

Housing First

Evaluation of Dublin Housing First Demonstration Project Summary of Findings

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Foreword

The Dublin Region Homeless Executive (DRHE¹), in partnership with key statutory and voluntary agencies, seeks out innovations that work and can transfer into our overall housing-led model of service delivery, *Pathway to Home* (DRHE, 2009). The majority of Dublin's *Pathway to Home* service users reside in emergency accommodation as they move through homeless services to tenancies. In quarter 1, 2015 the number of adults using emergency accommodation in Dublin stood at 2,987 persons. The extent of rough sleeping in Dublin is also significant. The spring 2015 Rough Sleeping Count confirmed 105 persons to be sleeping rough in Dublin. The scale of rough sleeping tends to increase or decrease in relation to the extent and capacity of available and accessible emergency accommodation provision. However, DRHE analysis of PASS data found a number of individuals whose pattern of service use fitted the profile known as 'chronic rooflessness' – a term widely used in North America to describe persons who endure long-term homelessness and rough sleeping.

Notably, the number of such persons was small however their consumption of resources across Dublin's homeless services was high. In parallel, the sought-after outcome for them of a sustained exit from homelessness under our *Pathway to Home* model was low. The duration and frequency of sleeping rough among these homeless adults was very significant. They were hard-to-reach for place-based emergency accommodation services and were resistant to established *Pathway to Home* emergency accommodation and outreach services. The reasons for this were manifold, and while personal choice was a factor, these homeless adults also presented with high rates of severe mental illness, problematic drug and alcohol use, poor physical health, chaotic and anti-social behaviour and low level criminality. This meant barriers to regular and frequent ease

of access to *Pathway to Home* services had become commonplace. These insights from our research and analysis became the key original rationale underpinning the requirement for the DRHE to think again and to work to put in place a programme that effectively moves people out of the experience of 'chronic rooflessness'

DRHE began by looking to the *Pathways to Housing* approach that had become well established in New York City (USA) with a growing international reputation as a model of excellence that worked for persons experiencing homelessness with mental ill health. The NYC *Pathways to Housing* approach adopts the principle of 'housing first' (rather than treatment first) as its organising rationale. It has produced evidence that reveals the 'housing first' approach to be a cost-effective and efficient method of addressing homelessness amongst individuals with complex needs. Rather than getting people 'housing ready', the simple objective is to move individuals into permanent housing as quickly as possible with on-going, flexible supports for as long as needed.

This is a radically different approach to homelessness service provision that overturns the traditional 'staircase model' for a cohort of long-term homeless service users with complex needs. This cohort's experience of the 'staircase model' is characterised firstly by intake to various types of emergency accommodation. Secondly, referral for persons considered 'housing ready' is usually made onto transitional housing arrangements before, finally, access to independent living via secure and affordable tenancies is achieved. Or not, as is more often the case for persons with support needs who require ongoing support to maintain their recovery from mental ill health or addiction, both of which are often considered barriers that prevent their progression through to tenancy. DRHE also used its membership of various city

1 The DRHE specialist unit provides shared services and supports to the Dublin Joint Statutory Homeless Consultative Forum and Statutory Management Group. It is provided by Dublin City Council as the lead statutory agency for co-ordinating responses to homelessness in Dublin City and County.

and municipal government networks in Europe to search for innovative approaches. This resulted in a bid to the European Commission Directorate General (DG) for Employment, Social Affairs and Inclusion to fund a transnational Housing First programme evaluation and mutual exchange project to test and evaluate housing first projects from a European perspective. DRHE led Dublin City Council's participation in what became the EU PROGRESS funded 'Housing First Europe' project whereby five 'test' European cities (Amsterdam, Budapest, Copenhagen, Glasgow and Lisbon) and five 'peer' European cities (Dublin, Gent, Gothenberg, Helsinki and Vienna) participated in a three year project from 2011 that aimed to gain greater clarity on the potential and limits of the housing first approach as pioneered in NYC.

At the same time, DRHE began to consider what could be done within current resources in Dublin to maintain momentum towards adoption of the model and in April 2011 the Dublin Housing First Demonstration Project (DHFDP) was set up to test how the NYC approach could be transferred and how it might work to end the experience of rough sleeping and homelessness for adults with complex needs. An early decision was taken to ensure that Dublin's Housing First Demonstration Project maintained as high a level of fidelity as possible to the NYC model. This meant it would place direct access to housing first and foremost for homeless service users who had either languished for years in homeless services, intermittently using various forms of emergency accommodation, or who otherwise failed to access homeless services entirely and endured long-term, habitual rough sleeping. DRHE used the PASS online accommodation and support system to help identify adults who were habitually rough sleeping and to capture data relating to their emergency accommodation use as well as their levels of access to additional services including day, outreach and free-phone services. This ensured we had the required profile for the adult rough sleeping cohort who were then targeted for intake to the new service. This cohort

primarily comprises known individuals engaging in rough sleeping in Dublin with mental health, addiction and related support needs.

The Dublin Housing First Demonstration Project was established as a partnership model between statutory and voluntary sector providers in education, training, housing, homeless services and across a range of health services that included psychiatry and specialist nursing in substance use as well as general practitioner care. Also in 2011, the DRHE set out a research, data and information strategy under the overall Homeless Action Plan (2011-2013) for Dublin. This ensured a specific programme evaluation of the Dublin HFDP would be conducted over its duration. The DRHE was fortunate to be able to appoint Dr Ronni Michelle Greenwood of the University of Limerick as the lead programme evaluator. Dr Greenwood had previously worked on the controlled four-year evaluation of *Pathways to Housing* in New York City. The methodology developed in New York City involved an investigation of the effects of the intervention programme, compared with a 'treatment as usual' group. This was a key feature that informed the evaluation processes of the Dublin HFDP.

DRHE also supported a postgraduate position with Dr Greenwood in the Department of Psychology at University of Limerick by way of a three-year research bursary. This was filled after an advertised competition and resulted in the appointment of a qualified researcher. This helped secure the resources that resulted in the successful delivery of the evaluation findings published here.

In short, this evaluation report demonstrates how, relative to those who did not participate in the project, participants in the Dublin HFDP were generally more successful in sustaining their tenancies and experienced a range of positive outcomes in relation to their physical and mental health and overall general well being. In turn this has been a major contribution to their ongoing recovery from long-term and chronic medical

conditions and mental ill-health associated with their previous experience as homeless adults who engaged in habitual rough sleeping.

The success of the demonstration project was such that, upon its conclusion, the DRHE moved to immediately commission a fully tendered service that maintained significant fidelity to the original NYC model and that brought additional elements to the service model, particularly in relation to harm reduction and recovery from active addiction. The first fully commissioned Housing First service formally began on October 1st 2014 and is being delivered by a partnership between the Peter McVerry Trust and Focus Ireland for an initial contractual period of three years and with a target of achieving 100 successful tenancies for individuals who formerly engaged in rough sleeping. The success of the project is encouraging. There are 35 Housing First tenancies in place at present with 16 of these achieved since October 2014. Tenancies are a combination of social lettings with Dublin's local authorities and approved housing bodies.

Dublin's Joint Homeless Consultative Forum and Statutory Management Group remains committed to the housing first approach and have ensured actions in the Business Plan for 2015 are focussed on maintaining the resources to meet the target of 100 housing first tenancies and secondly to expand the provision of housing first options to the population of single adults with complex needs who are long-term users of emergency accommodation. We are also encouraged by the actions in the state's Implementation Plan on homelessness that commit to developing a national model of service provision and that include supports to rolling out the housing first approach to other regions where habitual rough sleeping is manifest and where local responses are needed to help resolve the issue.

The housing first approach works to end rough sleeping. We should all support it as mainstream programme and work to roll it out to wherever it is needed. We can then look forward to helping meet this government's commitment to ending rough sleeping in 2016.



Mr Cathal Morgan

Director

Dublin Region Homeless Executive

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1. Introduction

Housing First

The Housing First model of homeless services delivery was conceived in New York City in 1992 when Sam Tsemberis founded *Pathways to Housing*². In summary, a Housing First programme reverses the order of services, so that housing is provided before treatment. Moreover, instead of congregate housing with onsite services, Housing First programmes help their clients obtain regular independent homes, scattered throughout neighbourhoods or blocks of flats, with regular leases and off-site supports. The services provided by the Housing First team are client-led, so that the individual chooses the sequence, type, intensity, and duration of services offered. In addition, services are time-unlimited, and because clients have regular leases on independent units, they are able to remain in their home and in the community where they are supported along their individual recovery journeys.

Project description in Dublin

The Dublin Housing First Demonstration Project was launched in April 2011 with operations lasting through until September 2014. Throughout the demonstration phase human resources were volunteered from within existing homeless services.

The original team (Phase 1) consisted of one team leader/housing services worker, two key workers, one substance use specialist/psychiatric nurse, and one training, education and employment support worker. Additional support services included a psychiatrist, a general practitioner and a nurse. The aim was to provide support services using existing services, with the team leader overseeing and guiding Housing First team processes. However, line management and supervision remained the responsibility of each team member's regular employer. The initial aim was for this team to support thirty adults with 'significant histories of rough sleeping' defined as rough sleeping over a number of years.

An interim evaluation, completed in June 2012, yielded a number of recommendations that led to a reconfiguration of the team and its management.

The reconfigured team (Phase 2) consisted of one part-time Team Leader who co-ordinated both housing and support services, one full-time housing services team member, four full-time intensive case managers, one part-time outreach worker, one day service outreach worker, brokered nursing service (3 hours per week) and brokered substance use specialist service (3 hours per week). Supporting services came from the Access Mental Health Team, which caters for homeless people aged 18-65 with mental illness; from the Homeless Persons Unit, which is run by the Department of Social Protection, and which administers payments to people who are homeless; and from Safetynet, which is a networking organisation for nurses, doctors and voluntary agencies that provide primary health care to homeless people. Furthermore, the team's aim expanded to include adults with a long history of homelessness with priority for rough sleepers, in order to address barriers to intake encountered in Phase 1.

Research description

An independent evaluation of the Dublin Housing First Demonstration Project was conducted for the duration of the demonstration by Dr Ronni Greenwood and Mr Sean Bromfield, Department of Psychology, University of Limerick. Financial support for the project was provided by the DRHE and additional research assistance was provided by University of Limerick Psychology Department.

Recruitment to the evaluation occurred on a rolling entry basis with Housing First participants enrolled into the evaluation as soon as possible after they received housing. Resources were available to follow the first 26 participants enrolled in Housing First between 11 April 2011 and 13 December 2013.

² The full details for the Housing First model of programme delivery are explained in the *Housing First Manual* (Tsemberis, 2010).

Comparison Group participants who received 'treatment as usual' within Dublin homeless services were recruited in tandem with Housing First participants between 18 October 2011 and 10 January 2014. Thirty of the 52 participants in our entire sample were recruited to the evaluation research during Phase 1 (15 Housing First and 15 Comparison Group), and 22 were enrolled during Phase 2 (11 Housing First and 11 Comparison Group).

Quantitative questionnaires were completed with all evaluation participants at five data points across a 12 month period for each participant. These questionnaires began with a baseline measure, which for Housing First participants was collected as close to the date of initial housing as possible, and were repeated at three month intervals until assessment periods were completed. The evaluation employed several measures of service user outcomes that were used in the original New York Housing Study and/or used in the Canadian Housing First/ Chez Soi evaluation. This was done to allow direct comparisons of outcomes across these evaluations where relevant and appropriate. Key outcomes included: residential trajectories, psychiatric symptoms, well-being, drug and alcohol use, physical health, consumer choice, community integration, satisfaction with services, recovery outcomes, victimisation, and encounters with the criminal justice system.

In addition to the questionnaire component, life history interviews were completed with 15 Housing First participants and 11 Comparison Group participants to obtain a richer understanding of the ways in which participants' lives changed after enrolling in Housing First. Individual interviews about participant experiences and programme fidelity were conducted at the end of Phase 1 with participants, team members, and DRHE leadership. Additional fidelity information was collected via interviews and focus groups during Phase 2 with DRHE leadership, key stakeholders, team members, and service users.

Limitations

Housing First participants were exposed to the programme intervention for various amounts of time before baseline data was collected. On average, baseline interviews were completed 44 days after move-in, with a range from 0 to 193 days. The average number of days exposed to the intervention in Phase 1 was 39 days, and the average in Phase 2, was 51 days.

2. Participant Descriptions

Participant characteristics³

On average, participants were 39 years old at the time of the baseline interview, with the oldest participant aged 73 and the youngest participant aged 24. The average age of Housing First participants was 42.53, while the average age of the Comparison Group was younger, 35.96. Most participants were single, male, and had no children. In the Comparison Group, 19 (73%) were male; 16 (61.5%) Housing First participants were male. Seventy three percent of each group (19 Housing First, 19 Comparison Group) were single, and 13 (52%) Housing First and 12 (46%) Comparison Group participants reported they had no children.

Of the individuals who did report having at least one child, the number of children ranged from 1 to 8 for Comparison Group participants and 1 to 5 for Housing First participants. The children's ages ranged from 2 to 34 years old. The youngest child of a Housing First participant was 3 years old, while the youngest child of a Comparison Group participant was 2 years old. Collectively, the Housing First and Comparison Group participants had 73 children at baseline, 47 of whom were 17 years old or younger on the day of baseline data collection. None of the participants reported that any of their children lived with them at baseline.

Histories of homelessness

Histories of homelessness were similar for Housing First and Comparison Group participants. Housing First participants reported an average of 14 years spent homeless prior to joining the evaluation, with a range from 4 years to 25 years. The average number of episodes of homelessness was 19, with a range from 2 to 70 episodes reported. Comparison Group participants reported an average of 12 years spent homeless prior to joining the evaluation, with a range from 4 years to 39 years. The average number of episodes of homelessness reported by the Comparison Group participants was 24, with a range identical to that reported by Housing First participants: 2 to 70 episodes.

Physical ailments

Most participants entered into the evaluation with at least one physical complaint. Physical ailments were distributed across both Housing First and Comparison Group participants, but on average, Housing First participants rated their general health more positively (Mean = 2.46, between 'Fair' and 'Good') than did Comparison Group participants (Mean = 1.88, between 'Poor' and 'Fair').

Psychiatric problems

Of the sample, 13 (50%) Housing First and 8 (30.8%) Comparison Group participants had never received a psychiatric diagnosis. The most commonly reported diagnosis was unipolar depression, reported by 7 (26.9%) Housing First and 10 (38.5%) Comparison Group participants

Alcohol and drug use

Participants were asked to report their current rates of alcohol and illicit drug use. Of the Housing First sample, 8 (30.8%) participants reported that they did not drink alcohol at all in the past 30 days, compared to 17 (65.4%) of Comparison Group participants. Of those who did report drinking alcohol, on average, Housing First participants reported drinking on more of the past 30 days (average = 7.75 days) than did Comparison Group participants (average = 3.12 days).

Participants also reported the frequency of illicit substance use over the past 30 days. Of the Housing First sample, 12 (46.2%) reported they had not used any illicit substances in the past 30 days, compared with 10 (38.5%) of the Comparison Group sample. Of those who did report using any illicit substances, Housing First participants reported using an average of 2.93 different substances, compared to Comparison Group participants, who reported using an average of 2.00 different substances. Of the different substances reported by participants during the 30 days prior to completing the baseline questionnaire, marijuana, heroin, and benzodiazepines were the most frequently used illicit substances, by both Housing First and Comparison Group participants.

3 Measures of health, service use, substance use, education, occupation, and criminal justice were adapted from the Global Assessment of Individual Need (GAIN) (Dennis, Titus, White, Unsicker, & Hodgkins, 2002).

Education

Levels of education were similar across Housing First and Comparison Group participants, with most participants leaving school prior to completing the Leaving Cert, Housing First sample, 20 (77%) compared with 19 (73%) of the Comparison Group sample. Of those who did report having further education with either Leaving Cert, FETAC or college, 4 (15%) were Housing First participants and 7 (27%) were Comparison Group participants.

Employment⁴

The average time since participants worked for money was 10.53 years, with a minimum of 1.91 and a maximum of 26.28. Of the 45 participants who reported they had ever worked for money, on average, it had been 10 years since Housing First participants had worked for pay, with a range from 1.91 to 26.28 years. For Comparison Group participants, the average was 10.90 years, with a range from 1.93 to 25.33 years. Data on this variable were missing from three Housing First participants; five Housing First participants and one Comparison Group participant stated they had never worked for money.

Summary

Housing First and Comparison Group participants are more similar than different. The groups were mostly male and mostly single, most had left school prior to completing the leaving certificate, and most had not worked for pay for about 10 years. The Housing First participants reported better overall physical health. Housing First participants also reported fewer psychiatric diagnoses, but evidenced similar rates of unipolar depression. Housing First participants reported drinking more alcohol, and drinking more to intoxication, than Comparison Group participants, but reported similar patterns of illicit substance use.

4 To calculate the variable 'time since last worked for pay', participants' self-reported last year worked was assigned the date of 1 January of that year (e.g., the response '1992' was converted to 1 January 1992). The number of days from that date to the date of the baseline interview was calculated and then divided by 365.35.

3. Key Participant Outcomes

Reported in this chapter are findings on key outcomes in five domains: (a) residential; (b) physical and mental health; (c) problems in everyday life; (d) daily activities; and (e) psychological. Upon entering the evaluation research, participants completed a questionnaire packet at regular three month intervals. Sufficient data for quantitative analyses were obtained from participants on the first five assessment periods: Baseline (Time 1), 3 Months (Time 2), 6 Months (Time 3), 9 Months (Time 4) 12 Months (Time 5).

a) Residential Outcomes

Residential data were collected from all participants at every 3 month interval using the Residential Timeline Follow-back Calendar (RTLFC) (Tsemberis et al., 2007); participants' self-reports were cross-validated, where possible, with the PASS system. The RTLFC captures

information about every place a participant slept, and for what duration, for the entire study period. The residential types captured by the RTLFC coding procedure were recoded to reflect the Federation of European Nations working with the Homeless (FEANTSA) 'ETHOS' typology (European Typology of Homelessness and Housing Exclusion) (Edgar et al, 2006). These ETHOS categories were then mapped onto the residential categories that are relevant to the Dublin context and that reflect the ETHOS typology.

Residential Timeline Follow-back Calendar Outcomes:

This section outlines the outcomes from the Residential Timeline Follow-back Calendars, revealing Housing First participants spent significantly more time in stable housing and less time accessing homeless accommodation than Comparison Group participants.

Table 1: Categories for Residential Timeline Follow-back Calendar

FEANTSA	Dublin- Residential Timeline Follow- back Calendar Categories
Stable Housing	Own Apartment- Housing First/Private Rented DCC- Council Housing Other approved housing bodies
Long-term	Long-term accommodation with supports on-site
Short-term accommodation	STA (Supported Temporary Accommodation: on-site support; moderate to high support needs) TEA (Temporary Emergency Accommodation: on-site support; low support needs) PEA (Private Emergency Accommodation; waiting for STA/TEA; visiting support)
Emergency	STA- one night only stays (ONO – no/little on-site support)
Insecure	Parent/guardian temporary Someone else's home - temporary
Institutional	Detox facility Long-term alcohol/drug free facility Hospital including psychiatric Treatment or recovery Jail or prison
Family/Friends	Family/friends (long term)
Inadequate	Abandoned building
Rough Sleeping	Indoor public place – e.g., subway station Subway or bus Car or other private vehicle On the street other outdoor place

Stable housing

At every time point, Housing First participants spent more time stably housed than did Comparison Group participants. After 12 months, Housing First participants were spending over 67% of their time in stable housing, compared to 5% for Comparison Group participants.

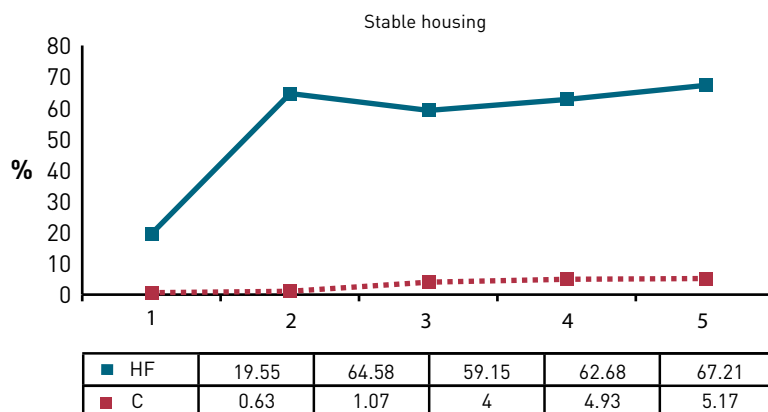


Figure 1: Participants rate of accessing stable housing

Long-term accommodation with supports on-site

There was higher access to on-site supported accommodation amongst the Comparison Group. These participants reached a high of about 12% of time spent in long-term accommodation with supports on-site at the third and fourth time points, but then this declined to 8.33% at the fifth time point.

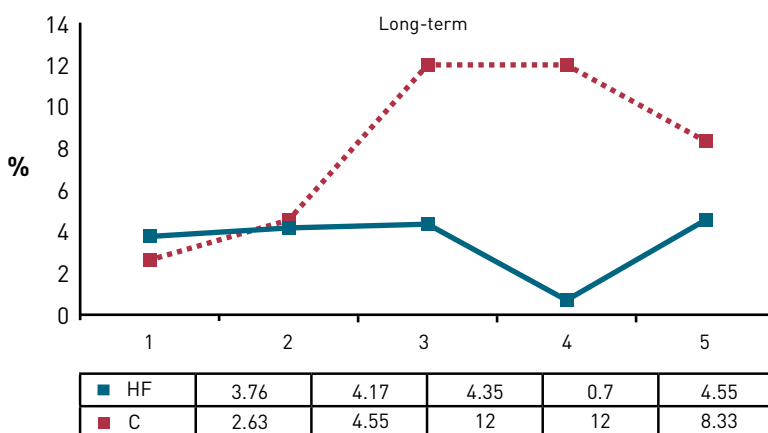


Figure 2: Participant rate of accessing of long-term accommodation with supports on-site

Short-term homeless accommodation - STA, PEA, TEA

By the end of Year 1, Housing First participants were spending less than 1% of their time in short-term accommodation, but Comparison Group participants were still spending almost 14% of their time in this accommodation type.

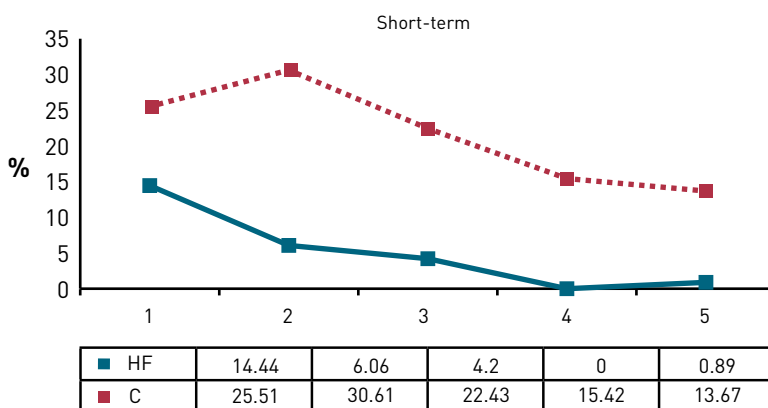


Figure 3: Participants rate of access to STA, PEA, TEA

3. Key Participant Outcomes (cont.)

Emergency homeless accommodation- STA (ON0)

The proportion of time in emergency accommodation increased over time for Comparison Group participants and decreased over time for Housing First participants. By Time 4 and Time 5, Housing First participants were spending virtually no time in emergency accommodation, whereas Comparison Group participants were spending nearly 10% of their time in this type of accommodation.

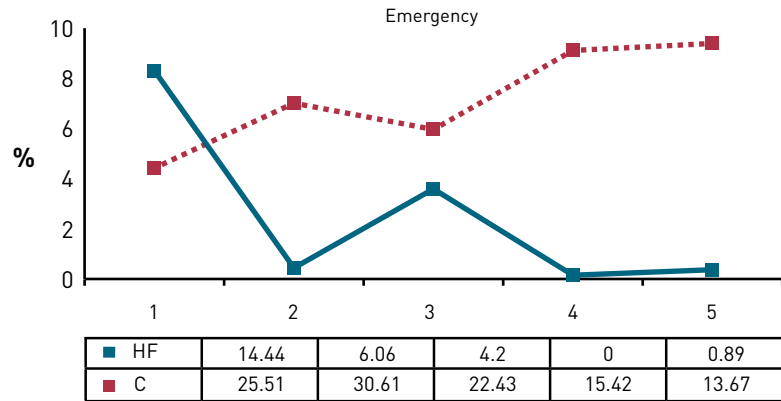


Figure 4: Participants rate of accessing emergency- STA (ON0)

Insecure

Across the groups, participants spent little time in insecure housing, with neither group reaching more than 4.5% of any assessment period in this type of accommodation.

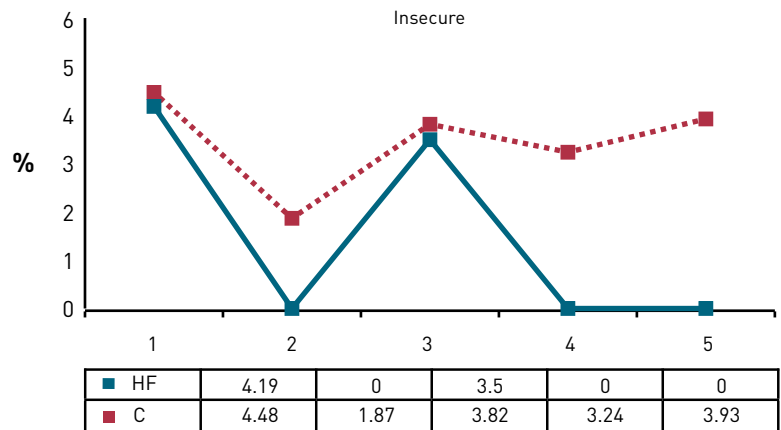


Figure 5: Participants rate of accessing insecure accommodation

Institutions

By the end of Year 1, the proportion of time spent in institutions by Housing First participants was about 6%, compared to 19.5% for Comparison Group participants.

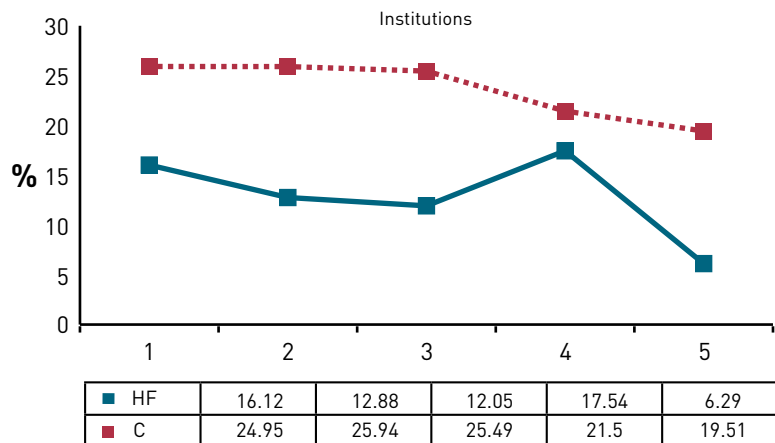


Figure 6: Participants rate of accessing of institutional accommodation

Family and friends

The trajectories for the two groups indicate that over time, Housing First participants spent increasing amounts of their time staying overnight with friends and family, whereas Comparison Group participants spent very few nights with friends and family.

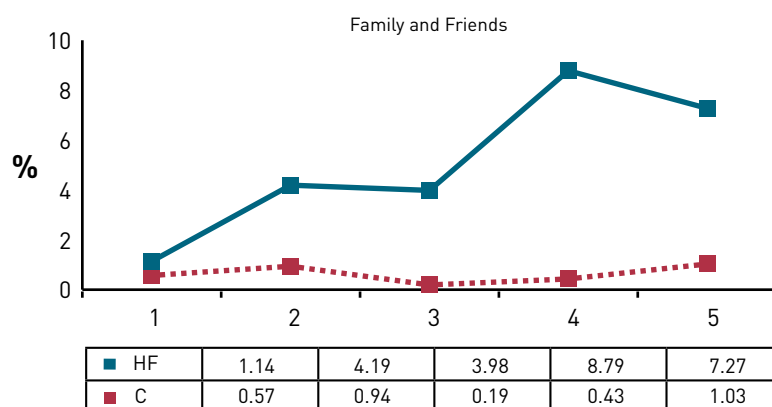


Figure 7: Participants rate of accessing accommodation with family and friends

Inadequate

None of the Housing First participants utilised the inadequate accommodation category of housing type, whereas Comparison Group participants spent between 0 and 7% of their time in this type of accommodation.

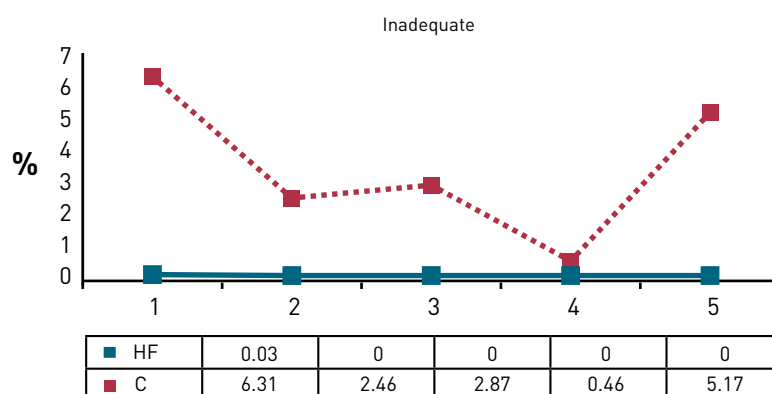


Figure 8: Participants rate of accessing Inadequate accommodation

Rough sleeping

At Time 1, both groups reported spending about 30% of their time rough sleeping. Across time points 2 through 5, Housing First participants spent less time rough sleeping than did Comparison Group participants.

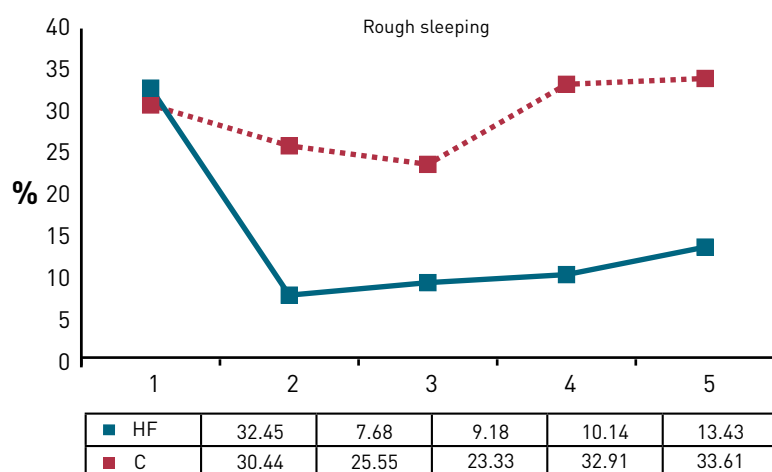


Figure 9: Participants rate of rough sleeping

3. Key Participant Outcomes (cont.)

Summary

Overall, Housing First participants spent significantly more time in stable housing than Comparison Group participants at every time point. They achieved 64% of time in stable, independent accommodation at Time 2 and sustained these rates for the duration of the evaluation. In contrast, Comparison Group participants failed to even approximate these rates in long-term homeless accommodation and when they did access a tenancy, it tended to

be on-site supported rather than independent with visiting support. Comparison group participants utilised all forms of homeless accommodation: emergency and short-term at higher rates than Housing First participants did, although these differences were not consistently reliable⁵. Housing First participants also spent less time rough sleeping than Comparison Group participants, although this difference between the groups was not as pronounced as the difference in time spent in stable housing.

b) Health-related measures⁶

Participants were asked health related questions about themselves and the services they received, such as General Health, Routine Medical Care, Wellness advice, Hospital Stays, Mental Health Services, Psychiatric Symptoms, Alcohol/Substance Misuse Services and Alcohol and Substance-Related Problems. Findings reveal Housing First participants tended to report better general health and fewer psychiatric symptoms than Comparison Group participants.

General health

Participants were asked to report their overall general health, using a scale from 1 = Poor to 5 = Excellent. Housing First's participants average score for the five assessments was 2.69, between Fair and Good answers. In contrast, Comparison Group's average score was 1.97, corresponding to the answer Fair.

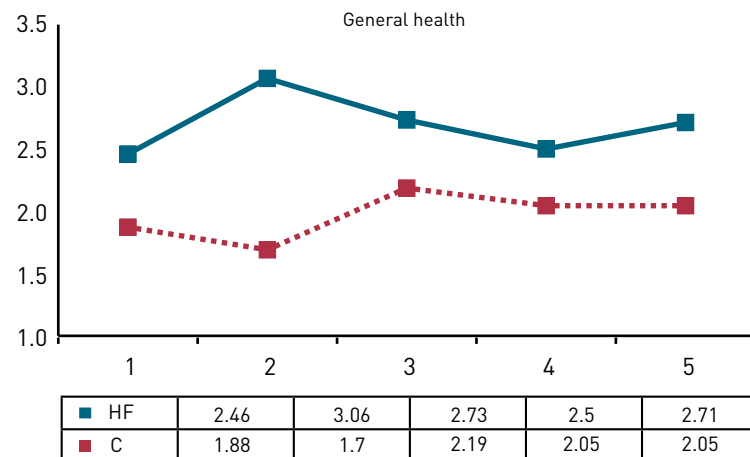


Figure 10: Participants rate of general health

⁵ The lack of statistically significant results is a consequence of small sample sizes and low variability on some residential categories. With larger samples and more variability, these differences would be likely to achieve significance.

⁶ Again, these measures were obtained from an adapted version of the GAIN (Dennis et al., 2002).

Routine medical care

Overall, these findings suggest that both Housing First and Comparison Group participants routinely receive medical care.

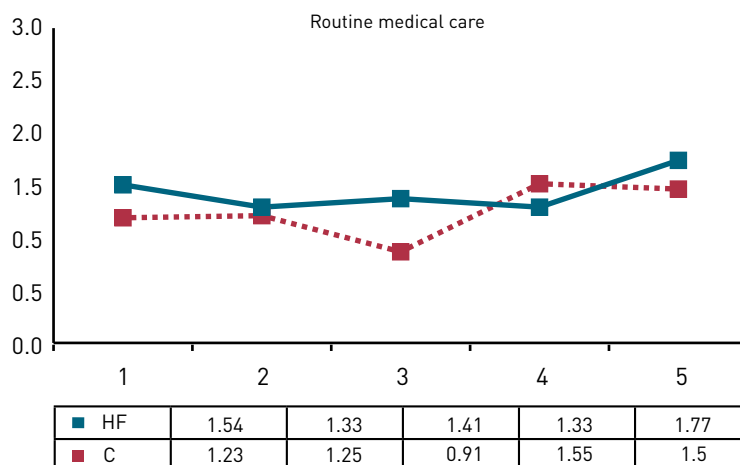


Figure 11: Participants rate of accessing routine medical care

Wellness advice

These findings indicate that slightly less than half of participants in each group were not regularly receiving any wellness advice.

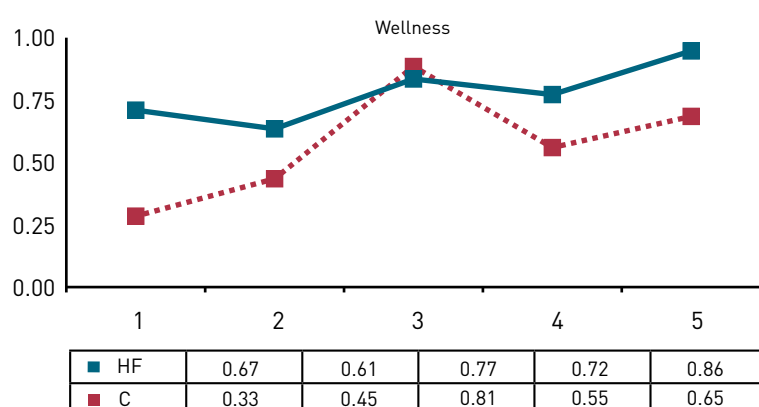


Figure 12: Participants rate of accessing wellness advice

Hospital stays

By the fifth assessment, 36.4% of Housing First participants reported a hospital stay, compared to 25% of Comparison Group participants.

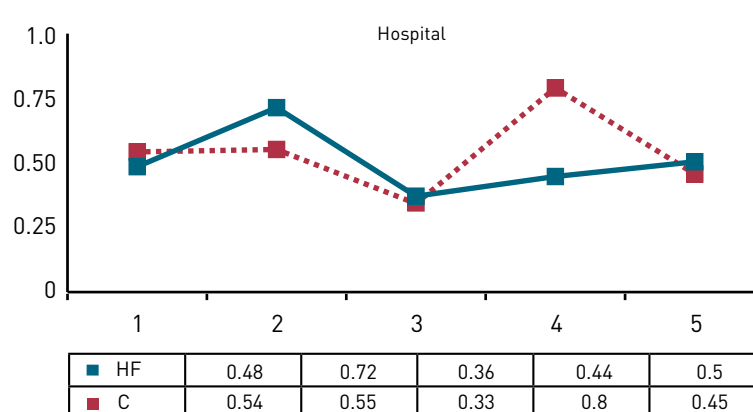


Figure 13: Participants rate of hospital stays

3. Key Participant Outcomes (cont.)

Mental health services

At Time 5, 73% of Housing First participants reported receiving at least one mental service during the preceding three months, compared to 61% of Comparison Group participants.

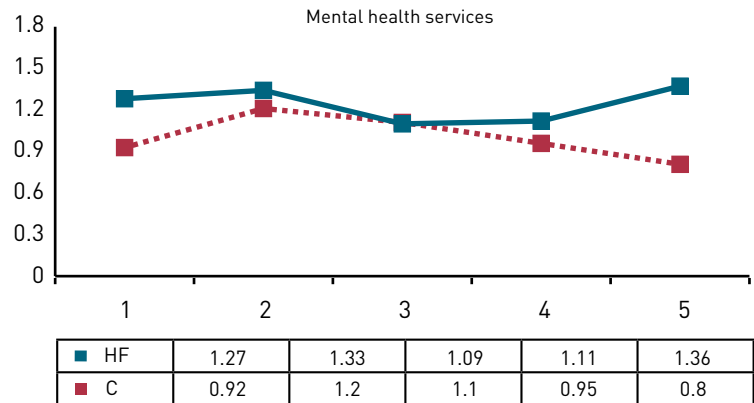


Figure 14: Participants rate of accessing mental health services

Psychiatric symptoms

On average, Housing First participants reported less frequent psychiatric symptoms (average = 1.19) than Comparison Group participants (average = 1.94).

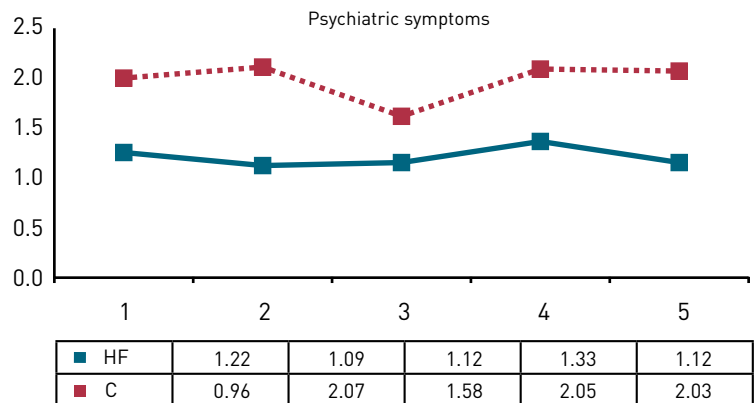


Figure 15: Participants rate of psychiatric symptoms

Alcohol/substance misuse services

The two groups reported similar rates of service utilisation across the five assessments. At Time 5, 63.6% of Housing First reported receiving at least one kind of service to help with alcohol or substance misuse, compared to 89.5% of Comparison Group participants.

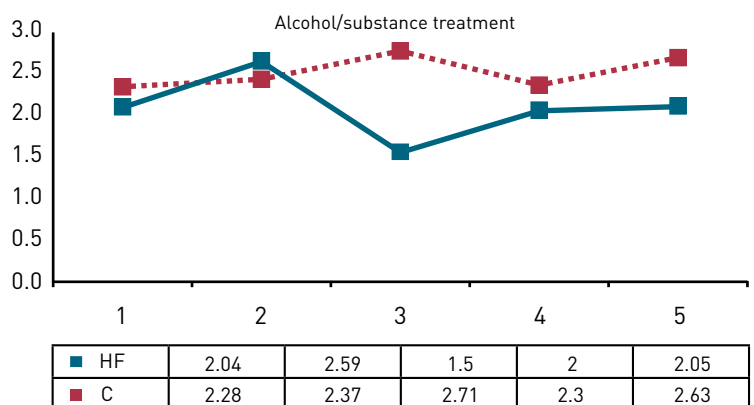


Figure 16: Participants rate of accessing alcohol/substance misuse services

Alcohol and substance-related problems

Participants were asked to report the severity of problems they experienced as a result of alcohol and drug use. The trajectories for the two groups are similar across the five assessments, with average scores falling between 2 = in the past year and 3 = more than a year ago.

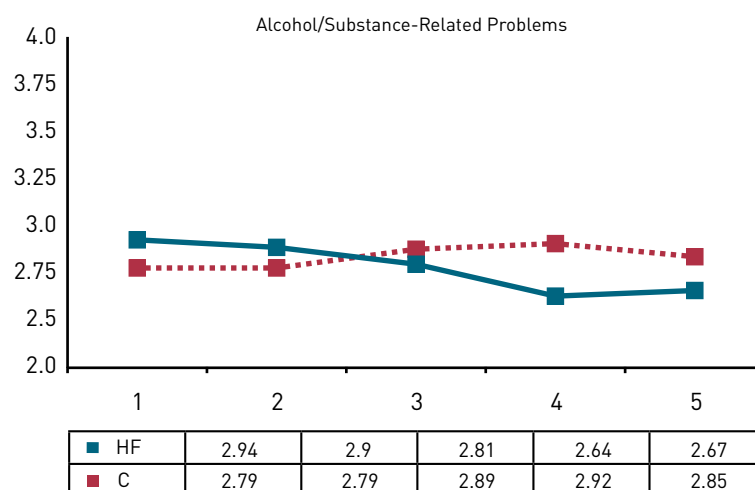


Figure 17: Participants rate of alcohol and substance-related problems.

Summary

In sum, Housing First participants tended to report better general health and fewer psychiatric symptoms than Comparison Group participants. Both groups were minimally engaged with wellness education and advice. Rates of engagement with routine medical and dental care were similar across the groups. Engagement with mental health services increased for Housing First participants but declined for Comparison group participants.

Reports of alcohol and substance misuse services, and of substance-related problems, were similar. Housing First participants reported somewhat more overnight hospital stays, which could be an indication that the supports they receive from the Housing First team enables them to begin to address their chronic health problems.

3. Key Participant Outcomes (cont.)

c) Problems in everyday life⁷

Participants were asked to report their experiences of legal problems, victimisation, and discrimination because of their homelessness. They were also asked to report how much money they spend on alcohol and drugs. These findings found in general Housing First and Comparison Group participants were more similar than different across the measures.

Legal problems

By the fifth assessment, 73% (16) Housing First participants reported having zero legal problems in the preceding three months, compared to 55% (11) of Comparison Group participants.

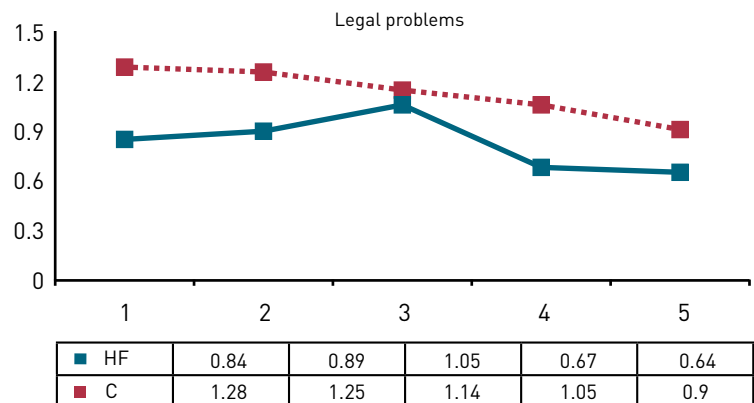


Figure 18: Participants rate of legal problems

Victimisation

Participants were asked to indicate whether, over the past three months, they had been the victim of assault or other crime. There was a trend for victimisation experiences to decline over the five assessments for Housing First participants, while the pattern was more variable for Comparison Group participants.

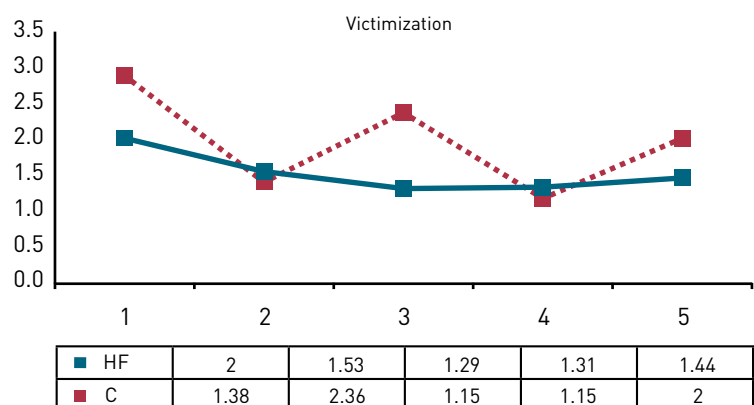


Figure 19: Participants rate of victimisation

⁷ Adapted GAIN (Dennis, 2002)

Discrimination

Participants were asked to report how frequently they experienced discrimination because of being homeless. Responses to this single item ranged from 1 = never to 4 = often. Across assessment periods, the average score for Housing First participants was 2.37; the average score for Comparison Group participants was 2.91.

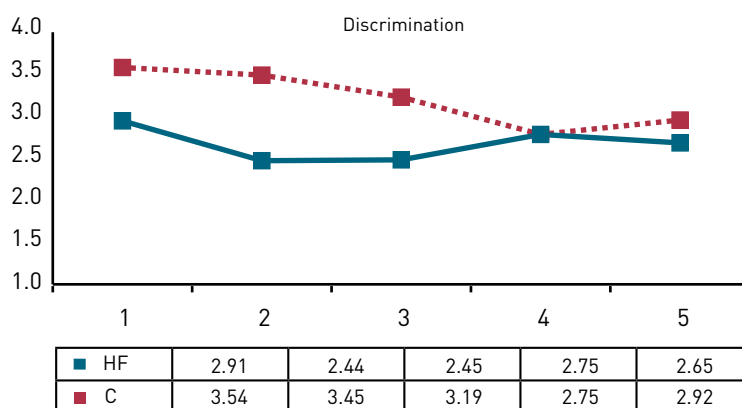


Figure 20: Participants rate of discrimination

Money spent on drugs and alcohol

Participants were also asked to estimate how much money they spent in the past 30 days on drugs and alcohol. To understand these figures, it's important to note that there was extreme variability in reports, as well as extreme reports consistently made by two members of the Housing First group. Therefore, both of these measures of central tendency, the mean and the median, are reported here. As can be seen in these figures, Housing First participants spend more money on alcohol (mean = 179) than Comparison Group participants (mean = 69); in contrast, Comparison Group participants spend more money on street drugs (mean = 301) than Housing First participants (mean = 181). However, if you look at the medians for each time point, this indicates that a few participants in each group are spending quite a lot of money on drugs or alcohol, while most participants in each group are spending nothing or very little.

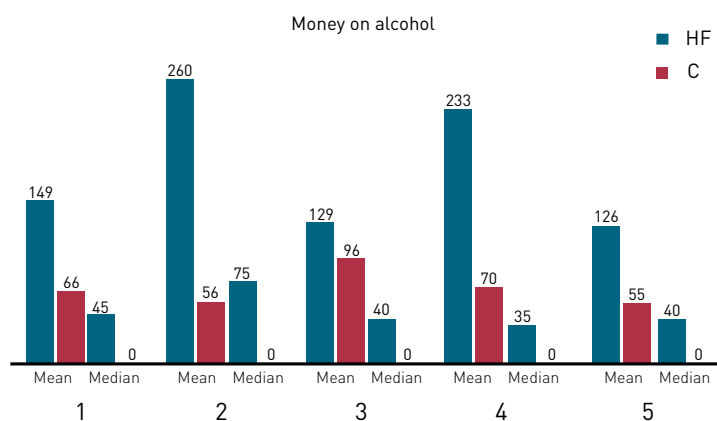


Figure 21: Participants rate of money spent on alcohol

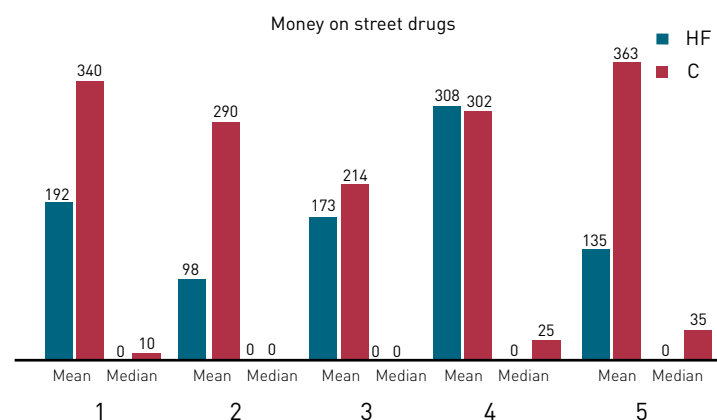


Figure 22: Participants rate of money spent on drugs

3. Key Participant Outcomes (cont.)

Summary

On measures of legal problems, victimisation, and discrimination, the Housing First and Comparison Group participants were more similar than different. Descriptively, Housing First participants reported fewer legal problems, fewer victimisation events, and less discrimination, but these differences were not consistently reliable across time. On average, Housing First participants spend a substantial amount of money on alcohol, and Comparison Group participants spend a substantial amount of money on drugs; however, it is important to note that only a few participants spend a great deal of money on alcohol or illicit drugs and that most participants spend no or very little money on these substances.

d) Activities of daily living

Participants were asked to indicate whether the services they received in the past three months included help with activities of daily living, job seeking, job training, or education. They were also asked what kinds of activities they engaged in and whether they engaged in these activities in their own neighbourhoods. Findings revealed Housing First Participants received more help with daily living activities and engagement in their neighbourhoods, whereas Comparison Group participants received more services related to job seeking and education.

Help with activities of daily living⁸

Participants were asked to indicate whether the services they had received in the past three months included help with money management and shopping and independent living skills like hygiene and housekeeping. By the final assessment, only 4 (18%) of Housing First participants reported they received no type of assistance with activities of daily living, compared to 15 (75%) of Comparison Group participants many of whom were not in stable accommodation.

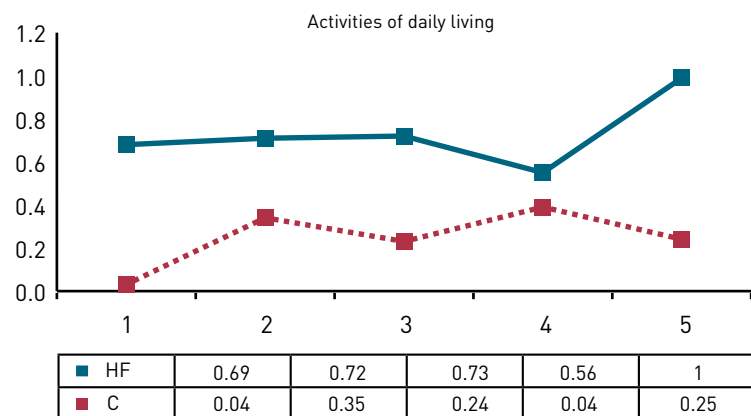


Figure 23: Participants rate of Help received with activities of daily living

Help with job seeking, job training, or education

By the fifth assessment period, 50% of Comparison Group participants reported receiving at least one type of job/education assistance compared to 43% of Housing First participants.

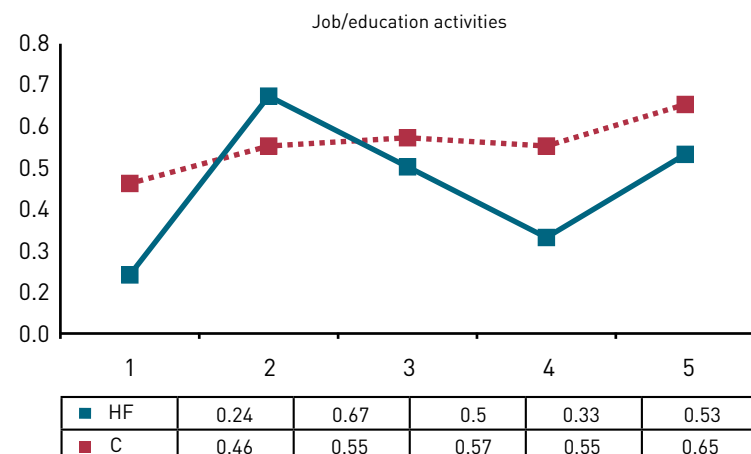


Figure 24: Participants rate of help received with job seeking, job training, or education

8 Adapted GAIN (Dennis, 2002)

Busyness

Participants were asked to report over the past 14 days how many activities, from a list of 19, they had engaged in such as visiting friends, going to the grocery store, a place of worship, a cultural event, a sports event, a bank, a library, or a gym. Across the five assessments, Housing First participants engaged in more activities per day (2.52) than did Comparison Group participants (2.13).

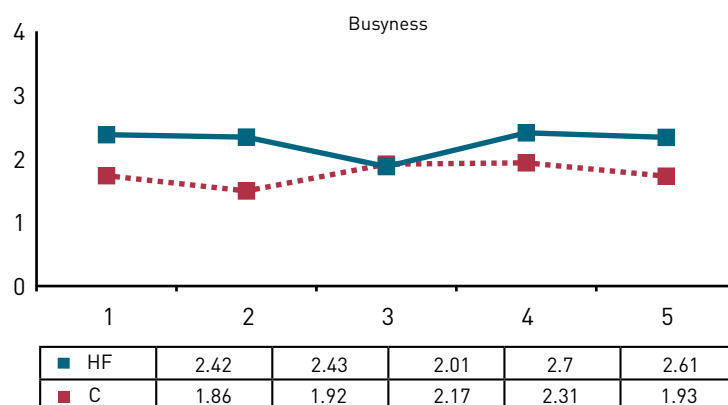


Figure 25: Participants rate of activities per day

Activities in neighbourhoods

Participants were also asked to report whether these activities occurred in their own neighbourhoods or not. Housing First participants engaged in an average of 5.91 activities within their neighbourhoods, whereas Comparison group participants engaged in 4.96 activities within their neighbourhoods.

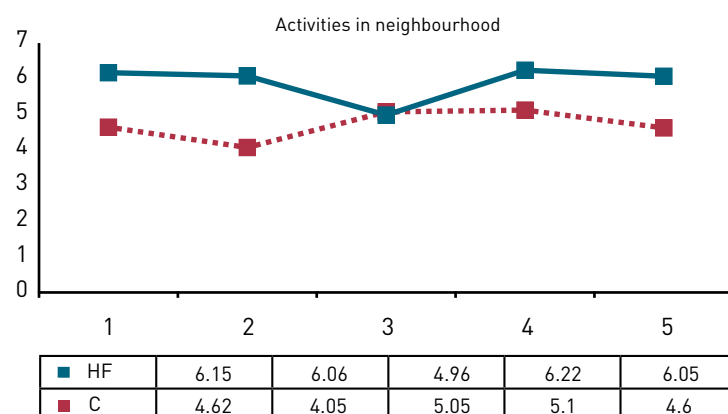


Figure 26: Participants rate of activities in their neighbourhoods

Summary

Although the differences between the groups were not large, Housing First participants, the majority of whom were accessing stable housing, did tend to receive more help with activities of daily living. They also engaged in more activities, and they were more active in their neighbourhoods than did Comparison Group participants. In contrast, Comparison Group participants who were more likely to be accessing homeless accommodation received more services related to job seeking and education than did Housing First participants.

3. Key Participant Outcomes (cont.)

e) Psychological self-related outcomes

Participants were asked about their psychological well-being through questions on Community Integration, Mastery, Emotional Health and Recovery. Findings reveal Housing First and Comparison Group participants were more similar than different on these self-related measures.

Community integration

Four items assessed the extent to which participants reported feeling comfortable in the place where they live and the extent to which they interacted with neighbours. At the fifth (12 month) assessment, neither group's average score reflected a sense of being either included or excluded from their communities.

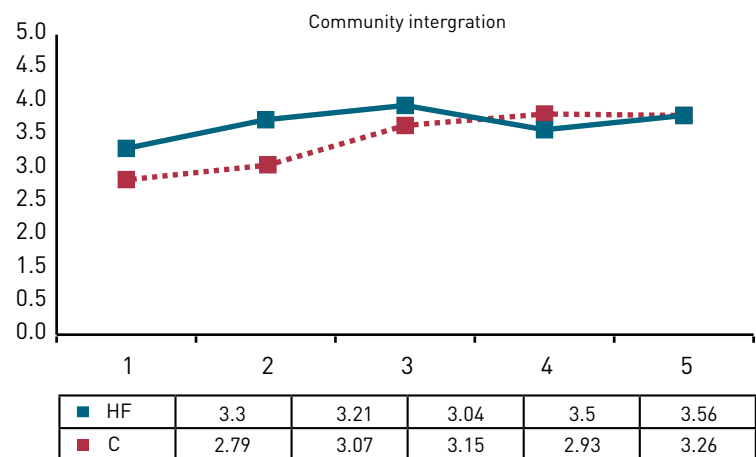


Figure 27: Participants rate of community integration

Mastery

Seven items measured mastery, the generic belief that one has control over important things in life, can deal effectively with problems and challenges, and can control one's future rather than be 'pushed around' in life (Pearlin & Schoder, 1978). At baseline, Housing First participants reported stronger mastery beliefs than Comparison Group participants. Housing First participants' scores remained steady over time, whereas Comparison Group participants' scores increased over time. By the third assessment, the two groups' mastery scores were equivalent.

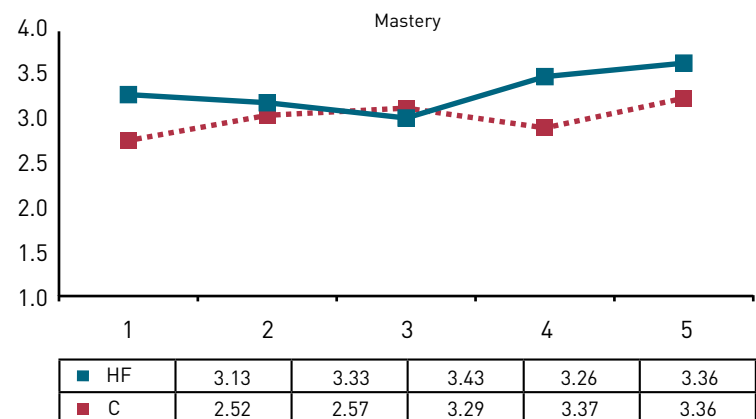


Figure 28: Participants rate of mastery

Emotional health

Participants were asked to indicate how often, out of the past 30 days, they felt, for example, happy; that they had something important to contribute to society, that they felt confident to express their own opinions, that people are basically good; and that life has a sense of direction or meaning. Responses ranged from 0 = 'never' to 5 = 'every day'. Across the five assessments, Housing First participants tended to report more emotional health than Comparison Group participants.

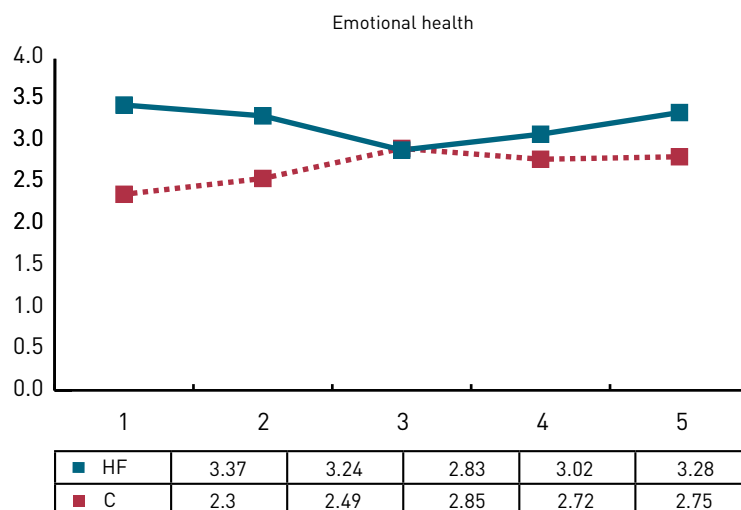


Figure 29: Participants rate of emotional health

Recovery from psychiatric problems

Participants were only included in this analysis if at the Time 1 interview they indicated that at some point, they had received a psychiatric diagnosis. Both groups experienced some ups and downs in their recovery experience; at the 12 month assessment period; however, Housing First participants were reporting higher levels of recovery than Comparison Group participants.

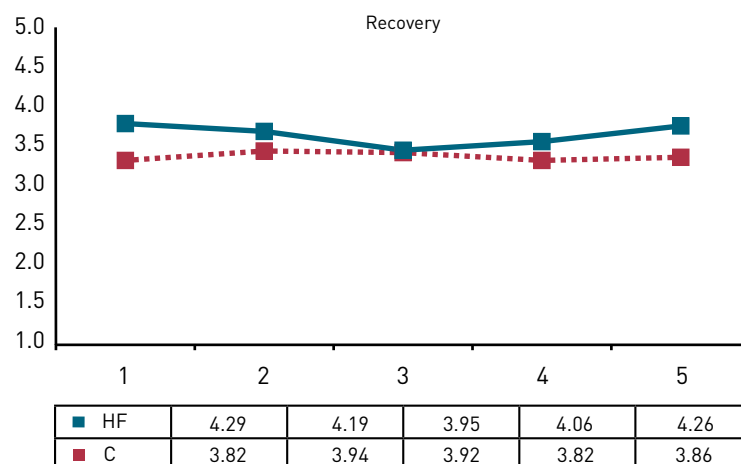


Figure 30: Participants rate of recovery from psychiatric problems

Summary

Overall, Housing First and Comparison Group participants were more similar than different on these self-related measures. Similarity in community integration experiences is important as it demonstrates that Housing First participants did not experience increased levels of isolation and loneliness in the early days of independent living. Similar reports of mastery, emotional health, and recovery suggest

that either the Housing First intervention was not strong enough to impact on these outcomes, that a 12 month time frame is too short to observe measurable changes on these outcomes or the sample size was too small to yield a significant result.

4. Consumers' Experiences of Services

This chapter describes the questionnaire outcomes related to consumers' experiences of services: coercion in services, choice in housing and services, satisfaction in services, and perceived results of services. To frame the experiences of each group and as summarised in Chapter 3, overall, Housing First participants spent significantly more time in stable housing than Comparison Group participants at every time point during the evaluation. In contrast,

Comparison group participants utilised all forms of homeless accommodation: emergency and short-term at higher rates than Housing First participants although these differences were not consistently reliable⁹. Housing First participants also spent less time rough sleeping than Comparison Group participants, although this difference between the groups was not as pronounced as the difference in time spent in stable housing.

Coercion

A six item measure was constructed to assess the extent to which housing was leveraged against compliance with rules and regulations such as abstinence from drugs and alcohol, compliance with substance misuse treatment or psychiatric treatment. At baseline, the two groups were similar, but over time, the score for the Housing First group, who were in stable housing declined to almost 0, or an average response of 'never' to 'rarely'. Comparison Group scores increased to almost 2, which corresponds to an average response of 'sometimes'. This indicates that coercion experiences immediately declined for Housing First participants and remained lower than Comparison Group participants for the duration of the evaluation.

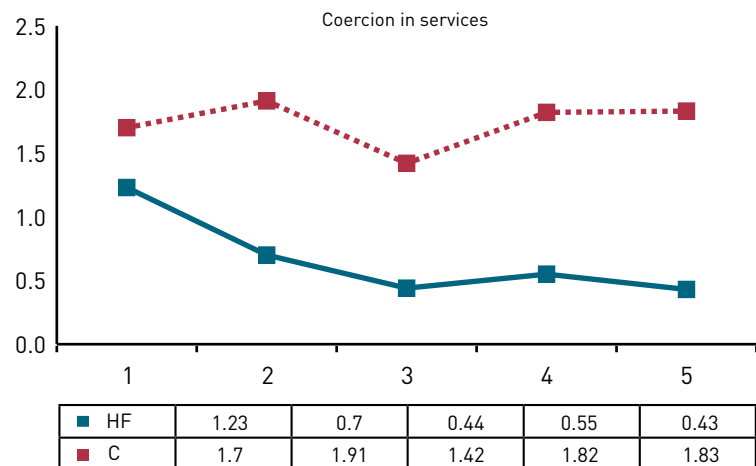


Figure 31: Participants rate of coercion in services

⁹ The lack of statistically significant results is a consequence of small sample sizes and low variability on some residential categories. With larger samples and more variability, these differences would be likely to achieve significance.

Satisfaction with choice in services

This was measured with 16 items that assess satisfaction with aspects of services such as the place you sleep, proximity to family and friends, proximities to agencies that provide services, proximities to shopping, control over interactions with others, neighbourhood safety, location and affordability, opportunities for neighbourhood activities, independence in daily life, and contact with key worker (Tsemberis, Rogers, Rodis, Dushuttle, & Skryha, 2003). Although satisfaction levels stayed relatively constant over time for both groups, Housing First participants consistently expressed more satisfaction than Comparison Group participants.

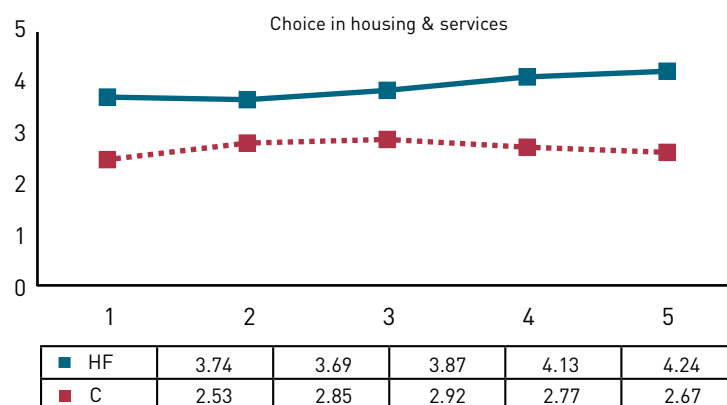


Figure 32: Participants rate of satisfaction with choice in services

Choice in housing and services

Participants were asked to respond to 16 statements that measured how much choice they felt they had over different aspects of their housing, such as the place they stay, furnishings, visitors, overnight guests, and who has keys (Srebnik, Livingston, Gordon, & King, 1995). They also indicated how much choice they had over aspects of services they receive, such, when key workers or landlords could enter and visit, whether and if they lock their own doors, whether or not they participate in services, whether they have to notify someone when they come and go. As can be seen, Housing First participants experienced greater choice in housing and services at every time point, compared to Comparison Group participants and increased over time.

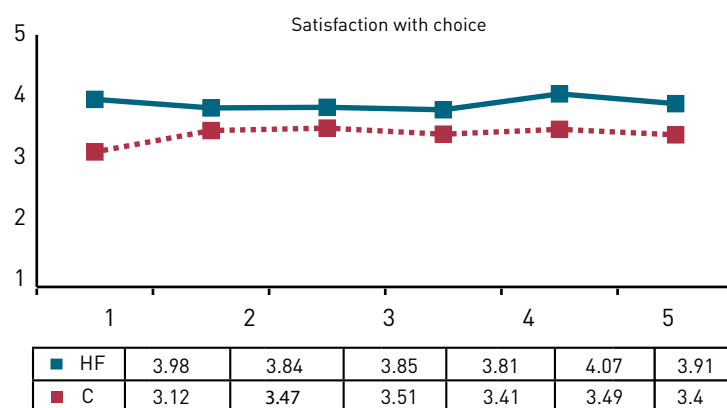


Figure 33: Participants rate of choice in housing and services

4. Consumers' Experiences of Services (cont.)

Consumer-led services

The consumer-led services measure captures the extent to which participants agree or disagree that they had say over and input into their services and service planning (Ganju, 1999). Scores were fairly stable over time for both groups, although the trend was for Housing First participants to rate their services as more consumer-led than Comparison Group participants.

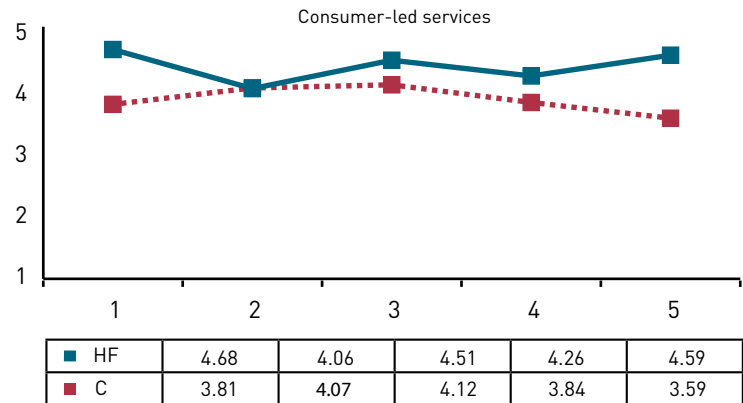


Figure 34: Participants rate of consumer-led services

Positive results from services

Finally, participants were asked to report the extent to which they experienced a range of positive results as a consequence of the services they received. Over time, Housing First agreed more strongly than did Comparison Group participants that, as a direct result of the services they received, they experienced these positive changes. By the fifth assessment, Housing First participants' score of 4.36 reflects a response between 'mildly agree' and 'strongly agree', whereas Comparison Group participants' average score of 3.39 indicate a response between 'neither agree nor disagree' and 'mildly agree'.

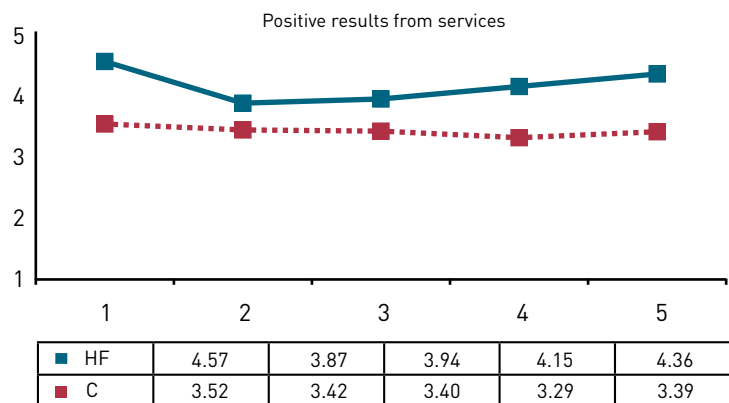


Figure 35: Participants rate of experiencing positive results from services

Summary

Overall, the findings consistently demonstrate that participants in Housing First report less coercion and more choice in housing and services; that they are more satisfied with the services that they receive; that on a range of dimensions, they have more input into the services they receive, and they agree more strongly that they've experienced positive results of services on a range of outcomes.

5. Focus Group Findings

Focus Group Findings

Complementing these longitudinal, quantitative findings, four focus groups were conducted with two Comparison Group focus groups and two Housing First focus groups. As much as possible, the aim was to group participants by current level of functioning, so that there would be one high functioning Comparison Group and one high functioning Housing First group, one low functioning Comparison Group and one low functioning Housing First group.

Participants were encouraged to describe, in their own words and on their own terms, their experiences of housing services and of the ways in which they felt their lives had changed or stayed the same since they joined the Dublin Housing First Demonstration Evaluation. All participants had similar histories of drug use, alcohol use, of extensive rough sleeping and time spent in emergency, short-term or long-term homeless accommodation.

Findings reveal Housing First participants focused on autonomy, choice, mutual trust, intimacy, esteem, and actualisation of goals whereas Comparison Group participants descriptions focused on services being based on rules, regulations, mistrust, coercion with their daily lives were preoccupied with activities related to getting housing, keeping housing, staying safe, and dealing with physical illnesses.

Experiences of homeless services

While engaging in regular rough sleeping, participants had also episodically accessed homeless accommodation for periods over a number of years. They accessed many forms of accommodation, some with support on site but others that provided only nightly shelter. Housing First participants had moved on to tenancies with visiting support while comparison group participants frequently continued to access homeless accommodation.

Housing First descriptions

Housing First participants described a high degree of involvement and interaction with the Housing First team members. They described the ways in which Housing First team members helped them set up their home, with furnishings and curtains, for example. They described the ways in which the Housing First team supported their efforts toward developing a healthy lifestyle they also reported receiving assistance with money management such as with arranging allowances and obtaining bus passes.

The descriptions of relationships with staff were also noticeably different. Housing First participants described a high degree of autonomy in choosing times that the team members would visit their homes, in deciding what goals to pursue, in discussions of substance use and harm reduction. They often referred to the team members by name that they felt free to assert their opinions or preferences without fear of repercussion or reprisal. Housing First service users said they feel they can make complaints and 'have a say'.

Comparison Group descriptions

Across the two Comparison Group focus group sessions, experiences of homeless accommodation were described as highly regulated, with rules governing many aspects of daily living such as curfews, meal times, visitors, and room checks. Participants reported very little privacy, with shared bathrooms, shared living areas, some shared bedrooms, and widespread use of surveillance cameras. Comparison group participants described the experience of having to spend each day outdoors during times that they were not allowed inside the residence. They described daily challenges involved in living with other service users who were in various stages of drug use or recovery, mistrust, and worries about victimisation, either assault or theft of belongings.

5. Focus Group Findings (cont.)

Comparison Group participants reported that they received very little assistance from support workers on issues like sourcing housing or paying bills. They reported that when residents get behind in rent, staff members ask the resident to 'move on'. They described limited and poor communication with staff and no inclusion in decision making. These participants very rarely mentioned staff members by name, and described very passive, rather than active relationships with staff.

Current activities of daily living

Focus group participants were asked to give the interviewer an idea of what their everyday lives look like now, compared to what their lives were like when they entered the evaluation. The following tables list the kinds of activities that were reported in the Housing First and Comparison Group focus group sessions.

As can be seen from these lists, the focus of everyday life activities, current problems and concerns were quite different across the four focus groups. Perhaps the most obvious difference is that there is more emphasis on shelter and safety concerns in Comparison Group participants' descriptions of their everyday lives as they lack stable housing.

Although some Comparison Group participants reported engaging in activities like attending college classes, the majority of participants' responses focused on waiting for housing, sleeping in inadequate accommodation or rough sleeping, and a range of significant physical health complaints. In contrast, Housing First participants described a broader range of everyday engagement in meaningful activities of their choice. Importantly, several Housing First participants described positive psychological changes such as improvements in self-esteem, whereas no Comparison Group participants described any changes in their self-appraisals.

Table 2: Housing First and Comparison Group descriptions of everyday life.

Comparison Group Life Descriptions		Housing First Life Descriptions	
Higher Functioning Group	Lower Functioning Group	Higher Functioning Group	Lower Functioning Group
• Attending college classes • Recent accommodation - Council flat & private rented • Getting medical attention for fractured bone in back • Got a television • Decreased drug use • Have fewer friends • Cleans the house • Goes to the park • Gardens at (Congregate Home) • Walking around Dublin	• Rough sleeping • Sleeping in squats • Waiting months for promised housing • In & out of various hostels - Grim stories • Active drug use - heroin - benzodiazepines • Focus on poor health • Focus on harshness of life on streets, in hostels	• New romantic relationships • Family reconnections - Children - Nieces • Going to the gym • Plays guitar, writes music • Self-esteem, pride, new roles, sense of self • Training to work with kids with intellectual disabilities	• Hobbies (w/staff) - Make jewellery - Play pool • Shopping, meals • Family reconnections • "Housing First got me off the weed" • Negotiating domestic violence • Good relationships with neighbours • Some continue to engage Housing First even during accommodation loss

Table 3: Housing First and Comparison Group descriptions of their life goals.

Comparison Goals		Housing First Goals	
Lower Functioning	Higher Functioning	Lower Functioning	Higher Functioning
• Get and stay off the streets • Stay alive • Get a flat through Housing First	• Keep my flat • Finish college classes • Stay stable on the drugs • Maybe get a part-time job • Get healthy • Find something I'm interested in doing • Try to come off the methadone	• Have my kids back in my life • Have kids • Become a car mechanic • Continue to write poetry	• Work with kids that have ID • Save for an engagement ring & get married • Stay connected to kids • Reconnect with family

Life goals

Participants in each focus group were asked to talk a little bit about their life goals in terms of what they would like to accomplish within the next few years. As with the descriptions of everyday life, there are noticeable differences in the types of life goals described by Housing First participants compared to Comparison Group participants. The preponderance of goals described by Comparison Group participants could be described as 'basic needs' in the domains of shelter, safety, and security, whereas the preponderance of Housing First participants' goals could be described as 'being needs' related to intimacy and belonging, esteem, and self-actualisation (Maslow, 1943). The goals mentioned by focus group participants are summarised in the following table.

Summary

Overall, the focus groups revealed a number of important differences in the subjective experiences of Comparison Group and Housing First participants. Housing First participants, the majority of whom are in stable housing, focused on autonomy, choice, and mutual trust. Whereas Comparison Group participants, accessing mainly homeless accommodation, focused on rules, regulations, mistrust, coercion, and concerns about victimisation by other service users. In comparison to Housing First participants, Comparison Group participants' daily lives were preoccupied with activities related to getting housing, keeping housing, staying safe, and dealing with physical illnesses.

Comparison Group participants reported fewer goals than Housing First participants, and the goals that they described had more to do with safety and security, whereas Housing First participants described a wide variety of intimacy, esteem, and actualisation goals. These focus group findings deepen and enrich the longitudinal findings and provide us with a fuller, more holistic picture of the ways in which homeless services are experienced by the evaluation participants.

6: Fidelity Evaluation

This chapter reports on the fidelity evaluation findings from Phase 2. Focus groups were conducted at two time points with team members: Once at the beginning of Phase 2 and once toward the middle stage of Phase 2. Findings from focus groups are complemented by findings from individual interviews and focus groups conducted with participants during Phase 1.

There are five domains of a Housing First fidelity assessment: a) housing choice and structure; b) separation of housing and services; c) service philosophy; d) service array, and e) programme structure (Stefancic et al., 2013). Each of these domains consists of multiple components on which the programme is evaluated. A table of key fidelity indicators is located below.

Table 4: Structure of Housing First Assessment Scale (see Appendix 1 for more detailed description)

Domain	High Fidelity Components
Housing Choice and Structure	Housing Choice Housing Availability Permanent Housing Tenure Affordable Housing Integrated Housing Privacy
Separation of Housing & Services	No Housing Readiness No Programme Contingencies Standard Tenant Agreement Commitment to re-house and provide services through housing loss Mobile services
Service Philosophy	Service Choice Participation in psychiatric or substance abuse treatment Motivational interviewing and assertive engagement Absence of coercion Person-centred planning and interventions that target a range of life goals Self-determination and independence
Service Array	Housing Support Psychiatric services Integrated, stage-wise substance use treatment Supported employment services Nursing services Social integration 24-hour coverage Involvement in in-patient treatment
Programme Structure	Priority enrolment for individuals with obstacles to housing stability Peer specialist on staff Quality of daily meeting Frequent meetings Team approach Low participant/staff ratio Contact with participants Priority enrolment for individuals with obstacles to housing stability

a) Housing Choice and structure

Housing choice

Access to quality affordable housing in locations of participant choice was a chronic challenge for this Housing First team. Participants had little choice in housing location because in most instances, only one or two flats were available at any given time. When a flat became available, the team would match flat type and location to participant characteristics and preferences. The participant would view the flat and if the flat matched the participants' self-defined needs and preferences, then the flat was offered. Participants were discouraged from taking flats they judge to be a poor fit to their needs and wishes, and were encouraged to work with the team outside of housing until a better option arises. Many Housing First service users' flats are fully furnished. Housing First team members helped service users obtain vouchers for furnishing from the Social Welfare Officer. On home visits for interviews with Housing First services users, rental units were observed and demonstrated clearly that participants exercised much choice in the furnishings and décor in their homes.

Assessment of Fidelity - Low-Moderate

Housing availability

The Dublin Housing First team did not have a ready supply of housing units into which they could swiftly participants; further, the team was small and had only one member assigned to housing services. The extensive list of potential participants (100+ persons) inherited by the Phase 2 team in the context of housing scarcity compounded the challenges they faced in moving participants swiftly into housing. When Phase 2 began, the intake procedure was reviewed and modified. The team did not engage with participants until they had a ready unit that the team had confidence would be available for them. As a consequence, participants were moved quickly into housing once they were engaged with the team.

Assessment of Fidelity - Low-Moderate

Permanent housing tenure

When Phase 2 began, the first hurdle the team encountered was the imminent eviction of existing participants from their homes. All of these participants moved into new accommodation without interim housing loss. However, the new units, obtained at short notice were of uneven quality, and so service users were facilitated in yet another move once more suitable accommodation became available.

The team worked with private landlords to obtain accommodation for participants in the early stages of Phase 2, but encountered a number of difficulties with the private rental market. First, the units were of a lower standard than those operated by local authorities or approved housing bodies. Second, some landlords demanded special terms, such as shorter durations, in lease agreements. Third, landlords were unwilling to tolerate challenges that occur in the early stages of Housing First service users' residencies, such as noise, guests, lost keys etc. As a consequence, the team chose to pursue opportunities for housing units from local authorities, and approved housing bodies rather than private rented accommodation.

Assessment of Fidelity - High

Affordable housing

The Dublin Housing First team adopted the 30% contribution requirement with its programme participants. Rent is directly paid to landlords where possible; when not possible, the team supports participants in budgeting their money and paying rent on paydays to avoid debt accruals.

Assessment of Fidelity - High

Integrated housing

In the Dublin Housing First programme, given that at the time of writing only 29 participants were in housing, the issue of concentration of Housing First participants within a particular building or block has not yet become significant issue. Most participants were living in buildings in which units are available to the general population.

Assessment of Fidelity - Moderate-High

6: Fidelity Evaluation (cont.)

Privacy

In the Dublin programme, no participants share any facilities with any programme or non-programme individuals who are not flatmates, family, or partners. All flats are independent and self-contained.

Assessment of Fidelity - High

b) Separation of housing and services

No housing readiness; no programme contingencies

In Phase 1, participants were required to provide evidence that they had been rough sleeping and a commitment, or buy-in, to the programme. They were required to progress through a series of meetings intended to demonstrate their commitment. In Phase 2, the team discontinued the practice and there were no housing readiness requirements and no programme contingencies.

Assessment of Fidelity - High

Standard tenant agreement

In the Dublin Housing First programme, all programme participants have legal rights to their units with no special provisions added to the lease or occupancy agreement because of their status as Housing First participants.

Assessment of Fidelity - High

Commitment to re-house and provide services through housing loss

The Dublin Housing First team has rehoused a number of participants, and a number of participants have been re-housed several times. The Phase 2 team has not been able to link in with all of these existing Housing First participants from Phase 1. Of those participants with whom the Phase 2 team have worked, there have been no limits on number of times a person will be rehoused, nor have there been 'housing readiness' requirements placed on them. However, rehousing can prove challenging, and repeat housing can take as long as three months.

Assessment of Fidelity - High

Mobile services

The team provides all key-working services at locations of participants' choosing, and some clinical services are also mobile. Nursing support and substance abuse counselling services are mobile and provide services at locations of participants' choosing. Participants visit psychiatrists and general practitioners onsite in clinics.

Assessment of Fidelity - High

c) Service philosophy

Service choice

In Dublin's Housing First, there is no evidence that the team directs or instructs participants in the services they receive. Participants have the right to refuse services, but they do engage with key workers on a regular basis, usually once a week, and sometimes more or less often, depending on their support needs.

Assessment of Fidelity - High

Participation in psychiatric or substance abuse treatment

In Dublin, information from the team and participants indicates that participants' engagement psychiatric treatment or substance use treatment is their choice, and that participants are not required by staff to engage with these services, which are offered but not required.

Assessment of Fidelity - High

Motivational interviewing and assertive engagement

Interviews and focus groups indicate that the team uses motivational interviewing with participants in efforts toward harm reduction goals.

Assessment of Fidelity - Moderate

Absence of coercion

In Dublin Housing First, there is no evidence of any types of coercive practices are employed, nor is there any intrusive surveillance.

Assessment of Fidelity - High

Person-centred planning and interventions that target a range of life goals

Interviews and focus groups with participants yielded evidence that the team works with them to develop goals based on participants' interests and strengths, whether this is playing music, helping out in a pet shop, taking classes to learn to work with children with intellectual disabilities, or to go to the gym.

Assessment of Fidelity - Moderate

Self-determination and independence

In interviews and focus groups, participants frequently spoke of Housing First team members helping them with daily activities, or supporting them in their interactions with various social or medical services. Participants' descriptions of these support services indicate that the team members endeavour to provide autonomy-oriented helping, in which participants develop the skills to take on these tasks with increasing independence.

Assessment of Fidelity - High

d) Service array

Housing support

Interviews with participants and focus groups with the team members demonstrate that the team members actively support participants with move-in, neighbourhood familiarity and with budgeting and expenses.

Assessment of Fidelity - High

Psychiatric services

The Housing First team will link with the service to stay informed about the participant's functioning, medications, and treatment plan. If the participant is not already linked in with a service, she or he will be referred to the ACCESS team¹⁰, which is responsible for all aspects of psychiatric care. The ACCESS nurse provides home visits and medication education.

Assessment of Fidelity - High

Integrated, stage-wise substance use treatment

Interviews with members indicate that the Dublin Housing First team's strategy is to develop participants' trust over time, and while doing so actively engage in harm reduction strategies around participants' substance use habits, and attempt to 'nudge' them toward treatment through motivational interviewing techniques.

Assessment of Fidelity - Moderate

Supported employment services

The Dublin Housing First team does not currently have an occupational or job specialist. To the extent that participants express interests in jobs, education, or training, the team incorporates these goals into participants' individualised treatment plans.

Assessment of Fidelity - Low

Nursing services

During Phase 2, the team had brokered nursing services available for three hours per week. This nurse provided a range of health and wellness services, but clearly, with 29 participants in housing and 10 needing to be rehoused, three hours per week do not cover all the nursing services that could benefit participants' health.

Assessment of Fidelity - Moderate

Social integration

Interviews with participants and focus groups with the team demonstrate that participants are supported in re-establishing, repairing, or strengthening family ties and connections, and that participants are supported in other aspects of social integration.

Assessment of Fidelity - Moderate-High

24-hour coverage

As team members came from other organisations with varying terms and conditions of work, on-call services could not be rotated around the team, and as a consequence, the responsibility of after-hours coverage fell onto the team leader, who responded to all after-hours calls. This practice, was certainly not sustainable in the long-term, ensured that crises were attended to 24 hours a day.

Assessment of Fidelity - Moderate

¹⁰ Again, this is the mental health services team for homeless individuals.

6: Fidelity Evaluation (cont.)

Involvement in in-patient treatment

Psychiatric hospitalisation was a rare occurrence for the Housing First programme participants during Phase 2. If the ACCESS team was involved with the participant, an ACCESS team member would take up these responsibilities; otherwise, the Housing First team would take responsibility.

Assessment of Fidelity –High

e) Programme structure

Priority enrolment for individuals with obstacles to housing stability

In Phase 2, the Dublin Housing First team prioritised vulnerable individuals with complex support needs, including criminal justice involvement, behavioural difficulties, substance abuse, psychiatric symptoms, and domestic violence.

Assessment of Fidelity –High

Contact with participants

The Dublin Housing First team meets with most of its participants at least four times per month.

Assessment of Fidelity –High

Low participant/staff ratio

The Dublin Housing First team currently has 29 participants in housing, 10 participants out of housing, and five full-time team members. Therefore, they are currently maintaining a participant/staff ratio that is lower than 10 to 1.

Assessment of fidelity –High

Team approach

In Dublin, efforts are made for participants to be familiar with all programme staff; however, participants do not regularly work with more than two persons on the team during a four week period. Instead, they work frequently with their assigned keyworker.

Assessment of Fidelity –High

Frequent meetings

The Dublin Housing First team met on Mondays and Thursdays. On Monday, the team conducted a full review of charts. On Thursdays, the team would concentrate on a selection of clients to talk through approaches to engaging with them and update risk assessments. Team members were given time to discuss and develop ideas for working with a participant and review participants' support plans.

Assessment of Fidelity – Moderate

Quality of daily meeting

The team worked from a regular schedule of visits each week, in which there were set days to visit each participant every week. At Monday meetings team members accounted for the previous week's visits and outcomes, and developed plans to follow up during the rest of the week. Visits were recorded on PASS¹¹ and visit notes were recorded on PASS.

Assessment of Fidelity – Moderate

Peer specialist on staff

At present, there is no peer specialist on the Dublin Housing First team.

Assessment of Fidelity – Low

Participant representation in the programme

Interviews with participants and focus groups with team members yielded no evidence that the programme offers opportunities for participant input into the programme.

Assessment of Fidelity – Low

11 PASS is an online system that captures details relating to service users access to homeless accommodation.

Summary

To the extent possible given the Dublin context of housing shortage, the Housing First team was able to obtain independent affordable accommodation for programme participants.

Most of this housing has been described as integrated. The team overcame barriers to programme fidelity on housing choice and structure by deferring commencement of intake with participants until a viable housing unit was available. This was important for managing expectations, avoiding disappointments and frustrations. It also resolved the Phase 1 problem of an unnecessarily long intake list. The team also discontinued the protracted intake procedure that served to screen out participants and create barriers to enrolment into Housing First services.

The team also demonstrated a high degree of programme fidelity in the domain of separation of housing and services. There are no programme contingencies, participants receive standard leases, and services are mobile and off-site. Further, the team also demonstrated a high level of programme fidelity in terms of service philosophy. Participants choose the type, frequency, intensity, and order of the services they receive and motivational interviewing techniques and assertive engagement are employed. Services are provided without coercion or leveraging housing against treatment.

Less programme fidelity was observed on service array and programme structure. This occurs primarily in the domains of participant involvement in programme planning, the employment of a peer specialist, and activities to promote citizenship and social integration.

7: Summary and Conclusions

This chapter summarises the key findings from the Dublin Housing First Demonstration and presents a set of conclusions regarding the demonstration's success and appropriateness to the Dublin Context.

Reflection on study design

Although the evaluation spanned the years between April 2011 and January 2015, the evaluators were only able to measure each participant's outcomes over a 12 month period, as recruitment to the service was very slow, spanning the time period from April 2011 to January 2014.

The shift to receiving services in a Housing First modality is quite a large adjustment for participants, therefore improvements in participant outcomes, such as problem-related substance misuse, hospitalisation, community integration, and activities of daily living may occur much more gradually, and not within the short span of one year. Further, our study sample was very small, with only 26 participants included in each group at baseline.

Given the short time frame and small sample size, we are satisfied that reliable differences have been observed in this sample on key residential outcomes and participant experiences and perceptions of services.

Summary of key participant outcomes

Residential outcomes:

Mirroring findings from the United States (Gulcur, et al., 2003; Tsemberis et al., 2004), Canada (Goering et al., 2014) and Europe (Busch-Geertsema, 2013), the Housing First participants achieved significantly higher levels of stable housing in their own independent accommodation than did Comparison Group participants. When Comparison Group participants did access stable housing, it tended to be on-site supported, congregate housing.

Health-related outcomes:

Descriptively, we can say that Housing First participants reported better general health than Comparison Group participants. They also reported less engagement in alcohol/drug treatment services, although they did not report more alcohol/substance related problems.

Problems in everyday life:

The patterns observed over the assessment periods hint at the possibility for more positive longer-term outcomes of the Housing First intervention.

Activities of everyday living:

Descriptive findings indicate that Housing First participants engage in more activities of everyday living, and actively participate in their neighbourhoods, compared to Comparison Group participants.

Psychological and Recovery outcomes:

On the recovery outcomes, Housing First and Comparison Group participants were more similar than different. On the one hand, changes in these outcomes tend to be small and slow; on the other hand, findings of higher scores on mastery have been observed in other Housing First evaluations (e.g., Greenwood et al., 2005)

Consumer experiences of services:

Consistently across measures and assessment periods, Housing First participants reported experiencing less coercion, more choice, more satisfaction with services, and more positive outcomes as a result of services than did Comparison Group participants.

Focus Groups:

Housing First participants focused on autonomy, choice and mutual trust, whereas the Comparison Group participants focused on rules, regulations, mistrust, coercion and concerns about victimisation by other users. Their lives were preoccupied with activities relating to getting and keeping housing, staying safe and dealing with physical illness. They reported fewer goals and focused on safety and security whereas Housing First participants described a wide array of intimacy, esteem and actualisation goals.

Summary of fidelity findings

The dimension on which the team was assessed to demonstrate the highest model fidelity was separation of housing services as participants were not required to demonstrate 'housing readiness'. On the dimension, housing choice and structure, the team faced structural, political, and economic barriers to providing immediate access to housing of participants' choice. However, the team demonstrated high fidelity on housing affordability, permanence, and privacy.

In terms of services, the team consistently evidenced fidelity to service philosophy, particularly in the realm of consumer choice in services and treatment. Especially missing in the service array was supported employment services. Three hours of nursing services per week was not sufficient to meet all participants' needs, and 24-hour coverage solely by the team leader was unsustainable.

On the dimension Programme Structure, fidelity to the *Pathways' Housing First* model was quite variable. High fidelity was observed on indicators such as prioritisation of enrolment of individuals with obstacles to housing stability, intensive contact with participants, low participant/staff ratio, team approach, and frequency of meetings. However, the team was unable to secure a peer specialist, and participants were not represented in the programme. On these last two dimensions especially, it is recommended that the new team find ways to bring their practice in line with core *Pathways' Housing First* principles.

Conclusions

Perhaps the most important finding from this evaluation is that participants enrolled in the Dublin Housing First Demonstration got and kept independent, integrated housing, while participants in the Comparison Group did not enjoy very much success in accessing long-term accommodation. At the end of the study, Comparison Group participants continued to regularly cycle through emergency and short-term housing, institutions, and rough sleeping. The Dublin Housing First team successfully ended homelessness for a group of service users who have spent many years homeless, rough sleeping, in hostels, and other homeless services in the Dublin region. This service demonstrated an impressive level of fidelity to the *Pathways' Housing First* model despite its shoestring budget and staffing. Service users and staff alike were highly enthusiastic about receiving and delivering the service, respectively.

Based on these findings, it is recommended that the government continue to pursue a 'housing led' approach to ending homelessness, specifically one that prioritises independent, integrated, and permanent housing with no housing readiness requirements or programme contingencies for individuals with complex needs and addresses obstacles to accessing affordable housing. Evidence from Europe and North America has repeatedly shown that providing homeless individuals with independent accommodation ends homelessness, ends the institutional circuit (Hopper, 1997), and costs less too (e.g., Gulcur et al., 2003; Nelson, Aubry, & Lafrance, A., 2007; Perlman & Parvensky, 2006).

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Appendix 1

Appendix 1- Housing First Assessment Scale- High Fidelity Components

Domain	High Fidelity Components
Housing Choice and Structure	Housing Choice- Afford participants much choice in location, decorating, furnishing, and other features demonstrate high model fidelity. Housing Availability- Move service users into housing units quickly after intake. Permanent Housing Tenure- Housing tenure is assumed to be permanent, standard leases or occupancy agreements are obtained. Affordable Housing- Participants pay a portion of their monthly rent, which is conventionally set at 30% of their income. Integrated Housing- Participants live in scatter-site housing that is available to non-programme participants without psychiatric or other disabilities. Privacy- Participants are not expected to share any living areas with any other tenants.
Separation of Housing & Services	No Housing Readiness; No Programme Contingencies- Participants have access to housing without having to fulfil any treatment requirements or demonstrate any level of 'housing readiness Standard Tenant Agreement- Programme participants have standard lease agreements. Commitment to re-house and provide services through housing loss- Offers participants new housing units without requiring them to demonstrate housing readiness. Mobile services- Social and clinical services providers deliver services at locations of participants' choosing.
Service Philosophy	Service Choice- Participants choose the type, sequence, and intensity of the services they receive, on an ongoing basis. Participation in psychiatric or substance abuse treatment- Participants are not required to participate in either psychiatric or substance use treatment. Motivational interviewing and assertive engagement- The team members are proficient with motivational interviewing techniques and assertive engagement. Absence of coercion- Housing First programmes with high fidelity, the programme does not leverage housing or services to promote adherence with treatment. Person-centred planning and interventions that target a range of life goals- Team members develop individualised treatment plan ideas based on client-selected goals, incorporate treatment plans into their regular meetings. Self-determination and independence- The programme seeks to increase participants' self-determination and independence.

Appendix 1 (cont.)

Domain	High Fidelity Components
Service Array	Housing Support- Offers supports that help participants maintain their housing. These supports take different forms such as helping them get familiar with their neighbourhoods, with landlord relations, with budgeting and shopping. Psychiatric services- The psychiatric prescriber serves a number of functions in participants' treatment, such as will complete assessments of symptoms and treatment responses on at least a monthly basis. If a Housing First participant is already linked in with a service, she or he will continue with that service. Integrated, stage-wise substance use treatment- The programme directly provides stage-wise substance use treatment and interventions are tailored to the participant's stage of change. Supported employment services- Provides employment services to participants such as placement based on preferences (schools and classes) and job coaching. Nursing services- Nursing services are provided directly by the programme. Social integration- The team supports participants in developing positive social roles and social networks inside and outside the programme. 24-hour coverage- The programme responds to psychiatric or other crises 24 hours a day. Involvement in in-patient treatment- The team initiates admissions as necessary, consults with inpatient staff about admissions and participant's treatment and discharge planning.
Programme Structure	Priority enrolment for individuals with obstacles to housing stability- Participants are represented in Housing First operations and have input into policy. Peer specialist on staff- The programme has at least 1 FTE that meets local standards for certification as a peer specialist. Quality of daily meeting- Team members conduct daily meetings that include brief, relevant reviews of all participants and contacts in the past 24 hours. Frequent meetings- , the programme staff meet frequently to plan and review services. Team approach- The programme staff functions as a multidisciplinary team, and clinicians know and work with all participants. Low participant/staff ratio- The programme staff ratio is 10 or fewer participants per 1 FTE staff. Contact with participants- The programme staff meets with participants face-to-face on a weekly basis. Priority enrolment for individuals with obstacles to housing stability- individuals who have significant barriers to housing stability are prioritised.



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