shared experiences in a way that contribute to the program's development and improvement.

Using an ecological and collaborative approach with a focus on recovery and community integration, the project's team works with participants in order to address their needs and interests in terms of housing management (e.g. domestic organisation, meals, shopping), citizen documents and legal issues, access to health services (physical and mental health), income and social benefits, employment and educational projects, community activities (sports and leisure), or neighbourhood social relations. The program evaluation results have shown a housing retention rate of 80 percent, a significant decrease in the use of emergency services and psychiatric hospitalisations, as well as significant improvements in quality of life (Ornelas, 2013).

Method

The present study is part of a broader research and ongoing evaluation, conducted by ISPA – University Institute for Casas Primeiro Program. The purpose of this study is to have a better understanding of the impact of the access to a permanent, scattered-site and independent housing of formerly homeless people with mental illness, with a specific interest in the effects on community integration. To address this goal, we used a qualitative approach to explore lived experiences of participants and to determine whether independent housing is associated with improvements to community integration.

Participants

In total, 45 adults living in Casas Primeiro apartments were interviewed. Demographic characteristics of the participants were representative of Casas Primeiro residents: 64.5 percent were male and 35.5 percent were female. Their ages ranged from 30 to 67 years. With regards mental health diagnoses, 80 percent were diagnosed schizophrenia and 26.6 percent had co-occurring substance abuse disorders. All participants had histories of homelessness, 51.1 percent were homeless for more than five years and 13.3 percent were homeless for more than fifteen years. All participants had a source of income, mainly a minimum social welfare income and a disability pension, and 22.2 percent reported engaging in some form of employment: subsidised traineeships within the labour market (n=5), full-time employment (n=1), and ad-hoc "odd jobs" (n=4). Two participants had returned to education.

Measures

A semi-structured interview was conducted with participants based on *Baseline and Follow-up* interviews developed by the Mental Health Commission of Canada At Home/Chez Soi Project (2009). This interview set out to explore the factors that led to their homelessness, the experience of homelessness itself, and the changes

to people's lives after moving into stable housing. Additionally, we used the Community Integration Scale (CIS) adapted by At Home/Chez Soi program in Canada (2010) to examine the degree to which they participated in community activities, their interaction with other neighbours and their sense of belonging in their community. Six items measured physical integration where participants were asked to indicate if in the last month they participated in a different set of activities, two items measured social integration and two measured psychological integration on a 5-point scale, ranging from totally disagree (1) to totally agree (5).

Procedures

At the time we conducted the study, 59 people lived in Casas Primeiro apartments. Data was collected from 45 participants that had been in the program for more than one year. The interviews were scheduled with each participant according to the time and place they preferred (e.g. in their homes or AEIPS' office). The interviews were conducted face-to-face by members of the research team. All participants were informed about confidentiality of their responses, and that they reserved the right not to answer all questions. All participants signed an informed consent form. The team asked participants their permission for audio recording the interviews and only one did not consent to recording, so the answers had to be written in note-form. The duration of the interviews was about sixty minutes.

Data analysis

The data obtained through the interviews was analysed through thematic analysis (Braun and Clarke, 2006). Thematic analysis is a method for identifying, analysing and reporting patterns, making possible to describe the themes in detail, which aims to capture a holistic perspective. Once the data was collected, the next step was to transcribe the interviews and discuss emerging themes and codes. To simplify the data and to allow a better understanding of the differences in participants' lives from being homeless to living in stable housing, we used a matrix display with two dimensions: main themes and timeframes (Nelson *et al*, 2005). The first dimension consists of four broad themes: wellness, physical integration, social integration and psychological integration. The second is a life period dimension with two timeframes: homelessness timeframe and Casas Primeiro timeframe. Using this coding framework the research team members coded the interviews. Table cells were filled with the themes that emerged from the data analysis.

Results

Qualitative findings: What led participants to homelessness?

Most participants lived with their family until adulthood. Though, some were institutionalised at a young age, and some spoke of their desire to start a new 'chapter' in their lives upon leaving this institution, hoping to get a job and be independent and autonomous. Their housing history was marked by instability, characterised by several housing transitions, before eventually becoming homeless. Four main themes were identified in their pathways into homelessness: unemployment and lack of income, inadequate housing conditions, lack of social support and the first signs of mental health problems.

Unemployment and lack of income

The majority of participants reported that they did not have sufficient income, which in turn affected their housing stability. Unemployment and insecure sources of income during the period of housing instability appears as one of the main reasons that led to homelessness. This financial strain largely contributed to not being able to afford a house of their own, pushing them into an unstable housing circuit until they ended up homeless.

... I tried to get a house but it was too expensive (...) when I left my parents' house, I found a job and I was hoping that I could afford a place of my own. I ended up in a room, rented by an old woman, but I couldn't continue to pay the rent because meanwhile I was fired and I couldn't afford anything...

Lack of adequate and affordable housing

Poverty and financial strain significantly limited the access to adequate and suitable dwellings. Many participants shared stories of overcrowding, unsafe and poor housing conditions. They described leaving the family home to try to find a better place of their own, but the lack of affordable housing available led them to homelessness.

The place where I was living with my grandparents was a living nightmare (...), everything was broken. I left and tried to find some place of my own but I didn't...

Lack of social support

Lack of family or other social support was also mentioned as being one of the main factors leading to homelessness. Family support was present during their childhood and youth at a basic level, like food and accommodation. However, participants felt that they could not rely on family support as adults, mainly because families themselves had scarce economic resources. Some participants reported they left home because of family conflicts or were kicked out, others stated that they became homeless after the death or emigration of their parents.

I don't like to talk much about my childhood because I have some painful memories. I didn't have any brothers or sisters and my parents were always fighting with each other. They only provided me the essential things but I never felt loved by them, so, one day, I decided to leave...

First signs of mental illness

Participants recalled the first signs of their mental health problems that they believed contributed to their homelessness. They also reported that the first signs of their mental illness were where they were in stressful and vulnerable housing situations, characterised by instability poor conditions. These impacted on their lack of social support and income, exacerbating their mental health, which consequently led to homelessness.

... I was living in a room with a friend of mine when I first heard voices... they told me to do some things like quitting the job and they gave me indications who were my real friends...

Qualitative findings: Homeless Timeframe and Casas Primeiro Timeframe Regarding Community Integration and Well-being

Table 1 reports findings on participants' life experiences while homeless and after being housed by Casas Primeiro. The findings were organised according to community integration dimensions: physical, social and psychosocial integration. Also the qualitative changes experienced by participants regarding health concerns, empowerment, and expectations towards the future were included on the main theme of personal wellness.

Table 1. Life experiences while homeless and after accessing independent, permanent, scatter-site housing

	Homelessness Timeframe	Casas Primeiro Timeframe	
Physical Integration	Lack of housing	Having a home	
	Barriers to accessing documents	Access to documents	
	No income	Access to income	
	Homeless services	Mainstream services	
	Lack of activities	Activities in the community	
	Unemployment	Employment	
	Low engagement in education	Education projects	
Social Integration	Weak social support	Social support	
	Negative relationships with others	Positive interactions	
	Weak contact with family members	Contact with family members	
Psychological Integration	Feeling "invisible"	Sense of community membership	
	Sense of "not fitting in"	Sense of "fitting in"	
	Sense of non citizen status	Sense of citizenship	
	Lack of empowerment	Empowerment	
	Hospitalisations	Decreased hospitalisation	
	Wellness	Addiction	Reduced substance abuse
		Legal issues	Fewer legal issues
		"Survival mode"	Normal daily routines
		No orientation towards the future	Planning for the future

Physical Integration

Physical integration refers to the extent to which participants became involved in community activities and had access to resources that contributed to the improvement of their life circumstances. The greatest amount of change was noted in community integration.

Changes in housing

Many of the participants had previously lived in extremely impoverished situations without any type of human or sanitary conditions. Some had to sleep on cardboard in walkways or in public parks. This denied them any sense of privacy, safety, and an inability to retain personal belongings or food. Participants described the hardship of homelessness experience and their feelings of vulnerability associated with this time.

I was always scared when I went to sleep (...) I was afraid that somebody could steal my things, that's why I was always alone, I didn't really trust anyone back then (...).

I lived in a hole in the bushes (...) there was worms and I remember seeing a snake there.

Housing was a significant turning point for the Casas Primeiro's participants. Housing provided them with an opportunity to start their lives again. Overall the participants reported high levels of satisfaction with their housing, outlining several benefits of having their own, permanent, high quality space, where they can sleep in a bed with sheets, where they can cook and eat in a kitchen and have a healthier diet, where they can keep their personal belongings in drawers or in hangers, where they can take care of their personal hygiene in a bathroom with a shower and a toilet, and where they can feel safe and protected.

A house is a house! For me it's everything!

Having a house is great. To have my belongings safe kept... I feel more secure.

Now I sleep as I should, with no problems. (...) I sleep with both eyes closed.

Changes in citizen documentation

Many participants reported how they could not access official documentation. The main reason was because they did not have an address, nor did they have the guidance or support them to facilitate these bureaucratic processes. Since they have been housed, however, they have succeeded in accessing documents (e.g. ID card, VAT number and more). While the practical benefits are obvious with this, it also enabled them to feel more accepted, recognised; finally feeling like a full and participating citizen.

Back then I didn't have any documentation, even the identification card because I didn't have an address. Now I have all documentation that I need.

Changes in income

The majority of participants did not have any income while they were homeless. Without money, they were not able to afford basic provisions, such as clothes, or food. Moreover, the lack of income hindered them from attaining housing and trapped them into prolonged homelessness. With an address and with their citizen documentation in order, participants were able to apply for social welfare benefits. Participants reported that now they have some source of secure income and they are able to manage their daily expenses.

I didn't have any money or any income back then. If I had I would probably tried to get a house by my own.

Now I have money. I don't need to beg like I used to.

Changes in social services use

Access to mainstream social and healthcare services, which target all community members as opposed to separate services for homeless people, represents a shift towards community integration. Participants reported that, when they were

homeless, they would frequently resort to emergency social services, food centres and outreach teams, public baths, harm-reduction street teams and other services that are designed just for homeless people. Now they use their community resources, such as local health centres, local social services, neighbourhood organisations and local city councils, alongside other citizens.

In the streets I used to meet homeless street teams who could provide me food, clothes and some blankets to protect me from the cold. Now it is different, when I need something I ask my neighbours' or the local council to help me if I need something.

Since I have my home everything became easier. I feel that I have better access to community resources because I have an address to give.

Changes in community activities

When living in the streets participants were only able to attend to their immediate survival needs, with little opportunity for involvement in community activities. This process, coupled with acute poverty, further marginalised them from community life. Access to housing created more opportunities for participation in community contexts and activities. Many participants talked about being able to enjoy activities such as going to a coffee shop, attending the local church, and generally going out and conversing with others in a context where they felt welcome. Some participants become involved with local organisations such as sports clubs, and others participating in community festivities.

When I was homeless I was always in the same place every day... I didn't feel motivated to do anything.

I use to go to Belem to the cultural centre with two other friends. We hang out and then we go our separate ways.

Changes in employment and education

The majority of participants said they did not have any job prospects whilst living on the streets. Many attempted to secure employment whilst they were homeless, but were unable as they had no place to rest after a days' work, nor could they provide a postal address to their employers. Participants also reflected that they would have liked to have continued their studies in order to secure better standard of employment with a better salary, but that it was not possible when they were on the streets. After Casas Primeiro, participants were in a better position to get a job, and some of them already entered the labour market. They reported that employment not only increased their economic autonomy, but also their sense of self-worth and a renewed sense of competence to contribute to society. Moreover, it was an opportunity to meet new people. Some participants returned to school to complete second-level education or engaged in a university course.



Back then I didn't have any money, I couldn't find a job, I was desperate (...) it was horrible. Now I'm working and I can save some money, I have better quality of life, I feel more autonomous, it's like a new life has begun for me.

This house helped me to have a job because I have added conditions and better ones... I feel more active and able to do further things.

The house made it possible to go back to school. It was really hard, but I'm really glad. I never thought I could do it.

In summary, living in an independent, permanent and scattered-site housing has played a critical role in accessing resources, which enabled participation in community activities.

Social integration

Social integration refers to social interactions and relationships with others that foster social support. A stable and integrated housing environment enabled opportunities for such relationships to develop. Above all, participants perceived those mainstream social connections as more positive and reassuring, than previous homelessness social networks.

Changes in social support

Participants described that while they were homeless; they were less likely to rely on others. They felt that no one cared, that they had no friends, no family and no one with whom they could rely on. When they moved into their new house, they felt they had more opportunities to meet other people and had a higher standard of living in which they could develop new social networks. Participants reported that, since they moved to their new neighbourhood, they had the chance to meet and talk with different people, e.g. neighbours, shop owners, staff members of local businesses, coffee shops waiters, postmen, and other members of the community. They describe how those routine interactions were nourishing and gave them a sense of social inclusion. Some participants highlighted that they have already established good friendships in the neighbourhood. Others mentioned that they themselves also offered support to their neighbours, for instance by helping them to carry groceries.

..I was always alone because I was afraid of other groups that I saw in the streets (...). With this house I have more ability to communicate with other people (...) to make new friends, to invite someone to go to the coffee shop with me.

I felt I couldn't really count with anyone in the street (...) was everyone by their own (...) Now I feel more supported (...) I get along with my neighbours' and I know most of the people here.

... my neighbours helped me a lot, they're always available and I have an excellent relationship with all of them. Sometimes I spend hours talking to them...

When I came to this house I started to go to a grocery store in the end of the street. The lady there is really nice. I remember one day when I went there. I wanted to buy some carrots and potatoes to make a soup, but I didn't have enough money. She let me take what I needed and told me that when I had money I could pay her. Since then, every time I go there I talk to her for a while. I feel that she cares about me and that we've become friends.

Changes in social interactions

The participants reported that while they were homeless, they felt safer when they were on their own, because they found it difficult to trust anyone. While some participants stated that they made genuine friendships on the streets, for the majority, street relations were not perceived as positive. They described self-centred interests of their acquaintances relating to addiction, exchange of favours and money. When they moved into their new house, they felt they needed to distance themselves from those harmful relationships, particularly for those who have had substance abuse issues. Participants comment that, since they moved into the neighbourhood, they have established new and more positive interactions with people of different backgrounds and have different topics of conversation.

The people that I used to hang out with in the streets were a bad influence for me. Most of them were addicted and I started also to consume. I can't forget what I was going through.

I think I have a good relationship with my neighbours', in fact some neighbours' are friends, and most of them are always willing to talk to me about everything like politics, football...

Changes in family relationship

The participants communicated the strained and sometimes non-existent relationships they had with their families while they were homeless. Indeed, many associated their homelessness was a direct result of family conflict and lack of family support. But after securing accommodation, some participants conveyed a re-establishment or improvement of social ties with family members and some participants restored parenting roles with their children.

When I was homeless I lost contact with my mother. She tried to reach me once but I wasn't interested because we had conflicts with each other all the time (...) now our relation is better, I have a cell phone and sometimes she calls to know if everything is ok

(...) with this house I can see my daughter more often and who knows, even perhaps invite her to come live with me. Now I can have a space where I can be with my daughter, where we can seat and ask her how was school, where I can help her to do her homework, where I can just be with her (...).

(...) fortunately I had the opportunity to have this home which helped me a lot in being able to be more present in my daughter's life. Without Casas Primeiro it sure would be impossible for me to be able to help her (...).

Psychological integration

In terms of psychological integration, participants recounted how they have a more positive view of themselves as members of the community since entering Casas Primeiro. Being a tenant and maintaining a household seemed to help to overcome the extreme segregation that they experienced while homeless. Furthermore, access to resources and to more positive social interactions contributed to their sense of community and belonging. Above all, they felt that they regained their sense of citizenship.

Changes in sense of community membership

Participants reported they often felt "invisible" while homeless. The majority described numerous times where they felt excluded, cast aside by society, and described feelings of shame and stigma when engaging in activities such as begging. Now, they felt that there are people who care for them. This gives them a sense of confidence, enabling them to form new social relationships and feel part of the community.

It was really hard for me, when people were passing by. I felt like I didn't exist.

(...) Ever since I move to this house I felt a big difference in my life. I feel that is easier to talk with other people without feeling shame (...) Now I feel that I am part of society not an outcast.

Changes in sense of fitting in:

The participants also described that while homeless, they sensed that they did not fit into society; that when they entered a space, they felt people staring, regarding them with suspicion and sometimes making unpleasant or hostile remarks. Currently, most participants feel that they are welcomed, accepted and respected by other community members.

I wasn't welcome and in some coffee shops they banned me to enter. (...) Now I feel that I'm part of the neighbourhood that I'm living in.

... I feel appreciated in this neighbourhood...

Changes in sense of citizenship

Participants also mentioned that, while homeless, they felt like having no rights as citizens, like they didn't belong to society. After securing housing, participants feel they regained their status as citizens.

People looked at me like I wasn't a citizen, like I didn't have any rights. This house gave me the opportunity to be somebody, to feel like a citizen.

Wellness

Overall, participants identified improved well-being, autonomy and personal empowerment after being housed. They felt a sense of purpose and hope in their lives, as well as the emergence of more positive prospects for their future.

Changes in empowerment

The participants related this renewed sense of empowerment with secure housing. While homeless, they felt powerless, without the resources to control and change their own lives. Homelessness encompassed disempowerment characterised by little or no access to community resources. Moving to a house gave them a sense of autonomy and a greater sense of control. Participants described that they can establish their own daily routines, who they invite to their home, and they have improved access to community resources. Their home is seen to be a safe space that provides the foundation to set their personal goals, make choices and regain the control over their lives.

I felt like I was nothing when I was in the streets... I wanted to do something to get out of that situation (...) but I wasn't motivated, I felt like I was trapped.

(...) Now I feel I have control over my life (...) I feel empowered to overcome barriers...

Changes in health

Many participants reported that when they were on the streets they were hospitalised on multiple occasions due to physical or mental health issues. The fact that they had to live in stressful and vulnerable conditions contributed significantly to their deteriorating health. Since they moved into secure housing, the number of hospitalisations decreased significantly. Most of them point out the fact that they now are living in a stable and secure environment, which contributes considerably for improved physical and mental health.

I remember when I was homeless I heard voices all the time... I don't know how many times I was hospitalised. On the other hand, it was a positive thing for me; at least I could sleep in washed sheets and have food (...). Four years ago, when I entered the Casas Primeiro project, everything changed for me. I hear less voices and I stopped being hospitalised since I have this house...

Changes in addiction

Participants noted that the Casas Primeiro program did not oblige them to take part in any type of traditional addiction treatment, and despite this, they have substantially reduced their drug use. According to the participants, they reduced their alcohol and substance intake after the program. Some participants pointed out that their housing signalled a new chapter in their lives and with this, reduced substance use. Others said that they had established new friendships since they moved and as such, do not want to be labelled “drug addict” anymore.

... my daily routine was sleep, wake up, consume drugs, eat, consume drugs, eat again, ask for more drugs and get back to sleep (...) every day was the same routine for me (...). Since I'm no longer homeless I stopped consuming drugs and hopefully will continue that way...

Changes in legal issues

Some participants discussed their involvement with the criminal justice system while they were homeless. Their offences related to drug possession, theft, or public disorders. They also revealed that since being housed they no longer engage in criminal activity. The support team of Casas Primeiro also had an important role in assisting with their interaction with law enforcement and local courts, so as to resolve minor legal issues that may not have been followed up on in the past.

I got busted when I was out of the country (...) It was a really hard experience for me.

When I was in the street I had some troubles with the law (...) luckily now I have my house and it's a turned page in my life.

Changes in stress levels

Many described the dramatic difference of their daily routines before and after housing. While they were homeless, they operated in ‘survival mode’ in which they lived on a day-by-day basis, attempting to remain protected from the elements such as the cold and the rain, and to continually try to find food. After housing everything changed, they could rest comfortably and organise their routines and normal daily activities without this need to consider survival strategies.

I couldn't think about anything beyond survival. (...) Now I have more peace and quiet.

My main concern during the time I was in the streets was how to survive, how to get money to buy food, to protect myself from the rain and the cold. (...) Now I have better conditions and better quality of life.

Changes in their future prospects

Participants revealed that, due too many hardships while homeless, they had no expectations for the future, preferring to live day-by-day. They had difficulties in conceiving that one day they might exit homelessness. Once they joined Casas Primeiro, participants started to focus on what to do next and to have an active role on accomplishing their own personal ambitions, in order to lead a more fulfilling life.

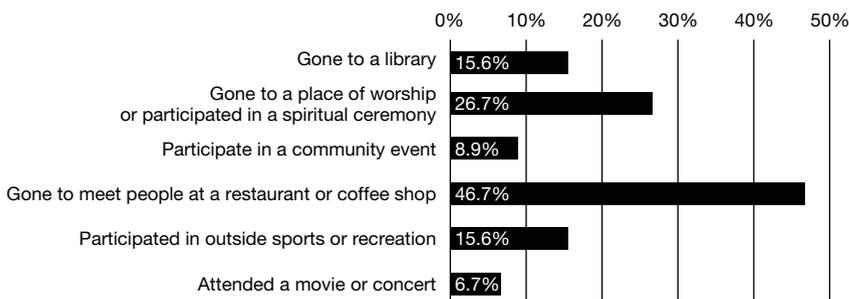
When I was homeless I didn't have any future expectations (...). Now I have hope. This house made a lot of changes in my life.

The house gave me the possibility to think about my future, to study and ultimately to find a job if I'm lucky (...) When I was homeless I couldn't even think about the future to avoid suffering.

Quantitative Findings

As is illustrated in Figure 1, when we asked the participants to identify from a list of community activities what they have done in the past month, 46.7 percent reported that they went to meet others at a restaurant or coffee shop and 26.7 percent reported that they attended a place of worship or participated in a spiritual ceremony. Furthermore, 15.6 percent reported they went to a library and another 15.6 percent participated in outside sports or a recreational event, 8.9 percent participated in a community event and another 6.7 percent attended a movie or concert.

Figure 1. CIS results concerning physical integration



We compared these results with those that were obtained through the interviews, and that were coded in the theme *activities in the community*. We found that, in addition to the activities listed in CIS, the participants mentioned mainly activities related to daily life, such as going to a supermarket, going to the post office or newsagent, attending the community health centre, attending local food banks, or taking a walk in the local parks.

Table 2. CIS results of Social Integration and Psychosocial integration (%)

Social integration	Strongly disagree	Disagree	Neither	Agree	Strongly agree
I know most people that live near me	31.1	22.2	13.3	15.6	17.8
I interact with the people that live near me	46.7	15.6	15.6	11.1	11.1
Psychosocial integration					
I feel at home where I live	8.9	4.4	15.6	28.9	42.9
I feel that I belong to my community	20.0	2.2	22.2	26.7	28.9

To assess social integration, we asked participants if they knew the majority of their neighbours and if they interacted with them. As can be seen in Table 2, less than half (33.4 percent) of participants reported that they know most of the people who live near them and only 22.1 percent interact with their neighbours.

We compared these results with the information obtained from the interviews. We have observed that, in the interviews, participants referred to their social contacts in a more comprehensive manner. Social interactions, even in the context of the neighbourhood, are not restricted to neighbours. They seem to be more common with people who are in community contexts that participants use more frequently, as employees of grocery stores, who may live elsewhere.

To assess psychological integration, participants were asked if they felt at home where they lived, and if they felt they belonged to their community. We observed that 71.1 percent of participants felt at home in their neighbourhood. Regarding the sense of community belonging, the majority of participants (55.6 percent) felt they belonged to their community. However, it should be noted that 22.2 percent did not this way. Overall, these results are consistent with the information obtained from the interviews. Qualitative data also showed that most participants felt comfortable in their neighbourhoods. Furthermore, it indicates that participants felt that they are restoring their status as a valued member of society, and fostering a sense of community belonging. Thus, it should be noted, that the sense of community belonging was described by some participants as a process and not necessarily as an established outcome.

Discussion

The main goal of the study was to examine the impact of a Housing First program on community integration of formerly homeless people. For this purpose, the study sought to understand the participants' perspectives regarding both the pathways that led them into homelessness, as well as their experiences of community integration after entering the Casas Primeiro program. In terms of the first question, the findings indicate that unemployment and lack of income, coupled with the lack of adequate and affordable housing were the main causes of their homelessness. Further, participants described that they were unable to rely on the support from their family for reasons often related to acute poverty. Moreover, participants stressed that the lack of these critical resources kept them trapped into homelessness for several years. These findings are consistent with previous research which has demonstrated that, regardless of individual risk factors, the main reasons for homelessness are structural conditions such as poverty and the lack of affordable housing (Gould and Williams, 2010; Shinn *et al*, 2001). By addressing the structural causes of the problem, Housing First programs have been very effective in reducing homelessness and promoting housing stability (Hwang *et al*, 2012; Pearson *et al*, (2009); Stefanic and Tsemberis, 2007; Tsemberis *et al*, 2012). This was seen in the life histories of the participants in this study.

Overall, our findings provided evidence that access to an independent, permanent and scatter-site housing, coupled with support services, is associated with improvements in community integration. It is argued that an ecological approach is optimum when considering community integration, facilitating people's access to critical resources and community opportunities. Further, the axiom of ecological theory is interdependence, that is, change in one part will have an impact on the other parts of the system (Kelly, 2006). Providing access to independent housing not only addresses the structural cause of homelessness but also removes the most pressing stressor from participants' lives experiencing homeless: the daily struggle to survive. Having a permanent house and privacy gave participants a sense of safety and stability, which is essential to address other stressors, and to reorganise various aspects of their lives.

Having a house and an address was essential to organise participants' documentation that, in turn, allowed them to access to a source of secure income. Additionally, efforts were made to link participants to mainstream health and social community services that are used by the general population. That allowed participants to break away from the homeless services circuit, which improved community integration. Living in the community also creates more opportunities for people to participate in community life. In our study, participants reported that they started to discover their neighbourhoods and to use the local resources, like coffee shops, grocery

stores, churches and leisure contexts. Some participants even started work or return to school. Several studies also indicated that independent housing is associated with greater involvement in activities in the community (Nemiroff *et al*, 2011; Yanos *et al*, 2007). Our findings also revealed that community participation is mainly related to daily life activities, like shopping or going to the hairdresser, than to leisure or cultural activities, such as going to cinema or a concert. But, the opportunity to have regular routines, and perform daily life activities in community contexts, like any other citizen, represents a major change in peoples' lives, and is a valuable way to connect to community. However, this is an issue that should be discussed. Community integration is not a straightforward process and support providers should work collaboratively with participants and with communities to guarantee that people take advantage of all local opportunities. Moreover, the participation in community contexts, such as sport clubs or neighbourhood organisations, creates opportunities for social interactions and for fostering sense of community belonging (Nelson, Lord and Ochocka, 2001).

Social connections play a large role in community integration (Wong and Solomon, 2002). In our study, participants described how, after housing, they felt that they have more opportunities to establish relationships with neighbours and other community members. But, although some participants reported that they have regular interactions with their neighbours and had developed friendly relationships with them, quantitative findings indicate that the majority of participants do not interact with people that lived nearby. Previous research also indicates that people with mental health problems living in supported housing programs have low levels of contact with their neighbours (Aubry *et al*, 2013). However, our qualitative findings suggest that social integration should not only be a measure of interactions with neighbours. In fact, many participants mentioned others with whom they interact regularly in community contexts, such as grocery owners or coffee shops waiters. They have described that those social interactions gave them a sense of social acceptance and inclusion. Previous research explored the role of informal supports, that is, casual relationships existing in community, and found that distal supports predicted community integration (Townley, Miller, and Kloos, 2013). Another finding of our study, related to social support is that housing also allowed the rapprochement with family members. This finding is in line with previous research that stressed the significance of housing stability for people with long histories of homelessness, and how this stability can restore social relationships with family and friends, with many restoring their roles of parents or as sons or daughters (Kirkpatrick and Byrne, 2009; Padgett, 2007; Patterson *et al*, 2013; Polvere *et al*, 2013). Nevertheless, social inclusion could be further fostered. Increasing participation in neighbourhood organisations or other community contexts could lead to wider sources of social support. An ecological intervention strives to link people to

community social settings as well as help those settings being supportive resources (Kelly, 2006). Housing First support teams could help people develop social support networks by facilitating the bridging and bonding within community contexts.

Community activities and social relationships that are a source of support in the community have been suggested as predictors of higher levels of psychological integration (Aubry *et al*, 2013; Nemiroff *et al*, 2011). In our study, participants expressed that having a house and regular daily activities contributed to others viewing them as community members. Furthermore, access to housing and to other critical resources, such as income, also gave them a sense of recovering their citizenship and sense of belonging. As is reported in the literature, we also found that independent and scatter-site housing increased participants' wellness. Participants highlighted improved health and quality of life, a greater sense of freedom and control over their lives, a wider range of opportunities to fulfilling personal projects, and optimism towards the future. This is consistent to previous research that suggested that the feeling of control over housing and over life promoted housing stability, increased satisfaction and perceived quality of life and the pursuit of individual goals (Nelson *et al*, 2007; Padgett, 2007; Polvere *et al*, 2013).

The limitations of the current study ought to be highlighted. First, the research design targets only one group. The use of a comparison group would allow assessing the impact in community integration of Housing First versus other type of housing programs for homeless people. Moreover, given the contextual nature of community integration, future studies should also include comparison groups of non-program neighbours. Secondly, this study only accounts for data taken at one point in time. Future research should use a longitudinal approach to evaluate whether community integration outcomes remain stable or change over time, as well as track those changes. Another limitation relates to the physical integration measure where participants reported six potential community activities. Likewise, social integration measure was limited to the interactions with neighbours. Future studies should seek to extend the list of community activities options to measure physical integration in a more diverse and comprehensive way. Also, social integration should be evaluated in a broader perspective including the analysis of the dimension, quality and reciprocity of social support networks. Finally, future studies should strive to use a collaborative method and include participants as research collaborators in order to ensure that all research aspects are relevant and useful for them.

Conclusion

This article argues that access to independent, permanent and scatter-site housing is associated with significant improvements in community integration and enhanced wellness of formerly homeless people. Although these results are consistent with what has been reported across the literature, the qualitative nature of this study provides a comprehensive understanding of participants' lived experiences and perspectives about what led them into homelessness, as well as how they evaluated their life changes after entering in a Housing First program. This study also demonstrated the importance of incorporating an ecological approach in the way services are provided. Thinking ecologically helps to understand the importance of contexts in people's lives, and directs the focus of interventions to higher levels of the ecological system in order to provide opportunities and resources that facilitate community integration. Finally, we believe that these results could contribute to informed social policy. Defining homelessness as an ecological problem, rather than an individual one, requires that social policies address those environmental stressors, in order to be effective. For this purpose, Housing First has much to contribute.

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The Possibilities and Limitations of Housing-led Projects: A Hungarian example

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› **Abstract_** *The paper explores the possibilities and limitations of a fixed-term housing-led project targeting rough sleepers using an example of an on-going project in Budapest, Hungary. Firstly, the paper introduces homelessness in the Hungarian context, focusing on the lack of social housing, limited housing benefits, and the multiple barriers rough sleepers face when trying to access standard housing. The paper discusses an example of a housing-led project in Budapest, which offers housing and support services to 20 homeless people for the duration of 12 months. The paper considers the strengths and limitations of this short-term support scheme. Finally, the paper will draw on some concluding considerations on a short-term project such as this and some of the lessons to be learned*

› **Keywords_** *Housing-led, rough sleepers, short-term housing, Hungary*

Introduction

The paper explores the possibilities and limitations of a fixed-term, housing-led project targeting rough sleepers, in Budapest, Hungary. Firstly, homelessness in the Hungarian context will be discussed, followed by the barriers faced by rough sleepers in attempting to access affordable housing – at both a structural and individual level. In particular, there is a lack of social housing stock, a relatively weak welfare system for unemployed people, difficulties homeless people encounter in accessing unemployment benefits, and insufficient housing benefits. The paper will then describe a housing-led project in Budapest – which was in operation at the time of writing – offering housing as well as support services to 20 homeless people for the duration of 12 months. The paper will discuss the strengths and limitations of such a short-term support scheme. In the final section of the paper, we shall draw conclusions of what such short-term projects can achieve, and what lessons can be drawn from analysis.

Hungary – A General Context

Social and housing services in Hungary

The Hungarian social welfare system is both overly-restricted and inadequate in responding to those living below the poverty line. Many of those who are unemployed are not entitled to unemployment benefit, with some working in informal or insecure employment which negatively impacts on their eligibility in accessing unemployment benefit, and even if they do qualify. Unemployment benefit amounts to approximately €100 per month. For those who do engage in employment, the minimum wage provides only €330 per month (before tax), about €260 per month (after tax). Rising energy costs and utility prices also place an added burden for all low-income households in Hungary (Hegedüs, 2011).

In Hungary, as in many other Central and Eastern European countries, due to the mass privatisation of the public housing stock after the fall of communism, there is a lack of affordable housing. Hungary has one of the lowest rates of public housing stock among the EU28 at approximately 3%, while home ownership rates are at 88% (see Hegedüs *et al*, 2013). Public housing is unevenly distributed across the country – in some regions the social housing stock is less than 1% of all housing, especially in smaller towns. Local authorities tend to distribute the limited units available to public employees, the workers of new companies, or young couples with children. In other words, social housing is mainly targeted at what is considered to be the ‘deserving poor’, and those with children. Homeless people without children, whether single or co-habiting with others, are usually overlooked and pushed to the bottom of the housing list (see Fehér *et al*, 2011).

As a consequence, the only option for exiting homelessness is the private rented sector. However, the lack of sufficient and regular income makes it difficult for homeless people to access the private rented housing market. The minimum rent (for bedroom only) in Budapest costs €140 per month, plus a similar cost for maintenance fees. Most landlords also ask for a security deposit of two month's rent, which means that people have to pay the equivalent of three months rent upon signing the rental contract. Even if a homeless person had savings to secure a tenancy, they are unlikely to receive financial assistance to support their rental payments over time. The housing allowance available is extremely low (€10-25 per month) – and subsidises a so-called normative housing consumption allowance (based on the floor space of the home).

There are also a number of structural problems that hinder people with a low income accessing the housing allowance. Some landlords refuse to sign contracts with their tenants which leave both parties vulnerable, and can mean a speedy eviction if any minor conflict arises. Furthermore, to be eligible for a housing allowance, tenants need to register their address officially, which many landlords are reluctant to permit, resulting also in their ineligibility for other local benefits or limits their access to local amenities such as schools and kindergartens.

Homelessness and rough sleeping in Hungary

There are two definitions of homelessness in the Social Act of 1993, both of which are narrower than in most EU member states. Firstly, those who are either roofless or sleeping in homeless services are considered homeless, and secondly, those without a registered abode, or whose address is either a homeless facility or other public institution. As such, people living in overcrowded, substandard accommodation, or who are 'sofa surfing' are not officially recorded as homeless. According to the ETHOS typology of homelessness, homelessness in Hungary is defined in relation to categories 1 to 3 (i.e. public spaces, night shelters, and other homeless shelters).

This paper focuses on housing programs for rough sleepers, most of whom fall under the category of ETHOS 1, but also those living in various forms of inadequate housing such as non-residential buildings and temporary structures (ETHOS 11.2 and 11.3), in forested areas, city parks, or derelict buildings (ETHOS 12.1). Each year, a survey of homeless people is undertaken in several towns across Hungary (see Fehér, 2011a for more details). In February 2013, the survey enumerated 6 706 homeless people sleeping at a night service and 3 087 people sleeping rough (3 166 and 1 057 in Budapest, respectively; see Győri-Szabó-Gurály, 2013). As the survey does not reach all homeless people, combined with the fact that rough sleeping in some jurisdictions is treated as a legal offence resulting in people sleeping rough in hidden locations (Misetics, 2010), the actual number of rough sleepers is likely to be greater.

Specific schemes to assist rough sleepers

Initiatives aimed at resettling homeless people have a long history in the European Union, particularly in countries like the United Kingdom (Crane *et al*, 2012). European adaptations of the Housing First philosophy have proven successful in Denmark, Holland, Portugal and Scotland (see Busch-Geertsema, 2013). Similar programs have been developed more recently in Hungary and other Central and Eastern European countries, where the system of provision for homeless people still operates using the ‘staircase’ model of provision (see Sahlin, 2005), despite the documented limitations of such an approach (Fehér *et al*, 2011).

Since 2005, the Ministry of Social Affairs has made some funds available for homeless services to enable service-users to secure move-on accommodation using housing allowances. This entails a housing allowance of a maximum of €860 per person, to be paid over 12 months, in a tapered fashion. The housing allowance can cover rent, deposit and in some cases, renovation costs. Homeless people also receive floating support during this period, with a minimum of at least one support session each month. Rough sleepers are not excluded, but people with histories of sleeping rough only form a minority of participants. Annually, between 200-300 homeless people – most of them sleeping at shelters or hostels -move out in the Central Hungarian region, (Budapest and its surroundings) (see Fehér *et al*, 2011: Table 13), while between 2005-2008 more than 2000 homeless people received housing allowance in the whole country.

In 2008, the above mentioned program was ceased across most of the country (excluding Budapest and the Central Hungarian Region), in an attempt to ‘motivate’ service providers to submit proposals for “The Social Renewal Operational Programme (TÁMOP) 2007-2013”, co-financed by the European Social Fund. The main aim of the Program was “to increase labour market participation”, with objectives like “improvement of the human resources”¹ – in accordance with the Lisbon Treaty. Homeless people were one of the many target groups mentioned.

The subprogram TÁMOP 5.3.3 (“Supporting Project Aimed at the Social and Labour Market Reintegration of Homeless People”) which targeted homeless people specifically, gradually shifted its focus from the reintegration of homeless people in general (calls of 2008 and 2010) to those sleeping rough (2011 and 2012). This was in parallel with the shift in both local and national politics towards the criminalisation of rough sleeping; the most visible form of homelessness (see Missetics, 2013). Initially, all homeless people could take part, receiving housing allowance and floating support. Subsequently, only those accessing hostel accommodation

¹ Hungary’s Social Renewal Operational Program 2007-2013 was accepted by the Commission Decision No C(2007)4306 on September 13th, 2007. See: http://www.nfu.hu/download/2737/T%C3%81MOP_adopted_en.pdf

could apply so as to incorporate those sleeping rough to a greater extent. Even though initially the emphasis was on labour market reintegration, at least 50 percent of those participating in the project needed to move out from services using the housing allowance, and at least 80 percent of those having moved out were successful in sustaining their accommodation, once the support had terminated.²

Table 1: Data of TÁMOP 5.3.3 projects from 2008 and 2010.

	Budapest		Countryside		Total
	2008	2010	2008	2010	
Number of Projects	4	1	11	2	15
Number of Homeless People Involved	167	45	471	35	638
Percentage of those Receiving Housing Allowance	65.0	50.0	60.5	100.0	70.7
Percentage of those Maintaining Housing after the End of the Support	79.4	10.0	96.6	50.0	84.5

The first two calls for proposal of TÁMOP 5.3.3 had proved a failure (see Fehér 2011b). Originally, based on the popularity of the previous housing support scheme, the support of 90 projects all over the country had been expected, with the budget available slightly under €10m. However, service providers feared the complexity of the projects, as well as the possible consequences of failing to reach the expected targets, perhaps relating to factors beyond their control. Proposals had to involve at least 15 homeless people, while many smaller service providers, especially from the countryside had managed to move out 10 or less individuals on average each preceding year. The restrictions on participants were stricter than in the case of previous housing programs,³ which resulted in the positive selection of those who had not been homeless for long and who had the least problems. The financial conditions were also more rigid: the housing allowance could not cover the deposit or the utilities of the rental, only the rent itself. Landlords were expected to submit an official bill for the rent, which proved to be a major obstacle across most projects. As such, in many cases homeless people could not move to independent, integrated accommodation, but were forced to reside in workers' hostels, hotels or B&Bs.

² Homeless people could receive housing support for a limited time of 6-12 months. The indicator of success was for tenants to be able to pay rent and bills of the house for an additional 1-2 months (the longer the support; the longer the sustainment).

³ To be eligible for the housing allowance, homeless people needed to have an official income that could not exceed 150% of the minimum salary, had to be working on improving their skills and employment potential, had to cover some of the housing expenses themselves, had to agree to save a small amount of money each month, and had to try continue a successful tenancy once the floating support has ceased.

Eighty percent of those receiving housing allowance were expected to be able to sustain their housing without support after the project was finished – if service users had not been able to continue their tenancy, service providers would have had to pay a penalty by reimbursing part of the funding from the project. To maintain a low-risk strategy, organisations often offered housing allowance for the minimum duration: 6 months, because in these cases, ‘success’ meant having to keep their tenancy only for one additional month. Moreover, failure to sustain tenancy was often not something either organisations or service users could control: if someone had become ill for a longer period of time (thus unable to work or finish training) or had died, it was considered as a failure. Due to the re-organisation of the National Network of Job Centres, they had been unable to pay companies willing to hire homeless people for several weeks, leaving service users without an income. In sum, the first construction of TÁMOP 5.3.3 had proved both unsuccessful and unpopular, in that the 18 projects only used 33.4 percent of the budget that was made available about €3.3m, so the rules subsequently were revised and eased considerably.

In the calls for proposals of 2011 and 2012, the re-integration of those sleeping rough was considered a priority, and the title of the program has changed to “Enhancing the Employability and Social Reintegration of Homeless People Sleeping Rough.” This could be done in a variety of ways, with housing only one of the solutions, and importantly, success was no longer measured by continuation of tenancy after the project was over. The call for proposals specifically mentioned Housing First and housing-led approaches, although funding was also available for issues around social inclusion within existing services. The whole budget available for projects was €6.8m, and as some of the 24 projects are still on-going, the allocated budgets are not yet published, nor do we know how many homeless people will be involved.

An Example of a Housing-Led Project in Budapest

Aims and targets of the Independent Housing Project

In this section, one of the on-going TÁMOP 5.3.3 projects in Budapest will be described, with a particular emphasis on its housing-led characteristics, success rates so far, and strengths and limitations. The project was run by BMSZKI (Budapest Methodological Centre of Social Policy and its Institutions) – the largest homeless service provider in Budapest which operates several services ranging from outreach work and health services, to shelters and hostels for single people, couples and families with children. The ‘Opening to the Street’ project aims to reduce the number of rough sleepers and enable their social integration by improving their employment prospects and promotes independent living. The

project was launched on 1st March 2013 and continues until the end of August 2014, supporting a total of 120 participants – all of whom are former rough sleepers (for at least 30 days) who were residing in Budapest city and its surrounds. Four-fifth of the participants have been supported in securing accommodation in one of BMSZKI's institutions, while the remaining one-fifth (20 participants) received floating support in independent housing. This latter component of the "Opening to the Street" project will now be discussed in detail.

This project aimed to provide 20 service users with financial and social support in securing and sustaining independent housing. The framework of the project had been primarily set up based on the main results of the evaluation study of the Pilisi Forest Project, a previous housing project for rough sleepers (See Balogi and Fehér, 2013a and 2013b). Participants were encouraged to choose the type of living that best suited their current needs, and if required, case-workers could provide assistance finding appropriate accommodation. The following types of housing could be supported:

- renting an apartment,
- renting a room (in shared accommodation),
- worker's hostel or
- renting a trailer.

The Independent Housing project adheres to Housing First principles and aims to include as many Housing First components as possible, insofar as was possible in the socio-economic and service provision context. The biggest difference from this project to Housing First principles was that in this project, the floating support was time limited – provided for one year only. In the beginning of the project, case-workers received ad-hoc training on the Housing First approach and its results in the US and Western Europe. This training included reading and translating the Housing First Manual (Tsemberis, 2010) in addition to reviewing various research articles, translated into Hungarian. Based on these, the project staff prepared their own housing first guidelines. As time progressed, monthly team meetings and case discussions ensured that questions related to Housing First could be discussed to enable a deeper understanding of the model among case-workers. One of the support workers spent a 6-week internship at the Housing First project of Turning Point Scotland, Glasgow, so as to learn more on the day-to-day running of a Housing First project, all of which was later shared and discussed with colleagues upon returning to Budapest.

Throughout the course of the project, on-going independent evaluation procedures are carried out, including participatory observation of case-worker team meetings, examination of client case studies and client focus groups. These focus groups are held on three occasions: first at the beginning of their tenancy, again 6 months later in the middle of the project and finally when housing support runs out at the twelfth and final month. At the time of the writing of this article, the first two focus group discussions have already been conducted. In the following we explore themes and quotes from data collected.

Financial background and social support

For participating service users, a monthly housing support up to approximately €133 per month for 12 months is available. If necessary, this amount can be supplemented once by approximately €100 per person to purchase new or second-hand furniture, and an additional €167 per apartment to buy basic household appliances (e.g. cooker, microwave oven, refrigerator, washing machine, etc.).

My name is I.P., I was included in the project in May 2013, or before that, but we managed to find an apartment in May, in the 7th district of Budapest. This program is ideal for us, because we are two [a couple], and the landlord was willing to take us without a deposit, so we could sign the contract. Now we do not have to pay any bills, or anything else. Because our support is doubled, it is €260, so it covers all our costs.

Service users living in independent housing are also supported by case-workers who regularly visit them for pre-arranged appointments. The 20 participants are supported by 4 case-workers, each in charge of 5 participants. All case-workers are employed part-time (20 hours a week) in the project on top of their regular work (a full-time job in one of BMSZKI's institutions). They can also link in with other specialists and service providers if necessary. They are required to meet their service users six times each month. Case-workers provide participants with mental health counselling and life skills guidance sessions, and set up individual development plans and personal goals. Individual plans are developed across several meetings with the client and according to intensive social work principles, individual case plans can be altered or modified over based on the decision of the team. Following the principles of Housing First, participants are free to choose what areas of their life they want to work on – their only obligation is remain linked in with their case worker and pay their share of housing costs in cases where the housing allowance support does not cover it all.

Apart from housing support, participants are offered to choose either between *employability preparations* or *employability strengthening activities* – as this is the main criterion of TÁMOP.

Employability preparation activities include the following:

- competency-development (ranging from working on social skills, computer literacy, creative skills, English language classes, or literacy)
- addiction counselling
- psychological or psychiatric counselling
- independent living skills

Employability strengthening activities involve activities such as:

- employment training
- participation in active labour market programs
- job-seeking counselling
- supported employment

After the 12-month period with financial support and development, service users take part in a 6-month follow-up period carried out by the same case-workers.

Recruitment of service users and finding accommodation

As mentioned before, the primary target group of the “Opening to the Street” project consists of former rough sleepers. Applicants to the Independent Housing Project element were also required to demonstrate a history of rough sleeping through providing a recommendation form filled by any outreach team operating in the territory of Budapest and its surroundings. Outreach teams were informed about the project in advance, and asked to provide feedback on service users to BMSZKI’s Housing Office. The application period was open until such time as enough participants had joined the project. Participants were chosen on a first-come-first-serve basis and only one applicant was turned down as all places had already been taken. Two workers of the Housing Office joined the Independent Housing Project as case-workers. Initially, they helped applicants find suitable housing that best suited their needs. From the four options offered all service users chose to move to rented apartments or rooms. This preparation phase lasted only for an average of one month – a period of time which both service users and case-workers found too short.

At the time of writing, there were 19 service users involved in the Independent Housing Project. Ten people moved in with their partner (also supported by the project, meaning that there are 5 couples participating), a further six people chose to share their accommodation with a friend (in one case, with a friend of the opposite sex). The remainder (3 people) moved into rented rooms on their own. Many service

users of Independent Housing found that by “doubling up” with a friend or partner in their accommodation, their financial capital was greater, thus enhancing their chances for maintaining their accommodation over time. Furthermore, options are limited for homeless couples due to a shortage of service accommodation for couples resulting in long waiting lists.

Experiences of independent housing

As mentioned above, the preparation phase (i.e. finding adequate housing for participants) lasted for a month only. This tight deadline put pressure on service users and case-workers alike. Difficulties in finding adequate accommodation within a tight timeframe included:

- finding an apartment/room with rent and utilities that could be afforded, given the relatively low financial subsidy
- finding an apartment/room where the landlord agreed to forgo two-month deposit in advance
- finding an apartment for former rough sleepers in terms of prejudice of landlords.

Though some service users did engage in searching for their accommodation, usually case-workers engaged more intensively in this preparatory process, due to their better local and practical knowledge in searching for accommodation. Case-workers reported that they were extremely overloaded during this period, and described how it took dozens of phone calls and several visits to various accommodations before securing a tenancy. This was exacerbated by the absence of a list of low-budget rentals available, nor was there an established stock of housing units owned by landlords who were open to letting to such a vulnerable target group. The case-workers arranged appointments with the landlord, but in some cases, landlords did not even show up, or the apartment had already been rented out (it was felt that when some landlords met the client, he/she decided not to let the apartment to them and so used this as an excuse). In other cases, the accommodation was substandard and inferior to how it was listed in the advertisement. In some cases, the client requested that their homeless history would not be disclosed upon meeting the prospective landlord. However participation in the Independent Housing project and its financial support was always described in detail to landlords. Both service users and case-workers feel that presence of case-workers at the first meeting had the most convincing impact; their involvement played the role of an unwritten, or symbolic, guarantee to landlords.



The beginning was a bit difficult, because the landlord was unwilling... to tell you the truth, he had said we could not rent the apartment first, but then he called back a few weeks later to say he had changed his mind. The truth is, he had been afraid of giving to homeless people. But then at the end he was very disappointed, I mean in a positive way, he was pleasantly surprised.

After having made a good impression on landlords, they had to be convinced of letting the apartment/room without supplying a security deposit – as already mentioned, the norm is an upfront security deposit of 1-2 month's rent. Finally an agreement was made with most landlords, that since the project cannot provide a monetary security deposit, furniture and household equipment equivalent of the amount of security deposit could replace it – which in case of arrears, landlords can therefore “inherit” the items. In the few cases where conflicts arose between the landlord and tenant, landlords expected staff to take their side or pay their “damages”, which was not possible from the project budget. In a small number of cases, the rental was secured through personal connections: one woman moved back to her previous landlord, while a family rented the flat of their case-worker's friend. Due to the structural problems, the private rental system is not well regulated in Hungary, leaving both the tenant and the landlord vulnerable. Most landlords, as a consequence, prefer to rent their apartment to someone they know or to someone recommended to them by someone they trust.

Those who were going to live alone decided to look for a room rental (i.e. a room in shared accommodation). The support could cover the expenses of a rented room, with shared bathroom and kitchen, and in some cases landlords were residing in the same building. Rented rooms are located in the outskirts of the city, usually in detached houses. Couples, friends and a family had better chances in finding an independent apartment, usually with a single room, than in the more central districts.

I have settled in, I have been here for a couple of months now. It is not bad, it is a big house with a garden. The landlord has rented the upstairs to a couple of people. For a while I had shared my room with two other people, at times, there had been 20-25 tenants.... I accepted that, we accepted that. But two weeks ago I could move into a room on my own. And now it is really the way I want it to be. I am alone, I am single, so now this is fine for me, it is actually quite big. I have problems with the furniture, I shall buy some new things. I get along with my flat mates, we don't have problems.... I have an OK relationship with the landlord as well, I am his favourite, his little boy, his great-grandchild. He brings us cake sometimes.

Service users reported that time pressure rushed them into making an important decision too quickly, and they were forced to take the first or second apartment offered. However support workers say that service users were not aware of market

prices and found each apartment unreasonably expensive. Following the procurement of accommodation, furniture and household equipment needed to be bought and moving had to be arranged.

Most service users still recall their first night in the dwelling as a euphoric experience and that they 'could not believe it'. Apart from one participant who had spent so long on the streets that she struggled to adapt to living in her new apartment, everyone else was happy in their new surroundings. The husband of the female service user who could not settle into her accommodation had been taken to prison, and in his absence, she felt lonely and isolated initially and used to visit her earlier company on the street. The rest of the group got used to the tenancy quickly.

We live in a two-room apartment, with a kitchen, bathroom, toilet. It has everything. I don't know how big it is, but it is big. I pay €130 as rent. But I had known the landlady for long, which was helpful. We had lived in a forest for two years.... I was very strange to move in to an apartment first: there was electricity, I even feel like crying now, thinking back, what it was like to be inside a house. Having a bed! We had had a bed before, but it was always wet from the rain. I had often thought we would not live until the next day. That we would freeze to death. I have heard about people who froze. And it had felt as if we had been sleeping outside, on snow.... We were overjoyed when we were offered to move to rented accommodation.

According to tenants, most apartments have some issues (e.g. thin walls, problems with the heating, bed bugs, not well-equipped, etc.), but they still feel satisfied with their new circumstances. One single person had to share his room with strangers for some time (the landlord moved some people to his room), but finally the issue was resolved and he could move to a separate room. Many tried to make their accommodation more homely and comfortable. The nature and intensity of the service users' relationships with their landlords varied, and was largely determined by where the landlord lived. If he/she lived in the same building, naturally they had regular contact with their tenants. In other cases, they usually meet once a month to collect the rent and utility fees. In one case, the relationship with their landlord is particularly close: the landlord is a neighbour, they sometimes have drinks with their tenants (who are a couple), and they borrow money from each other or exchange items to on another. Apart from exchanging pleasantries, service users do not have much contact with their neighbours.

One of the most significant challenges service users face is staying financially afloat. Only half have a regular income, either from legally-registered or unregistered employment. Six are on disability pension or regular social benefit. However those with a regular income may also have difficulties in managing their finances for example some have to repay personal loans, other spend a disproportionate

amount of money on cigarettes, or alcohol and forgo their food purchases as a result. Since throughout the project period, utility bills are covered by the housing support, a special emphasis has to be placed on the development of household skills. Midway through the project, there is an emphasis among case-workers to teach their service users to become more independent with regards household expenses. They are introduced to social services in their neighbourhood, and are encouraged to turn to these for assistance, while they are welcome to use the mental health services of BMSZKI as long as needed.

Results to Date

The project tries to emphasize labour market integration – both as a source of income and as offering a meaningful activity. While earning money seems to be the most important factor for service users, in some cases meaningful occupation has also become a factor, for example to overcome loneliness (in the case of the woman whose husband had been imprisoned) or to be somewhere safe (in case of a woman suffering from dementia whose husband started to work and he feared for his wife during the hours he was not at home). All service users could take part in 30 hours per week voluntary work whilst receiving a financial “reward” – which, after taxes is the equivalent of the minimum wage. Voluntary work also served as a gateway to stable employment – those who wanted to take part in the employment project could prove that they are ready by turning up on time and carrying out tasks in voluntary work. Five participants of the Independent Living Project were accepted in the Protected Employment Scheme, and were offered either full-time or part-time employment based on their skills, capacities and wishes. While their contract lasts for 8 months, there is the promise of a permanent contract for those who prove that they are ready and able. The employment is at its midterm at the time of writing, and 3 people are still working. One person has left because of health problems and the need for hospitalisation, while another has found a new job with a higher wage.

I work in the carpentry workshop here. I have had this job for two months. I do not earn much now, but I have been told that if I work well they shall keep me on. But I get by. I don't need to pay anything for housing, I don't have any special needs, I don't have a wife to spend money on, I don't drink. I don't do anything, I go home and sleep.

Focus group discussions and accounts of case-workers show that service users have already experienced development in several aspects of their lives. Due to safe housing (i.e. not exposed to elements and other dangers on the street), heating and hot water, participants with a shorter history of rough sleeping already have visible signs of physical well-being. Some of those (especially older participants) with a

longer history of homelessness suffer from chronic diseases, but participation may help them to get adequate treatment and to stabilise their illness. Participants highlighted the feeling of security upon being housed. With this safe background they regained an improved sense of self-esteem and self-respect. Many of them have also become more competent in their knowledge of their rights and entitlements, particularly with regard to issues related to their rental contract or other rules of the project.

One important outcome is that participants, by and large, do not consider themselves homeless any more. They started to feel responsible for their lives, became more optimistic for their future, and are thinking about how to sustain their tenancy in the long run. Furthermore, volunteering and participation in supported employment has allowed some to feel like they have a stake in society again. However, due to mental illnesses and a longer history of homelessness among some of the service users, they struggled to become accustomed to the stability provided by adequate housing and struggle to make plans and are more anxious about the future.

Drop-outs

At the time of writing there were altogether 19 service users in Independent Housing. The project was launched with the participation of 20 service users, after which time one couple dropped out due to domestic violence that had affected their tenancy. The case-workers involved feared for the safety of the woman if they were to move them to another rented accommodation. So in this way, the couple was not expelled from the housing-led project as way of 'punishment', but it was a decision that was felt would be in their best interests. They accepted to move to a hostel together, where they were surrounded by staff and other residents, which reduced the violence between them. Moving to a hostel also meant that they could avail of all the same supports as they had while in Independent Housing. Due to the heavy workload of the case-workers, they were handed over to the team working in the hostel. A single woman was selected to take their place, but she also dropped out later on due to lack of co-operation and continuous violation of house rules previously agreed with the landlord. Even though she agreed not to host other family members in the apartment overnight, she kept housing three of her relatives despite several warnings from the landlord. Her landlord held the case-worker responsible, who felt that after several incidents of breakdown of trust, he would not support the client in moving into another tenancy. She was referred to a temporary hostel and her case was handed over to the team there. She did not move to the hostel and instead she disappeared from service contact.

Another man was admitted to the project to replace the couple – a service user’s husband whose wife had been part of the project since the beginning. He had spent 4 months in prison, but before he started his sentence, he made sure that his wife was safe and off the streets. As there was an empty space, he was invited to take part in the project. He moved in with his wife and took up supported employment.

A male participant, with a long history of psychiatric distress, moved in with his friend whom he used to stay with on the streets. They moved into a one-room apartment and shared the room. A few months later, their relationship broke down, so he decided to move out suddenly and not return to the apartment. He would have preferred to be hospitalised, but all psychiatric departments turned down his request as he had already stayed there before and they could not help him. Finally he moved to a temporary hostel where he met some old drinking friends. He is still in regular contact with his case-worker and is welcome to return to Independent Housing. In this respect he is not an official drop-out yet, even though he no longer resides in Independent Housing.

Who are successful participants and why?

In the following section, experiences drawn from the Independent Housing project will be discussed. Success of participants was dependent on the particular financial and time framework of this particular project. According to case-workers’ accounts, one of the most important success factors is employment potential. Those able to work have a chance to gain a regular income and sustain their tenancy in the long-term. People on disability pension or other type benefits, however, cannot usually sustain independent living without adequate housing support. Another factor is the length of homelessness history. A majority of service users reported incidents of rough sleeping ranging from a few weeks to several months. Some participants slept rough for a decade and got accustomed to this kind of lifestyle – and so, their re-integration to the housed community was more challenging. Addiction and mental health problems are also important factors. If addiction has a negative impact on work or their mental health, psychological counselling is provided for the participants; though to date, not many people expressed much interest in engaging in therapy despite encouragement from case-workers.

Though one could assume that couples are in a more favourable position than single participants, particularly in a financial sense, case-workers reported that couples experience new type of problems, conflicts and issues between many couples, who had to adopt new coping strategies to adapt to their new housing situation. Beneficiaries of Roma origin can be in a more difficult situation in succeeding than others, as many of them have faced discrimination from landlords and employers.

Lessons Learned: Possibilities and Limitations of the Project

While there are obvious strengths and possibilities of the project, and most service users are very satisfied with the improvement of their living circumstances, the fact that participation and support offered by the project has a twelve-month limit has definite drawbacks. Both case workers and participants mentioned that they felt the time pressure at all stages of the project, from getting people involved in the project, to finding the best housing option, and getting the contract secured and signed within six weeks. This left many participants feeling that they had not chosen the best housing option, and some remarked that they would probably have to move when the project funding was over and find something cheaper. While many participants might not be familiar with the real costs or rent and bills in Budapest in 2013-2014, having had more time to look around might have provided them with a more accurate overall picture of what was available in the housing market. Support workers felt that their work would have been easier had there been a list of low-cost rentals or landlords available.

Interestingly, while at the first discussion, shortly after having moved in, most participants seemed rather anxious about how they would sustain their tenancy in the long-run, with one exception, all were rather optimistic at their mid-term group meeting. Several people have found employment, and have learnt how to budget their income. Some even started to put some money aside each month to have a financial reserve in case it would be needed. However, case-workers are not always so optimistic about their clients' prospects. Even in those cases where sufficient income has been secured, should an unforeseen event occur (illness or unemployment), the lack of available social support could endanger independent living. While the type of intensive support offered by case-workers might not be necessary after one year, the support of participants will be handed over to local social centres, where staff carry a case load of anything between 50-150 service users. Should someone move to a different neighbourhood, however, their support will be handed over to a case-worker in another service.

Most participants feel that their lives have improved since their participation in the project, which is a positive factor. However, participants with more chaotic behaviour were generally not accepted to the project. It can be said, then, that fixed-term housing-led projects are more appropriate for those with less severe problems and support needs, and it can still have a positive impact on those with more severe support needs. In other words, participation of even those with the most complex needs can at least improve, or prevent the decline of their health, as well as offer them decent housing, even if it is only on a temporary basis.

Conclusion

Fixed-term housing-led projects, although limited, demonstrate some benefits in a social context where homeless people with complex needs have no alternative options. Evidence shows that housing and social support that only lasts for 12 months can be meaningful, and trigger positive changes for those with histories of rough sleeping, even those with chaotic backgrounds. If participants can secure an adequate income (whether from employment or some sort of pension), they can maintain their housing once the financial support ceases, while their social care can be transferred to mainstream support system. Couples generally have a higher success rate than single people, although they also face unique challenges. Fixed-term housing-led projects might not be adequate, however, for those with more complex needs – but they might not be harmful, either, if they can offer a more intense support than what would normally be available to homeless people otherwise. However, such small scale projects cannot replace affordable housing schemes, and even though lessons can be learned, they should be adapted into mainstream housing and social services.

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The Rolling Stones Project: A Housing Led Experiment in Italy

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› **Abstract_** *This article aims to describe and examine a Housing Led experiment launched in Italy – the Rolling Stones project. The defining features of the Rolling Stones project include its community-oriented approach, among other features, that make it an innovative approach to housing homeless people. The project is also noteworthy on account of the fact that it provides educational support, and less structured assistance and therapy to those with complex needs. This article describes the economic benefits of such a project, both in terms of the financial costs of homeless services, and the costs of alternative forms of assistance. Moreover, a series of evaluations has been conducted, assessing both the effectiveness of the project and the perceptions and experiences of project users. These perceptions and experiences were then compared with the perspective of the staff running the project. The life skills acquired by individuals housed were assessed, along with their degree of satisfaction with their new housing. The results of these initial evaluations, together with the economic benefits of such a project, indicate the effectiveness and importance of the approach, albeit while the project is still in its initial stages.*

› **Keywords_** *Housing Led, community-oriented approach, integration, evaluation*

Introduction: The Rolling Stones Project

The Rolling Stones Project operates in Bergamo town and province in Northern Italy.¹ Its aim is to provide residential solutions to individuals who are deemed vulnerable and whose difficulties are 'chronic' in nature. The project targets those engaged in problematic alcohol or drug use, and whose use has caused both health-related and social problems. They tend to be lacking a social support network, and have been unsuccessful in engaging with drug or alcohol treatment programmes. They also tend to experience acute difficulties in a number of areas of their life including social reintegration, finding employment, maintaining housing or forming new, stable relationships. The residential solutions offered form part of a robust network, providing both healthcare and opportunities for work, recreation, cultural activities and fostering the development of relationships. In order to ensure that the project was integrated with existing support systems in the community, the project was launched in four separate areas. The aim of such a structure was to allow the development of a comprehensive support network for vulnerable persons and encourage the integration of project users into their local community. This innovative organisational method enabled a multi-dimensional approach to be adopted, bringing together a number of different initiatives to work together.

The leading organisers of the project is the Associazione Opera Bonomelli Onlus – Nuovo Albergo Popolare. This association has been officially accredited by the region of Lombardia to work with those with problematic drug and alcohol use. The social cooperatives of Gasparina, Bessimo, Emmaus e Famiglia Nuova, in addition to l'istituto delle suore Poverelle (Casa il Mantello), l'Opera Diocesana Patronato San Vincenzo e l'Associazione Diakonia Onlus are the partners, who together form the service provision networks (see Table 1).

¹ Bergamo is the main town (with a population of 120 000 inhabitants) of a large province (with a population of approximately one million inhabitants).

Table 1. Location of Accommodation and Distribution according to User-Type

Owner of accommodation	Location	Availability		Type of use			Total number of places per area
	Area	Number of residences	Number of places	Women	Men	Couples	
Patronato San Vincenzo	Bergamo	7	7		7		27
Nuovo Albergo Popolare		4	12		12		
Istituto Poverelle		1	4	4			
Caritas (Diakonia)		2	4	2	2		
Consorzio Servizi Val Cavallina (Emmaus)	Val Cavallina	1	2		2		2
Bessimo	Alto Sebino	2	6		4	1	6
Famiglia Nuova Cooperativa Sociale	Isola Bergamasca	1	4		4		4
Gasparina di Sopra	Romano di Lombardia	6	11	2	7	1	11
Total		22	50	8	38	4	50

Operating as a network can be an effective approach to supporting project users and facilitating their integration into society. Such a working method was borne from the recognised need to foster an integrated system, which could provide a range of skills and responsibilities. Consequently, the extensive involvement of a whole host of public and private bodies which are divided into two groups (outlined below) make up the system as a whole, and is seen to be crucial to achieving successful outcomes:

1. The provincial-level network whose aim is to coordinate, monitor and guide users.
2. The area networks whose aim is to create and operate residential support systems and provide an integrated support network for the project users. Such integrated networks are established through the provision and development of resources facilitating employment, the formation of relationships, group and cultural activities.

Each network comprises teachers, public-sector medical professionals, social workers, psychiatrists and psychologists. The network-based approach is vital in the context of the increasingly complex and diverse range of problems of those experiencing acute social exclusion and chronic personal difficulties, for this plethora of complex needs can overwhelm the work of a single social worker providing support. Indeed, tackling such problems on a daily basis can often result in the social worker feeling both powerless and disillusioned. The increasingly complex nature of their work is the result of a number of factors:

1. Each individual to whom support is given has their own unique experiences;
2. The problems affecting these project users (increasing poverty levels, widespread psychological distress, the loss of significant relationships in the local communities);
3. Increased professional demands, which often limit their capacity to provide support (e.g. reduced human and financial resources within the social services together with increasing demand for high-quality, effective services);
4. The multi-faceted nature of the work expected from the social worker; he or she must work directly with project users, continue to serve their organisation and contribute to improving social cohesion of the local area.

The network-based approach is, first and foremost, a way of thinking which advocates cooperation and collaboration with others. It enables the development of integrated and multi-dimensional initiatives, which are seen as crucial in order to meet the increasingly complex and difficult requirements of project users (FIO. psd, 2006). The aim of the project is to enable the project users to reclaim a degree of independence and responsibility that is sustainable. This goal is achieved through the provision of therapy as part of a residential programme, with minimal restrictions placed on participants, and by reducing the number of people who remain in the area, receiving piecemeal and ineffective care from social services. Neither social services nor social housing programmes at provincial level experience have been able to meet user needs due to a lack of healthcare professionals, and/or flexible residential support structures which provide assistance over long periods of time. However, whilst experiences of such programmes have been in some ways positive, they do not provide a long-term solution to prevailing needs, insofar as staff have limited contact hours with service users in which their primary goal is to educate and prepare for independent living.

By contrast, those engaging in the Rolling Stones project require long-term support, a structure that provides assistance with their day-to-day lives and helps develop their capacity to increase personal autonomy. Consequently, having this project in place prevents users from making frequent use of short-term options, which they have experienced on several occasions (for example, therapeutic communities during particularly critical points in their problematic drug or alcohol use). Avoiding further use of these unsuccessful solutions avoids the inappropriate use of services, the wasting of public resources, and prevents the individuals concerned from making another failed attempt at treatment, which would in turn cause their problem to become even more entrenched. What often emerges as a problem rather than a resource is the "piecemeal nature of the support and care provided. It is therefore important to ensure that a person's everyday environment, their social context and the community to which they belong are spaces in which they can truly exist, and

not simply survive” (Gnocchi, 2009, p.266). The piecemeal provision of care and the way it varies from area to area stems from the absence of a clearly defined, coordinated policy at national level and “can be attributed to a general lack of welfare support, as well as to the fact the homelessness is not considered an important social issue, or at least not one that should be a matter of priority for the State” (Gui, 1995, p.73).

Comparison of Rolling Stones Project and Housing First and Housing Led Models

The Rolling Stones project is under the remit of Lombardy Region health policy and it is the first regional intervention that has applied a Housing Led strategy for homeless people. This strategy is based on priority access to permanent housing solutions. In the context of Bergamo province, this model stands as an alternative to the ‘staircase’ approach. The ‘staircase’ approach was used previously by the same services involved in the Rolling Stones project. The Rolling Stones project is based on the recognition of the universal right to housing, and central to its ethos is that every person deserves stable housing. To achieve this goal, the project will not only provide stable housing, but also offer individualised support to project users.

The Rolling Stones Project collects inside it the three main variants ‘s Housing First identified by Pleace and Bretherton: the models “Pure”, “Light” and “Communal” or “Project- based” (Pleace and Bretherton, 2013). The goals and the dispersion of the greatest number of houses in the city and province’s towns refers to the Pure model. It may be related to the Housing First Light model for less intensive, more practical and emotional support; at last, Rolling Stones approaches to Project-Based because it involves, in few cases, the apartments’ layout within the same building and an extensive support, that is provided to a large group of people. Similar to North American and European models, the Rolling Stones project aims to ensure quick access to permanent housing solutions. Project users all reported alcohol and/or drug dependence problems for many years. These problems have not been completely overcome, and access to the project does not require abstinence: this goal isn’t excluded a priori, especially during the educational support phase, but isn’t a binding prerequisite for accessing the house and staying in the project. The project user enters the house without the preliminary obligation to adhere to the support provided by the project team. It is then up to the social workers to take an active and proposal role, engaging the person and starting with him a new project stage.

The apartments linked to the project are mostly scattered across the communities (scattered site) in order to avoid 'ghettoization' and to foster and enhance social integration. Furthermore, the housing solution is permanent: therefore, the project does not impose a deadline for service support, nor do the social workers impose a date of notice to vacate the accommodation. However, the project is marked by some distinctions that brands the project as an innovative Housing Led approach. First, the service provision ethos does not assume the causation of homelessness is linked to pathology, i.e. the subject's mental health and substance dependency problems. Instead, these problems are understood as being caused by social and economic disadvantage.

However, the Rolling Stones project differs from Housing First and the majority of Housing Led models, in that project users co-habit or share their accommodation. In addition to fostering the relationship between project users themselves, the project team works to encourage and foster a unified neighbourhood and a renewed public space (defined as a place for which members of the community can meet and converse). The focus of the support is on the well-being of the project user, to foster a sense of ontological security and of belonging. To do this, educators also work on the development of integration within the community. To support this goal, the educator also plays the role of coordinator between service user and local resources and promotes collaboration between informal and formal supports, with an aim to stimulate social cohesion. This sense of cohesion is seen as integral for both the sustainability of the project and the success of the wider community within which the project is rooted.

Therefore, educational support is aimed at the recovery of an individual by drawing on formal and informal resources in the area. The local context, income, strong relationships with others and access to services are all-crucial to the success of each individual. The Rolling Stones project replaces the clinical multidisciplinary approach of Housing First (which involves the collaboration of psychologists / psychiatrists, social workers, nurses and employment specialists) with a social multidisciplinary approach. This social multidisciplinary approach works with a network of services, cooperatives and associations (i.e. relational resources, occupational and recreational activities) offered by the local resources, which the Rolling Stones project argues is fundamental to the person's integration and to their own recovery.

The Origins of the Rolling Stones Project

The distinctiveness of the Rolling Stones project is best understood by considering its origins. It arises from the Piccola Polis experience, in a neighbourhood of the city of Bergamo. In 2011, the Opera Bonomelli – Nuovo Albergo Popolare, with the city of Bergamo, launched a small experimental project in a disadvantaged and problematic neighbourhood. This neighbourhood is dominated by public and social housing, and there were considerable tensions between the generations and between Italian-born and newly-arrived immigrant residents. An apartment was allocated to three homeless people (who were previous service users of Nuovo Albergo Popolare). In this home, they learned how to cohabit and find a sense of belonging to the local community. The project was initially perceived by local institutions and residents as additional pressure on the local area, in that it was seen as a new problem to deal with. However, over time the house was seen within the context of the neighbourhood as a symbol of success (despite constrained resources) wherein vulnerable people with histories of homelessness could successfully co-habit and integrate successfully with the local community. This can be seen through the views of the social worker who worked on the Piccola Polis experience. His role entailed working with the three inhabitants in the house on one hand, and then on the other to promote and foster positive relationships within the community in an effort to improve cohesion and quality of life. Intentionally developing a greater awareness and attention to families and residents in the community, through simple initiatives such as the organisation of parties, picnics with children and meetings between the area inhabitants, more rich and meaningful human relationships have emerged.

The Piccola Polis project suggested that the issues and individual vulnerability can be overcome through living together. These vulnerabilities are the very ingredients which enables an entire community (certainly in that neighbourhood) to take action around its limitations, which often are similar to those experienced by users of the Nuovo Albergo Popolare. Similarly, the Rolling Stones project is characterised by the pursuit of attaining balance and harmony within communities through the work involved. The educator is required to raise awareness of the area, improve its integration potential, regain the standard of living and improve its public spaces, which are viewed as sites of meeting, reciprocity and belonging. Feeling part of a community context and being able to draw on local services and resources, becomes a fundamental tool of educational support provided to the person. This educational support considers the user's social welfare a fundamental building block. Table 2 shows a thematic overview of the main differences and similarities between the Rolling Stones project and the Housing First approach.

Table 2. Comparison of Housing First and Rolling Stones

Items	Housing First	Rolling Stones
Accommodation Type	Scattered site	Scattered site
Separation of Accommodation and Support	Yes	Yes
House-Sharing	Optional	Mandatory
Type of Support	Intensive social and healthcare support: Case Management, Assertive Community Treatment (ACT)	Extensive, less intensive level of support. Support aimed at achieving individual well-being and improving community integration, to improve sense of identity and sense of belonging, along with the creation of public spaces for meeting and exchange
Subject Reading	Clinical	Social
Multidisciplinary	Project professional team that take care of service user	Territorial network of services, cooperatives and associations that provides relational, occupational and recreational resources

Educating Chronicity: Providing Educational Support to those with Chronic Difficulties

As was clear from how difficult it is to maintain the socio-relational dimension of the Rolling Stones project, it is crucial to its successful conclusion and indeed, its very foundations. In the words of Caritas Ambrosiana, ² “embarking upon a course of treatment which involves socialisation, the development of relationships which counterbalance solitude, the provision of housing to each individual designed to promote “independence” are crucial components of the plan designed to assist the sector of the population defined as “chronic” (2009, p.102). The issues of independence and the new working approach, which the social worker must learn as part of this new project, are at the heart of the periodic training sessions developed to inform staff. These training sessions involve the discussion of difficulties, experiences and working methods in residential services for homeless people. Social workers are faced with a new working method which differs from that used in the referral institution, and forced to contend with the feelings of confusion and insecurity to which that gives rise. The “Light” housing facilities offer a less structured form of support, greater flexibility and education-orientated relationships between staff and project users –

² Caritas Ambrosiana is the pastoral body set up by the Milan Archbishop in order to promote the witness of charity of the diocesan ecclesial community and of the smaller communities, especially parishes, in forms that are appropriate to the times and needs. It works to encourage the integral development of man, social justice and peace, with particular attention to those last and with a mainly pedagogical function. Caritas Ambrosiana is the official instrument of the Milan Diocese for the promotion and coordination of charitable and welfare initiatives within the diocesan.

who are to some extent expected to be self-sufficient. This approach focuses not only on the individual as the subject of a therapeutic approach, but also on the well-being connected to the socio-relational aspects of their environments. Two factors are crucial to the development of such well-being:

1. Identity: to bolster the interaction between the “I” and the “We”. Where the users of this project are concerned, identity can be highly contested; the more deeply an individual has been suffered, the more he/she tends to defend himself/herself against attacks on his/her personal identity. Such resistance can have certain repercussions on an environment in which individuals cohabit: attack and defence will most likely be the key forms of interaction between residents.
2. Time: in terms of prospects, development and planning for the future. For many Rolling Stones project users, time is reduced. It shrinks to such an extent that existence becomes circular and users focus solely on the short term: time passes but moves in no particular direction, there is no sense of making plans for the future. Indeed, users have ceased making such plans as to do so causes them a certain degree of pain.

Furthermore, the social workers are required to convince the housed community the added value of the presence of their new neighbours, to convince them that it will in fact improve their quality of life. This is the active role already referred to, in which the educator can engage with the subject to collaboratively map out a shared future. Though educational support is not obligatory, it is important that users understand the potential value of educational support work with their social worker.

Forced to contend with such complex issues, both the teacher and the organisation must adopt a different cultural concept and modify their expectations of the project users. Given the chronic difficulties and vulnerabilities of the majority of Rolling Stones project users, it is important to move away from a therapeutic approach; understood as the provision of support in such a way as to help users reach a point where they “function properly”, a pre-determined, desired level of well-being. In this case, the social worker acts as the expert in this standard of reference and in the ways it is to be achieved.

One alternative method could involve supporting the individual concerned in creating possibilities for their future, without pre-determining any goals in advance. The individuals would simply be supported in improving gradually at their own pace. Whilst adopting such a method may involve moving away from a therapeutic approach, everybody’s expectations relating to change will be more moderate. A holistic approach to the individual is also central, whereby their unique backgrounds and experiences, complex needs and personal resources are to be taken into account. Thus, the term “therapeutic” is not rendered useless, but there is a need to question

the definition of “change”. This change is determined jointly and gradually by the user and the social worker, and neither imposed upon nor established in advance. The social worker must support the project user and adopt their perspective, in order for the two involved can together explore realistic yet desirable scope for change.

The Cost of Rolling Stones and its Economic Benefits in Comparison with other Services and Alternative Therapeutic Solutions

In order to carry out a cost-benefit analysis of this project with more conventional approaches to homelessness, it is useful to refer to a recent local study commissioned by the Diocesan branch of Caritas and conducted by the Department of Human and Social Sciences at Bergamo University. The study lasted one year (September 2012-October 2013). Its purpose was to define, quantify and analyse homelessness in Bergamo and its province. The study was divided into four phases:

1. First phase: the organisation of twenty-eight meetings with authorities, organisation and entities who work on the issue of homelessness in Bergamo
2. Second phase: the collection and processing of quantitative data
3. Third phase: visits to temporary accommodation for homeless persons and the completion of interview with those of no fixed abode.
4. Fourth phase: preparation of the final report.

The investigation revealed that 683 homeless persons were present in Bergamo: migrants accounted for 73 percent of the sample and 88 percent were male. Twelve percent of those of no fixed abode were women: of that group, 56 percent were migrants and the rest were Italian-born. It is important to clarify defining the use of dormitories among homeless persons; to be classified as an individual of no fixed abode he/she has stayed in a hostel dormitory for at least one week a year. When this criterion was applied, it emerged that 38 percent of those making use of dormitories in Bergamo had done so for less than a week over the course of the year. 62 percent had been given a bed for more than a week. The research conducted within the local healthcare services involved the distribution of questionnaires in the Accident and Emergency ward at the Papa Giovanni XXIII Hospital and the OIKOS clinic, both of whom work within the Rolling Stones project. The questions posed included asking individuals where they had slept the night before and what type of trouble or inconvenience they had experienced. 42 percent of migrant respondents said they had slept in a dormitory and 31 percent said they had slept rough. By contrast, 67 percent of Italians had stayed with friends or relatives. Finally, on the reasons that had brought them to the hospital or clinic, 53 percent cited problems with their physical health, while 38

percent reported health conditions caused by “life on the street” (data from the feedback seminar on research commissioned by the Diocesan branch of Caritas and conducted by Bergamo University, held on 16/10/2013). Thus, it emerged that those of no fixed abode are dependent on a variety of crucial services (emergency departments, hospitals, healthcare services, etc.) and this generates significant financial costs.

The cost per person per day of a stay in an accommodation service which provides rehabilitative therapy ranges from €79 (psycho-pedagogic community) to €120 (community for alcohol dependency). The services most commonly used by those of no fixed abode range from €18 Euros per person (the cost of one night in a dormitory) to €830 per person, with significant costs incurred by the services provided by the social security system (one night in jail costs the social security system the equivalent of €166, medical expenses excluded). The cost of the Rolling Stones project per user per day is around €42: €25 of this sum are covered by the regional health authority (SSR) and €17 provided either by the body running the project or the local authority, or can even be contributed by another interested party (in exchange for the right to participate in the project). Therefore, it appears that treating a person suffering from chronic difficulties within the framework of a project such as Rolling Stones has a number of economic advantages for the region’s healthcare, welfare and social security services. Furthermore, when compared to providing treatment within rehabilitative care, projects such as Rolling Stones appear to allow significant savings to be made, particularly when long-term costs are taken into account. Indeed, the experience of local healthcare services showed that frequent and inappropriate use is made of the therapeutic community to treat individuals with chronic difficulties. Moreover, these therapeutic communities were not used following a clinical assessment that concluded that such treatment was necessary, but rather on account of the fact that no other resources were available.

The One-Year Evaluation of the Project’s Pilot Phase

The importance of evaluating the project’s success becomes clear when the project’s goals are considered: to effectively achieve its aims and become eligible for accreditation as a service by the Lombardia region. The following key criteria are then examined, in order to gauge the success of the project:

1. The profile of each user in the first six months of the project, compiled using the Addiction Severity Index (ASI).
2. The improvement (or deterioration) of users’ physical and psychological well-being and life skills (relevant here are mental and physical health, behaviour, emotional literacy, the ability to form relationships and to access training and employment). These skills were evaluated 6 and 11 months after the project had begun.

3. User-satisfaction with the project.
4. The number of individuals being treated by the project, and the number of referrals and dropouts in the first year the project is put to the test (this information enables an assessment to be conducted both of the project's ability to retain users and of how appropriate it is for the type of user considered).

Addiction severity index

The completion of an Addiction Severity Index (ASI) for each user as they enter the project has made it possible to identify the key issues affecting those receiving treatment from the Rolling Stones project. The Addiction Severity Index is a semi-structured interview used to collect information on the life of a project user, which is crucial to situating substance abuse issues. Seven varieties of problems are assessed: medical, employment, alcohol consumption, substance use, legal, social, psychiatric and family related. Once the user's self-assessments of each area have been standardised to a five-point scale, in order to assess the seriousness of the problems suffered and the extent to which treatment is necessary. The sample analysed 19 users using this scale.

Following the processing of the information provided by the ASI, completed upon a user's commencement of the project, the following data was produced:

- Health: in the previous 30 days, 40 percent had suffered health problems, and 60 percent felt they needed treatment for these problems.
- Employment: in the previous 30 days, 15 percent had earned been paid between €100 and €650 Euros through employment.
- Alcohol abuse: in the previous 30 days, 25 percent had consumed alcohol (10 percent of whom reported an incident of alcohol poisoning), and 30 percent were worried or anxious about this problem; 35 percent believed it important to seek help for their alcohol use.
- Substance use: in the previous 30 days, 40 percent had used drugs, 30 percent had been worried or anxious about problems related to drug use and 30 percent deemed it important to seek treatment support.
- Legal situation: in the previous 30 days, 15 percent had been involved in illegal activities with a view to making money, 20 percent were currently charged with a crime (awaiting trial or sentencing), and 35 percent viewed their legal situation as serious.
- Family situation: 60 percent had experienced serious difficulties in their relationships with those close to them; mother (20 percent), brothers or sisters (15 percent), other family members (10 percent), close friends (10 percent), neighbour (5 percent).

- **Psychiatric health:** in the previous 30 days, 50 percent had experienced psychological and/ or emotional problems, 35 percent had been worried or anxious about these problems and 50 percent believed it important to obtain treatment.

Ten months after the launch of the project, a total of 51 individuals were engaged in the project: 44 men and 7 women. The average age of users was 48. The majority of users fall within the 50-60 years old age bracket. There were fewer project users over 60 years of age, and an even smaller number was below 34 years. A significant proportion of the users are between 45 and 49 years. The low numbers of young people in the sample is due to the particular type of user which the project is designed to treat; which targets potential project users by length of time in the homeless system, or who have failed to complete their treatment programmes on one or more occasion. Consequently, these would inevitably be older in age. Data regarding users' housing situations prior to entering the project reveals, once again, the difficult situations endured by the individuals in question, and their dependency on crucial services in the community.

As many as 22 of the 51 individual interviewed had been living in a residential treatment service. Five users had been sleeping in a dormitory, seven lived in rented accommodation, and the same number again had been accommodated by a centre for the homeless. One person had been in prison and one in hospital. The rest had been living with family members, in squats/abandoned housing or on the street. Only one individual had previously participated in another housing project. The majority of users were referred to the project either by local, state-run addiction units or SMIs, and clinics run by the private social care sector and accredited by the Lombardia region. These services are spread across Bergamo and its province. A significant number of users came to the project from residential treatment services. Two people had been referred to by the municipal authorities, and another two had been sent by services or projects designed to support homeless persons.

Life Skills

The second factor to come under scrutiny as part of the Rolling Stones project evaluation, was life skills. On three separate occasions, users were asked to complete a check list regarding their situation: once upon entry into the project, to learn of their previous situation and then after 6 and 11 months of receiving support from Rolling Stones. The aim of the test was to gather information regarding their acquisition of a series of skills, including lifestyle management, behaviour, emotional literacy, relationships and employment. For each skill, the user was asked to assess their capabilities, on a scale of 1 to 10. The questionnaire also provided space for the social worker dealing with the user in question to provide his own opinion: his assessment of the users' skills was compared to the self-assessment provided by that same user. Two crucial aspects of this assessment tool must here be underlined:

1. Variation between the self-assessments produced by users: the assessments performed on entry into the Rolling Stones project and after six months differ greatly from those produced after eleven months in the accommodation provided.
2. The variation in the social worker's assessments, over the same period of time.
3. The comparison of the variations between the assessments issued by both individuals.

The following tables display the results of these assessments, subdivided into the four key areas examined (Tables 3, 4, 5 and 6). Within the first 11 months of the project trial, the check-list was conducted with around thirty users. Unfortunately, given that we required all six assessments for each individual (from the user and the social worker prior to entry, after six months and after eleven months), in order for the data to be valid, we were only able to consider a sample of nine users. As far as the others were concerned, some joined the project after the first six months; for others, we lacked the initial assessment conducted by a social worker of their situation prior to entering the project; and a final group were dismissed from the project before eleven months were out. Given that we had to analyse the variations between the assessments completed at these three specific points in time, we only studied the checklists of users for whom we had all six assessments available.

The following tables display the averages from the assessments provided by both users and social workers.

Table 3. Results of the check lists pertaining to lifestyle

Lifestyle	User Pre- admittance	User first 6 months	User first 11 months	Social worker Pre- admittance	Social worker first 6 months	Social worker first 11 months
Healthy eating	6.8	7.6	7.6	6.2	6.8	6.3
Sleeping patterns	6.1	7.1	7.2	4.7	6.7	6.8
Personal hygiene	9.1	9.4	9.2	6.3	6.7	6.9
Problem-solving	6.2	6.3	7.3	5.0	5.7	7.2
Managing frustration	6.0	6.7	6.6	4.4	5.9	5.9
Avoiding risk of relapse	8.1	8.3	7.9	5.2	6.0	7.3

Table 4. Results of the checklist pertaining to behaviour

Behaviour	User pre-admittance	User first 6 months	User first 11 months	Social worker pre-admittance	Social worker first 6 months	Social worker first 11 months
Respecting rules	8.2	8.2	8.4	6.1	6.9	7.2
Home management	7.8	8.8	8.0	6.3	6.7	6.7
Assets administration	6.1	7.9	7.2	5.6	6.6	7.4

Table 5. Results of the check list pertaining to emotions and relationships

Emotions and relations	User pre-admittance	User first 6 months	User first 11 months	Social worker pre-admittance	Social worker first 6 months	Social worker first 11 months
Establishing and maintaining meaningful relationships	6.0	7.7	7.9	6.1	6.4	7.0
Understanding and listening to others	6.9	8.2	8.2	6.3	6.3	6.3
Managing emotions	6.8	8.1	7.3	5.6	6.8	7.3
Making informed, autonomous decisions	7.7	7.8	8.0	5.7	6.1	7.1

Table 6. Results of the checklist pertaining to work

Work	User pre-admittance	User first 6 months	User first 11 months	Social worker pre-admittance	Social worker first 6 months	Social worker first 11 months
Working in a group	7.6	7.8	7.8	5.8	7.7	7.9
Respecting rules, procedures and hierarchies	7.7	8.0	7.6	6.3	7.7	7.9

Discussion

Looking at the user self-assessments produced after the first six months within the project, improvements were seen on all levels, either small or more significant changes. For example, diet, sleeping patterns, the management of frustration, income management, the forming and maintaining meaningful relationships, the ability to listen to and empathise with others and the management of emotions are the areas in which the improvements seen were most marked. Between the six and the eleven-month mark, problem-solving skills improved considerably. However, as far as the other areas are concerned, only slight improvements were seen, if not deterioration of the skills acquired (risk of a relapse, management of the home and income and the management of emotions). Such deterioration can be attributed to the fading of initial enthusiasm and its replacement with the weariness that stems

from shouldering the increased responsibility which semi-independence entails. It may also be due to users' increased awareness of their own weak points when it comes to managing themselves and their lives. In some areas, users appeared to have reached a plateau in progress, maintaining certain levels of skill without making significant improvements. These areas were: healthy eating, teamwork and the ability to listen to and empathise with others.

The social worker's own assessment also appeared to improve constantly across the three periods studied, albeit that it was always less favourable than that perceived by the project user themselves. As far as these assessments from teaching staff were concerned, there was only one area in which skills began to deteriorate: diet. The management of frustration, household management and the ability to listen to and empathise with others were all areas in which skills assessments remained unchanged between the six and eleven-month mark. In conclusion, according to the users themselves, in the first six months of the project their situation improved considerably before a slight deterioration was seen in certain areas. However, at the same time as they witnessed such deterioration, they also saw improvements or at least the maintenance of skill levels in other areas.

Customer satisfaction

Rolling Stones users were issued with a customer satisfaction survey, eleven months after the project's inception. For each of the four categories provided (I've made progress, I feel good, I feel supported, I'm doing something beneficial for my future), users were asked to indicate the description closest to their degree of satisfaction. Such satisfaction was described on a five-point scale: not at all, very little, so-so, fairly, and very. The questionnaire was anonymous and completed by around thirty project users.

The results indicate that, out of 30 users, 23 were much better or somewhat improved, 21 felt very or fairly good, 25 felt very or fairly supported and 20 felt they were doing something beneficial for their future. Very few negative assessments were reported (none in response to the questions about feeling good or supported). In all four parts of the questionnaire, those who were any less than very satisfied always accounted for less than half of all respondents. It is highly likely that for some individuals, particularly those with more experience of hardship behind them, being able to envisage a future that they can embrace, is the most important, yet most difficult thing to do. Nevertheless, the majority of project users appear fairly or very satisfied in all areas studied. This is perhaps further proof that this approach, such as that offered by the Rolling Stones project, is effective on people with chronic difficulties.

Users accepted/ places occupied, arrivals and withdrawals

Finally, trends in terms of the acceptance and withdrawal of users from the project must be examined. Doing so makes it possible both to monitor the capacity of the project, and to focus on the number of withdrawals in relation to the number of arrivals. Such an evaluation makes it possible to subsequently examine how appropriate the project is for the type of user it accepts: a significant number of people who are not asked to withdraw but who instead remain in the housing provided is yet more proof of the effectiveness and suitability of the project. Figure 1 (below) shows the number of project users who were present, arrived and withdrew on a monthly basis during the first year of the experiment.

Figure 1. Users accepted/places occupied, arrivals and withdrawals

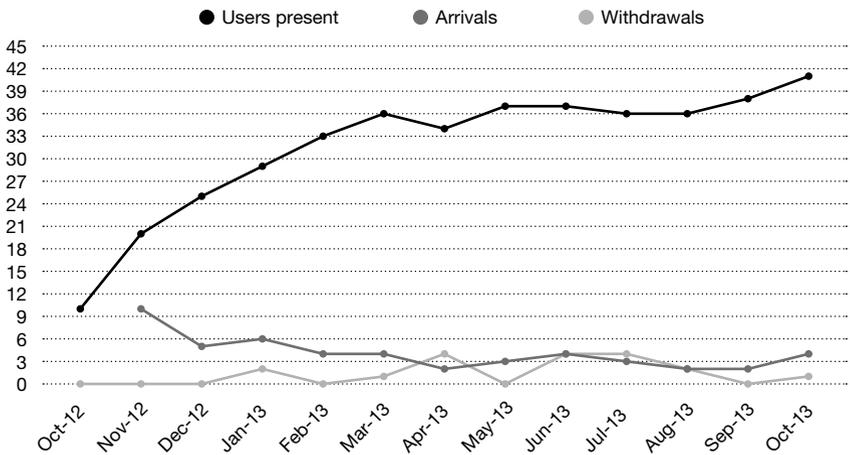


Figure 1 demonstrates that the number of users receiving assistance from the project increases sharply in the first six months of its existence, before stagnating (March 2013-August 2013) and then increasing again in the last two months of the first year of the experiment. Only between March and April 2013 did the number of withdrawals exceed the number of arrivals (the number of project users dropped from 36 to 34). The number of new arrivals is never zero: each month new users are accepted (the number of which varies between 2 and 6). As is clear from figure 1, at the start of the year, the number of new users entering the project is higher (10 new users arrived in November). This is also perhaps due to the fact that in the first few months of the project's existence, many places were available and new potential users had yet to be officially taken on.

In a number of months there were no withdrawals, only new arrivals. At the end of the project's first year, 18 users were withdrawn. The main reasons for withdrawal are frequent relapses where alcohol consumption and drug use are concerned, or the consumption of either of the above in project accommodation; admission to the psychiatric care service, SPDC; or difficulties with flatmates. However, withdrawal can also occur if it is determined that the user can live independently, in which case the individual finds accommodation outside the project. A total of 59 users were accepted on to the project in its first twelve months of life. Of these 59, 41 succeeded in remaining in project accommodation until the last month considered in our study (October 2013). That is the equivalent of 69.5 percent of all users. The remaining 18 withdrew from the project for the reasons mentioned above.

If we bear in mind that two individuals withdrew from the project after having found independent accommodation, around three quarters of users accepted onto the project demonstrated the ability to stay in the apartment provided, at least until the end of the experiment's twelfth month.

Conclusions

The aim of this article is to present and describe the Rolling Stones project, which is the first Housing Led experiment in Italy. Whilst on the one hand it can very much be classified as a Housing Led experiment, on the other, the Rolling Stones project differs from the models and variants of the Housing First and Housing Led philosophy and practice which have been implemented in Northern Europe and North America to date. It differs from the Housing First approach also because it houses several people together in the same housing unit and obliges residents to work on their relationships with flatmates and on the skills which are required to share space. Scattering the accommodation across the local area is a technique designed to avoid possible ghettoization and encourage the full integration of project users into their surrounding environment. The educational support offered to users is also aimed at those in the local area. This integrating of the project within the community is seen to assist the service user's social integration and feeling of belonging. The project attempts to develop project users' capacity for meeting others in the context of a community circle or public space – something that is lacking in most communities and neighbourhoods. Indeed, the philosophy of the project is a user's well-being depends largely on being able to develop connections with the world around them and the ability of that world to welcome those in difficulty. Thus, in order to consolidate this relationship, in addition to the educational support provided to users, the member of teaching staff acts as a vital link between the project and the surrounding area, its services and its opportunities for both work

and pleasure. However, the effectiveness of these very features has not yet been confirmed, insofar as the instruments with which to measure levels of community integration are still being developed.

The evaluations conducted to date have revealed that project users have improved and adapted their lifestyle, their relationships, their management of emotions and ways of working and behaving, albeit that the numbers are relatively small. They also demonstrate satisfaction among the project users. Furthermore, in addition to adopting a less structured and therapy-based working method – the model proposed by the Rolling Stones project acts as a lever whereby a sense of citizenship can be fostered. Such a sense of citizenship is fragile and rarely cultivated by people with chronic difficulties to whom the project provides support: housing is a fundamental human right and project users are empowered to make use of their own abilities, in addition to exercising their rights and duties within the environment in which the project is located. By way of conclusion, it would seem appropriate to underline that the approach proposed cannot act as a substitute for another: Rolling Stones take root in its region acting as a support line connecting users with a wide variety of strategies which may provide them with support. These strategies include initial, emergency care, strictly therapeutic in nature on the one hand and those providing more structured forms of support on the other.

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Homelessness Coping Strategies from Housing Ready and Housing First Perspectives

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› **Abstract_** *This article focuses on the extent to which Housing Ready and Housing First approaches impact on various coping strategies adopted by individuals experiencing homelessness. The discussion is centred on homelessness in the Czech Republic, and utilises Paugam's typology of social disqualification as a theoretical framework. Coping strategies in response to difficult life events found in the literature are described in detail: from the denial of a deteriorating personal situation using avoidance strategy; to the acceptance and reconciliation of the situation using positive and passive adaptation, situation instrumentalisation, deserving poor or the discrediting of others mechanisms, and intentional exclusion. Following from this, the role that both Housing Ready and Housing First models play in relation to these coping strategies will be discussed. The final section contextualises the discussion in the case of Czech Republic, where Housing Ready dominates services and accommodation in commercial hostels is widespread.*

› **Keywords_** *Homelessness, social disqualification, coping strategies, Housing Ready, Housing First*

Introduction

Contemporary social work increasingly deals with crises relating to the social protection of its citizens. These crises are characterised by increasing levels of social insecurity in many areas of daily life, including labour market flexibility, increasing family fragility and an ageing population (Keller, 2009). Some of these issues are also linked to processes of social exclusion. Housing exclusion has become one of the key dimensions of social exclusion processes in the 21st century. It affects an increasing number of subgroups of the population, and has resulted in significant problem of access to housing as a basic human right to live a dignified life (Keller, forthcoming).

Furthermore, according to Edgar *et al* (2002), housing vulnerability is understood in the European context as an issue affecting those who are denied access to adequate housing. Thus, vulnerable groups are frequently forced to inhabit over-priced, inadequate, and insecure housing. Likewise, people who fall through the gaps of the housing market and have to seek accommodation through informal connections (for instance with friends, relatives) or in shelters or hostels. Certain groups of the population demonstrate particular vulnerabilities to housing problems. At the extreme end we find homeless people, many of whom become homeless due to an adverse life event that they are unable to deal with.

There are two main approaches to resolving homelessness: Housing Ready and Housing First. As these models are based on different principles, they should evoke different coping strategies used by homeless people as they respond to these adverse life events. Therefore this theoretical essay attempts to explore this hypothesis further, using the example of the Czech Republic in an attempt to provide an exploratory paper to trigger further discussion of future empirical research.

Methodology

Content analysis was conducted across multiple academic texts as part of a thorough literature search into the topic. The search spanned several licensed databases (SCOPUS, Wiley Library online, Web of knowledge, Springerlink, Proquest central, JSTOR and Science Direct) and search terms included: living in poverty, dealing with poverty, living in poor conditions, supported housing, Housing Ready and Housing First. On the basis of these search results – mainly in academic journals and research reports – I initially identified 31 ways in which people coped with difficult life situations. I merged content identical coping strategies together into ‘batteries’ and they were further clustered. As a result, I obtained 11 coping tactics roofed with three umbrella categories that correspond with each other. As a part of my content reflection I matched these individual coping tactics together with phases of social disquali-

fication described by Paugam (1991). Next, I attempted to look for characteristics of supported housing models as described by various authors. I compared the living situations described within those models (theoretically matched to ETHOS – the European Typology of Homelessness and Housing Exclusion) with Paugam’s phases of social disqualification. This comparison enabled me to gain various coping strategies theoretically situated under Housing Ready and Housing First models. The themes then emerging through this thorough literature search were then applied to the situation for homeless people in the Czech Republic.

Social disqualification and coping mechanisms

The following draw on the typology of difficult life situations based on Paugam’s classification, and the coping mechanisms employed by individuals within these situations will be broken down and discussed.

Social disqualification phases

Paugam (1991) presents an analysis of phases of social exclusion and identifies those who are at risk in society. Three situations are presented: *fragility*, *dependency*, and *the fracturing of the social bond*. *Fragility* refers to people who are facing difficulties in engaging in the labour market and securing housing. It is possible that people in this phase that have lost their job, may re-engage in employment in the future. They try to resolve their situation themselves, and they feel ashamed in accessing unemployment benefits as well as a perceived loss of their social status and dignity. These are usually middle-aged or older people, while younger people tend to be more open to drawing on social welfare supports.

Secondly, *dependency* becomes more likely when unemployment persists for long periods of time. People in this phase usually find it very difficult to secure employment or engage in a training course. There may be a deterioration of health due to stress. While initially they consider unemployment benefit demeaning, they gradually become more accepting and later, dependent on it. These people may avoid extreme poverty due to being able to access other resources. In the case of *the fracturing of the social bond* category, an accumulation of issues occurs. These individuals are not engaging in the labour market, they have health problems; they may lose their housing and lose contact with the family. They often end up completely destitute and many are not registered with state social welfare systems but rather depend on drop-in homeless services. Misuse of alcohol or drugs may be common. They experience feelings of hopelessness and feelings of meaninglessness. According to Paugam (1991), phases may not always occur consecutively among all individuals experiencing difficulties. It is possible to move from fragility

to weakening social supports, or alternatively to overcome fragility and integrate back into society. According to Keller (2014), it is the housing loss that has the most negative impact on individuals.

Responses among those experiencing poverty

Many people experiencing poverty try to distance themselves from what society defines as 'poor people'. They seek to avoid the stigma of poverty. Others, however, identify fully with being a part of the poorer sector of society.

Distinction strategies

Avoidance

Duvoux (in Keller, 2013) states that when an individual is trying to hide his or her fragility, and demonstrate unwillingness to be identified as someone who needs help, they strive to remain independent and seek to resolve their worsening situation themselves. Paugam (1991) adds that many people in this category seek to distance themselves from the environment in which they live. Sirovátka (2000) identifies these individuals as having interrupted employment histories, due to child rearing or poor health, for example, yet they continue to aspire to secure employment and a stable income in the future. There is a perceived decrease in confidence towards official institutions (such as the police, local government and community organizations (van der Land and Doff, 2010).

The 'deserving poor'

This group believe that, unlike others, they do not abuse the help that is offered to them. While they do not have strong employment histories, they have other strengths and they believe that they are better parents than other poor parents. These views compensate their low social status (Paugam, 1991).

Discrediting of others

Individuals try to restore their self-esteem by mocking others or regarding those who stigmatise them as being 'weird' (Gaulejac and Léonetti in Keller, 2013).

Adaptation strategies

Situation instrumentalisation

According to Gaulejac and Léonetti (in Keller, 2013) a person in need may outwardly demonstrate, and often even exaggerate, their inferiority in order to maximise the level of assistance or help, offered to them. *Situation instrumentalisation* can also

be found with 'strategic users' described by Leisering and Leibfried (1999), who see social support as one of the tools to enable them to live a certain lifestyle. They are comfortable drawing upon social benefits as their main income. They usually realise themselves they will be unemployed for some time.

Positive adaptation

Van der Land and Doff (2010) describe another way of adaptation to poverty, a liberal and positive approach supported by social interactions with other residents, which are generally harmonious and based on mutual respect. Leisering and Leibfried (1999) refer to such individuals as *pragmatic fighters*, as they use social support as a means to achieve their goals whilst also adapting to limited financial means. Wadsworth (2012) considers these coping strategies useful with regard issues the individual has little control over. Therefore, she regards them as very relevant for the situation of coping with poverty, particularly so given that poverty is often associated with structural barriers, feelings of helplessness and loss of control. According to Wadsworth (2012), social support from the family (financial aid, assistance with child care) may be helpful in these situations; however, poverty often reduces the availability of such support.

Passive adaptation

Others adapt to their adversity in a more passive way. According to van der Land and Doff (2010), individuals choose adaptation to problems, or at least the acceptance of them, which is associated with resignation from the fact that the others in the surroundings will change their behaviour. Acceptance of the situation is not positively motivated but it is rather the result of a resigned approach to the fact that others could change their behaviour. Disturbed neighbourly relations appear in this form. Sirovátka (2000) describes adaptation to life on welfare, when in some cases the decline of aspirations and passivity occur due to disability or loneliness.

Defensive strategies

Total resignation

By giving up on searching for solutions combined with a low sense of self-worth can also be ways of coping for some individuals. Time is confined to only the present within which individuals pursue minimum fulfilment of their immediate needs. In this situation, according to the authors, people do not hesitate in contacting social services. At the same time, they alternate between humiliation and aggression (Gaulejac and Léonetti in Keller, 2013). Leisering and Leibfried (1999) describe those

who adopt the role of 'victim'. They are long-term unemployed, they believe that finding an employment is out of reach, and thus remain dependent on welfare. They experience feelings of hopelessness and powerlessness.

'Let's do something about it'

Van der Land and Doff (2010) describe another defensive coping strategy in which people demonstrate an attitude of 'Let's do something about it' which relates to active efforts to change circumstances. Leisering and Leibfried (1999) call such people 'life fighters'. These are individuals who have big dreams, but also concrete ideas about what the future should look like. Wadsworth (2012) in this context refers to 'active management' of a difficult situation that involves 'problem-solving', 'expressing' and 'managing emotions' as partial solutions. At the same time she defines that poverty often undermines such solutions.

Release

Dubet (in Keller, 2013) as one of the first sociologists explored the experiences of young people aged 16-25 years – many of whom were second-generation immigrants – of life in the suburbs of large cities. What is typical in their behaviour is unpredictable alternation of moods. Many demonstrated a deep sense of apathy combined with sudden outbursts of uncontrolled anger. They live in an environment of acute poverty characterised by continual uncertainty, ample time, and limited income. They do not have the means to move to another district and some have conflicting constructions of identity whereby they seek to forget their past while avoiding thinking about their future. They focus only the present moment and immediate experience. They have a weak sense of solidarity with others, because they also have no one to help them.

Reality escape

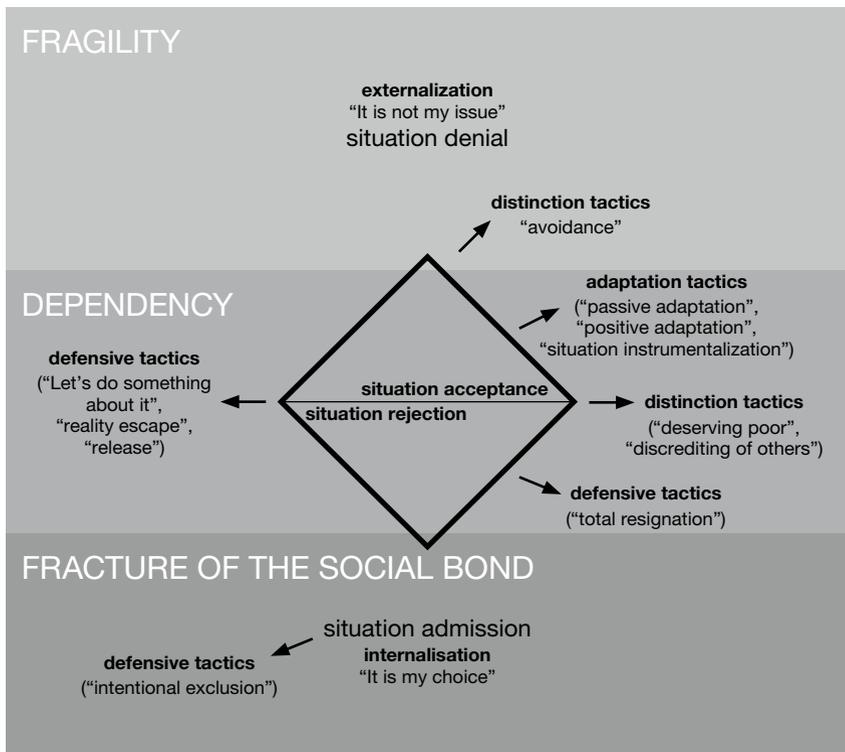
This escape from reality refers to the denial of their current situation. Reality is downplayed or embellished, and personal abilities may be overrated. Socially excluded people often dream of leaving for a different place and starting a new life. However, it is extremely unlikely that they would succeed. Facing reality is often blocked by alcohol and drug consumption (Keller, 2013, Wadsworth, 2012).

Intentional exclusion

The loss of ontological security can lead to rapid deterioration of personal circumstances, yet people hold the illusion that they have the freedom to change their circumstances, not realising that their circumstances are highly constrained. These people want to believe that they can control their lives, even if it is in the form of self-destruction (Gaulejac and Léonetti in Keller, 2013).

Although the use of different coping strategies are dependent on each unique situation, for the purpose of the theoretical development, I discussed the main characteristics of all three umbrella categories and match them to general reactions of people when faced with difficult life events. This denial of your situation and externalising of the problem, accepting it, rejecting it, or internalising it (loosely inspired by Kübler-Ross, 2005). Furthermore, the phases of social disqualification were added as layers framing the whole difficult life situation overview. The following Figure 1 presents the results of this work.

Figure 1 Coping strategies in relation to phases of social disqualification (Lindovská, in: Gojová et al, 2014)



In Figure 1 we may see, when in a position of vulnerability, people may avoid their problems (*avoidance*). After facing a situation, they may choose to take advantage of their circumstances (*situation instrumentalisation*), or adapt to it – in either a passive or positive way (*passive adaptation*; *positive adaptation*). They may identify themselves as deserving poor (*deserving poor*) or by discrediting of

others (*discrediting of others*). Some people don't accept the situation they are faced and tend to reject or revolt in it (*Let's do something about it, a form of release*). Some try to deny it and break away from their situation (*reality escape*). In cases where those strategies do not work, people may then fully resign themselves to the situation (*total resignation*). In some cases people not only admit and accept their difficult position, they internalise it (*intentional exclusion*). As each typology presents only a crude categorisation of coping strategies in difficult life situations, mainly on individual level, we also acknowledge people can employ more than one coping tactic when facing difficulties.

If we assume housing exclusion to be part of social exclusion (as stated by Keller, 2014), then the conceptual categories can also be of relevance for understanding homelessness (Edgar and Meert, 2005) (See Table 1).

Table 1 Social disqualification and homelessness

Phases of Social Disqualification	Conceptual Categories of Homelessness
Fragility	Inadequate housing
Fragility; dependency	Insecure housing
Dependency	Houseless
The fracture of social bond	Roofless

Models of Supported Housing and Homelessness Coping Strategies

There are two main models dealing with the defined conceptual categories of homelessness defined above: Housing Ready and Housing First. Therefore the remainder of this paper discusses the impact in which those models of housing provision have on various coping strategies used by individuals in homeless situations.

Firstly, it is important to acknowledge the current shift away at the European level from the Housing Ready staircase model of homelessness service provision to the Housing First model. Tsemberis (2010, pp.18 – 30) summarises the basic principles of the Housing First model, which includes the provision of independent housing; separation of housing from social services; commitment to work with clients for as long as they want; and adopting a Harm Reduction approach to recovery. Atherton and Nicholls (2008) note that housing itself is not enough to resolve homelessness. Having a stable tenancy must be seen as part of 'an integrated package of support' (Atherton and Nicholls, 2008, pp. 294). The provision of assertive outreach services contributes significantly to maintaining tenancy and stabilising or improving social and health problems of the clients. Busch-Geertsema (2013) in his evaluation of Housing First Europe, piloted in 2011-2013, and which was carried out in five European cities (Glasgow, Amsterdam, Copenhagen, Budapest and Lisbon),

demonstrated that rapid allocation of permanent housing with provision of complementary social services was shown to be crucial for success. The services were implemented mainly in the form of assertive community treatment for users with very complex needs, or in the form of intensive case management in cases of complex needs of a lower intensity. It showed high success rates in the programmes with 87.9 percent of the programme users in Amsterdam who sustained their housing, 94 percent in Copenhagen, 92.9 percent in Glasgow and 79.4 percent service users in Lisbon.

Place (2011) points out, when presented in isolation, the Housing First model may incorrectly lead to a narrow understanding of homelessness, with the image of 'chaotic individuals' with high support needs dominating, and attention may be diverted away from the structural causes of homelessness. On the other hand, the Housing First model, according to Busch-Geertsema (2012), shifts affordable housing (and the means of its financing) to the centre of current debates. In other words, the Housing First model can be understood in a wider sense as a concept which promotes housing as a key element in addressing the homelessness issue and does not present a mere niche of work with a group of the most vulnerable and excluded ones.

Coping strategies employed in the Housing First model

This model, relates mainly to the phase of *the fracture of the social bond*, i.e. to a phase that the Housing Ready model lacks capacity to assist or resolve. Many people with complex needs do not have the ability to meet the demands that is expected of them when they are progressing through the transitional housing system, as was argued in a study by Felton (2003). Felton (2003) observes that many homeless people with mental problems and/or those abusing addictive substances circulate among the institutions – primarily overnight shelters, prisons and hospitals without the hope of finding permanent housing. According to Marek *et al* (2012), the specific problem of the Czech situation is that there are no 'wet' housing services that accept homeless people who are in the active phase of addictive substance abuse. These individuals are often unable to obtain the services of homeless hostels due to the threshold being too high. The Housing First model, which does not rely on the philosophy of 'readiness', arranges long-term rented accommodation for such people and identifies further support, for instance in the form of assertive outreach work and case management.

Table 2 Coping Strategies Employed in the Housing First Model

'Housing First' Model			
Social Disqualification	ETHOS	Coping Strategies Tackled	Coping Tactics Produced and Empowered
FRAGILITY	INADEQUATE, INSECURE HOUSING	'avoidance'	
DEPENDENCE	HOUSELESS	'reality escape'	'Let's do something about it'
		'release'	
FRACTURE OF SOCIAL BOND	ROOFLESS	'total resignation'	
		'intentional exclusion'	

Coping strategies employed in the Housing Ready model

Some authors critique the Housing Ready model. Busch-Geertsema (2013, p.16) points out several problems in relation to transitional housing:

- Transition between the individual stages causes stress.
- Lack of choice and limited agency combined with standardised level of support across the different stages of residential services.
- Lack of privacy and limited control over where service users are placed.
- The final transition to independent tenancy may take years and many clients get 'lost' between the individual stages.
- A certain group of people gets 'stuck' in the system and circulates from service to service.

From the description of the Housing Ready model, it becomes obvious that it is primarily employed for those who are in a situation of dependence or in the ETHOS category defined as houseless. The beginnings of the phase of dependence can however be found already when in inadequate or insecure housing. This situation offers an opportunity to incorporate people who use *avoidance* as a way of handling their homelessness. It is worth considering the use of floating support because of the apparent mistrust of official institutions by these people. Analysing the challenging issues of the Housing Ready model brings us to discuss several points. The lack of choice and personal decisions, little privacy and limited control over where users are placed, can enable the use of various coping strategies. In this vicious circle, all adaptation strategies (*passive adaptation, positive adaptation, situation instrumentalisation*) as well as the defensive strategy of *total resignation* can be evoked. Those who become entrenched in the homeless system may be characterised as a group of *the deserving poor* and *those who are discrediting others*. These strategies do not seem to empower people. The question thus remains to

what extent does the process of institutionalisation in hostel settings makes it possible to use the *Let's do something about it* strategy which calls for active engagement to resolve their situation (See Table 3).

Table 3 Coping Strategies Employed in the Housing Ready Model

Housing Ready Model			
Social Disqualification	ETHOS	Coping Strategies Tackled	Coping Strategies Produced and Empowered
FRAGILITY	INADEQUATE AND INSECURE HOUSING	avoidance	
DEPENDENCE	HOUSELESS		passive adaptation
			positive adaptation
			situation instrumentalisation
			deserving poor
			discrediting of others
		total resignation	

Homelessness Coping Strategies in the Czech Republic

The situation in the Czech Republic will now be presented in the final section of this paper. Estimates on the number of homeless people or people at risk of homelessness in the Czech Republic are tentative due to incomplete statistical data. In 1996, there were an estimated 9 000 homeless people across 169 municipalities (Horáková, 1997). During the same year, there were 4 500 counted as homeless across 18 homeless hostels (Horáková, 1997). Later there were individual homeless counts in several bigger cities: in Prague in 2004, the total number of homeless people reached 3 096 persons (Hradecký, 2005). Recent statistics have stated there are 11 496 officially counted homeless people in the Czech Republic (Housing and Population census, 2011). There is another indicator mentioned in the statistics 'people housed in emergency and mobile objects' that would, according to the European Typology of Homelessness and Housing Exclusion (ETHOS), be classified as homeless people too. The Czech Statistics Office counts them among those being 'housed'; their total number was 85 647. (Table 30, Housing and Population Census, 2011) If ETHOS is taken into account, then we can say there are 97 143 homeless people living in the Czech Republic, which is 0.92 percent of the Czech population.

Studies on homelessness in the Czech Republic are limited. Barták *et al* (2005) found that, according to Czech social workers, the most prominent risk factor for homelessness is alcohol misuse and in many cases, serious mental health problems. Šupková (2007) shows that the highest percentage of health problems among homeless people is related to addiction (23 percent), most often alcohol addiction. A survey of mental health among homeless people in the Czech Republic by Dragomirecká and Kubisová (2004) revealed that mental health disorders are

more common among homeless people than the housed population. A quarter of homeless people were found to have mental health problems, in case of women it was almost a half of all homeless women. Štěchová *et al* (2008) reported that 40 percent of shelter users have a criminal record. Prudký and Šmídová (2010) conducted a quantitative survey among 4622 homeless people in which it was revealed that one of the most common reasons for their homelessness was discharge from an institution, such as prison. Mikeszová and Lux (2013) identified the main barriers of successful reintegration of Czech homeless people as the lack of housing stock and personal debts.

Housing homeless people in the Czech Republic

When tackling homelessness, the staircase model, or a transitional housing system, is still widely used in the Czech Republic. Lux *et al* (2010) state this model consists of three phases: firstly, there are shelters and hostels for homeless people; the next phase consists of provision of transitional supported accommodation, during which service users become accustomed to living independently; and the last phase is permanent independent rental housing. Individual social work with a service user is carried out. A lease (or sublease) contract is for a limited period – usually six months, a maximum period of stay goes up to two years. There are three types of such supported accommodation (Lux *et al*, 2010, pp. 7-8):

- Flats owned by a non-profit organisation (a client is a tenant, a non-profit organisation is the manager)
- Flats owned by a municipality (the client is a tenant, the municipality is manager)
- A non-profit organisation hires housing units from other entities (a municipality or a private owner is manager, a non-profit organisation is a tenant, a client is a subtenant)

Another housing option for homeless individuals and families in the Czech Republic are the so-called ‘commercial hostels’. In their study, Jedináková and Pischová (2013) documented practices in those hostels in the third biggest Czech city – Ostrava. Currently there are 31 commercial hostels operating in the city of Ostrava, with over 7 000 beds available. Families living in those hostels usually occupy them from between 5 and 10 years. Those hostels were in the past used for a short-term stay of pitmen and labourers who commuted long distances. Therefore most commercial hostels in Ostrava do not reach standards for long-term occupancy, especially when it comes to families with minors. Specifically there are four main issues appearing:

- Some hostels in Ostrava are not suitable for short-term occupancy. Twenty square meters is assigned for single person occupancy in social housing, but in these facilities, this space can be shared by eight people (adults and children). A kitchen (an empty room with one cooker) and shower facilities (with a limited source of hot water) are shared by families on one floor with communal areas. Childcare facilities are not available.
- A contract is usually agreed for the period of one to three months, outlining the expectations of the tenants, without acknowledging their rights.
- Housing benefit is often used to cover the cost of living in commercial hostels. This can go directly to the landlord so the client has little or no control over it. Sometimes housing benefit for one room with two adults and children is claimed separately for each adult person.
- Floating support workers find it hard to reach their clients, and they are not allowed to enter some commercial hostels. In some hostels, they can talk to their clients only in the presence of a hostel worker (e.g. receptionist), which the support workers find unacceptable. (Jedináková and Pischová, 2013).

Many families sink into debt. Many enter a 'vicious circle' whereby they are in arrears for gas, electricity, and rent. In order to get out of a commercial hostel and rent a flat, people often need to pay a one-month deposit, which they cannot afford and the state does not help to cover these extra costs. Due to rent arrears, they are not eligible for a council flat. The only option, therefore, is to stay in a commercial hostel (Jedináková and Pischová, 2013).

Coping strategies in the context of the Housing Ready approach in the Czech Republic

Structural barriers and barriers to the successful resettlement process of homeless people result in people adapting various coping strategies. For example, we have observed in the context of the Czech Republic, *passive adaptation*, *total resignation*, *situation instrumentalisation*, *deserving poor* and *reality escape* among those living in commercial hostels. With regard to standardisation of rules in the provision of transitional homeless services, it is probable that individuals who use the *reality escape* or *intentional exclusion* strategies – which among other things are characterised by abuse of addictive substances – are likely to fail in the context of strict abstinence rules in the Czech supported housing structure of provision. The Housing Ready system in the Czech Republic seems to be disempowering people in dealing with their difficult life situation.

There seems to be a strong focus of Czech social services on pre-empting potential needs of service users and not reacting to their actual needs. Personal difficulties are viewed by services as individual traits of homeless people rather than caused by the structural issues. By contrast, one of the promising coping strategies could be *Let's do something about it* which seems to be reproduced within the Housing First model. If we presume the Housing First model is capable of working with coping strategies which the Housing Ready model may have difficulties in reacting to, it is surprising that the Housing First model is absent from Czech social work practice. The Conception of Prevention and Solving of Homelessness (The Ministry of Labour and Social Affairs, 2013) plans pilot testing of the Housing First model in 2015. Housing and social policy must also adjust and adapt to this new approach for this new pilot test, especially with regard to access to adequate housing. Busch-Geertsema and Sahlin (2007) also observe that while the trigger to homelessness may be linked to personal problems, the processes, which preceded this, can often be linked to housing market or social policies. A Platform for Social Housing, which was established in 2013, brought together non – governmental organizations, academics and experts in social housing to work together against structural barriers in relation to resettlement processes of homeless people in the Czech Republic. It remains to be seen what possible changes this initiative may bring and whether more collective action produces distinct collective coping strategies among those affected by homelessness.

Conclusion

The first part of this article was dedicated to the description of difficult life situations in the form of Paugam's phases of social disqualification: *fragility, dependence* and *the fracture of the social bond* (Paugam, 1991) as well as the classification of coping strategies to adversity. In particular, distinction strategies were described: *avoidance* which is when one denies to themselves their deteriorating situation; *deserving poor* and *discrediting of others* which are characterised by distancing from people in a similar situation; *positive adaptation, passive adaptation* and *situation instrumentalisation* are all varying types of adaptation to these events. Passive coping with the situation may lead to *total resignation*, which was already defined as a defensive coping strategy. *Escaping from reality, release* and *Let's do something about it* were considered another defensive strategy, anticipating non-acceptance of one's situation. The last defensive strategy described, appearing in a situation of complete destitution, was *intentional exclusion*.

In the second part of the article, the role of models of Housing Ready and Housing First in employing various coping strategies used by individuals to cope with the situation of homelessness was discussed. The Housing First model specifically

works to restore social bonds and lifts people almost immediately from the street into permanent, rental housing, which in turn provides a space to employ other coping strategies, which the Housing Ready model has, difficulties to grasp, namely: *intentional exclusion*, *release*, *reality escape*, and *total resignation*. The Housing Ready model results in persistent dependency of many individuals and many return to homeless shelters. This return may result into reproduction of some of the more negative coping strategies, especially the strategies of *deserving poor*, *discrediting of others*, *passive or positive adaptation*, *total resignation* and *situation instrumentalisation*.

The last part of the article described the re-housing system for homeless people in the Czech Republic and the dominance of the Housing Ready model was discussed. This model is implemented through transitional housing, represented by shelters, hostels and supported accommodation. The issue of commercial hostels in the Czech Republic was also discussed. These institutions seem to reproduce *passive adaptation*, *total resignation*, *situation instrumentalisation*, *deserving poor* and *reality escape* coping strategies. People employing *reality escape* and *intentional exclusion* may also fall through the support network of Czech homeless hostels and supported accommodation due to abstinence rules imposed upon them. Most NGOs focus on working with their service users at the individual level, reacting in advance to potential service users' needs. This leads to the absence of the Housing First approach in Czech social work practice, where a *Let's do something about it* strategy could be at the forefront. Despite this, the Conception of Prevention and Solving of Homelessness in the Czech Republic until 2020 (The Ministry of Labour and Social Affairs, 2013) outlines the piloting of Housing First as one of its priorities, with The Platform for Social Housing actively advocating its introduction into Czech law. All these activities are considered promising for the future development on the Czech homelessness and housing scene.

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