



Housing First Guide Europe

Chapter 2. Core principles of Housing First

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The Core Principles of Housing First

All Housing First services are based on the Pathways model, developed by Dr. Sam Tsemberis, in New York in the early 1990s¹. **The core principles of Housing First in Europe are drawn directly from the Pathways model.** However, there are significant differences between some European countries and North America and between European countries themselves. This means that the core principles for Housing First in Europe do not exactly mirror those of the original Pathways model. **The eight core principles of Housing First in Europe, developed in consultation with the advisory board for this Guide,** of which Dr. Tsemberis was a member, are:

Eight core 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

This chapter of the Guide presents a detailed discussion of the eight core principles of Housing First services in Europe.

¹ Tsemberis, S. (2010) Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction
Minnesota: Hazelden.



1. Housing is a Human Right

The UN Committee on Economic, Social and Cultural Rights established a right to housing that says that a person should be able to live in security, peace and dignity².

This includes:

- *Legal security of tenure*, centred on legal protection from forced eviction, harassment by landlords and other threats to having a settled home.
- *Affordability*, in the sense that housing costs should not be so high as to mean that food, education and access to healthcare are unaffordable.
- *Habitability*, which effectively means that housing is in a reasonable state of repair and provides adequate shelter and living space.
- *Availability of services*, which centres on the infrastructure needed to make housing habitable, i.e. sanitation, capacity to prepare and cook meals, washing facilities, storage, heating and lighting and waste disposal facilities.
- *Accessibility*, which means that housing should be available to those who require it. Where appropriate, housing should maximise the capacity for someone with a physical disability or limiting illness to live independently.
- *Location*, i.e. housing must allow access to necessary services. This includes education, health, shops and other services. Housing should also be within access of opportunities for paid work and civic participation. Housing should not be in an environment that is hazardous to health.
- *Cultural adequacy*, i.e. housing should allow people to live in ways that do not disrupt their culture. This means housing should allow for the expression of cultural identity.

The European Typology of Homelessness (ETHOS) defines what is meant by a home in a different way, using the idea of physical, social and legal domains. The physical domain centres on having one's own living space, in other words, your own front door to your own home, which is under your exclusive control. The social domain covers the space and privacy needed to live a normal life as an individual, a couple or a family. The legal domain echoes the international definition of a right to housing, i.e. security of residence that is legally protected³.

Housing First emphasizes the right that homeless people have to housing. Housing is provided *first*, rather than *last*, without any expectation that a homeless person has to behave in certain ways, comply with treatment, or be abstinent from drugs or alcohol, *before* they are given a home. **Housing First does not expect homeless people to earn their right to housing, or earn a right to remain in housing.**

People using Housing First are expected to follow the conditions of their lease, or tenancy, in the same way as any other person renting a home would be, with support being provided to enable them to do this. Housing First services also expect there to be regular contact between someone using their service and a support worker, for example at a weekly meeting, which includes checking whether there are any problems with their home (see [Chapter 3](#)).

The housing offered by Housing First is not temporary accommodation. Housing First offers a real home within the terms of both the UN and ETHOS definitions.

² <http://www.ohchr.org/EN/Issues/Housing/toolkit/Pages/RighttoAdequateHousingToolkit.aspx>

³ European Typology of Homelessness - English: <http://housingfirstguide.eu/website/wp-content/uploads/2016/03/ETHOS-EN.pdf>

2. Choice and Control for Service Users



A key principle of Housing First is that people using the service should be listened to and their opinions should be respected. Someone using Housing First is able to exercise real choices about how they live their lives and the kinds of support that they receive.

This core principle of Housing First centres on enabling homeless people to decide what their needs are and how those needs can be met. In practice this means:

- o It should not be assumed that all homeless people with high support needs will share behaviours and other characteristics. Their needs cannot be effectively met with a standardised package of services which makes no allowance for individual needs, characteristics, behaviour or experiences.
- o The best way to understand a homeless person's needs is to listen to the person and their views on the kinds of help they need.
- o To listen and respond to someone's needs and opinions effectively, Housing First must respect that individual and their strengths, rather than focusing negatively on their limitations. A Housing First service cannot be patronising. Housing First cannot function on the assumption that Housing First staff understand someone's needs better than they do themselves.
- o Compassion, warmth and understanding from Housing First staff are as important as respect, when enabling homeless people to choose the right combination of support for themselves.
- o Housing First *actively encourages* engagement with the treatment someone needs, including reducing the harm from drugs and alcohol and encouraging someone to seek help with mental or physical health problems. Help with community engagement and establishing and re-establishing social supports are also on offer. While control rests with the service user, Housing First workers actively work to inform someone using Housing First of the possibilities open to them to make positive changes in their lives (see 2.6).
- o Support must be flexible, imaginative and able to adapt to the specifics of what an individual person using Housing First requires. It is possible to maintain a set of clearly defined functions for support in Housing First (see [Chapter 3](#)) but Housing First must also be able to respond to the specific needs of each service user.
- o Housing First is tailored to individual needs, recognising individual strengths, and does not use a standardised or limited set of responses. Housing First service users are not offered help that they do not actually need. This requires recognising the strengths that each service user already has, or develops over time.

In Housing First, self-determination is seen as the starting point of recovery. Shared decision-making, between service users and service providers, is an essential part of recovery in the Housing First model⁴. This is sometimes described as 'consumer choice' in North American Housing First services.

In Europe, there has been a growing emphasis on service user self-determination in social work and health services over the last 25 years. Self-determination is also used by some homelessness services. European practice, such as the 'personalisation agenda', can closely resemble self-determination in Housing First. Sitra defines personalisation in the following way⁵:

4 Greenwood, R. M., Schaefer-McDaniel, N. J., Winkel, G. and Tsemberis, S. J. (2005). Decreasing psychiatric symptoms by increasing choice in services for adults with histories of homelessness. *American Journal of Community Psychology*, 36(3-4), 223-238.

5 <http://www.sitra.org/policy-good-practice/personalisation/>

“Personalisation means individuals having maximum choice and control over the public services they require - moving from the culture of 'one size fits all' to tailoring support to meet individuals' aspirations and build on their strengths.”

Housing First must balance the need for choice and control while working with each person to encourage and support engagement with treatment. Ultimately, Housing First aims to enhance the health, well-being and life chances of every individual who is supported, increasing their chances of a lasting exit from homelessness.

All Housing First services work by balancing priorities. Finding a balance centres on ensuring that service user choice and control is in place, while at the same time working actively to promote the well-being of each service user. Housing First ensures choice, respects opinions, supports individual strengths and is intended to be both understanding and compassionate, but it also actively encourages service users towards recovery⁶.

3. Separation of Housing and Treatment



Housing First ensures the human right to housing is not compromised by requiring service users to engage with treatment either to access housing, or to remain in housing. Housing is therefore *separate* from treatment.

In practice this means:

- Access to housing, being offered a home by a Housing First service, is not conditional on behavioural change or accepting treatment. In practice, this means housing is still offered if someone does not stop drinking, will not accept treatment for mental health problems or turns down other offers of support.
- Remaining in housing provided via Housing First does not require someone to change their behaviour or accept treatment. Housing First does support someone to follow the terms of a lease or tenancy in the same way as anyone else renting a home would. Housing First also requires regular meetings with Housing First staff, which includes monitoring housing sustainment. However, Housing First does not remove people from housing for not changing their behaviour, or not using treatment.
- If someone is evicted, it should usually only be by a landlord because of lease or tenancy violations. Housing First is designed to re-house a service user who is evicted and to offer them support during the re-housing process. The support services offered by Housing First are continuous and not connected to the housing. This allows a Housing First service to continue to provide continuity in support through residential changes or a clinical crisis (a critical turning point in a person's physical or mental health).

Housing is separated from treatment in another positive sense. While Housing First offers support *for as long as may be required* (see 2.8), when and if someone's use of Housing First support services stops, they keep their existing home. If someone no longer needs Housing First, they *do not* need to move somewhere else.

Unlike some other homelessness services, Housing First is committed to the person and not to their housing. Housing First is person-based, not place-based.

6 Lofstrand, C. and Juhila, K. (2012) The Discourse of Consumer Choice in the Pathways Housing First Model *European Journal of Homelessness* 6(2), 47-68

This means that:

- When someone decides to move home, Housing First support and treatment services remain in contact with them and continue to support them in their new home.
- When someone loses a home that Housing First helped them access, either through eviction or because they abandon their home, Housing First support and treatment services remain in contact with them. If a Housing First service user has lost their home, the Housing First service seeks to find them another home as soon as possible.
- If someone goes into an institutional setting, Housing First support and treatment services remain in touch. For example, if someone has to go into a psychiatric hospital, Housing First will remain in contact with them and either seek to retain their existing housing or arrange new housing in time for when they leave hospital. Housing First will also remain engaged on the same basis if someone is given a short prison sentence.

One challenge for Housing First services can be when apartments are provided in a dedicated congregate or communal setting. This means that housing is provided in an apartment block or block of flats that is only for people using Housing First. Here, it is important to ensure that the rights someone has to their housing are the same as anyone renting ordinary accommodation. This can mean, in theory, that someone can live in an apartment block for Housing First service users after their support has ended by mutual consent with the Housing First team, or if they have decided to stop using Housing First support and treatment. Their housing and their housing rights are separate from the treatment and support they can receive. This may seem an extreme example, but the core principle of separation of housing and treatment cannot be compromised if a service is following a Housing First model. This approach has been adopted in some Finnish Housing First services⁷ (see [Chapter 4](#)).

Some Housing First services sub-let or sub-lease housing units to service users. This can be for two reasons. First, it can provide reassurance when working with landlords in the private and social rented sectors that legal responsibility for their housing is with the Housing First service, not with an individual using that service. Second, if there is a problem with someone's housing, Housing First can rapidly move someone away and, equally rapidly, place them in alternative housing, because they are not the tenant or leaseholder.

Such arrangements involve striking a balance between ensuring someone's human right to housing while simultaneously placing limitations on their legal right to that housing. Ethical behaviour by Housing First services using these arrangements is of very great importance, if the core principle of separation between housing and treatment is to be properly maintained. Some British Housing First services immediately give all Housing First service users a full tenancy, giving them the same housing rights as anyone else renting social or private rented housing would have⁸ (see [Chapter 4](#)).

4. Recovery Orientation



A service with a recovery orientation focuses on the overall well-being of an individual. This includes their physical and mental health, their level of social support (from a partner, family or friends) and their level of social integration, i.e. being part of a community and taking an active part in society. Promoting recovery can include enabling access to education or helping someone find a rewarding leisure activity. Following a recovery orientation is something far wider and more ambitious than just regulating drug or alcohol use, or supporting engagement with treatment. It is about delivering

⁷ Pleace N., Culhane D., Granfelt R., Knutagard M. The Finnish Homelessness Strategy: An International Review (2015) http://works.bepress.com/dennis_culhane/145/

⁸ <https://www.york.ac.uk/media/chp/documents/2015/Housing%20First%20England%20Report%20February%202015.pdf>

a secure and rewarding life for someone, creating a life that integrates them into a community, into housing and into wider social and economic life in a positive way.

The concept of recovery can be approached from different angles⁹ but centres on an individual gaining a sense of purpose, with the prospect of a better and more secure life. There is an emphasis on the person “recovering themselves”, choosing the direction for their future life.

In the Housing First model, homeless people are able to recover: meaning they are able to regain a more meaningful and hopeful life. Recovery does not mean that service users will no longer experience problems, symptoms or struggles. Nor does recovery mean that they will no longer use specialized services, medication or necessarily be able to live completely independently. The process of recovery is unique and personal. It is a process of trial and error, involving small steps forward and backward. It is a process of celebrating successful experiences, but also of experiencing feelings of pain and frustration. Within Housing First, the recovery process is individual and the support is designed to work flexibly to enable someone to choose their own path to a better life¹⁰.

Services with a recovery orientation are aware that a service user may have experienced traumatic events. They are built on *understanding* someone using a service, in terms of their current support needs, but also in terms of their other characteristics and their experiences. A recovery-orientated service, like Housing First, seeks to maximise the strengths and potential of the people receiving support, encouraging the idea that positive change is possible. Over time, the approach may involve service users being given responsibilities, such as peer mentoring, acting as a representative of other Housing First service users or developing their own support plans. There will also be an emphasis on developing personal relationships, helping where necessary with emotional literacy (the capacity to understand and correctly process emotion) and with enabling service users to build trusting relationships. Services that adopt a recovery orientation often use motivational interviewing techniques.

Housing First *actively encourages* the following:

- Use of treatment for mental health problems and other health problems
- Harm reduction in relation to drugs and alcohol
- Changes to behaviour in order to reduce risks to health and well-being
- An awareness that positive change is possible and the opportunity to have a better life in the future is a realistic option for people using Housing First.

The recovery orientation in Housing First is a philosophy that means that the support provided by Housing First always emphasises the fact that a service user can choose a better future as a real possibility that can be achieved. Support and treatment is in place and available to enable this, but this is just one aspect of the recovery orientation, which also seeks to place the idea of recovery as a realistic prospect in the mind of everyone using Housing First.

The recovery orientation has to be carefully managed in the context of maintaining a clear and equal emphasis on choice and control and person-centred planning within Housing First. It is important that the positive messages of a recovery orientation are carefully put in place. In particular:

- Promoting recovery must always reflect what someone wants for themselves, not anyone else’s ideas about which direction their life should take. People using Housing First must be listened to and their choices respected. The recovery orientation is one aspect of Housing First.
- Following a recovery orientation must be realistic and grounded, but no presumptions should be made about what sort of life a Housing First service user can eventually achieve for themselves.

⁹ Wolf, J. (2016). *Krachtwerk. Methodisch werken aan participatie en zelfregie*. (Strengths Work, a Systematic Method for Participation and Self-Direction). Bussum: Coutinho.

¹⁰ Rapp, C. and Goscha, R. (2006). *The strengths model, case management with people with psychiatric disabilities*. Oxford University Press; Saleebey, D. (2006). *The strengths perspective in social work practice, vol. 4*. Boston: Pearson Education, Inc.

5. Harm Reduction



Harm reduction is based on the idea that ending problematic drug and alcohol use can be a complex process and that services requiring abstinence, or detoxification, do not work well for many homeless people. Harm reduction is mainstream practice in some Northern European countries, such as Finland or the UK and is longstanding practice in France¹¹, but it is not universally employed throughout Europe. **There is extensive evidence that harm reduction is more effective with homeless people with high and complex needs than abstinence-based or detoxification services¹².**

Harm reduction views problem drug or alcohol use as resulting from other support needs and also as having the potential to complicate and increase other support needs. For example, drug use cannot be treated or dealt with in isolation; it has to be understood in relation to a person's other support needs, characteristics and behaviour.

A holistic (whole person) approach that seeks to address all the causes and consequences of drug and alcohol use is central to the harm reduction philosophy. Equally, harm reduction seeks to persuade and support people to modify drug and alcohol use that causes them harm. Harm reduction offers support, help and treatment, but does not require abstinence from drugs and alcohol.

Harm reduction is persuasive in approach¹³. The goal is not necessarily to stop all drug and alcohol use, but to reduce the harm that someone experiences, helping them to reduce and manage their use. If someone wants to be abstinent, a harm reduction approach can enable this to happen, but a harm reduction approach will also engage with an active user, working with them to encourage reductions in their drug and alcohol use.

Harm reduction plays an integral role in Housing First. Housing First could not emphasise housing as a human right, promote service user choice or offer the separation of housing and treatment, if it did not use harm reduction. If abstinence were required, housing could not be offered to, or retained by, anyone who refused to stop drinking or taking drugs.

6. Active Engagement without Coercion



Active engagement without coercion, which is American terminology, can be described as an assertive, though very importantly not aggressive, way of working with Housing First service users. The emphasis is on engaging with Housing First service users in a positive way that makes them believe that recovery is possible. This is the technique by which Housing First pursues a recovery orientation (see 2.4).

Within the harm reduction and recovery orientation of Housing First, the emphasis is always on positively trying to get people using Housing First to engage with the help they need. Housing First service users are also asked to look constructively at any aspects of their behaviour that might threaten their exit from homelessness or their health, well-being and quality of life.

11 Dr. Claude Olivenstein was influential in introducing the concept of harm reduction in France in the 1970s.

12 Pleace, N. (2008) *Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review* Edinburgh: Scottish Government <http://www.gov.scot/Resource/Doc/233172/0063910.pdf>

13 Pleace, N. (2008) *Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review* Edinburgh: Scottish Government <http://www.gov.scot/Resource/Doc/233172/0063910.pdf>

- o People using Housing First must never be threatened with sanctions for behaving or not behaving in certain ways. There should be no denial of access to housing, or threats to existing housing, or removal of support or treatment, if someone does not modify their behaviour in ways that Housing First staff may think would be beneficial to their well-being¹⁴.
- o Equally, Housing First, using a recovery orientation and harm reduction, works actively and continually to emphasise that support, treatment and advice are always available and that positive changes to health, well-being, social integration and overall quality of life are possible. Discussion, advice, information, support and persuasion are all mechanisms to achieve this.

7. Person-Centred Planning



Housing First services use person-centred planning, which essentially involves organising support and treatment around an individual and their needs¹⁵. This focus reflects the emphasis on choice and control for service users. It can be summarised as Housing First adapting to and organising itself to service users, rather than expecting someone to adjust and adapt themselves to the Housing First service.

Some homelessness services expect someone to follow a set path, using a fixed range of services which always work in the same way with everyone. Housing First encourages individuals towards recovery, but is designed to enable them to build their own path, using the particular mix of services that suits them.

Everyone using a Housing First service is encouraged and supported to choose the kind of life they want to live. Choice and control play an important part in this, with Housing First service users making real decisions about the kinds of support and treatment they wish to receive. Person-centred planning within Housing First centres on understanding:

- o All aspects of the life that someone wishes to live, i.e. things that are worthwhile, rewarding and which enhance their well-being and their chances for happiness. This extends beyond ensuring that housing is suitable and the correct range of treatment and support is in place.
- o The needs someone using Housing First may have around social integration. Social integration includes things such as good social supports (friends and/or family and/or a partner), participation in civic life (being part of their neighbourhood and society, not isolated from it) and contributing to society, e.g. through volunteering, paid work, or other productive activity. Good social integration can enhance health and well-being by positively enhancing self-esteem¹⁶.
- o The range of support offered by person-centred planning might include: help with running and maintaining a home; practical skills like cookery, budgeting, shopping and managing bills; debt and money advice and support with decoration and furnishing. In the area of social support, a person-centred plan might concern itself with establishing or re-establishing friendships and positive family relationships. Housing First might also, as regards social integration, encourage and support entry into education, training, arts-based activities, volunteering, paid work and community participation. Finally, with regard to health and well-being, a person-centred plan would encourage and support Housing First service users to engage with treatment.

Housing First is concerned with the human rights and human needs of homeless people, their right to housing and their right to a reasonable quality of life. Housing First is not delivering a real answer to homelessness if it merely 'warehouses' homeless people with high support needs in housing and

14 One exception is if an individual threatens staff safety, in which case engagement may need to cease, either temporarily or permanently.

15 In Europe, the term 'person-centred planning' can be used to refer to a system for helping someone manage all aspects of their life. This is similar to, but not identical to what is meant by person-centred planning in a Housing First service.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/250877/5086.pdf

16 Cohen, S. and Wills, T. (1985) Stress, Social Support and the Buffering Hypothesis *Psychological Bulletin*, 98, pp. 310-357.

maintains them with support services. Flexible, personalised support is essential. Person-centred planning should have several features:

- o Ensuring a Housing First service user is at the centre of any decisions that may change their life.
- o Understanding what each person using Housing First wants from life, how they wish to live and what they wish to do. This will involve what they want in terms of relationships, their place in society and how they wish to spend their time.
- o Housing First staff working with people using Housing First services to ensure that what they want from life, their *quality of life*, managing risks to their health, protecting their well-being and sustaining their exit from homelessness, is at the centre of what Housing First does.
- o Person-centred planning can mean that someone using Housing First pursues priorities that are not those which a Housing First service provider might think are the best option for them. Ultimately, Housing First can encourage and support homeless people towards recovery, but it cannot insist that they take a specific direction (see 2.6).

8. Flexible Support for as Long as is Required



Housing First emphasises the right to housing in another sense, which is remaining in contact with a person using Housing First when they are evicted. If a Housing First service user is evicted, because of rent arrears, nuisance that causes disruption to neighbours or causing damage, Housing First remains in contact with that person and seeks to house them again. Equally, if someone using Housing First finds themselves unable to cope with living in their own home and abandons it, Housing First continues to work with them.

If someone loses their home, they are not left to cope on their own by a Housing First service. Housing First services remain engaged and continue to try to ensure the person's right to housing.

Housing First offers support designed to meet individual needs. The focus on choice and control, person-centred planning, a recovery orientation and harm reduction all underpin this fundamental characteristic of a Housing First service. Support is adaptable, flexible and can also be imaginative, responding to each unique set of needs as required, at least within the (financial) resources a Housing First service has access to. **Support intensity can rise and fall with individual need, so that Housing First can respond positively when someone needs more, or less, help on a day-to-day basis.**

As mentioned above, support follows the individual, rather than being attached to a place. This allows Housing First to maintain contact if someone loses their existing housing, or has, for example, to enter hospital or prison on a short-term basis.

The final, crucial, element of flexible service delivery is **providing support for as long as necessary**. For people using Housing First, living in their own home may not be their normal experience. They may have spent years, in some cases decades, in homelessness services, hostels and emergency shelters, squatting or living on the street. **The support needed for adjustment to living independently may need to extend beyond a few months, and the process of ensuring that the health, well-being and social integration of a Housing First service user are as positive as possible may also take some time.**

This does not mean support needs will be constantly high. Needs do change over time. Nor does support necessarily need to be permanent, as Housing First service users can reach a point where they no longer need Housing First and can either manage with lower intensity support or can live entirely independently.



SHARED OBJECTIVES

Alongside the core principles, each Housing First service has a set of shared objectives, which can be summarised as:

- Delivering housing sustainment.
 - Promoting health and well-being.
 - Promoting social integration, including:
 - Community integration
 - Enhancing social support
 - Access to meaningful and productive activity
- 

See how the core principles translate into practice in the following [video](#).

For more information and details, contact:
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