

Does Housing First catalyse a better life? Quantitative findings from a Catalan randomized control trial.

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Main topics

- The 'problem' of Homelessness in Barcelona
- The rationale of Housing First models
- The 'Primer la Llar' evaluation
- Analysis and results
- Conclusions and next steps

The problem of Homelessness in Barcelona

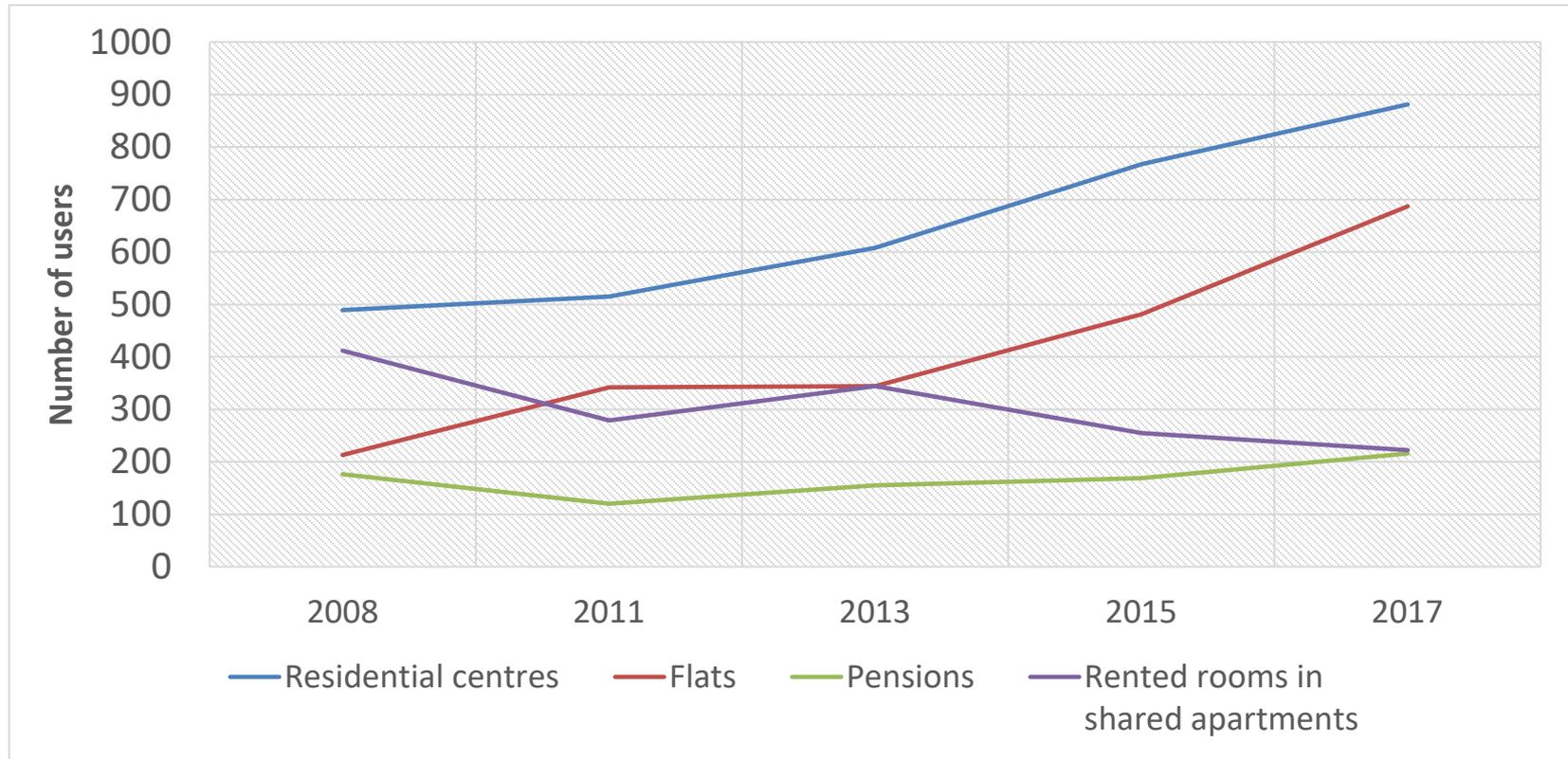
Homelessness in Barcelona: the numbers

- The number of Homeless people in BCN has grown in recent years: from 2847 in 2016 to 3055 in 2018.
 - **Sleeping rough**: 892 in 2016 while 1026 in 2018
 - **Sleeping in residential services**: 1907 in 2016 to 2130 in accommodation services.
- From a single-contact census (2017) is estimated that :
 - 25 % are women
 - 40% are aged between 31 and 50 years
 - 50 % are nationals
 - 45 % declare not having any regular income



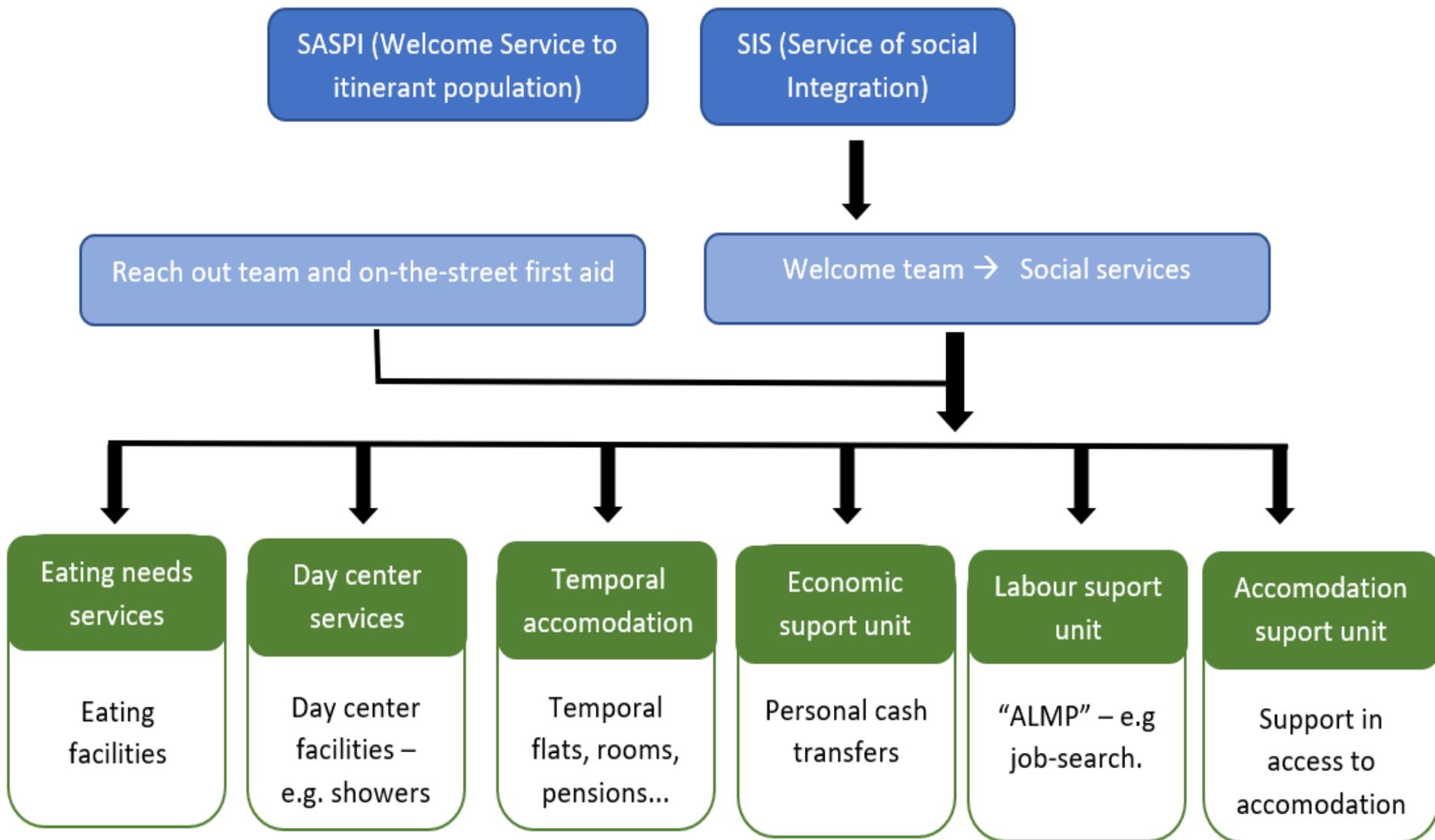
Made up of **38 entities and the Barcelona City Council**, **XAPSL** is the organization behind the tally.

Homelessness in Barcelona: the response



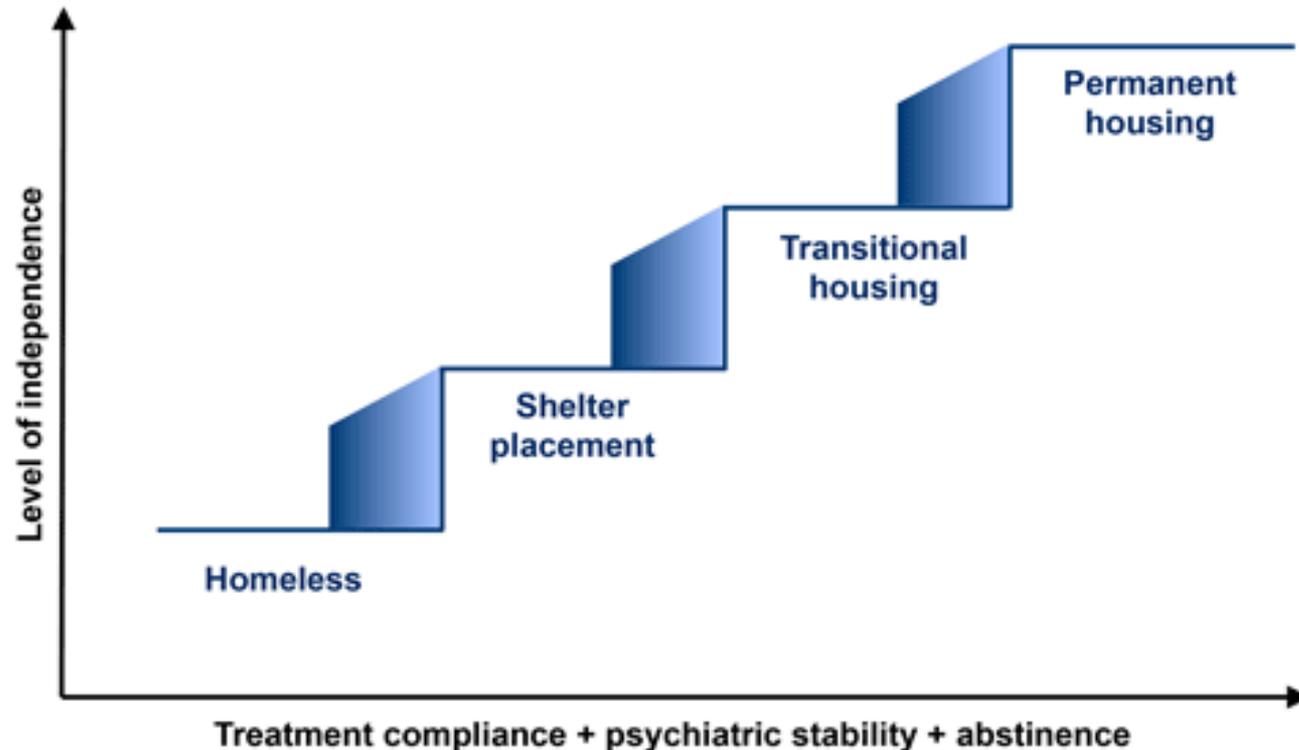
- Residential and flats units **doubled** in the last 10 years.
- There is the intuition that some profiles of homelessness are **under served**: long trajectories and with mental health problems/addictions

Homelessness in Barcelona: the 'response'



The rationale of Housing First models

The 'traditional' service provision



- Few arrive at the top of the ladder
- Revolving door at the bottom of the ladder
- Homelessness becoming more 'elusive'

Principles of the Housing first

- HF models consist of immediate access to housing with **no housing readiness conditions** with the following principles:



Housing is
a human right



Choice and control for
service users



Separation of housing
and treatment



Recovery orientation



Harm reduction



Active engagement
without coercion

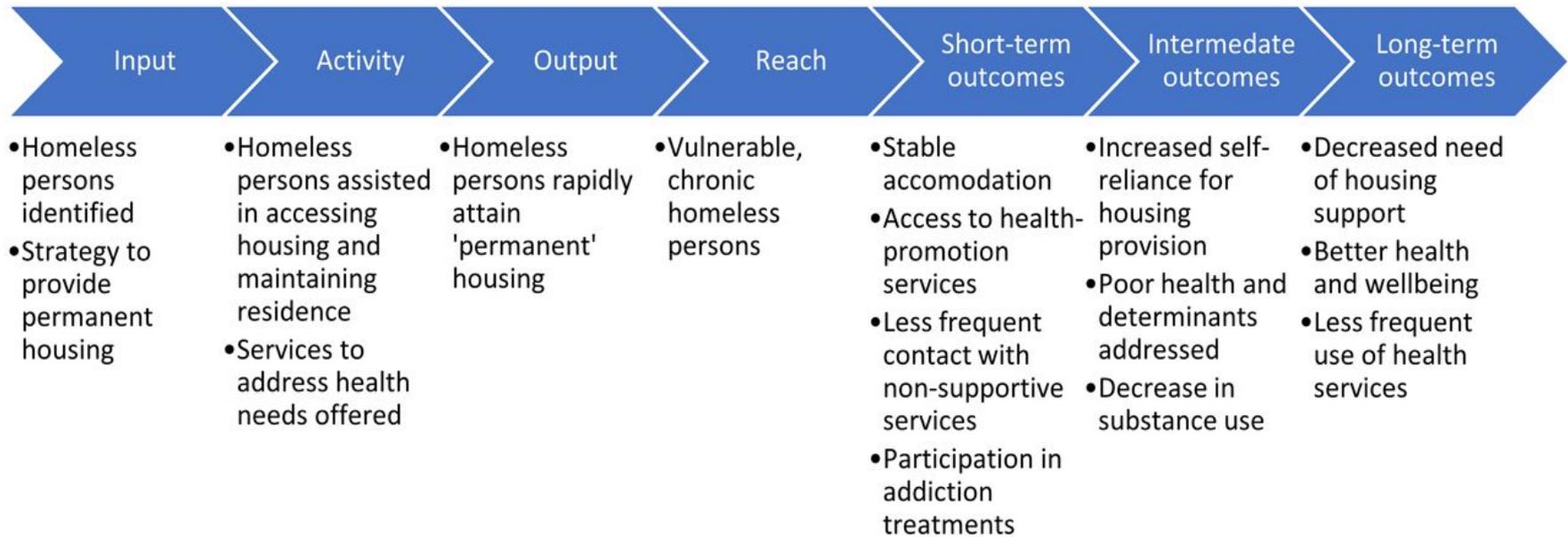


Person-centred
planning



Flexible Support for as
Long as is Required

The theory of change of HF programs

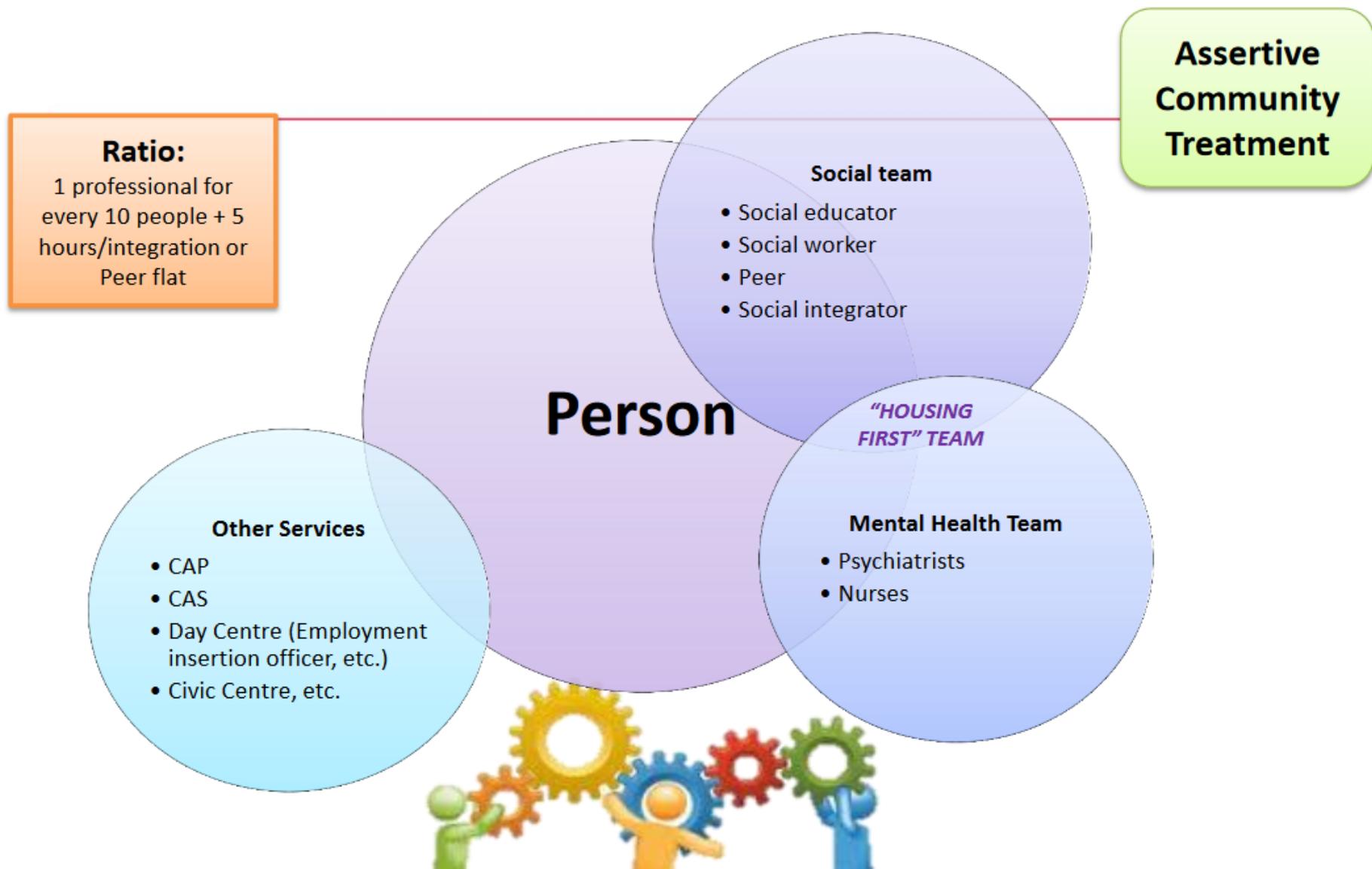


'Primer la Ilar' program

- manages 50 dwellings through the dep. of Social Rights
- A pilot for three years (2015-2018)
- Only for **vulnerable homelessness**: long trajectories and with mental health problems or drug addiction
- Offers specialized social and mental health support
- Budget: 3.000.000 euros (1 million/year).



“Housing First” team



The 'Primer la Llar' evaluation

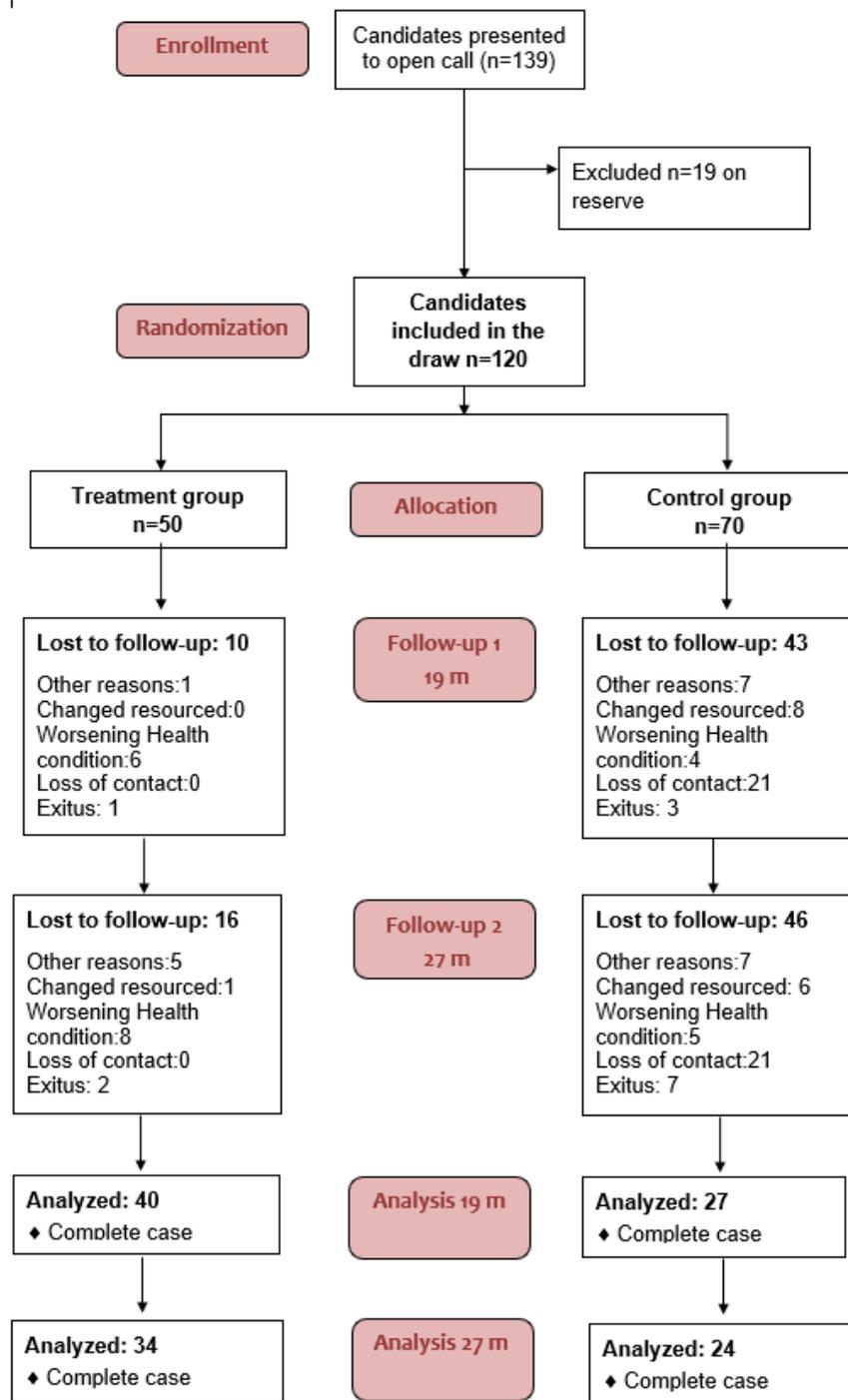
Evaluation: questions and technicalities

- Eligibility criteria based on **vulnerable homelessness**:
 - More than one year of being rough sleeper
 - Having mental health problems or substance use disorders
 - Accepting at least a weekly visit or contact of a professional
- Recruitment while program **open call** resulting in 139 candidates: 50 randomly assigned to flats, 70 as comparison group and 19 being on reserve.
- The main questions to be answered are:
 - improvement of **health-related quality of life**?
 - Advance in personal **self-recovery**?
 - Better **social relationships**?

Evaluation: questions and technicalities

- Health related quality of life was measured using the **SF36**, a validated scale with 8 subdimensions: physical functioning, physical role, emotional role, vitality, mental health, social functioning, bodily pain and general health
- Personal recovery was captured using the Stages of **Recovery instrument**, a validated scale with 5 stages of recovery:
 - Moratorium: hopelessness and withdrawal
 - Awareness: recovery is possible.
 - Preparation: search for resources of help.
 - Rebuilding: Taking positive steps
 - Growth: sense of control over one's life
- Social relationships were measured selecting 15 questions of the validated **Social network survey** on daily contact with friends and relatives, emotional support and perception of social relationships in general.

Analysis and results



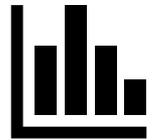
Analysis and results

- Consort diagram

Results were obtained using a **complete case analysis** –using regression techniques to control for predictor variables of both program attrition and non-response.

Analysis and results

- ‘Primer la Llar’ is a promising program to help most vulnerable homeless people.
- ‘Primer la Llar’ helps homeless people to move forward in their **recovery process**.
- Nineteen months after randomization, the HF model participants were on average in a **better situation** with respect of mental health, bodily pain and health in general.
- Twenty seven months after randomization, although positive correlations persists, statistically **significant effects** detected in month 19 **vanish**.
- **No effect** has been detected in the social relationship of homeless people.



Conclusions and next steps

Conclusions and next steps

- Our data suggests that the effects of ‘housing stability’ are **not permanent** on ‘personal stability’.
The challenge of ‘obduracy’:
 - “Housing First proponents regard stable housing to be a platform from which the (often long and complex) process of recovery from mental illness, substance misuse and/or social isolation might begin, not as a remedy to any or all of these problems per se” Tsemberis, S. (2010b)
- **‘Activation measures’** (on labor, skills, social life...) are necessary to ‘maintain personal stability alive’:
 - Right after the ‘surviving mode’ is overcome.
 - To avoid to answer the ‘now what’ question alone
 - with certain degree of ‘conditionality’: ‘evolving with’ implies also client responsibilities and commitments

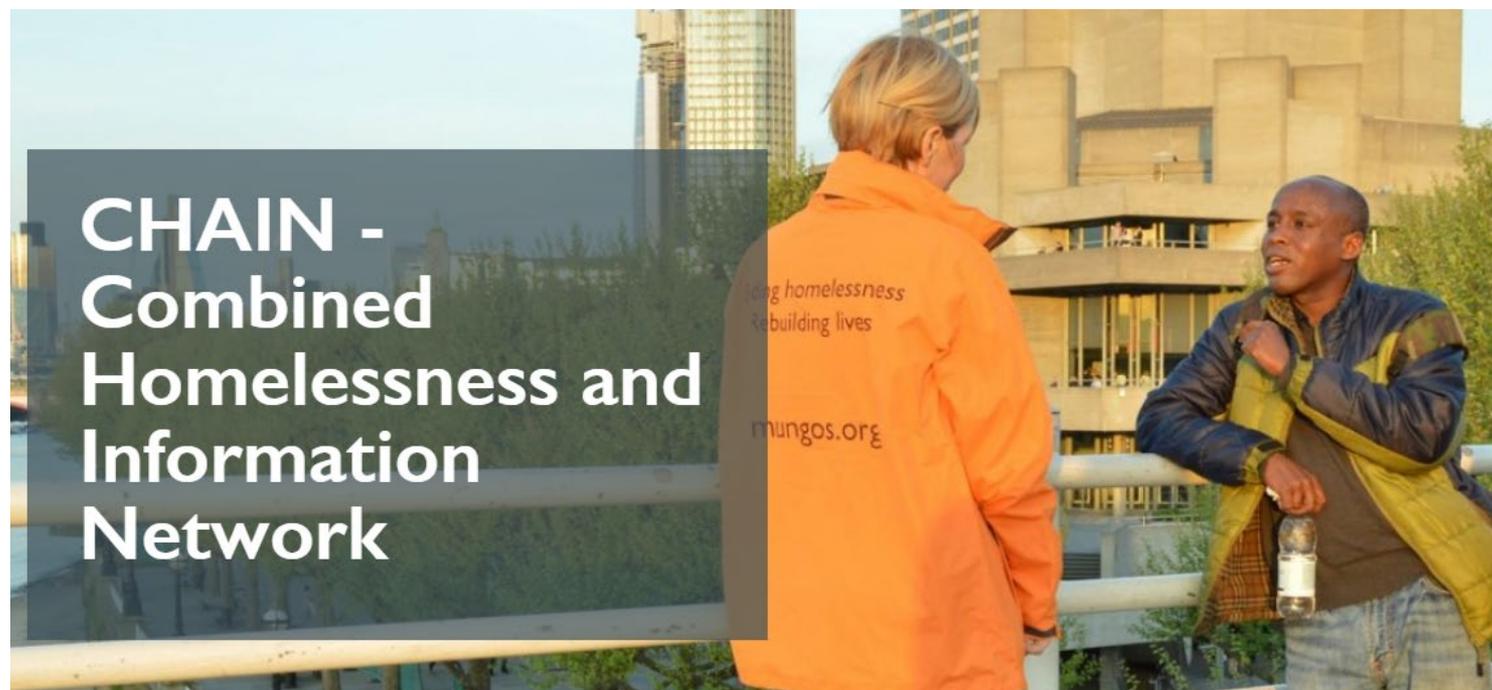
Conclusions and next steps

- When scaling the program, there is a need to **better profile candidates according to personal outcomes** on arrival. And consequently to design a set of specific activation measures once they are accommodated in the tenancy.
- Social relationships is a **long term 'investment'** – beyond 27 months at least. Before, 'personal outcomes' need to be achieved and remain stable.



Conclusions and next steps

- There is a need to improve **tracking systems** for homelessness:
 - Would help to evaluate interventions – less attrition and non-response
 - Would enhance coordination among services (outreach and detection)



Conclusions and next steps

- Alternative understanding of ‘social service provision’: not about individual meritocratic ladders but enacting **windows of opportunity**. This coheres with the potential of ‘solution first’ approaches – Individual placement support or work first schemes.
- **Next steps** include:
 - cost-effectiveness in the use of council social services plus health services in general and mortality
 - to contrast our conclusions with the corresponding qualitative evaluation of ‘Primer la Llar’
 - To promote lessons learnt from ‘Primer la Llar’ evaluation



Thank you!

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Annexes



General board results

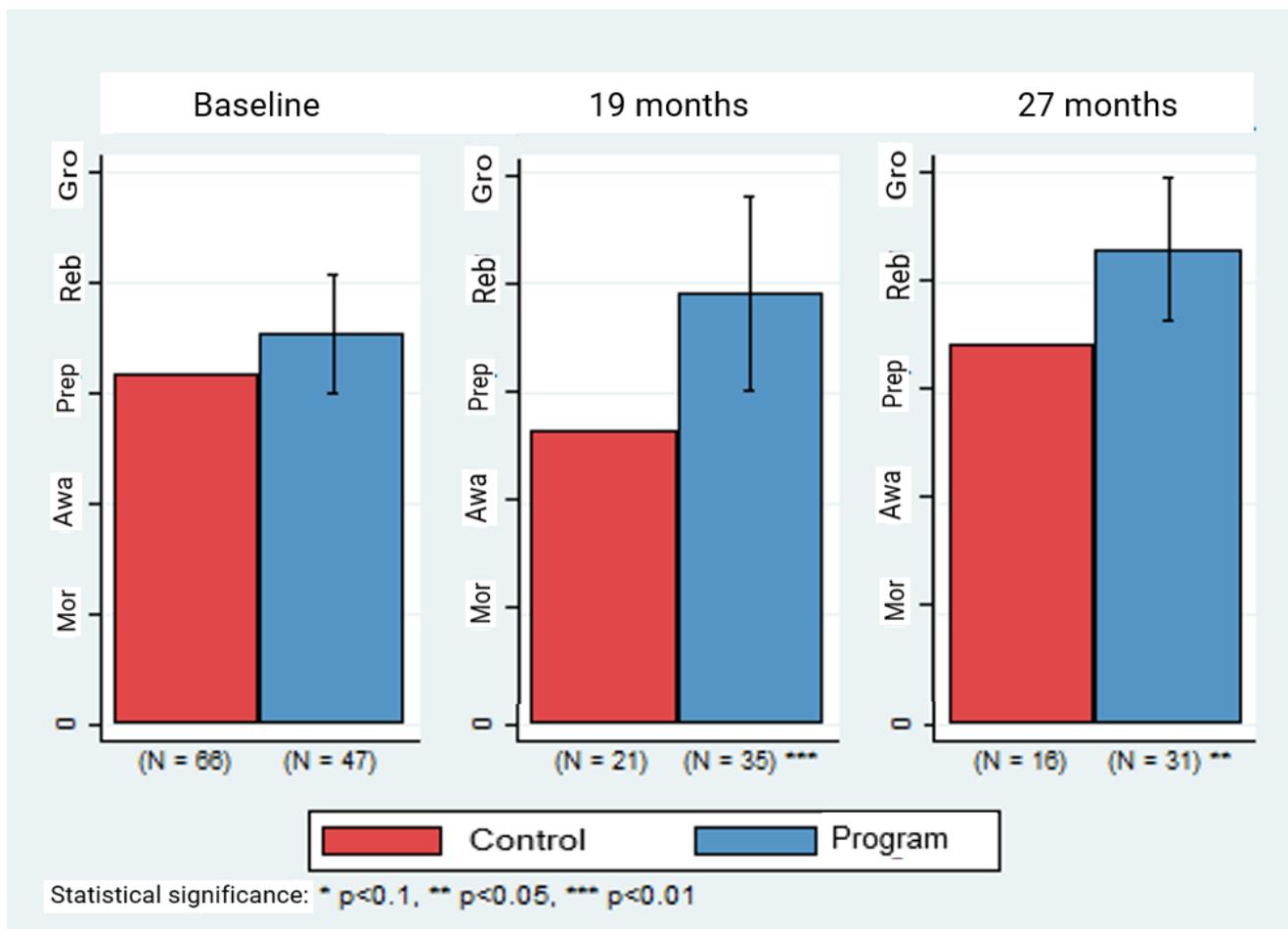
	19 Months		27 Months	
	Correlation	Statistical significance	Correlation	Statistical significance
Quality of life	+	Yes	+	No
Self-recovery	+	Yes	+	Yes
Social relationships	+	No	+	No



Recovery

Follow up	Difference T-C	Stand. Error	p-value	Left CI 95 %	Right CI 95 %
19 months	1.22	0.44	0.01**	0.36	2.08
27 months	0.86	0.32	0.01**	0.22	1.49

Statistical significance: * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$



Health related quality of life (SF36)

	Follow-up	Difference T-C	Stand. Error	p-value	Left CI 95 %	Right CI 95 %
Physical functioning	19 m	14.83	10.00	0.14	-4.77	34.43
	27 m	8.40	7.72	0.28	-6.73	23.54
Physical role	19 m	14.78	13.61	0.28	-11.89	41.45
	27 m	0.70	10.49	0.95	-19.86	21.26
Emotional role	19 m	4.72	17.09	0.78	-28.78	38.22
	27 m	-5.73	14.37	0.69	-33.90	22.43
Vitality	19 m	12.02	10.33	0.25	-8.21	32.26
	27 m	14.25	6.67	0.04**	1.18	27.31
Mental health	19 m	21.21	8.81	0.02**	3.94	38.48
	27 m	8.12	5.88	0.17	-3.40	19.65
Social functioning	19 m	23.67	14.31	0.10	-4.38	51.71
	27 m	-1.77	7.98	0.83	-17.41	13.87
Bodily pain	19 m	29.12	13.25	0.03**	3.15	55.10
	27 m	10.23	9.05	0.26	-7.50	27.97
General health	19 m	27.14	9.71	0.01**	8.10	46.18
	27 m	1.24	6.88	0.86	-12.25	14.73

Statistical significance: * p<0.1, ** p<0.05, *** p<0.01



Health related QoL (SF36): general health

