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Fundação Calouste Gulbenkian

INTERNATIONAL CONFERENCE

HOUSING FIRST

Ending Homelessness

A "Housing First" Trial in France

Pascale Estecahandy

Organized by

A 'Housing First' Trial in France

Pascale Estecahandy
National coordinator operational side

Dihal - 244, bd Saint-Germain - 75007 Paris - tél. 01 40 81 33 73
contact.dihal@developpement-durable.gouv.fr

Context

- Homelessness: a key issue for public policy
  - 150 000 homeless people in France, 600 000 in Europe
  - The second european budget to fight homelessness (PIB/Hbts)
- Link between homelessness and health
  - Life expectancy 30 to 35 years shorter for homeless people
  - In France, as in other western countries, 30% suffer from severe mental illness (SAMENTA Epidemiological Survey, 2010)
  - Difficult access to care, poor continuity of care, and discrimination.

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Institutional Context

- 2007 the « DALO » Law : the right to housing
- 2008 Report on Emergency Housing by French parliamentarian, Etienne Pinte
- 2010 Creation of the ***DIHAL*** (Interministerial Delegation for Access to Housing for the Homeless and Inadequately Housed)
- 2010 National report on 'Healthcare for the Homeless'
- 2011: Creation of 'Housing First' program in France
- A « housing led » policy *and* a stair case system

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« un chez soi d'abord »

Provide and evaluate new solutions for access and retention in housing, access to health care, human rights and citizenship of homeless people with severe mental disorders and high needs

- In term of intervention :Pathways to Housing modèle (fidelity scale)
- In term of research : Similar to the Canadian protocole

- A national program in 4 cities during 3 years
- Budget : ministry of health (2,7 M d'euros in 2013) and ministry of housing(3,4 M d'euros in 2013)

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The research program : A randomized, controlled trial

- 800 subjects
- subjects randomised to either housing first or control groups
- first inclusion in august 2011
- quantitative evaluation every 6 months over 2 years
  - Principal outcome: number of hospitalized days
  - Secondary outcome: quality of life,recovery, clinical aspects, social cost, addiction
- ongoing qualitative evaluation
  - Analysis of implementation
  - Recovery individual process and trajectory
  - Professional practices
- Results expected in 2016
  - comparisons and cost/ effectiveness evaluation between the two groups

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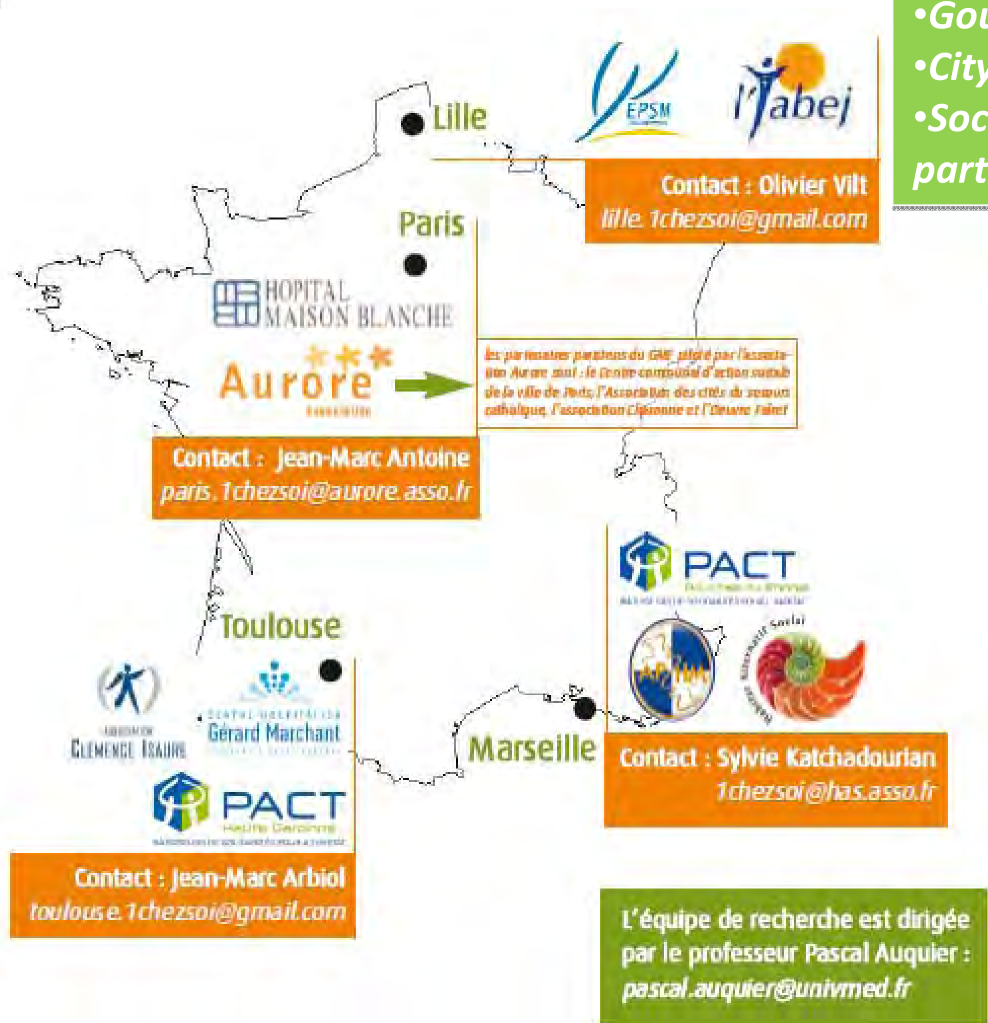
National coordination : french government

On each site
- *Gouverner*
- *City hall*
- *Social, and medical partners*

- ***About 60 professionals***
- ***14 structures involved in governance***
- ***A research team consortium***



www.territoires.gouv.fr

« Un Chez Soi d'abord » general principles

- Access directly from street to home in scattered housing (average10 days)
- Large flexible support and user's choice (housing, furniture and services)
- No obligation to be receiving treatment
- Evidence-based approach : assertive community intervention, harm reduction and recovery-oriented services
  - Multidisciplinar team with peer workers
  - Intensive monitoring: 10 to 1 patient/professional ratio
  - Strengths building: working with the person's strengths (empowerment/citizenship)
- Separation of housing and support
- sub-letting contract; : rent is guaranteed by a local intermediary association

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First observations

(activity and research)

November 2013 :
85% of the expected number of participants over 26 months is included in the research program

606 participants : 303 in the « un chez soi » (76 Lille, 97 Marseille, 85 Toulouse, 45 Paris)

characteristic at the entrance	
Male	84,4%
Average age	38,2 ans
French nationality	86%
No Health Insurance	12,1%
Employment	Professional activity during the 6 last month 6,5%
Accomodation	rough sleeping (last night) 19,9%
Health acces	Admission in the Emergency services (last 6 months) 54,3%
	Hospitalisation (last 6 month) 62,6%

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First observations

(activity)

- 13 months average follow up (172 participants)
  - 80% of the participants are still in their appartement
  - 22% need to be rehoused (choise, neighborhood)
  - 88% have a weekly home visit
  - 90% social welfare (under the poverty line)
  - 70% have a medical follow up
    - 34% chronical physical disease
    - 79% drug or alcohol abuse
  - 12% professional training or employment
  - 50% have good relationships with friends or family
  - 50% have cultural activities, holidays, practice sport, …
  - 13% incarceration

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Conclusions (1)

- No predictive criteria in the capacity to live in a independant accomodation
  - Average 10 major ou minor incidents in each cities (fire with only material damage)
  - and some very few complex situations
- The program manage to break down some barriers between social, medical and housing fields
  - But a positive collaboration of stakeholders is needed
- High reactivity of the teams
- Change in professional practices

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Conclusions (2)

- The main challenges
  - The need of affordable accommodation for every one (social or private housing)
  - Issue of poverty
    - Solvability guarantee : lease should "slides" to the person who becomes a "real" tenant
    - Access to ordinary employment
- Segmentation of services : social, medical, housing
- Resistance to change : « housing first strategy »
    - Professional training at all levers

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