

WINTER SCHOOL

“La sperimentazione Housing first Italia: Finalmente a casa”

RIMINI, 11-12-13 DICEMBRE 2014

Di seguito le 4 domande emerse dal dibattito della giornata di giovedì 11 dicembre durate la Winter school di Rimini ed inviate a Sam Tsemberis:

1. **Separation housing/treatment.** Considering the Italian context, can we speak about integration housing/treatment rather than separation? In the historical tradition of social services the treatment is essential.
2. **Target.** Only few members have chosen the traditional target (people with mental disease); other members chose other targets: migrants, families, drug addicts, long term homeless. Can we talk about housing first even if we work with these latter targets?
3. **The National Programme.** in Italy there are not national programs of housing first (neither financial support) and minimum income, so every member has to find funds by itself. In which way could we involve and gain the attention of public bodies at the national or local level?
4. **Core Ingredients.** Can we identify some "unifying elements" that are similar and inspired by your core ingredients (maybe the fidelity scale is very hard to be respected in all parts but we can follow the guidelines). So, which level of feasibility do we have to respect absolutely?

Le domande sono state inviate a Sam Tsemberis, fondatore del programma Pathways to Housing e fondatore del metodo Housing first.

Di seguito le risposte inviate da Sam Tsemberis:

1. **Separation housing/treatment.** I have struggled with the same issue. It is BOTH separation AND integration. The reason I begin with separation is to be sure people understand that the reason we help people find housing and how we help them to keep their housing is all about providing housing as a basic human right and not as a reward or as a condition for participating in treatment or attaining sobriety. Similarly, once housed it is their behavior as tenants in good standing with the terms and conditions of the LEASE that ensures their continued tenancy and not meeting the terms and conditions of their TREATMENT PLAN. Thinking about housing and services as separate allows us to better apply the harm reduction approach so that program participants are not threatened with eviction if they are using drugs or drinking quietly alone or with friends in their apartments - just like the rest of us. OF COURSE THERE MUST BE VERY CLOSE COORDINATION of housing and services. Services coordination is essential to the success of the tenant. The home visit is mandatory! It is one of the only two program requirements and the home visit is the forum where the support services take place. Coordination must be carefully calibrated to make sure the tenant is receiving the intensity of services that matches their needs. That means sometimes you visit once a week and other times you visit every day; it all depends on what the person needs at the time and those needs keep changing. What you hope to see over time is a reduced need for services.
2. **Target.** You can talk about housing first with any population you target. Housing First is a program model: most often HF is used for peop with complex needs. But the basic components of the HF program: scatter site independent apartments and off site support services that match program participants needs can be used with a variety of target populations. How you operate the program

is the same. Who you target for the program and offer the apartment is a decision that every program or agency can make as they wish. Today, the HF program is used with families, individuals with addiction problems, people leaving hospitals or jail, and young people (18-24).

3. **The National Programme.** There are several approaches that I have observed. A) one of the more effective ways to persuade policy makers is through advocacy and 'lobbying'. This is best accomplished if you arrange a face to face meeting with the mayor or a deputy minister of a minister who is concerned about the issue. There is lots of evidence about the effectiveness of HF in the USA, Canada, and the EU. Offer the arguments for how such this program is effective in ending homelessness for people other programs have not been able to reach. AND how providing housing and services saves money for the municipality. B) Many communities have found that an effective strategy for implementing a HF program is to start with a pilot or demonstration project. Even though there are many studies for some reason the data that is local and obtained in that community is regarded as the most credible. Framing it a pilot is a gentle and non- threatening way to introduce a new approach. Other providers are a bit less worried that this represents a permanent change or and policy makers are less worried that they will be committed to permanent funding. Once the pilot is launched and is achieving successful outcomes these data can be highly influential in making the case for continuing the pilot and hopefully expanding the program.

4. Essential ingredients:

1. Consumer choice/ harm reduction philosophy
2. Housing as a basic human right and services that are closely OK, OK INTEGRATED with the housing
3. Housing that represents the client's choice, that can be secure within 3 to 4 weeks max, and that is decent and affordable (program must provide rent supplement).
4. Home visits are a must on a regular basis.
5. Services must match clients needs - adjust case load ratios
6. Relationship matters; it is the foundation of healing
7. We must provide hope for change
8. Hiring people with lived experience (mental illness/addiction etc).