HIGHLIGHTS AND CONCLUSIONS

Housing with support is becoming increasingly important. It has become clear that persons with various support needs have the right to live in dignity. Housing is also a necessary prerequisite for implementing de-institutionalisation in practice, provided it ensures individualized and community-based services. Article 19 of the UN Convention on the Rights of Persons with Disabilities for instance establishes the equal right of all persons with disabilities to live in the community, with choices equal to others.

The participants of the first PUSH workshop were from different/parallel sectors (disability, mental health, social housing, homeless). Discussions made it clear that there is a lot of common ground indeed.

Main Intention of the PUSH workshop was to meet to work on the practical implementation of the right to housing for all, respecting different support needs of people and providing appropriate person-centred services. This is increasingly gaining support at EU level.

First, the ELOSH project was presented. Core European Learning Outcomes for Integrated Supported Housing is an EU sponsored project, which was the first initiative of the PUSH partners in working together on the topic. The project aims to produce vocational education and training that

- Is applicable in all integrated housing and support environments
- Establishes competencies for staff
- Promotes good practice.

Six Learning Outcomes (LO) were identified:

- LO 1: Understand the key principles of housing with support
- LO 2: Apply best practice in co-producing services with ‘experts by experience’
- LO 3: Describe the rights of service users
- LO 4: Establish the importance of equality and diversity in good quality housing support
- LO 5: Demonstrate good practice in referral, assessment and support planning
- LO 6: Appreciate the importance of the lived environment

A Two-day training module will be produced, which is able to co-delivered by service users.

Some research perspectives were shared by Nicholas Pleace from the Centre for Housing Policy at the University of York. Main points:

- There are 3 main models: long term/permanent integrated housing, short/medium stay supported housing and Housing Led & Housing First approaches
- Housing First is most focused on choice (‘design your package of support’), personalisation and intensive support. Housing and support are separated. There is a high retention rate.
Many models still consist of institutional elements e.g. expectations on modified behaviour
The initial and some current designs of integrated housing and support are physically separate
Accessibility criteria should be part of the design of houses
There are many barriers for socially disadvantaged groups on the private housing market.
Services and their costs are not self-contained, i.e. they are linked to joint working, so difficult to estimate.
There is the evidence that integrated housing and support can reduce financial costs.
There is a tendency to put more emphasis on the normalisation of living & on social integration
We need to improve the evidence base to convince policy-makers at all levels. Current gaps:
- Cost effectiveness – a major gap, particularly in Europe
- Social integration – not clear how well this works and therefore how best to achieve it, must counter isolation, boredom, stigmatisation and worklessness to really improve quality of life
- Health and well-being
- We might be at the limits of what an integrated housing and support model can do with Housing First services. Wider issues of health, well-being and social integration may require new approaches, new policies.

We heard several successful examples of housing and support for people with disabilities, people with mental health needs and homeless people:

1) Mieke Schrooten & Joris Van Puyenbroeck from the Hogeschool-Universiteit Brussel (HUB), BE
- Experimental project between welfare and housing (work outside legal barriers): people with disabilities moving out of institutions into houses in the community
- Social housing provider reserves 1 house per month for a person with a disability
- Matching by steering committee (independent of welfare and housing) on the basis of criteria
- Possibility to try and fail (and go back to the institution)
- Evaluation after 6 months. There are also regular evaluations with the service user. Sometimes they say that they still need support, whereas the steering committee thinks they don’t
- Crucial for the person is to visit the place before they agree
- Important issues:
  - if they don’t want support anymore, they need to leave the place
  - staff sometimes say that the service users are not ready to move on (why is not clear).

2) Dirk Bryssinck, Psychiatrisch Centrum Gent-Sleidinge, BE
- There is an open house to which people who are seriously excluded from society can come. It’s called Villa Voortman. It is usually people with drug and mental health problems and so-called ‘alarming care avoiders’. Most of them are homeless.
- People come there because there are no obligations. They can decide whether or not to participate in activities. “There is no programme, the programme is you“.
- There is a possibility to reach mobile teams. Professionals help people to find houses and to become clean. There is also a wider network with (psychiatric) hospitals and all kinds of other support services.
- There is a waiting list. They cannot help everyone right away; they try to work with the most vulnerable.

Would you like to join the PUSH Europe network? Please send an email to Katrijn.Dekoninck@easpd.eu, Ruth.Owen@feantsa.org or Julien.Dijol@housingeurope.eu
3) Wessel De Vries, Director of Discus, HVO Querido, NL

- Social housing is quite big in the Netherlands. HVO Querido started with 26 houses in 2006 for people with drugs and mental health problems, together with a mental health and a housing association. In April 2011, already 123 people had been supported by the programme.
- Housing First principles:
  - Make people an offer they can’t refuse (so they have something to lose)
  - Few requirements up front (no references, no medical terms)
  - No promotional model
  - “Don’t look for trouble and pay the rent”
- The organisation tries to move in people in ordinary houses in the community.
- “Little care, many opportunities” versus “A lot of care and few opportunities”. They offer them support, when they ask for it, e.g. training on how to take contact with their family.
- Cost of Discus versus 24 hour services:
  - Discus: max €19.000 per client per year. Decrease of costs after a certain period
  - 24 hour services: €30 000 - €40 000 pp per year. No decrease after a certain period.
- Private house owners now come to the organisation to invest; they get a % on in the income.

4) Yvette Burgess, The Housing Support Enabling Unit, Coalition of Care and Support Providers, Scotland, UK

Three models were explained:

- Model 1: Housing associations (HA) working in partnership with voluntary sector support providers
  - Voluntary sector provider may take on elements of the landlord role such as helping managing rent payments or helping to arrange repairs
  - Properties can be developed specifically for people with specific needs or can be existing properties in the area
  - Example:
    1. Existing provision needed to be replaced; the HA was developing new housing
    2. 11 properties identified at the planning stage for people with mental health (PMH) problems to be supported by the voluntary organisation working with PMH problems
  - Recovery focused support:
    1. Practical support – promoting life skills
    2. Social support – mixing with others and being part of the local community
    3. Emotional support – building trust and positive relationship with support worker
    4. Involvement in decision making
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- **Model 2: Core and cluster: Housing association providing support, linked to accommodation and to other tenancies which are not deemed to be supported**
  - **Example**
    - Housing developed with care and support for 39p
    - Contract awarded via a competitive tendering process in 2000
    - Property model - 3 core and cluster developments and involved joint input to property design
    - The 3 core properties providing 24 hour care and support to a total of 17 people; 22 cluster tenancies with visiting housing support

- **Model 3: Integrated delivery of services with health and local authority partners**
  - HA delivering enhanced landlord services to tenants with care/support needs
  - Health providing services onsite due to nursing care needs of tenants
  - Local council providing homecare and support services
  - Increasing tendency for accommodation base to be opened up for activities or services for wider community
  - **Example**
    - 68 flats for older people, 50% higher care & 50% lower care needs
    - Community alarm service & concierge service
    - Re-ablement service involving physiotherapy; occupational therapy; homecare
    - Facilities for day care leased to the council & people in the wider community use this

- **ALL PRESENTATIONS are available on the EASPD website**

At the end of the workshop, we also discussed possible criteria for good practices:
- Choice and control
- Flexibility and individualised services
- Including experts by experience from the beginning
- Services and support should strive towards independence or recovery
- Housing and services should adapt with time to the evolving needs of the ‘client’.

**OVERALL CONCLUSION**

PUSH Europe’s first workshop was small-scale, very interactive and interesting for people across different sectors. The PUSH network will continue to meet via projects, events and joint activities.

The next opportunity to meet up again will be the international EASPD conference "A Home for All" on 9 and 10 October 2014 in Oslo, Norway in close co-operation with the PUSH Europe partners.

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