Educating Cities







Summary

Housing First is an innovative model of care for homeless people that advocates that in order to get off the streets, people must first have access to individual, decent and permanent housing. In this way, the model departs from other approaches that consider access to housing as the last stage in a previous path of recovery and social inclusion.

The project is primarily aimed at homeless people who are in a chronic street situation and who have already been subject to other interventions or referrals to different services without success. They are offered access to individual and stable housing, integrated within the community, across the different neighbourhoods of the city. With funding from Lisbon City Council, the social.

organisations managing the project rent the flats to private proprietors on the free rental market.

Beneficiaries are provided with support services 24 hours a day, 365 days a year. These services must be jointly agreed between the project's technical team and the participant, respecting their autonomy, needs and interests. Support is provided both in the dwelling and in other community contexts, in order to ensure the maintenance and stability of the home, neighbourhood relations, connection to other social and health services, and community resources.

This model of intervention was born in New York in 1990. Lisbon City Council first began to implement it in 2014, after state funding for a similar initiative

(Casas Primeiro), aimed at homeless people with mental health problems, was terminated. This makes Lisbon a pioneer city in the application of the Housing First model, not only within Portugal, but also at a European scale. Lisbon is currently running eight projects, with a total of 340 homes for homeless people with mental health, substance abuse and other problems.

City: Lisbon Country: Portugal Inhabitants: 547.733

Topics: Social welfare, Social inclusion

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coordinating City
of the Portuguese
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- ► Address the reality of homelessness from a human rights perspective.
- ▶ Provide individual, stable and decent housing for homeless people in situations of extreme poverty and vulnerability.
- ▶ Offer a respectful and specialised model of care that fosters the empowerment, autonomy and wellbeing of homeless people, and their involvement within the community.







Context

Lisbon lies at the centre of a metropolitan region with around 2.8 million inhabitants and an area of 100.05 km2. The city has a resident population of 547,733 (5.2% of the country's population), and is divided into 24 administrative units (parishes). The city's strategic action plan (2012-2022) is marked by a series of objectives

aimed at strengthening social inclusion and improving citizens' quality of life.

Official data from the Lisbon Homeless Planning and Intervention Centre (from December 2020) reveals that, at that date, there were 447 homeless people in the city, of whom 397 were men, 49 women and 1 person of nonbinary gender. Most of them (223) were between 36 and 55 years old, were of Portuguese nationality (277), and had been living on the streets for between one and six months (147) or between 12 and 60 months (137). In terms of the causes associated with homelessness, alcohol or psychoactive substance dependency (167) and mental health problems (76) stood out.

Methodology

The project is led by Lisbon City Council's Department of Social Rights, based on the Action Plan for Homeless People (2019-2023). Through a public tender process, the City selects the social entities that will manage the project and provides funding. It is also responsible for ensuring overall coordination and correct implementation, with the help of a municipal technical team. The managing entities are responsible for establishing the rental contracts for the housing (studios or onebedroom flats) and for providing direct care to the beneficiaries.

The beneficiaries are selected based on the identification work carried out by the technical teams of the project's managing entities in the street context. This is done on the basis of the criteria underlying the Housing First model: long-term homeless people, who have previously been assisted by different services or programmes without success and who have not been able to adhere to the interventions or structures proposed.

Access to housing is regulated by the acceptance of the rules of the project and by the signing of a contract between the beneficiary and the managing entity. Should the person have any kind of income (social benefits, pension, salary, etc.) they contribute 30% of their income to covering the housing-related costs (rent, electricity, water, gas, communications). However, it is important to note that lack of income is not a barrier to participation.

The project ensures a specialised follow up of the beneficiaries, available 24 hours a day, 365 days a year (with a ratio of one technical support person for every ten users). Individualised support is jointly defined between the technical team and the users, depending on their objectives and needs, and is carried out both within the residential and community contexts, at least once a week.

The technical intervention is based on the recognition of the right of people to make decisions about their own lives and about the services they

receive, in a process of personal empowerment that implies the recovery of hope for the future and the assumption of control over their lives. The professional team must practice acceptance of the person in their current situation, without demands or requirements. To this end, risk reduction and harm minimisation strategies are articulated in the case of active substance consumption or similar.

Equally important is the work related to inclusion within the community, through which access to existing services and resources in the territory (leisure, health, shops, social services, etc.) is promoted. Although the general rule is to protect the privacy of the beneficiaries (by not publicising that they are participating in the project), the managing entities may carry out mediation processes with neighbours if necessary. Further, efforts are made to distribute the housing across different areas of the city, in a bid to avoid the formation of ghettos, foster community contact and favour a progressive breaking away from their past situation on the streets.







In Lisbon, there are currently eight active **Housing First** projects with a total of 340 dwellings inhabited by 310 people (principally men between the ages of 35 and 69).

The success of the intervention is evidenced by the fact that 90% of the beneficiaries maintain a stable housing situation, confirming the effectiveness of the model in dealing with the most long-standing and complex cases of homelessness.

Further, significant improvements in participants' health and quality of life have been observed. The fact of being in contact with primary social and health services on a more regular basis, has resulted in a decrease in emergency admissions, which are typically associated with more critical situations. Participants also experience improvements in other aspects such as:

a sense of security, hygiene habits, the adoption of healthier eating habits, improved quality of sleep, hope for the future and the stability to reorganise their lives. Likewise, increased community integration has been documented, which has taken the form of the establishment of new social and neighbourhood relationships; access to training and/or employment opportunities (enrolment in the job centre in their area of residence, participation in professional training courses, referrals to entities specialised in finding employment, etc.); and the recuperation of ties with family members, their citizenship status and a sense of belonging to the community.

All this is coherent with international evidence that shows that the **Housing First** model provides better outcomes than conventional services aimed at

homeless people in terms of: access to housing, residential stability, quality of life and integration into the community. Thus, while this model of intervention is not conceived as a panacea for the complex reality of homelessness, it undoubtedly provides effective care for the most vulnerable people that find themselves in this situation.

One of the greatest challenges of the project is related to the complexity of the situations that can affect homeless people, and in which multiple problems including those related to physical and mental health, addictions and a lack of key social ties, converge. Likewise, the sustainability of the intervention model is another significant challenge, since it is an approach that requires longer time frames to enable the lasting recovery of the person in question.



In terms of the future, work is being done to develop a system to evaluate the impact of the programme as a whole, as well as to strengthen the on-job training of the technical teams involved in the intervention. Similarly, a mechanism is being devised to incorporate private donations and other complementary funding mechanisms; to establish new partnerships and strengthen coordination between the services and entities involved, with the aim of generating an increasingly integrated intervention.





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