

Introducing Housing First in Spain: Lessons from the Hábitat Program

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The Housing First Hábitat program was launched by RAIS in August 2014 as the first systematic experience of the Housing First (HF) model in Spain. RAIS is a private, independent foundation, providing specialised services for the homeless at the state level since 1998. At the beginning, Hábitat provided services for 28 clients in Malaga, Barcelona and Madrid. In December 2018, Hábitat provides individual housing and support to over 300 clients in several cities across 10 Spanish regions.¹

The program was launched along with a rigorous evaluation model based on a longitudinal random assignment methodology, which assessed changes in Hábitat users and in an equivalent control group which continued using the existing services. Interviews with both clients were conducted every six months for a period of 24 months.²

At the time of joining the program, participants in both the experimentation and control groups met the inclusion criteria that define the target population:

1. being older than 18 years
2. being in a roofless situation (ETHOS 1 or 2) at the time of entering the program³
3. having a long homelessness trajectory (three years in ETHOS 1, 2 or 3; or more than one year in ETHOS 1 or 2)
4. having one or many of the following exclusion factors in addition to homelessness: mental health problems, substance abuse problems and/or disability.



This inclusion profile was determined considering previous HF implementation experiences, especially those in the European context that had been analysed as part of the Housing First Europe project.⁴ Disability was also introduced as an inclusion criterion for Hábitat since it was identified as a relevant but generally hidden exclusion factor within the homeless population.

Clients in Hábitat receive independent, scattered-site housing rented from the public or private housing market, depending on availability and on agreements with regional and local administrations. Support team configuration is based on the Intensive Case Management model. Team members are mostly social workers, who focus the intervention on helping clients to establish links with the community-based services they want to use in their recovery process. Hábitat uses the Housing First Europe Guide as the reference model for Housing First.

Between 2015 and 2016, a fidelity assessment to the HF original model was conducted within the framework of a cross-country research coordinated by Professor Tim Aubry, from the University of Ottawa.⁵ The HF fidelity assessment helped to identify factors at the systemic, organisational and individual levels, which hindered or facilitated an effective implementation of the Housing First principles in the Spanish context within the Hábitat program.⁶

Lessons from the Hábitat Program

The Hábitat program faced many challenges in the introduction of the HF model in Spain. These ranged from strategic issues, such as changing the mindsets of practitioners and decision-makers, to operative ones, such as not having previous implementation experiences in the field.

As in many other European countries, one of the most important challenges for the Hábitat program has been to source affordable and adequate housing for clients in a tight housing market. This, along with poor housing policies in Spain, forced RAIS to assume the title of the housing leases, and then sign a housing use agreement with clients. Four years after entering the program, some clients would be ready to move forward to independent living. However, the lack of affordable housing or barriers to access income or housing subsidies constitute an obstacle to program graduation of clients, since they would face difficulties in assuming the cost of their leases. Clients not graduating from HF services because of unaffordable housing may lead to inefficiency of the HF services and the homelessness support services in general.

Very few specialised housing associations or social housing providers exist in Spain and operate mainly locally. The support teams of the Hábitat program were originally delivering both the housing and social support services, which created mistrust from clients. Based on their previous experiences in other services, clients worried they would be expelled from their home if the team members found out they used drugs or alcohol, got involved in a fight, or had issues with the police.

An alliance with the specialised housing association Provienda was established in 2016 to create stronger separation of housing and support services. Since then, all Hábitat teams across Spain are composed of independent professionals who deliver specialised housing and social support services. This separation of services encouraged clients' understanding of the unconditionality of the housing and the support. As a result, both the relationship with the service and the recovery processes of the most distrustful clients improved.

Assuring flexible support to clients for as long as required proved to be a challenging task, especially due to the weak funding structures of the Third Sector in Spain. Hábitat mostly depends on public funding which, in general, must be renewed every year. This means that, linked to funding decisions, there might be political pressures on the configuration and delivering of HF programs. Furthermore, resistance to the introduction of the HF model from other organisations working in the homelessness sector appeared as technical and political pressures to program implementation.

RAIS started advocacy and political preparatory work in 2012 to ensure the political will and enough resources to launch the program in a favourable environment. The generation of solid evidence through the accompanying evaluation facilitated greater attention and commitment from municipalities and other public bodies to the HF model. In this process, relations with the HF international community were also helpful to learn from pioneer HF programs and to take advantage of the HF momentum in Europe.

At the organisational level, RAIS' traditional vision and system of values aligned closely with the Housing First person-centred, rights and recovery-based approach. The commitment of the Board and the staff to this vision facilitated the observation of the HF principles whenever the lack of HF implementation experience in the country led to misinterpretations of the model or to omissions in the service design processes of the Hábitat program.

The innovative approach of the HF model appeared to be a motivation factor for both clients and team members. The sense of being offered a service completely different to the ones traditionally delivered, in which clients are the main actors in their recovery process, was perceived as essential to the commitment of the service users to the service and to establish a trusting relationship with the intervention team. Team members felt motivated by being part of an innovative program and felt more comfortable with a Housing First intervention approach over the approach and values of the traditional services.

However, operating the HF model is emotionally more demanding and requires higher resilience and flexibility from professionals. Assuming clients' choice and control over the service generated feelings of losing skills and competencies for some of the team members.

On the other hand, the HF intervention confronted team members with situations they had not experienced in their professional lives, such as managing severe mental health crises or overdoses on their own during a visit to a client. In some cases, this led to feelings of 'abandonment' by the organisation, which combined with the emotional demands of the intervention, provoked a higher risk of staff burnout.

All these elements taught us that adequate staffing and supervision of the HF practice is needed to operate HF services. There is no doubt that one of the most influential facilitators for the implementation of the service at an individual level consists of a strong alignment among staff members with HF principles.

This is closely related to a better commitment of staff members with clients in their daily routines.

As a HF implementation, the Hábitat program promotes a sense of community integration among clients. Despite this, some clients have a sense of isolation when being at home because previous social networks tend to disappear as they get involved in a new services network. Fostering clients' participation in the program governance and delivery can be a key element to introduce activities which may help clients to confront those feelings.

Four years after the launch of the Hábitat program, 96 per cent of its clients maintain their houses, and many other significant positive outcomes have occurred in their recovery processes. Similar results in the main international HF experiences suggest that the HF model can be adapted to different contexts and still deliver successful outcomes to confront long-term homelessness. Although no previous references for HF implementation existed in Spain, paying attention to some few key elements at the systemic, organisational and individual levels facilitated a HF supportive environment.

* <https://raisfundacion.org/>

Endnotes

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3. FEANTSA, 'ETHOS — European Typology of Homelessness and housing exclusion', FEANTSA, 2005 <<http://www.feantsa.org/download/en-16822651433655843804.pdf>>
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