

Housing First (Belgium, 16-17 March 2016)

Implementation of “Housing First” in Belgium – Results, Challenges and Perspectives¹

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Introduction

In Belgium, the Housing First model has been tested since September 2013 as part of the Housing First Belgium (HFB) experiment³. For 24 months, an evaluation team has compared the evolution of tenants supported by HFB teams to homeless people relying on a traditional support system. In a logical ‘evidence based policy’, the aim is to highlight the conditions of implementation (in terms of effectiveness and efficiency) of the Housing First practices in Belgium.

In this paper, after a brief description of the area in which these Housing First (HF) practices are implemented, we present the construction process of the experiment. An important place is given to lessons learned from the mid-term evaluation. We also describe how the introduction of HFB has prompted the development of numerous innovations whilst highlighting tensions and challenges. Finally, with the contribution of various public bodies, we will announce the perspectives for the post-trial phase.

1. The inadequacy of the conventional system for a section of the homeless

In Belgium, the area dedicated to the fight against homelessness is mainly oriented towards social emergency and night shelters in winter, and various forms of temporary accommodation.

Social integration takes the form of preparatory steps towards individual housing.

If this ‘staircase’ approach is suitable for some groups, the findings of institutions in the field are the same as in other European countries: many of the most vulnerable homeless people consistently resort to the services of social emergency, without being able to enter the integration pathway in a sufficiently stable manner. The conditions of access to each of these steps act as a brake to their progress.

The sector has attempted to adjust what it offers to the limits and requirements encountered. So, although sometimes exceeding their legal framework, experts from social emergency began to develop projects using housing as an integration tool and hosting services have developed projects with a low access threshold. At

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³ www.housingfirstbelgium.be



present, however, if some of these initiatives have been licensed and are able to obtain specific financing, many remain marginal pilot projects (funded and unfunded).

2. Implementation of Housing First in Belgium

2.1. The Housing First model as a social innovation

By positioning housing as a fundamental right, Housing First provides immediate access to housing, from the street, without intermediate steps and subject only to the same conditions that a normal tenant conforms to. This model thus disrupts the classical view of the integration process, especially as it is aimed at a group that is the most remote from housing: a group particularly weakened by chronic homelessness and mental health and 'addiction problems. To help maintain progression in housing and recovery, the model provides appropriate, intensive and multidisciplinary support⁴.

Since its launch in New York in the early 1990's, this model has been adopted as national policy in several European countries⁵. It allows over 80 % of tenants to continue living in accommodation after two years⁶. This residential stability is not only conducive to a recovery process but also permits a reduction in a number of significant costs related particularly to health services⁷.

2.2. A bottom-up process supported at the Federal level

It is the development of the Second Federal Plan against Poverty (2012), which created the conditions for the implementation of Housing First practices in Belgium. By preparing the ground for the submission of firm proposals to be included in the plan, the Secretary of State for Social Integration and the Fight against Poverty (at that time Mrs. Maggie De Block) evaluated suggestions deriving initially from three institutions in the cities of Ghent, Charleroi and Brussels⁸. Action 76 of the Federal Plan for the fight against poverty thus provides for 'The implementation of initiatives inspired by the initiation of the Housing First approach in the five largest cities of the country'⁹.

⁴ Tsemberis, S. (2010). Housing First ending homelessness, promoting recovery and reducing costs. In, Gould Ellen and B. O'Flaherty (Eds). How to house the homeless (New York: Russel Sage Foundation).

⁵ Especially in Finland, Denmark and Ireland.

⁶ For a review, see Pleace, N. & Quilgars, D. (2013). Improving health and social integration through Housing First. A review. DIHAL - Délégation Interministérielle à L'hébergement et à L'accès au lodgement. (Inter-ministerial Agency for Accommodation and Access to housing).

http://feantsaresearch.org/IMG/pdf/improving_health_and_social_integration_through_housing_first_a_review.pdf. For the study 'Housing First Europe' conducted in five European cities, see Busch-Geertsema, V. (2014). Housing First Europe. Results of a European Social Experimentation Project. *European Journal of Homelessness*, 8, 13-28.

⁷ The Canadian study is particularly interesting with respect to this economic aspect: <http://www.mentalhealthcommission.ca/Francais/document/24381/national-homechez-soi-final-report>

⁸ Le Centre Public d'Action Sociale (CPAS) de Gand, le Relais Social de Charleroi et le SMES-B sur Bruxelles. (The Centre for Social Action (CPAS), Ghent, the Relais Social (Social Outreach), Charleroi and SMES-B, Brussels).

⁹ In French: http://www.mi-is.be/sites/default/files/doc/fpa_2012_fr.pdf. In Dutch: http://www.miiis.be/sites/default/files/doc/fpa_2012_nl.pdf



To put this action into effect, public and private actors in Brussels, Antwerp, Ghent, Charleroi and Liège¹⁰ have proposed combining their expertise and networks to undertake practical experiments with these Housing First practices. It is these institutions themselves that have cooperated in developing and writing the experimental project.

In August 2013 concurrent support of the Secretary of State, the Federal Public Service for Social Integration, the National Lottery¹¹ (which provides the necessary funds) and the Housing First Belgium (HFB) experimental project started for an initial period of two years. In order to consolidate the initial observations and extend the model, the experimental period was renewed by the current Secretary of State, Elke Sleurs, for an additional year (until June 2016) and included three new mid-sized cities: Hasselt¹², Molenbeek-Saint-Jean¹³ and Namur¹⁴. Moreover, in addition to this federal subsidy, the 'InclusiveHouse' project conducted in Kortrijk and the Housing First Limburg project, conducted in the towns of Hasselt, Genk and Sint-Truiden, joined HFB in allowing the collection of data from their tenants.

In the end, the experiment involved 11 implementations¹⁵.

2.3 Fight against homelessness and the lack of housing in Belgium

In Belgium the fight against homelessness and lack of housing is a problem that authorities at all levels monitor and endeavour to combat. Commitments stated in Belgium's National Reform Programme for 2015 (and earlier) illustrate this political will.

Nevertheless, it is clear that the right to housing, although enshrined in the Constitution via Article 23 is not effective for a significant number of our citizens. This reality is reflected, among other things, via the indicator of the EU-SILC survey on the severe material deprivation linked to housing.

Since 2012, the federal government, in collaboration with federal entities, has undertaken an examination and identification of competences scattered across different levels of power relating to homelessness. This work led to the development of a Cooperation Agreement on Homelessness and the lack of housing, signed on 12 May 2014 under the aegis of the Consultative Committee.

¹⁰ Anvers: le Centre Public d'Action Sociale – CPAS (The Centre for Social Action) + the City and the CAW which provides support; Ghent: CPAS (and the City); Brussels: Infirmiers de rue (street nurses); Brussels: le SMES-B; Charleroi: the Relais Social (Social Outreach) of Charleroi and partners (CPAS, Comme Chez Nous, Relais Santé, SPAD-ACGHP); Liège: the Relais Social (Social Outreach) of Liège and region.

¹¹ For the first two years the annual subsidy was 860,000 euros, which covered the salary and operating costs of six support teams, three evaluators and a general coordinator. The subsidy for the third year amounted to 1.4 million euros due to the extension to three new cities and the specific costs of disseminating the results of the experiment. Note that no subsidy has been dedicated to the housing component.

¹² The CPAS is the beneficiary.

¹³ The CPAS coordinates and assigns the support for housing to Infirmiers de rue (street nurses) and SMES-B.

¹⁴ The CPAS entrusts the urban Relais Social (Social Outreach) of Namur with coordination of the project and the different partners.

¹⁵ In keeping with the bottom-up process that initiated the establishment of the experiment, no guidance was given to the teams about implementation. It is the local realities (expertise already present, specific target group, available means) that guided the implementation of Housing First at each site. It was necessary to ensure a minimum coherence and respect for the fundamental principles of HF.



Among other major elements that make up this cooperation agreement, it should be emphasised that the parties undertake to pursue, coordinate and harmonise their policies to prevent and fight against homelessness and lack of accommodation on the basis of principles such as:

- a) A policy of prevention and combating homelessness and lack of accommodation is a transversal, comprehensive, integrated and coordinated policy;
- b) The greatest clarity in the existing range of services and instruments available and maximum visibility of the offer;
- c) The adoption of a common definition of homelessness;
- d) Creating collaborative tools and governance to better manage social emergency especially in winter;
- e) Investment in social innovation, understood to be the process by which, having regard to social needs, new responses oriented towards housing, health and social reintegration of the homeless are made;
- f) Better coordination and harmonisation of available data.

2.4. The process of evaluation

HFB should highlight the conditions of effectiveness and efficiency (including an economic analysis of the cost-impact ratio)¹⁶ of Housing First in Belgium. These observations will take the form of practical recommendations for institutions wishing to initiate HF practices¹⁷.

Under the supervision of the HFB General and Scientific Coordinator, an evaluation team¹⁸ ensures longitudinal monitoring of housing tenants supported by teams on each of the 11 sites for 24 months (N = 141¹⁹). The team compares the evolution of the experimental group to that of two control groups²⁰ (see description in the illustration below).

¹⁶ Under the responsibility of a university institute with specific expertise in health economics.

¹⁷ A first volume is already available on request in French and Dutch as a draft version.

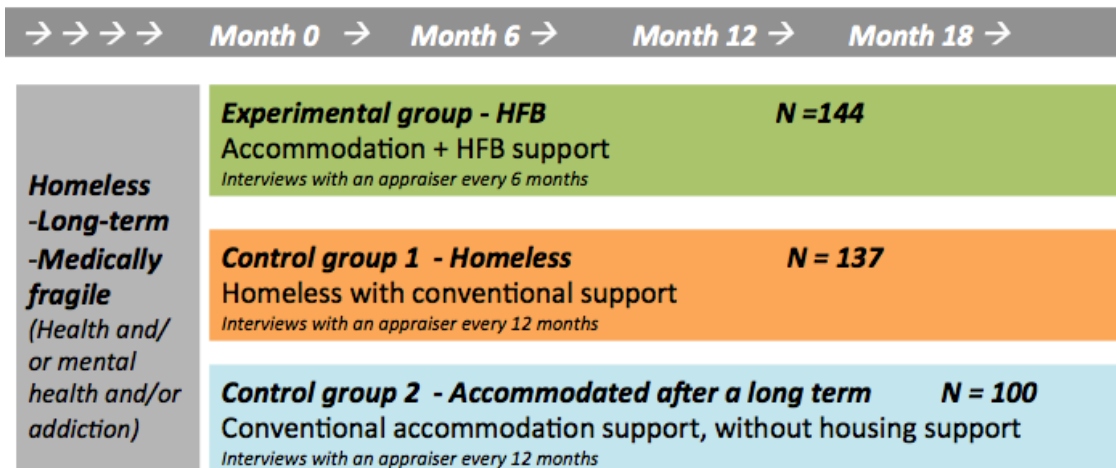
¹⁸ This team is composed of three evaluators (one per region) active in support and observation centres for the homeless sector (i.e. *the Steunpunt Algemeen Welzijnswerk, the observation centre for the socially vulnerable and housing exclusion of Relais Social (Social Outreach) of Charleroi, the Brussels Forum for the fight against poverty*) for the first two years and then *Strada* last year. By choosing this type of institution and not an external university, those conducting the experiment wished to strengthen the scope of evaluation in the field; these support centres having a specific expertise and a common language in the field that is well established.

¹⁹ Teams always include new people in housing, but they are no longer involved in the evaluation process. Currently, the total stands at 144 people. For June 2016, the goal is 150.

²⁰ Although the principle of randomisation is undoubtedly the most valid from a scientific point of view, this method has not been accepted by HFB holders here. They are responsible for the formation of the experimental group and have entrusted the formation of control groups to the evaluation team.



Follow-up of 3 groups (nearly 380 people)



Self-reported data is collected during interviews conducted on the basis of a single questionnaire²¹. Another questionnaire is designed for support teams who describe their daily work and give their assessment of the evolution of the tenant (comparison of points of view). A more qualitative evaluation component is provided by focus groups conducted with HFB teams and external actors involved in the experiment and less formal interviews with some types of tenants.

For Belgium, the longitudinal follow-up of the two control groups is in itself a unique source of information, which permits the journey of the homeless through the classic offer of help to be documented.

3. Initial results

At present, not all participants have been in the HFB programme for 24 months. However, a selection of partial data gives us an interesting overview of the characteristics and limitations of the conventional circuit of assistance to homeless people in Belgium and the added value that the HF practices can bring. Some key messages are listed in the box below and then developed in the following text:

Key messages from the first observations

1. The group that accesses housing via the conventional system has a specific profile:
 - short-term homelessness
 - less fragile state of health
2. HFB facilitates access to housing for a group of people less concerned with the traditional system:
 - long-term homelessness
 - extremely fragile state of health

²¹ This questionnaire is composed of fifty indicators, including scales measuring independence, well-being, self-esteem, housing occupation, uptake of support services, etc.



3. The perspective of housing motivates access to social rights and support to facilitate use.

4. The conventional system of aid is more associated with privately rented housing and HFB with the public rental sector. However, access to social housing has advantages that appear to be favourable for housing stability.

5. HFB permits a much improved state of health than in the conventional help system. In a situation of homelessness, the state of health deteriorates.

3.1. Comments at Month 0

a. The homeless accessing accommodation via the conventional system seldom come directly from the street

It has been difficult for the evaluation team to find people accessing housing directly from the street, via the classic support route (accommodated control group). This difficulty reflects a reality of the path frequently taken by the homeless currently in Belgium; the reception centre²² remains a preliminary stage prior to housing (see figure below).

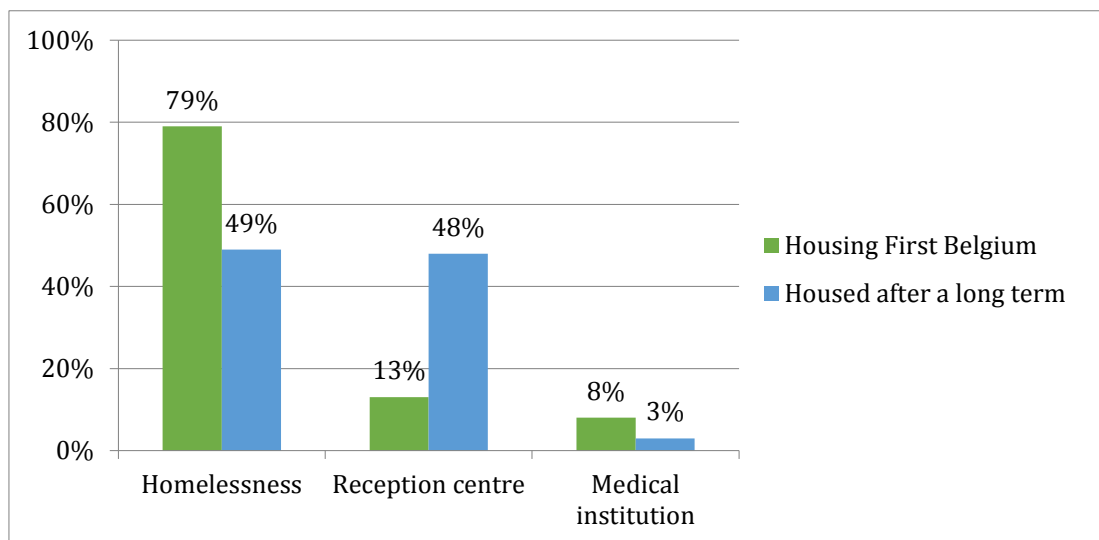


Figure 1. Residential situation the week before entry into housing.

b. The homeless accessing accommodation via the conventional system are not the chronically homeless

Despite its efforts, the evaluation team was confronted with a great difficulty in finding people with a long-term history of life on the street and accessing housing via the traditional support system. Here again is the reflection of a selective filter of the classic system of support for homeless people.

²² Accommodation limited in time (nine months, renewable if necessary) within a collective structure whose mission is to provide tailored support to help beneficiaries acquire or recover their independence.



	HFB	Homeless	Housed after a long term
Mean (standard deviation)	64 months (58)	58 months (75)	17 months (24)
Median	43 months	31 months	6 months
Percentage of participants who spent at least one year (cumulative) in a situation of homelessness	91 %	72 %	58 %

Table 1. Duration of the situation of homelessness accumulated throughout life.

c. Housing and support encourage the use of social rights

In order to pay the rent, the aspiring tenant must have access to his rights. However, available data shows that a significant number of homeless (22 %) do not use some of these, which nevertheless allow them to benefit from a social integration income²³.

In addition, only 58 % of the homeless participants are in possession of an identity card (compared to 76 % and 74 % respectively among the HFB tenants and the accommodated control group).

These observations suggest that housing can be a good impulse to reinvigorate the recovery of social rights. Note that HFB teams already perform administrative support even before access to housing by the candidate. By means of specific collaborative actions forged during the process of experimentation, some procedures have even been accelerated.

Finally, note the high percentage of participants receiving benefits related to a recognised disability (between 12 % and 27 %).

d. Individuals with the most fragile health issues are not those that access housing via the conventional process

In all three groups involved, serious physical health problems are reported by participants; very few of whom receive proper treatment (when it is known about, which is not always the case). Thus, regardless of the group, about 50 % of participants reported an acute or chronic physical complaint requiring health care²⁴. Mental health issues (with diagnosis and always reported by the participant himself) amount to about 40 % in the three groups. But the most serious problems are found in the HFB group (e.g.: 11 % of tenants have a diagnosis of schizophrenia, which is significantly over-represented compared to the two control groups, which are both under 5 %). Addiction problems are, in turn, significantly less represented in the accommodated control group (37 % against 58 % for HFB and 66 % for the homeless group). The observation is similar for dual diagnosis situations (almost 30 % in HFB and the homeless group to less than 20 % in the accommodated control group).

Finally, as expected, chronic homelessness is not conducive to health. Thus, we see that the more time spent experiencing homelessness throughout life, the more the

²³ The Public Centre for Social Action of every Belgian municipality has the mission to guarantee the right to social integration for persons who do not have sufficient means, as provided for by law. The net monthly amount is 833.17 euros for a single person (including a homeless person).

²⁴ This concerns data reported by the respondent himself during the interview with one of the three evaluators. This information certainly understates the reality.



mental health situation deteriorates²⁵ and the person perceives the need for assistance in most areas of life²⁶.

e. The conventional aid system more easily accesses the private rental sector

HFB housing has been located mainly in the social rental sector (54 %), while via the conventional support process homeless persons primarily access private rented housing (55 %). In the context of HFB, it is mainly specific and limited agreements (as exceptions) that have been concluded²⁷. Public social housing in Belgium faces an inability to meet the demands of waiting lists.

That's why this type of housing has favourable advantages for maintaining occupancy of accommodation²⁸.

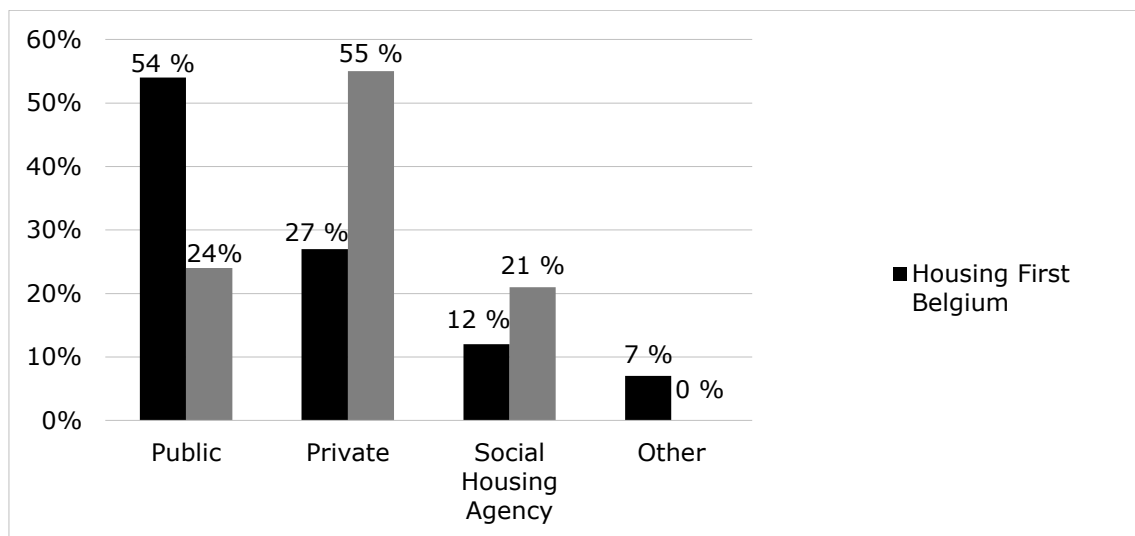


Figure 2. Distribution of rental market depending on the group of tenants (in percent)

Note that in order to meet the specific needs of participants in the best possible way, HFB teams have also developed other housing options considered most appropriate for certain profiles (see the 'other' category mentioned in Figure 2: it concerns nursing homes and sheltered housing initiatives for persons with reduced independence). Because they are permanent and associated with the support of HFB teams, these types of housing respect the principles of the model.

²⁵ $r = -.12$ ($p < .05$)

²⁶ $r = -.17$ ($p < .05$)

²⁷ Whatever the region (less advantageously in Flanders) prioritising access to housing is possible for a target audience in a situation of social emergency/for reasons of social cohesion. But the use of this dispensation implies a choice underpinning a hierarchy of social suffering; since what is on offer is largely inadequate. Nevertheless, prejudices about the target audience die hard (also in social housing).

²⁸ The rent is significantly lower: $M = 256$ EUR (public), $M = 407$ EUR (private); ditto for the size of the security deposit: $M = 551$ EUR (public), $M = 861$ EUR (private). The rent are longer in the public rental housing sector (only 27 % of tenants sign a contract of one year or less, against 52 % of registered tenants in the private rental sector). Finally, note the intermediate situation of Social Housing Agencies regarding these variables: size of rent, $M = 310$ EUR; amount of the security deposit, $M = 676$ EUR; and only 20 % of tenants entering into a rent of one year or less.



3.2. Observations after a 12-month follow-up

a. The medically fragile long-term homeless are able to move into accommodation directly from the street.

After an initial year of operation, and from partial data available (at the time of writing, not all the participants have been in the accommodation for 12 months) 93 % of HFB tenants are still housed²⁹. This is an initial indicator of the effectiveness of Housing First practices implemented in Belgium. For participants who have spent 12 months in the experiment, residential situations to M12 are specified in Figure 4.

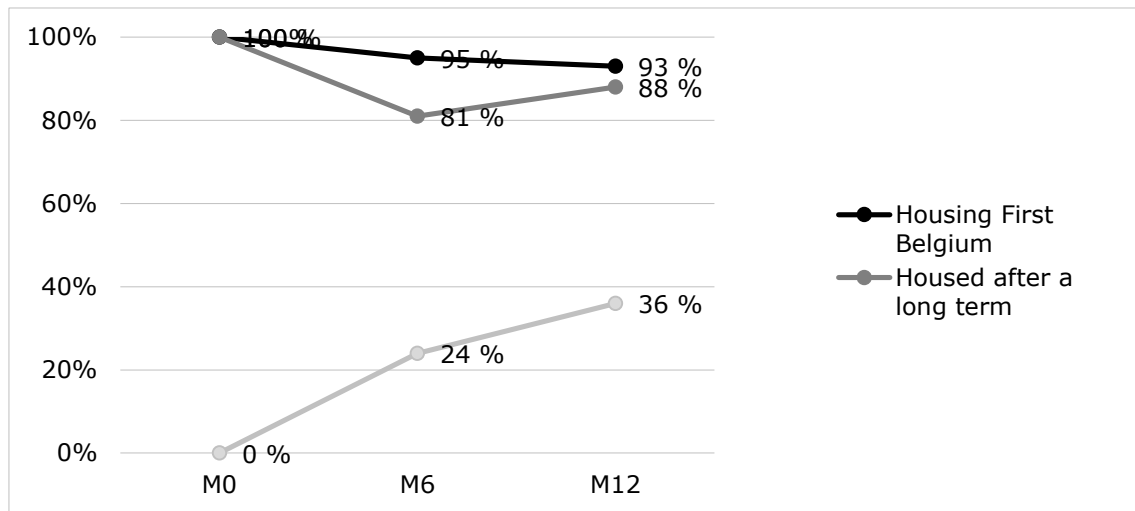


Figure 3. Residential situation after 12 months of the experiment (partial data).

The retention rates of housing for participants in the accommodated control group is also positive (88 %) but probably less surprising is that these people, many from long-term sheltered accommodation, were prepared for life in individual housing.

As for the traditional support system, it allows only 36 % of the long-term homeless and medically fragile access to housing in 12 months. Is this a specific sub-group (with perhaps more similarities with the accommodated control group)? We will be able to test this during the follow-up.

b. Health status deteriorates on the street but stabilises in HFB

After 12 months in housing, the welfare of tenants supported by HFB teams improves further (from self-reported measures) than in the two comparison groups. There is a positive development in self-esteem, empowerment, health (compliance with treatment), decreased attendance at hospitals³⁰ and the start of social activation steps (integration activities, skills training, etc.). But the first few months in housing are not necessarily propitious for such a positive evolution. We can therefore hypothesise a clear evolution between M12 and M24.

Figure 4 shows the comparative change in mental health (only persons who reported a mental health problem at M0 are included). As expected, the largest

²⁹ This calculation does not take account of deceased persons. Some have spent time in prison or treatment centres, but the rent was taken care of during these periods of institutionalisation, which allowed them to return to their accommodation. These people are considered to be still occupying accommodation.

³⁰ This type of observation will be assessed in the final economic analysis.



deterioration was observed among homeless people. The trend is the same for physical health and addiction issues.

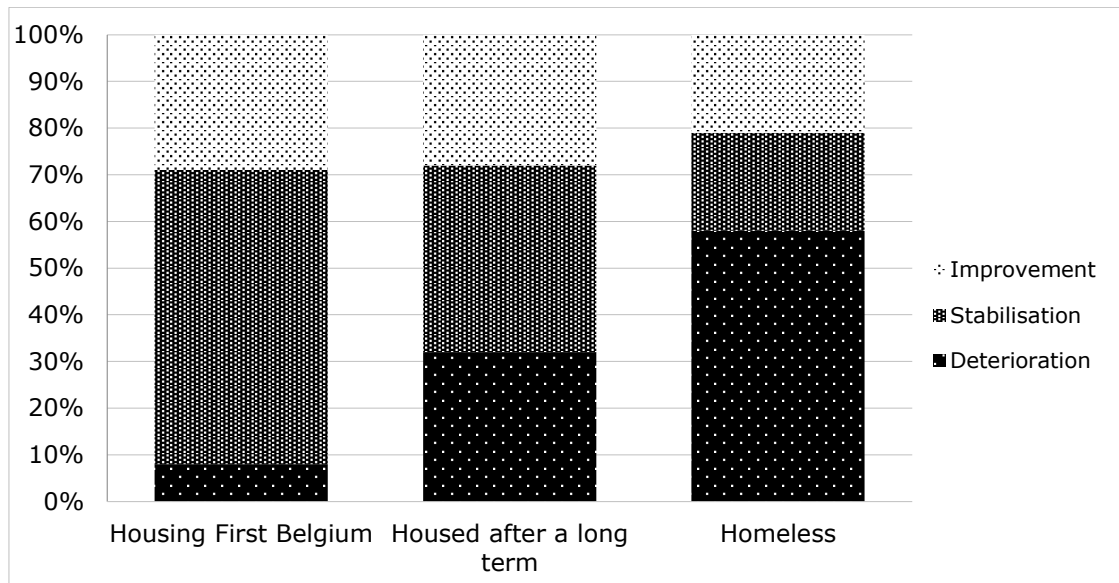


Figure 4. Comparison of the mental health situation of the three groups after M12.

4. The impact of implementing Housing First Belgium in the existing sector

4.1. The comparison of paradigms

If Housing First is an innovative, effective and efficient model, does this mean that traditional methods of support for homeless people are outdated, inefficient and too expensive? In the face of such implications, Housing First Belgium has naturally taken on the appearance of a competitor (ideological and financial).

Project leaders and their teams have devoted a great deal of time to the most strategic distribution of their practices; affirming the fundamentals of the model with respect to those who suddenly claimed to have always been 'implementing Housing First', presenting the complementary nature of the scheme to those who feared that their audience was being 'stolen', overcoming the fear of Housing First extremism by proposing that all accommodation should be part of a common 'housing led' policy. It is also the practical operation of HFB teams in the field, which beyond theoretical discourse, has allowed, over time, certain fears to be allayed even if at the start of post-experimental negotiations there is a resumption of concern.

"Housing First allows carers to see that it is possible to work with a group that can give rise to a certain sense of discouragement. (...). Some social workers have told us that the project has taught them to appreciate the possibilities of working with this group, which they considered was condemned to die on the street and to which they would have closed the door." (HFB social worker – Brussels).



4.2. A breeding ground of multiple innovations

Housing First Belgium does not claim to highlight new problems or solve them permanently. It serves as a magnifying glass for the realities already experienced by the sector and as a social laboratory for testing a number of courses. The pressure to perform experienced in the context of experimentation has a catalytic effect. Let us quote some examples.

- The philosophy of HF support is an incentive to challenge the usual references of the HF social worker, but also potentially for any social worker. This can be the basis for ongoing training.
- Providing comprehensive support involves the establishment of multidisciplinary teams, or collaborative agreements with the health and addiction sectors. Another option resolutely innovative, tested in HFB, is the establishment of multi-institutional teams (seconded workers of institutions from different sectors). The challenge is then to ensure consistency around HF principles and beyond institutional philosophies.
- HF presents the medically fragile long-term homeless in a new light. They are able to live in accommodation. Prejudices fall away.
- The difficulty of access to good housing with a low-rent has boosted the creativity of HFB teams. Let us quote some examples:
 - With some owners (private or public), the sliding rent has sometimes been used as a bargaining tool. Note, however, that in the absence of a specific subsidy to support the institutions engaging in this type of practice, this formula presents a risk that few can afford to take.
 - Collaboration with private investors who have entrusted the management of a renovated building for the project to a Social Housing Agency.
 - The new profession of housing-detector that has already developed outside of HFB.
 - The temporary occupation of social housing whilst waiting for renovations, with an agreement ensuring the move to adequate housing and a conventional rent.
 - Analysis of the feasibility of construction of modular housing (low cost quality construction).
 - The use of long-term residence institutions (e.g. nursing home) while respecting the principles of HF.
- Socio-professional integration can be understood by the Working First model, a similar philosophy to that of HF and an outcome of the mental health sector. One of the HFB teams has created this new profession.

5. Perspectives

Housing First Belgium forces a (re)questioning both practically and politically and invites one to think more adequately (in terms of effectiveness and efficiency) about the fight against homelessness. What policy should be pursued to ensure nobody is excluded from opportunities for social integration?

Everyone was aware of it at the launch of the HFB experiment, the Secretary of State pledged the necessary time for the test phase and expected the regions to invest in it subsequently. We have arrived at this decisive moment. What is desired is the maintenance and development of HF teams from pioneers from the HFB, ease



of access to housing for a target group that is very remote from housing and governance, and sharing of experience at the federal level³¹.

Are the conditions for the expansion of the Housing First model currently satisfied?

We asked several public bodies involved in the topic to propose some perspectives from their field of expertise.

"There are a lot of sectors and associations who want our project to take on people who they are responsible for. (...) There are people leaving prison, people coming out of sheltered accommodation, people coming out of hospital ... "(HFB social worker, Brussels).

"At one point we said, be careful not to become a catch-all. And we off-loaded to the project seriously ill psychiatric patients who had been on the street for a long time. (...) we are not the hospital dustbin, we are not there to take anything and everything ... But it's not easy because everyone deserves housing support." (HFB social worker - Liège).

5.1. Perspectives in terms of the Federal Public Service - Social integration

At the time of writing the Host Country Discussion Paper, the Third Federal Plan for combating poverty is still the subject of preparatory work within the federal government and the administrations concerned.

However, as regards the fight against homelessness and lack of accommodation, the political will of the Secretary of State in charge of the fight against poverty and urban policy has been clearly expressed as part of her General Policy Note³².

The action of the federal authority will focus on creating synergies between the fight against poverty policy and urban policy. Thus, special attention will be paid to the situation relating to the winter reception of the homeless, reception structures for people in crisis and support for projects like 'Housing First'. More than before, the CPAS will also be involved as active partners in these 'Social City' contracts.

In addition to organising and coordinating second line reception, which is the responsibility of the federal authority, the mission of the SPP Social Integration's is to develop a reform policy for the coming years to gradually replace the 'management of crisis' as the default operating mode, with durable and stable solutions based on a 'housing-led' approach.

In view of the Dutch Presidency during the first half of 2016, an appeal was made around themes with real urban relevance and social urgency, which could be addressed as a priority in the European Urban Agenda.

Discussions are ongoing with the Benelux to support the exchange of knowledge and experience between cities and other levels in terms of the approach to child poverty.

The closing conference of the Housing First Belgium social experimentation to be held on 9 June 2016 (organised in collaboration with FEANTSA) will be another opportunity to send a message calling for a resolute fight against homelessness and lack of accommodation. This message will contain a recommendation for the

³¹ The King Baudouin Foundation has launched a cycle of HFB intervisions for HFB teams, and from the documents that will be published about it, to a wider destination for future HF teams in Belgium. This project is supported until the end of 2017, which opens perspectives beyond experimentation.

³² House of Representatives of Belgium. General Policy Note: Scientific policy. People with Disabilities. Urban policy. Equal opportunities. Fight against poverty. 4 November 2015.



implementation of national and regional strategies based on housing. Benelux, in keeping with its European commitment, could actively support this appeal.

5.2. Perspectives in terms of the Reform of Mental Health Care (Psy 107)

The Reform of Mental Health Care initiated by federal, regional and local entities has profoundly changed the landscape and the philosophy of care for users with mental health and/or psychiatric issues. The model orients practices towards a vision focusing on community care and recovery and by transforming part of hospital treatment provides care closer to the everyday life and the living environment of the user. This philosophy involves consideration of all stakeholders who engage in networking, where consultation is one of the foundations of the work. The purpose is to maintain people in their environment and their original social fabric through the establishment of individualised therapeutic paths.

To do this, the model that we put in place in Belgium is characterised by five functions (i.e. first line actors, mobile teams, training and professional integration, the hospital environment and housing) that form a model symbolising the network of alternative services.

This has the originality of associating, in a comprehensive and integrated vision, the entire system by integrating the hospital resources and those developed in the community, whether they are directly related to mental health or not. In a specific area, a wide range of stakeholders implements strategies to respond to all the mental health needs of the population of that territory without discrimination. The network thus constructed is multidisciplinary and based on flexible intervention procedures.

Social action actors take a prominent place and even more so for certain groups, who very often combine mental health problems and poverty.

5.3. Perspectives in terms of the administration of Social Action in Wallonia

The fight against poverty has been an integral part of Walloon policies for many years. Existing systems are aimed at 'target groups' identified over time (the homeless, people with serious social disaffiliation, people with debts, ...). The aim of the Plan to fight against poverty is to complement these systems with an integrated policy for anyone living or likely to live in poverty. Its objective is to increase the levers that have a direct effect on the material deprivation situation of people. Public action systems themselves must be evaluated to allow the modification of responses to needs and situations. Mechanisms should be developed to embrace all social and economic factors at work in the creation of poverty. Housing First is not a measure that appears in the Walloon plan, but it does in the regional policy statement, which intends to: 'conduct a comprehensive discussion on the care of the homeless, by continuing to support reception in night shelters and, depending on budget availability, initiating a priority rehousing policy (Housing First), which consists of quick access to accommodation coupled with personalised support. Wallonia will continue to fund the Walloon Housing First teams, while maintaining the current support system (night shelters, reception centres, ...). Wallonia will take special care to pursue a coherent and transversal policy for social action and housing to compensate for the lack of decent housing or private rental at moderate prices, the absence of which constitutes a major obstacle to the extension of the Housing First project in Wallonia. The housing detectors implemented by social facilitators are already organised with the existing Housing First projects and will also be continued.



5.4. Perspectives in terms of the administration Common Community Commission in the Brussels-Capital region

The Brussels-Capital Region intends to step up the integration of the housing sector in the policies against homelessness. This process must take place via specific programmes such as 'Housing First', but also via other methodologies. The essential point is that emphasis should be placed on the intersection between the homeless sector and the housing sector.

The simple fact of having independent accommodation is not, however, sufficient to ensure that homeless people are maintained in accommodation. Indeed this group presents psycho-social characteristics that make it particularly vulnerable. Mental-health problems and addiction are the main obstacle and must be the subject of specialised support.

Moreover, by definition, homeless people face acute problems regarding access to income and social rights. The support must also be able to achieve entitlement to income replacement or to maintaining it. Other rights must be opened and maintained (access to health care, services, etc.).

During the course of the parliamentary term the Brussels-Capital Region will initiate (or prolong) projects like 'Housing First' (launched in 2015). These programmes were previously being supported at the federal level (federal Involvement will end in 2016). The regional budget is 500,000 EUR. The results of the interim evaluation will permit funding for the following years to be relaunched. Other tools (are) will be developed such as the 'sliding rent', setting up financial incentives for social housing agencies that house the homeless, homeless prioritisation systems at the level of access to social housing and particularly in the case of female victims of domestic violence, the creation in 2016 of a 'housing detector' cell for the strengthening of resettlement allowances for the homeless.

In late 2015, the Government adopted a general policy note in the fight against homelessness. This note provides a review of the 2002 'Social action' ordinance. The review will create an 'Office of Social Inclusion' (350,000 EUR/year) whose function will be individual support for the homeless with regard to the opening of their social rights (in collaboration with the CPAS) and access to housing.

The new ordinance also provides a profound reorganisation of the emergency reception sector and its coordination with social integration systems.

5.5. Perspectives in terms of the administration of Welfare, Health and Family in Flanders

In the Flemish Action Plan for Reducing Poverty 2014-2019, ample attention is given to tackling and preventing homelessness.

In addition to preventing and combating homelessness, the Flemish Government also addresses housing quality.

The Flemish Government wants to work on a global approach to homelessness.

To work out the overall approach the Flemish Government chooses to define a supported programme in which cooperation between the different policy areas and the wider professional field is central.

Currently all preparations have been met to start this process. Below are some guidelines onto which the Flemish overall approach will be grafted.

Firstly, the Flemish vision starts from the five accepted European objectives, namely:



- no one should be obliged against their will to have to stay on the streets overnight for lack of care that is tailored to their situation;
- no one should be obliged to have to stay in shelters longer than necessary for lack of transfer opportunities for (supervised) housing;
- No one shall be discharged from an institution without adequate follow-up and a solution for their housing situation;
- no one should be evicted for lack of guidance and housing options;
- no one who is a young adult or about to become one may be made homeless as a result of the transition to adulthood.

Secondly, the Flemish Government has a long-term vision based on a strong preventive approach. This also implies a housing-oriented approach.

In addition, the long-term vision takes account of the fact that the problem of homelessness is constantly changing. Consequently, the policy is work in progress. A long-term vision makes it possible to take account of changes and tendencies that arise in society.

Thirdly, there is much emphasis on an integrated policy with a shared responsibility.

The homeless care in Flanders and Brussels is scattered across different sectors and different policy levels. Tackling homelessness is a strong inter-sectoral and inter-administrative task. Moreover, a sectoral outlook is bad for addressing the problem and a solely Flemish approach will not achieve the necessary results. The Flemish Government chooses explicitly to address these issues in an integrated manner as this problem requires shared responsibility among the various levels of government. A commitment has already been made at an inter-governmental level. The cooperation agreement between the federal state, the local councils and regions includes closer cooperation in the field of combating homelessness. A successful approach requires a high level of cooperation. The collaboration consists not only of the different levels of government (federal, regional and local administrations), but also includes the relevant NGOs.

Finally, the overall approach will be supported by two parallel pathways. On the one hand monitoring is deployed, since a strong policy is based on strong monitoring. Therefore a pathway will be defined for this. On the other hand there must be investment in the potential of innovation. The Flemish Government continues to focus on innovative projects. In the same way as for Housing First Belgium projects there needs to be room for such experiments.

