



# Housing First Guide Europe

Chapter 3. Delivering Support

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# Support in Housing First

Support in Housing First centres on delivering **housing sustainment, the promotion and support of good health and well-being, developing social supports and community integration and extending participation in meaningful activity**. Housing First delivers these services using **multidisciplinary teams** and/or various forms of **high intensity case-management** services. **Mobile teams** of workers provide these services to the people using Housing First services by visiting them **at home**, or sometimes at **another mutually agreed location**, such as a café.

## 1. Housing Sustainment

The first goal of Housing First is to secure housing. Housing is the *first*, rather than the last, issue that a Housing First service deals with. Beginning with housing is a key difference between Housing First and some other models of homelessness service, such as staircase services, that try to make someone 'housing ready' before offering them a home. Using housing as the starting point means that Housing First services can concentrate their support on enabling someone to live as independently as possible, supporting their health and well-being and offering help with community and wider social integration (see [Chapter 2](#)).

Housing First is not housing *only*<sup>1</sup>. **Housing is essential and is the starting point for Housing First but it must be combined with support**. If someone is housed, but treatment is not being offered, there is no practical help with day-to-day living, they are socially isolated, not part of a community and have nothing meaningful to occupy them, much of what is potentially damaging about homelessness is *still happening* to them<sup>2</sup>. At best, a homeless person with high needs who is housed without support is being 'warehoused' without the option to move towards recovery. At worst, homelessness will become repeated, as unmet needs cause housing loss<sup>3</sup>.

**Support is essential to the success of Housing First. Ending homelessness at a high rate is achieved by providing high quality support services after a service user has been housed.**

There are specific aspects of support that play a direct role in helping the people using Housing First sustain their housing. Central to these forms of support is **regular contact** with a Housing First staff member. Alongside checking the well-being of the Housing First service user, a staff member reviews their housing situation and ensures there are no current, or potential, problems. Most Housing First services have a regular meeting, **usually once a week**, face-to-face, in a Housing First service user's home. Some Housing First services require a set form of regular meeting; others are more flexible about how often the meeting happens and might also allow it to take place by telephone or on social media. **The frequency and type of contact is determined by the expressed needs of the service user.**

### 1.1. The Support Provided

The role of Housing First staff in directly supporting housing sustainment can involve the following activities:

- **Regular monitoring of each Housing First service user's housing situation**, checking for current and potential problems with housing sustainment.

1 <http://www.housingfirsttoolkit.ca/>

2 Jones, A. and Pleace, N. (2005) *Daytime Homelessness London: Crisis*

3 Pleace, N. (1997) Rehousing Single Homeless People, in Burrows, R., Pleace, N. and Quilgars, D. (Eds) *Homelessness and Social Policy* London: Routledge, 151-179.

- **Ensuring relationships with neighbours are as good as possible.** This can be a crucial part of the support a Housing First service provides. Housing sustainment can be closely linked to community integration, workers will need to ensure, insofar as possible, that a Housing First service user is happy with their neighbours and that their neighbours are happy to live next door to a Housing First service user.
- **Practical advice and assistance in ensuring that a home is suitable.** This kind of help may be provided when someone is moving into their new home and requires help with furniture, with ensuring the kitchen is properly equipped and power and water are connected and working, or if something goes wrong with the apartment and help is needed to get it repaired.
- **Help with budgeting.** Some Housing First services have partial control of budgeting for Housing First service users, to ensure that rent, or their contribution to rent, is paid. Others simply offer advice with managing money. Support with welfare rights, i.e. claiming all welfare benefit payments to which they are entitled, may also be provided to Housing First service users.
- **Advice and support for independent living.** Some Housing First service users may initially need help with cooking healthy meals and with cleaning and maintaining or decorating their home because these are things they have not done before or not done for a long time.
- **Housing First may effectively provide full, or partial, housing management services for private or social rented landlords.** Here, in return for having access to housing, Housing First services may offer to manage the housing for the landlord, so that the landlord effectively has to do nothing but receive rent payments. Some Housing First services may also guarantee rent. Here, the Housing First service provides support to the Housing First service user, but also manages the housing to reflect the concerns of the landlord (see [Chapter 4](#)).
- **All other types of support should be provided as needed:** it is important for Housing First services to be very flexible, accepting, non-judgemental and have an ethos of doing whatever it takes. They may be called upon to help unclog a sink or toilet, to teach someone about their new cooker or how to work the remote control for the TV, to help them adjust to their neighbourhood, use the washing machine, practice avoiding a drug dealer, and often just to listen, not as a service provider but as one human being to another.



Have a look at the three videos "[Supporting People in Housing First](#)" ([Part1](#), [Part2](#), [Part3](#))

## 2. Health and Well-Being

### 2.1. Organising Support

The health and well-being of Housing First service users tends to be managed using one of two main approaches. Housing First services may offer both these forms of support, or may only provide one of the two:

- **Intensive case management (ICM)** or a similar form of high-intensity case management, which provides some support and **creates connections** between service users and treatment and support provided by other health, support and social work services.
- **An assertive community treatment (ACT) team**, or another multidisciplinary team that **directly provides treatment** for many needs, including mental health problems, drug/alcohol problems and poor physical health, and provides the case management needed to help the person access treatment from other services as required. This approach tends to be used for homeless people with *very high* support needs.
- A Housing First service offering both ICM and an interdisciplinary team, which is the basis of the original model of Housing First, has the flexibility to allow service users to move from ACT (or equivalent) levels of support to ICM (or equivalent) and vice versa<sup>4</sup>.

	Type of intervention	Profile	Support
ACT (Assertive Community treatment)	Service user/ Multi-professional intervention	Serious mental illness with or without addictions	Directly provides services
ICM (Intensive case management)	Service user/ Professional	Mental health problems with or without addictions	Management and coordination to create connections with community resources

There is no completely set way of providing support in Housing First. Where Housing First is **an intensive case management-led service**, support with treatment will centre on a single worker, who may or may not be trained in social work, who will provide some direct support and arrange access to requested health, welfare and other support services on behalf of a Housing First service user. Housing First services may have specialists in addiction, peer support workers, health professionals or other specialists in this case-management role. The Housing First worker will also provide the service user with housing related support to sustain their housing (1. Housing Sustainment) and also help them move towards social integration (3. Social Integration).

When a Housing First service is using **a multidisciplinary team**, it can employ a psychiatrist, a drug and alcohol worker, a doctor, a nurse, a trained peer-support worker who promotes recovery (based on having been through similar life experiences) and specialists in employment and reconnection with family. Sometimes, all of this treatment and support might be provided directly, but where suitable external services exist and are accessible, case management can be used.

**Housing First can, potentially, function as an entire welfare state in miniature, providing all required treatment and support by itself.** Housing First can also offer a mixture of directly-provided treatment and case management, or Housing First can mainly or entirely arrange access to external treatment via intensive case management. Sometimes, a single Housing First service is able to operate at different levels and in different ways depending on what the user's needs are, which closely reflects the original design of Housing First.

<sup>4</sup> Tsemberis, S. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* Minnesota: Hazelden.

The people working for a Housing First service can have a wide range of training and competency. The exact composition of the team will vary, but it can include people who are social-work trained, qualified and experienced in the provision of homelessness support services and, where an ACT or similar multidisciplinary team is used, a mix of health, mental health and drug and alcohol professionals. Housing First may also provide specialists in employment and in peer support, including trained support workers who have had life experience of homelessness prior to working for Housing First.

**In 2015, most of the Housing First services working in Europe, though not all, used an intensive case-management only model.** This is because Housing First has so far tended to be developed by European countries where the state provides a lot of services, with extensive, freely available, health, mental health and drug and alcohol services that can be easily or relatively easily accessed via case management. However, there are some European countries where public health systems are much less well developed and, as Housing First becomes more widespread, some European Housing First services may find that they need to provide treatment directly, rather than being able to rely on case management.

It is worth noting that even in some highly developed social welfare states like Denmark, France, Sweden and Norway, ACT teams are used in some Housing First services<sup>5</sup>. In part, this is because the service user has not requested treatment – only housing – even though the person may well need treatment. It may be easier to engage a person in treatment once they are comfortable and know the treatment provider. In these instances, it can be very useful, for example, to have a psychiatrist make a house call or sit in a park and have a coffee with the service user, building trust before treatment is discussed.

**A multidisciplinary team may be necessary when Housing First is working with homeless people with very high and complex needs.** Mainstream services may be unable to effectively meet the very complex and/or challenging needs of Housing First service users, for example because they are office-based and will not visit people at home. Some mainstream services also still work in 'silos' (are operationally separate from each other). A good example of this is when Housing First service users need a combination of health, drug/alcohol and mental health services. Mainstream services can be provided separately and it can be challenging to coordinate them, whereas a multidisciplinary Housing First team is designed to provide a mix of support and treatment.

In some European countries, all the health services a Housing First service user needs should be freely available to them as a citizen. However, there can be barriers to publicly-funded health services that include negative popular attitudes to homeless people, or relatively complex bureaucracy. Homeless people may also avoid publicly-funded health services as they feel stigmatised and expect to be refused treatment, even if in practice they would almost certainly be treated<sup>6</sup>. Housing First can work well in these situations, because it can advocate for and arrange access to all the health services a Housing First service user wishes to use, via case management. As noted, European Housing First services quite often just provide case management, on the basis that all the health services needed are already freely available. Then, the key role of Housing First is to ensure access is properly organised.

When using a multidisciplinary team, Housing First exercises more direct control over the package of treatment and support being delivered to a service user than when using ICM. This is because all of the members of the interdisciplinary team are employees of the Housing First service. When following an ICM approach, there is not the same level of control, as the people in the team mainly work for other services.

**Cooperation with other services may require careful management and may present some challenges for Housing First services.** The effectiveness of Housing First services in delivering the required treatment and support is dependent in part on external organisations over which a Housing First service may not exercise any control. If these external services refuse to cooperate with a Housing First service or face funding cuts, the Housing First service may find itself encountering operational difficulties. This risk is lower when Housing First services are part of a strategic plan or policy to reduce homelessness and there is an expectation on services to cooperate with one another (see [Chapter 6](#)).

5 A majority of Housing First services are ICM or high-intensity case management-based.

6 Quilgars, D. and Pleace, N. (2003) *Delivering Health Care to Homeless People: An Effectiveness Review* Edinburgh: NHS Scotland. <http://www.healthscotland.com/uploads/documents/425-RE04120022003Final.pdf>

To advance your knowledge on these issues watch our video "[Team Working in Housing First](#)"

## 2.2. Managing Needs

**There will be some individuals whose needs are too high for Housing First.** Where this is the case, procedures need to be in place to ensure they are able to move on to more suitable services. Approximately eight out of ten homeless people with high support needs are successfully housed by Housing First services, based on current (2015) European and North American evidence (see [Chapter 1](#)).

The reasons why it may not be possible to support someone through Housing First include risk management. For example, someone living in ordinary housing may need a very high level of monitoring to safeguard their well-being, for example because they are at high risk of suicide or overdose. This may be beyond a Housing First service's capacity to provide, as a member of staff might need to be constantly with an individual for a long period of time.

## 2.3. The Treatment and Support Provided

Treatment and support, either provided directly by a Housing First multidisciplinary team, or arranged in cooperation with external services through case management, can include:

- **Psychiatric and mental health services.** These will be needed as there is clear evidence that homeless people with high support needs – throughout Europe – have high rates of mental health problems<sup>7</sup>. The treatment available to a homeless person may vary significantly in quality and some will not have been able to access treatment at all prior to starting to use Housing First. The type of support provided will depend on the individual's needs and the preferences of each service user, but Housing First should be able to access a psychiatrist, psychologist, mental health nurses and specialist mental health social work support as required.
- **Drug and alcohol services.** These will be needed as there is pan-European evidence that homelessness among people with high support needs can be associated with problematic drug and alcohol use<sup>8</sup>. Again, the exact type of support provided will depend on what a service user chooses, but will usually involve a drug and alcohol specialist who will work within a harm-reduction framework (see [Chapter 2](#)). Harm reduction seeks to minimise the damage caused by drug and alcohol use through support and encouragement, rather than using detoxification and abstinence in an attempt to bring use under control. Housing First is a service that uses harm reduction, but it is also a service that promotes choice and uses person-centred planning. This means that if someone using Housing First decides for themselves that they want detoxification or to try an abstinence-based approach, Housing First should arrange that service for them.
- **Clinical services.** A Housing First service user may need access to a nurse who can monitor their health, help them administer their medication and follow treatment. A Housing First service user will also require access to a family doctor/general practitioner for medical services. Support may be needed when attending outpatient treatments at a hospital, which might include a Housing First staff member attending an appointment with a service user. Housing First may also need to advocate on someone's behalf to ensure that they have access to the proper treatments. When someone using Housing First is admitted to hospital for treatment, Housing First and the hospital should work together to ensure that their needs are being met when they are discharged from (leave) hospital.

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<sup>7</sup> Busch-Geertsema, V., Edgar, W., O'Sullivan, E. and Pleace, N. (2010) Homelessness and Homeless Policies in Europe: Lessons from Research. Brussels, Directorate-General for Employment, Social Affairs and Equal Opportunities. <http://ec.europa.eu/social/BlobServlet?docId=6442&langId=en>

<sup>8</sup> Ibidem

- o **Personal care services** that provide physical assistance someone with a limiting illness or disability. Some Housing First service users may need help with dressing, washing and preparation of meals.
- o **Occupational Therapy.** This provides equipment and physical adaptations to housing to enable people with limiting illness and disability to live more independently. A Housing First service user may need modifications to their kitchen or bathroom or changes that enable them to enter and exit their home more easily, or access to equipment that makes their home more useable.
- o **Twenty-four-hour coverage.** This should be available to someone with high support needs using Housing First. This means there are Housing First services available during working hours and someone will answer the phone outside working hours and respond to an emergency.
- o **Advice and information** on health, which will be provided by Housing First staff, possibly including a peer support worker. A peer support worker is someone with direct experience of homelessness involving high support needs, who is a trained Housing First staff member. European Housing First services may sometimes employ former service users, or people with similar histories as part of an ACT team or similar arrangement or to provide case-management/ICM services.

### 3. Social Integration

**Housing First approaches social integration by enabling homeless people with high support needs to live as independently as possible in normal housing in a normal neighbourhood.** In the Housing First approach, social integration is expected to result from normalisation of housing and normalisation of living situation. By giving formerly homeless people the option to live in the same way as everyone else; with the same choices and opportunities for neighbourhood-based social interaction as everyone else, Housing First seeks to promote social integration<sup>9</sup>.

**Social integration centres on emotional and practical support that enables someone to be a part of a society in several senses.** To live a rewarding life, someone ideally needs to have a partner, and/or family and friendships that provide them with self-esteem, a sense they are valued, companionship and informal support. Someone also has to feel like they are a part of society, accepted by their community and living as part of that community, not stigmatised by their neighbours or by their fellow citizens. In addition, it is important for an individual to have a sense of purpose through a structured activity in which they find meaning, because this too is important in giving a sense of esteem, belonging and being part of society.

Homelessness, particularly when it is repeated or goes on for a long time, often fractures the links between a person and all dimensions of social life. Someone who is homeless may live without a partner, without contact with family and effectively without friends, may be stigmatised and rejected by the people around them and feel isolated from other people and from society as a whole. Housing First is built around a recognition that a lack of emotional support, love, acceptance by society and a place in society, as well as a lack of purpose stemming from some sort of structured activity, is as damaging to a homeless person as untreated health problems are.

Social integration and health are also closely interrelated. Low self-esteem, isolation and experiencing stigmatisation have long been recognised as detrimental to physical and mental health<sup>10</sup>.

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9 Tsemberis, S. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* Minnesota: Hazelden; Johnson, G., Parkinson, S. and Parsell, C. (2012) Policy shift or program drift? Implementing Housing First in Australia AHURI Final Report No. 184 <http://www.ahuri.edu.au/research/final-reports/184>

Pleace, N. and Quilgars, D. (2013) *Improving Health and Social Integration through Housing First: A Review* Brussels: DIHAL/FEANTSA [http://housingfirstguide.eu/website/wp-content/uploads/2016/03/improving\\_health\\_and\\_socialintegration\\_through\\_housing\\_first\\_a\\_review.pdf](http://housingfirstguide.eu/website/wp-content/uploads/2016/03/improving_health_and_socialintegration_through_housing_first_a_review.pdf)

10 Pleace, N. and Quilgars, D. (2013) *Improving Health and Social Integration through Housing First: A Review* Brussels: DIHAL/FEANTSA. Vid supra

### 3.1. Organising Support

The organisation of support towards social integration by Housing First services can include the following elements:

- **Peer support**, which can be from another Housing First service user, from a specialist peer worker or from Housing First staff who are 'experts by experience' because they have lived through similar experiences. A peer-support worker should ideally be employed as an equal member of the Housing First team and not regarded as junior to other staff. Peer support workers can have unique insights because they have experiences mirroring those of service users and can act as positive examples to service users.
- **Advice, information, practical support and emotional support** from Housing First staff – centred on weekly visits - which can include:
  - Help with accessing education, training, volunteering, paid work and other structured, productive activities, such as arts-based or community-supporting activities.
  - Help with creating or re-establishing social support, for example supporting attendance at social events or providing practical support to allow meetings to take place with family (such as paying transport costs).
  - Providing information, advice and emotional support to Housing First service users. Weekly visits that give service users an opportunity to talk through anything that is bothering them.

### 3.2. The Support Provided

**Social integration is not a fixed concept, but a set of interrelated issues that can require differing levels and forms of support.** A long-term or repeatedly homeless person may be totally cut off from family, for example, but another person in the same position may have maintained positive family relationships, despite their circumstances. There is no single type of experience or needs regarding social integration and Housing First must provide a range of flexible services. These can include:

- **Emotional support.** This can be provided by a Housing First worker through a weekly meeting, taking an interest, listening to concerns and providing practical assistance. This is a relationship that needs to be carefully managed, but can be highly valued by Housing First service users.
- **Participation in community life.** This is integral to Housing First as a service because the emphasis is very much on providing housing that enables someone to live within and as part of a community. Participation in community events or smaller-scale actions, such as buying things from local shops and talking to neighbours, are all forms of social integration that Housing First is designed to promote. To an extent, Housing First service users may spontaneously start to show this kind of participation once they are housed in a community, but a Housing First worker may also accompany them and encourage them to do this. This can happen at multiple levels: taking them to a local shop, going with them to a community event, being with them when they meet their neighbours and so forth.

**To advance your knowledge on this, watch our video on “Community Working in Housing First”**

- **Social support from a partner, friends and family.** This can be facilitated by Housing First in multiple ways. One way that Housing First can promote social support is to create opportunities, which may be as simple as buying someone a train ticket to go and see their family, but might be more complex, for example a Housing First worker accompanying someone to meet family with whom they have lost contact. Housing First may also provide or facilitate access to family mediation, providing psychological and counselling support when a Housing First service user's family relationship has broken down and needs to be repaired. Housing First might also facilitate and encourage opportunities for socialisation, providing emotional support to someone when they are seeking friends or a new partner and arranging, or sometimes accompanying them to, social events.

- **Managing negative relationships.** This can be an issue where Housing First service users need support. 'Door control' when someone has been in the homelessness service system or on the streets for a considerable time can be an issue, with guests who are not really wanted turning up and staying in the home of a Housing First service user. Vulnerable individuals might also be exploited by other homeless people when they are housed by a Housing First service. Here, Housing First can offer practical and emotional support to ensure that a Housing First service user retains control over their own home and is not hosting unwanted parties, or unwillingly providing a venue for nuisance or criminal behaviour.
- **Challenging, nuisance and criminal behaviour.** These will be characteristics of some individuals using Housing First services. Part of the management of these issues centres on access to treatment, for example noise and nuisance that upsets neighbours may be linked to problem drug/alcohol use that is in turn associated with mental health problems that require treatment. Housing First staff may also provide 'coaching' or access to services and activities that enable Housing First service users to become better at handling interpersonal communication through increased emotional literacy and anger management. Here, an array of support, from counselling through to arts-based activities, alongside talking about problems with Housing First support workers, can be beneficial.
- **Handling Stigmatisation.** This can be a challenge for homeless people with high support needs, both in the sense that they may experience prejudice due to their experience of homelessness itself, and because they may have other characteristics (e.g. be experiencing severe mental illness, having been in prison) that produce fear or negative responses in other people. Part of the process of managing stigmatisation is passing, i.e. appearing to be the same as everyone else. In emphasising the importance of living an ordinary life in an ordinary community, a key goal of the original Housing First service developed by Dr. Sam Tsemberis was to 'jump over' the barriers that can exist between homeless people, society and social integration. Both by appearing to be the same as everyone else and in living the same way as everyone else, the social barriers that exist between a housed citizen and a homeless person on the street or in a homelessness service, are potentially reduced. Equally, when a Housing First service user opts to use treatment and to orientate themselves towards recovery, the markers – or sets of characteristics and behaviours – that can create stigmatisation can also be reduced. Living within and being visibly part of a community is seen by the Housing First approach as creating scope for overcoming stigmatisation.
- **Structured and meaningful activity.** This can be particularly important in giving someone a sense of purpose and promoting their sense of self-esteem. This can be directed, in the sense of progressing someone towards the point where volunteering or paid work (see below) may become possible for them. In the UK and Finland, as well as elsewhere in Europe and North America, arts-based activities are used as a means of helping homeless people engage with structured activity and working with others, that promotes their self-esteem and emotional literacy. This can be an end in itself, or it may be used as part of a process that is designed to persuade and support homeless people to engage with (basic) adult education and further education or training. Housing First services might provide some of these services directly, or use a mix of case management and direct practical and emotional support to encourage homeless people to engage with local services.
- **Paid work.** This is possible for some Housing First service users, although they may need considerable time and support before they reach the point where it becomes a realistic prospect. Supporting people into paid work is a feature of the French Housing First programme<sup>11</sup>. Movement towards formal economic activity might involve a pathway that starts with arts-based activities, moves into basic education and eventually volunteering, and then reaches the point of applying for work. Employer attitudes and underlying economic conditions are important factors in keeping people out of work, and it may be that Housing First has to work with employers directly, encouraging and supporting them to consider offering work to Housing First service users (in much the same way as it may work with private rented sector landlords, see [Chapter 4](#)).
- **Ontological security.** This refers to what might be called a sense of safety and predictability in life and, in Housing First, centres on the role of providing someone with a settled home. Disconnection

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<sup>11</sup> The "Un chez soi d'abord" Housing First programme in France has developed a partnership following the Individual Placement and Support (IPS) model (Douglas Institute, Montreal). The "working first" programme in Marseille is designed to enable access to work and to support work among people using Housing First.

from other people, from society and from local community occurs in homelessness because someone has no place in society, most immediately because they lack a home, but also because that lack of settled home undermines or removes their chance to have a place in a community or a place in wider social and economic life. In giving someone their own home as starting point, Housing First is designed to give homeless people with high support needs a place in society. Housing First is intended to integrate homeless people into society at this fundamental level, using housing to give a sense of security, certainty and predictability that comes from knowing where one lives and belongs<sup>12</sup>.



In emphasising support with social integration, Housing First is addressing a set of needs that are as significant to recovery as access to settled housing and treatment is. However, it is always important not to lose sight of the core values of *choice and control* in the Housing First model<sup>13</sup>. Housing First is intended to create opportunities for social integration, within a framework that emphasises recovery but also *choice*. Using Housing First should not mean someone is expected to behave in one set way. For example, no-one should have to talk to a neighbour or attend a course or a community event if they do not want to, because another ordinary citizen, in another ordinary home, would be able to exercise choice in the matter.

<sup>12</sup> Padgett, D.K. (2007). There's no place like (a) home: Ontological security among persons with serious mental illness in the United States. *Social science & medicine*, 64(9), 1925-1936, p. 1934.

<sup>13</sup> Hansen LÖfstrand, C. and Juhila, K. (2012) The Discourse of Consumer Choice in the Pathways Housing First Model *European Journal of Homelessness* 6(2), 47-68 <http://housingfirstguide.eu/website/the-discourse-of-consumer-choice-in-the-pathways-housing-first-model/>

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