



The experimental program « Un chez-soi d'abord » *Housing first* main results - 2011 / 2015

april 2016

Greater Lille - Marseille - Paris - Toulouse

A response to the issue of the most vulnerable homeless people

On the whole, homeless people have poorer health and **will die 30 years earlier than the mainstream population. A third of them suffer from severe mental illness and elude most support services.**

It is to respond to this assessment that, launched by the French government, the experimental programme '**Housing First**' has been conducted from 2011 until the end of 2016 in four French cities. It radically changes care as it offers **access to proper housing directly from the street**, along with **sustained multidisciplinary support at home.**



An experiment assessed by an independent research team

A **rigorous scientific study** permits the gathering of results on **housing retention, quality of life, state of health and use of social services and healthcare** of people supported by the 'Housing First' programme and their comparison with a 'control' group. In total, **720 people were part of the research** and half of those, that is **353 people, were given accommodation**, mainly in the private sector, and supported by the 'Housing First' teams.

The **study cohort is quite young** (38 years of age on average) and **particularly vulnerable** since they have spent an average of eight years being homeless and four and a half years on the street. They all suffer from a **severe psychiatric illness** and are considered by doctors to be severely to seriously ill. More than **80% of them have an addiction** and **more than half have chronic somatic disorders.**

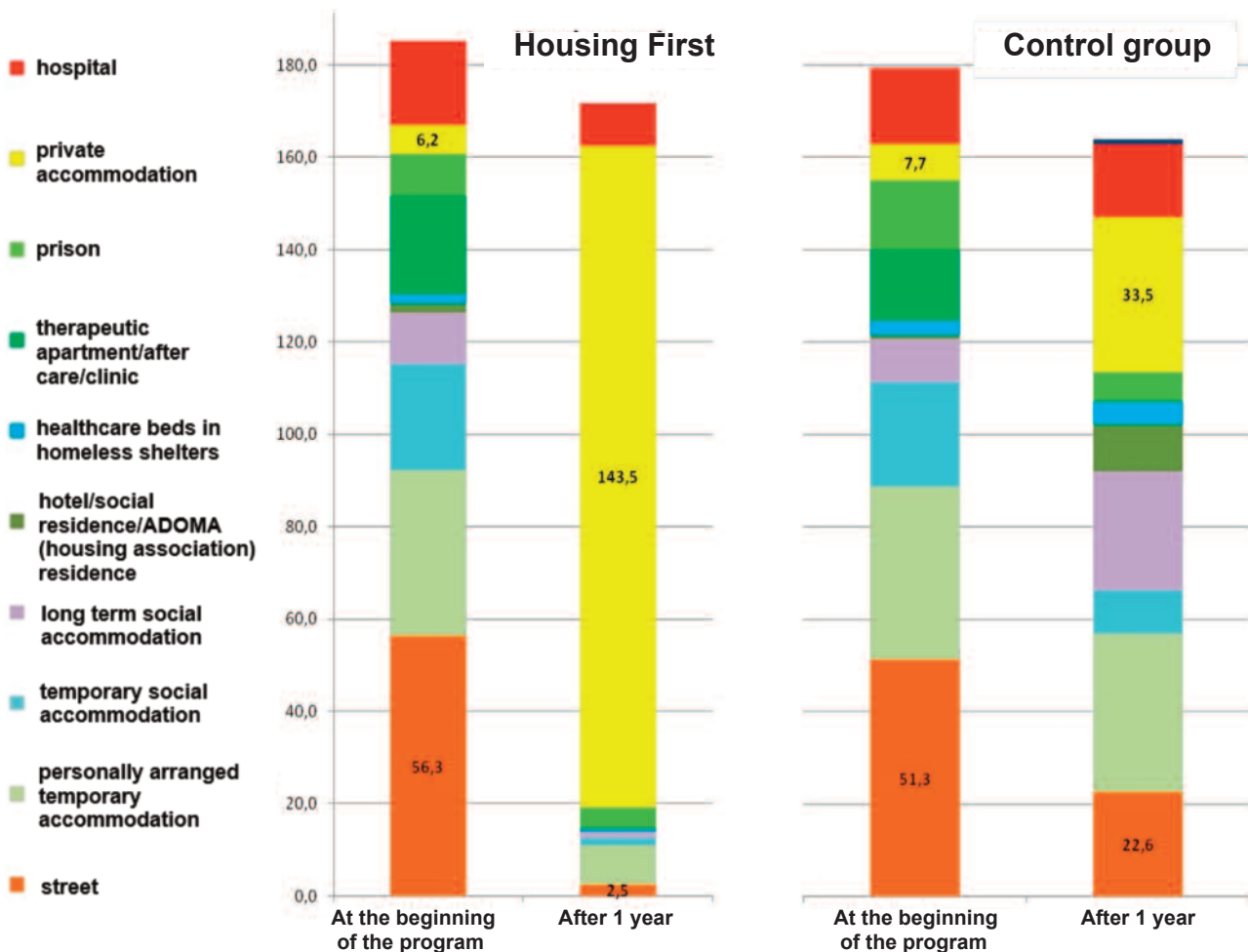


An effective strategy from the first months of support

The **immediate results** published by the research team focus on the **first year of support** and highlight that **more than 80% of people remained in accommodation**. There was also a **reduction in their symptoms**, an **improvement of their quality of life**, psychological well-being and self-esteem and in their recovery, particularly in developing a sense of self-confidence.

Regarding use of the healthcare system, it is noted that there was a **reduction by half of the average stay in hospital** for people in accommodation compared with those labelled 'control', indicating the **positive role of the program in the coordination of the care pathway**.

Number of days spent in the different types of accommodation in the last six months (180 days)



"Recovery in mental illness..."

...is a deeply personal, unique process of changing one's attitudes, values, feelings..., and which calls into question the pessimistic hypothesis according to which mental illness is incurable and progress beyond stabilising its symptoms is unattainable. It is a way of living a satisfying, hopeful, and contributing life even with the limitations caused by the illness".

William Anthony (1993)

source : *Psycom « Santé mentale de A à Z »*
(Mental Health from A to Z)



Continuation of positive effects over the long term

In 2015, **four years after the start of the experiment, more than 85% of people are still in accommodation and being supported.** Virtually all of them now benefit from recourse to entitlements, access to resources and registration with a general practitioner. On the whole, **acceptance of the illness, better understanding of the symptoms, observance of treatments** as well as commitment to healthcare checks **increase with the length of support.**

At the same time, breaks in care or **emergency situations are less frequent**, shorter and require simplified management for all stakeholders.

Everyone has resumed links with their acquaintances, family or friends and **20% have work or are in professional training.**

The main lessons of the experiment

Theoretically there is **no way of predicting** if a person will or will not be able to live in proper housing.

The effectiveness of the strategy is guaranteed by the **continuation of the support whatever the residential pathway of the person** (leaving the accommodation, imprisonment, hospitalisation, etc....), the **multidisciplinarity of the team, home-based support**, the offer of a **range of services** and **respect for the person's choice** of accommodation (type and place) and support services (frequency and type). They contribute to people's commitment to a **social, residential and healthcare pathway.**

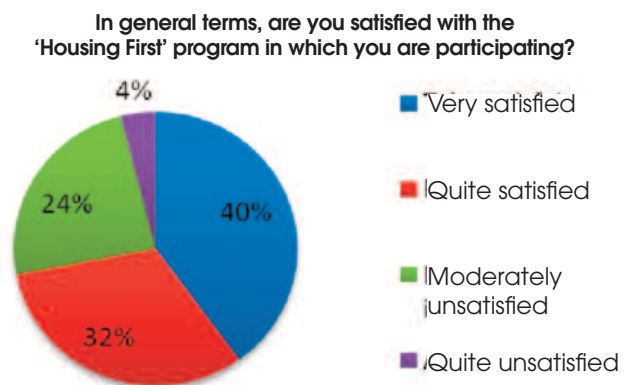
The experiment is a **tool for effective cooperation** between stakeholders in the areas of healthcare, social welfare, medico-social care, addiction management and accommodation and promotes, on a national and local scale, the **overall removal of barriers.**

Tenants fairly satisfied with the benefits on offer

The satisfaction survey carried out by the research team among people who had been followed up for three years by one of the 'Housing First' teams notes that **72% of them are satisfied or very satisfied with the program.**

More than 60% regard the quality of service as good. 88% would expect to return to the program if they needed to.

The **average level of satisfaction is 7.5 on a scale from 1 to 10.**



Some figures...

- ⇒ Up to now 353 people are in accommodation and being supported
- ⇒ 432 dwellings have been acquired, with 80% in the private sector, via the rental mediation scheme
- ⇒ 28 days: This is the average period for access to accommodation
- ⇒ More than 85% of people are still in accommodation and supported after four years
- ⇒ 70,000 home visits have been carried out by professionals in four teams over five years which equals an average of one visit per week for each tenant
- ⇒ An estimated cost of between 14,000 and 15,000 euros per year, per person, less than the usual care of these people

The challenges to be met

Each of those supported **lives below the poverty threshold**, with resources coming mainly from minimum social benefits, and access to employment remains difficult.

Access to accommodation which is affordable and offers the possibility of lapses in rental agreements or to **accommodation in social housing schemes is still very inadequate**. Only 15% of people are the named tenants of their accommodation.

The development of an **appropriate strategy for employment support** and **cooperation with the social housing sector** is in progress for 2016.

The perspectives and commitment of the State

In 2016, **the final assessment** of the indicators compiled after two years of support for all those included in the study **will seek to confirm the effectiveness of the programme** and will help to determine its **cost effectiveness**.

The **possibility of a roll-out of the 'Housing First' model** in sixteen French cities between 2018 and 2021 is already considered.

This programme which is one of the focuses of the **'Plan for social inclusion and poverty alleviation'** will be the subject of the **dissemination of recognised effective practices** among stakeholders in the fight against exclusion.

The program in images

➔ Meet the stakeholders of the four sites of the 'Housing First' programme through the **video testimonies** in three seasons on Dihal's **YouTube & Dailymotion** channels here:

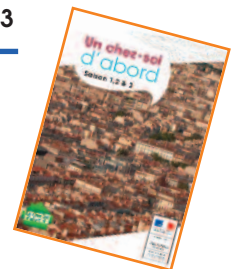


Season 1 - Season 2 - Season 3



Season 1 - Season 2 - Season 3

➔ These videos are also available on DVD by making a request to:
contact.dihal@developpement-durable.gouv.fr



The 'Housing First' program is also a wonderful human experience achieved through sharing & mutual learning.