

# European report

## Chapter outline

1. Review of relevant reports with a European perspective on homelessness and heavy drug / alcohol use
  - Short outline homelessness and heavy drug/alcohol use, correlation with mental health and trauma
  - “Typology” of most commonly used innovative approaches, w available evidence: Housing First, employment-related and arts-based approaches, trauma-related approaches, peer work approaches
2. Review of relevant policies at European level
3. Policy analysis & principles of good service provision
4. Recommendations on service provision for policy makers

# 1.2 Effective strategies and approaches

## 1. Housing First

- **Community integration and participation:** HF fosters community participation and acceptance ('passing') by physically including a person in a neighborhood; power of 'normality' and **ontological security**
  - **shift focus to the future, new stability fosters** reflection on drug / alcohol use and facilitates take-up of support services
- Evidence shows **stabilization of drug and alcohol consumption through housing**, non-conditional housing, support services organized around housing
- Clear positive effects on **training, education** and the **engagement in other meaningful activities**; limited positive effects on employment (often long-term goal, strongly depends on general labor market situation)

# 1.2 Effective strategies and approaches (2)

## 2. Employment-led and arts-based approaches

- Often “staircase” models, step by step intensifying engagement
- Arts-based low-threshold activities more and more used, foster sense of achievement and self-worth, support community integration
- Key: maximum choice and control by service user
- Limitation: dependency on general labor market situation, risk to “set people up to fail”

## 3. Trauma-related approaches: TIC and PIE

- Recognizing trauma experiences as consequence *and* cause of homelessness, even more among homeless persons with heavy drug / alcohol use
- Staff is aware of trauma-related symptoms and behaviours, aims at rebuilding users’ sense of control and empowerment
- Proved effectiveness in terms of housing inclusion & improved mental health (and staff well-being → sustainability+)
- Particularly relevant for people with double diagnosis

# 1.2 Effective strategies and approaches (3)

## 4. Peer work approaches

- (Early established in mental health and addiction services)
- Supports both service user and peer worker in terms of building self-worth, positive sense of identity
- For peer workers begin of structured engagement – step towards employability
- User participation crucial in peer support work (in service set-up and delivery)

# Review of relevant European policies

- + Homelessness given certain priority on the EU agenda (2014 Resolution EP, Urban Agenda, ECOSOC, SIP...) as an extreme form of material deprivation and social exclusion
- Implementation at national level and impact measurement remain difficult as social policies are Member States competence

## **Policy analysis “Nobody left behind” – EAPN**

- EU economic policies promote liberalization / privatisation of services but has introduced EPSR to monitor the “social side of European reporting”
- Housing recognized as key element in reducing social exclusion and poverty, still, not enough investment at national and EU level (e.g. use of structural funds)
- Apart from housing, general access to public health services is 2<sup>nd</sup> key factor to combat social exclusion >< austerity

# Review of relevant European policies (2)

## European Pillar of Social Rights (EPSR)

- Priority 19 “housing and assistance for the homeless”
- FEANTSA: Call to create forum for structured exchange around effective housing measures & scale up evidence-proven approaches (such as Housing First), establish housing exclusion monitoring (EU SILC), fight criminalization
- As social policy is MS competence- implementation remains issue, austerity

## European drug strategy 2013-2020 (mid term evaluation, 12 2016)

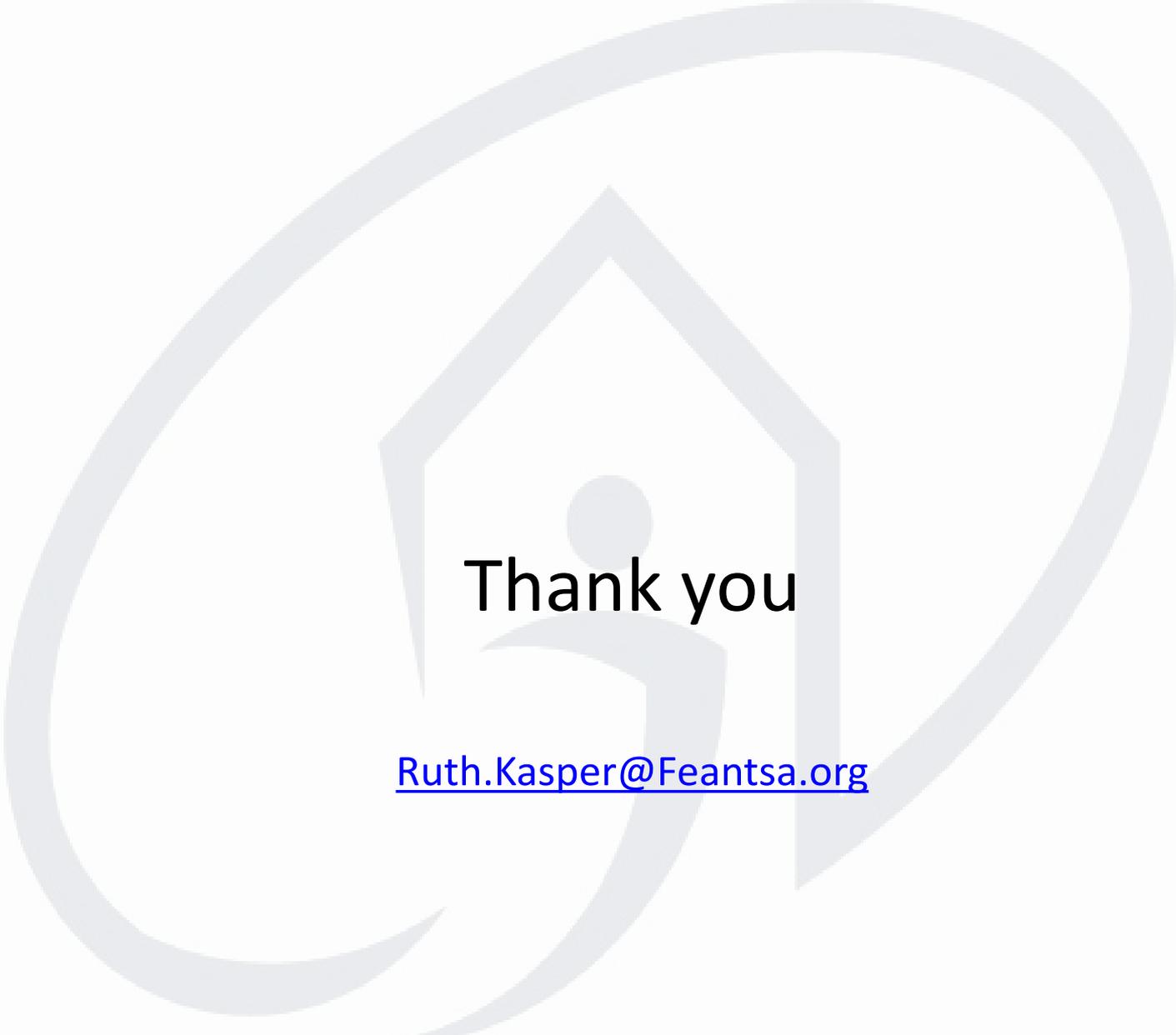
- Most services aim for harm reduction and social reintegration
- More than half of problem drug users have access to treatment BUT harm reduction remains largely under-implemented in many MS
- Social reintegration often conceived as employability – bottleneck for ‘not fit enough’ people
- Austerity negatively affects both treatment services and social inclusion initiatives → homeless drug users particularly affected

# Policy analysis – identifying the key aspects of good service provision

- **Community integration:** low-threshold by definition (“*any* intervention aiming at social inclusion”), abstinence no condition for participation
- Provision of **stable and permanent housing** as key aspect of treatment and recovery processes (avoidable relapses)
- **Foster users’ skills to maintain tenancy** (e.g. budgeting, food shopping)
- **Person-centered, holistic and integrated service provision** (avoid “fall through the cracks”), staff is aware and able to address underlying **risk factors** such as trauma, violence, poverty.
- **Accepting** approach towards service user
- Take account of and promote users’ individual **dreams and aspirations** (esp. where employment is target)
- **Expunge criminal record for minor crimes** which, by triggering anxiety, can jeopardize recovery

# Policy analysis – identifying the key aspects of good service provision (2)

- Provide **drop-in health services**
- **24/7 outreach** support (esp. difficult to reach groups)
- **Harm reduction** instead of abstinence-based approaches, variety of services to cover different needs of user groups (needle exchange and provision, consumption rooms, opioid substitution treatment etc.)
- **Specialist services for homeless users** → transition to mainstream services
- Introduce “**care navigators**”
- Give clients **full control over treatment process**, minimizing power differential, listening to the client as “primary task”; peer support, even managed by users
- **Effective hospital discharge** protocols (no discharge “to the street”!)
- **As relapse** is very common- consider it **part of the recovery process**, encourage user to stay in process
- Create **more awareness and understanding** of homeless drug / alcohol users’ complex needs among **health care professionals**



Thank you

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