
The Housing First for Families in Brno Trial Protocol: A Pragmatic Single-Site Randomized Control Trial of Housing First Intervention for Homeless Families in Brno, Czech Republic

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➤ **Abstract** *While the Pathways to Housing First (HF) model was designed for ending homelessness of individuals with complex needs, the use of a housing-led approach with families has been documented since late 1980s in the US. New target groups bring new demands on the knowledge base – to date, there has not been any Randomised Controlled Trial (RCT) on family HF intervention. This protocol describes the design of a Czech single-site demonstration of RCT with a treatment group of 50 families and presents results of statistical compliance testing of the treatment and control group at baseline. This project is a pragmatic, mixed methods, single-site field trial of the effectiveness of Housing First in Brno, Czech Republic randomised 150 participant homeless families, stratified by number of children, into treatment and control groups. Quantitative outcome measures are collected over a 12-month period and a qualitative process evaluation is being completed. Primary outcomes being measured include a decrease in time the family spent homeless, improvement in security of tenure, improvement of mental health of mothers, and decrease in the use of emergency health services.*

➤ **Keywords** *Housing first, Randomized Control Trial, homeless families, Czech Republic*

Introduction

Family homelessness in the Czech Republic and in Brno

In 2015, the Czech government estimated there were 68,500 roofless and houseless people in the country, out of them 8,158 children and an additional 118,500 people including children in insecure or inadequate housing (MPSV, 2016). The number of households receiving government housing supplement tripled between 2010 and 2014, from 23,500 households to 74,000 (MPSV, 2015). In 2014, 8,900 families were receiving the housing supplement in hostels, shelters and institutions, and it is estimated that 80% of them were in temporary hostels (Kučařová *et al.*, 2015).

A family homelessness registry week was conducted in Brno, regional capital of Moravia, in April 2016. The survey found 421 families living in private hostels, shelters or other forms of homelessness (ETHOS). Experiencing a first housing crisis has been shown to be a path to long-term homelessness for two thirds of families in Brno; 92% of homeless families experienced long-term (more than six months) homelessness in their life for a median period of eight years, and only two families of the total number have been in homelessness for less than a year. Two thirds of the families were headed by Roma parent(s). Fifty percent of the families lived on a total area of less than 30m², and 70% of all families lived in less than 36m². If we focus on the area per person, about half of the families inhabit an area smaller than 7m² per family member. Twenty one percent of families lost stable housing after one of the parents experienced emotional, physical, psychological, sexual or other abuse. Unsuitable living conditions also coincide with long-term health and internal organ diseases: 35% of families report that some of them (or some of other family members) were facing chronic liver, kidney, stomach, lung or heart disease. Once homeless, these families are typically considered not fit for housing by both private and public landlords and have little access to housing, including municipal housing stock (Černá, Ripka and Pibilová, 2018).

Evidence from Housing First for families

Despite the growing evidence base for Housing First for individuals with complex needs in Europe (Geertsema, 2013; Bretherton and Pleace, 2015; Pleace *et al.*, 2015; Bernard, Yuncal and Panadero, 2016; Buxant, 2016; Tinland *et al.*, 2016), there are no European studies on ending homelessness of families through the Housing

First approach.¹ In contrast, there is long-standing evidence for Housing First and Rapid Re-Housing programs for families from a number of projects across the US. At the end of 1980s, several programs which aimed to secure fast access to housing for families leaving shelters started and all reported high housing retention rates: Beyond Shelter in Los Angeles, CA had an 88% retention rate after three years, Rapid Exit in Minnesota reported 85% retention after two years, or HomeStart in Illinois with 86% retention (Lanzerotti, 2004).

There has been an ongoing debate, as to whether the provision of housing (and rental assistance) is sufficient condition for ending family homelessness. Two studies financed by the Department of Housing and Urban Development gave some responses. Family Option Study was a randomized controlled trial testing three interventions (Rapid Re-Housing with financial assistance up to 18 months, priority assignment of housing subsidy without further support, and transitional housing program) and treatment as usual (TAU) on almost 2,300 randomly assigned families. The 36-month impact of priority allocation to housing subsidy compared to treatment as usual shows a decrease in incidence of homelessness, increase in living in own dwelling, no statistically significant impacts on institutionalization of children, decrease in psychosocial distress of mothers, improvement in children's sleep, improvements in behavioural problems of children and pro-social behaviour, decrease in employment and participation on training schemes, and better scores on economic distress scale (Gubits, 2016, pp.30–45). The evidence that affordable housing for families does not only end their homelessness, but also has a positive impact on other outcomes, is clear. The second study, Family Unification Program, offered housing subsidy with or without case management services to families at risk for parent-child separation. Additional case management services decreased the probability of out-of-home placement of children by 31%, lead to decrease in overcrowded conditions of families, improved inner housing quality, and lead to more neighbourhood problems. The results suggest that case management coupled with housing subsidy further improves outcomes of the families (Fowler *et al.*, 2015). Further evidence of project outcomes are summarized by Bassuk *et al.* (2014).

¹ According to a recent review, there could be three main reasons for the gap: 1) family homelessness is quite a minority issue because of strong welfare regimes which strongly protect children, 2) family homelessness is less visible than homelessness of lone adult men with complex needs, and 3) women with children who are victims of male domestic violence are rather classified as clients of domestic violence services, than homeless services (Baptista *et al.*, 2017, 16–17). We would also add, that in the case of the Czech Republic the family homelessness problem used to be framed in ethnic terms as a problem of Roma families with housing, in the policy and media representation.

The results from pilots, established programs, research and evaluation has fed the policy debate in the US, and lead to the adoption of the HEARTH (Homeless Emergency Assistance and Rapid Transition to Housing) Act in 2009, and the Federal Strategic Plan to Prevent and End Homelessness “Opening Doors” in 2010, which both aim at ending homelessness through fast provision of housing. The Opening Doors plan set a target to end family homelessness by 2020 (USICH, 2010).

Description of the Family Housing First Project in Brno

Housing First for families with children in Brno, Czech Republic, provides a municipal flat, intensive case management, and deep housing subsidy for 50 families who were previously living in private hostels, shelters or other forms of homelessness (according to ETHOS). Pioneers of Housing First in Europe, HVO Querido Discus, trained the service provider IQ Roma Servis. The first families moved in in September 2016 and by May 2017, all 50 families were housed.

The research design is a pragmatic, single-site randomized controlled trial of Housing First for families, along with qualitative process evaluation. It is intended to provide policy-relevant evidence whether family homelessness of both Roma and non-Roma in the Czech Republic can be ended by a Housing First approach. The demonstration project includes funding for intensive case management provided by a local NGO, and coordination by the City of Brno. The families are assigned to municipal flats and are eligible for government housing allowance and housing supplement. Direct rent payment organized between the local Labour office and the landlord is preferred, and an emergency fund is set to assist in crises. The first participants were recruited in April 2016 and data collection is to be completed in summer 2018.

Main research question

The main research question is whether homelessness of both Roma and non-Roma families can be ended through direct provision of housing and intensive case management services based on a Housing First approach.

Objectives: primary and secondary objectives

Research aims include:

- to examine whether a Housing First intervention with intensive case management (ICM) model can be applied in the Czech Republic;
- to determine whether Housing First can be used for ending homelessness of 50 families in the city of Brno, Czech Republic, with a high housing retention rate after 12 months (80%), for its possible upscaling as a city-wide strategy to end family homelessness;

- to determine whether Housing First results in better outcomes than treatment as usual (TAU) for 50 homeless families living in Brno, Czech Republic, with respect to a) prevalence of homelessness; b) security of tenure; c) mental health state of primary carers/mothers; and d) the use of emergency health services by family members. Secondary outcomes include quality of housing, health and quality of life of families, social integration of parents, financial stability of families, reunification of families and prevention of institutionalization of children and school attendance of children; and
- to examine public expenditures on families enrolled in Housing First compared to TAU.

Purpose

The City of Brno, Czech Republic, which owns and controls access to 28,000 flats, approved a strategy to end family homelessness: to make it rare, short and non-recurring. Since 2016, outcomes of various traditional and experimental approaches have been tested. In this research, outcomes of Housing First for families are tested in 50 municipal flats. On a national level, the government strategy to fight social exclusion sets as one of its goals the movement of 6,000 families from hostels to standard housing by the end of 2020 (Vláda ČR, 2015).

Trial design

The trial is designed as a pragmatic, single-site, randomised, controlled, non-blinded, superiority trial of Housing First intervention for homeless families with two parallel groups. Randomization was performed as stratified randomization with a 1: 2 allocation ratio. Out of a population of 421 homeless families in Brno, 50 families are randomly assigned to a municipal flat and intensive case management in the Housing First model. The control group comprises 100 families from the same population. The participants were divided into strata according to the number of children in the family. The number of participants that were chosen from each stratum into the treatment group and control group was proportional to the population of 421 homeless families. Baseline survey was conducted with double blinding.

Qualitative process evaluation

The RCT is complemented with a qualitative process evaluation, consisting of semi-structured interviews with key implementation actors (such as social care officers, politicians, housing officers, experts on Housing First approach, project coordinator), focus groups with the treatment families, focus groups with the intensive case management (ICM) team and participatory multi-actor workshops. Individual interviews and focus groups with treatment families are held at the beginning and after a 12 month period of the project implementation. Focus groups with the ICM

team are conducted on a regular basis every four months (altogether six evaluation meetings). Two participatory multi-actor workshops are proposed, after a 6 and 12-month period of project implementation. The whole project team (Labour office workers, workers of the child protection unit, involved politicians, housing officers, floating support team, and social care officers) is involved.

Methods: Participants, Interventions, Outcomes

Study setting

The study takes place in Brno, Czech Republic. The city has a population of 380,000 and owns 28,000 flats. In April 2016, 421 homeless families were counted in the city during a census, living at shelters, temporary hostels, in overcrowded households and inadequate conditions. The families who live in inadequate housing with a standard tenancy are eligible for state housing allowance, which covers housing costs which exceed 30% of the household income, and if their residual income is not sufficient, they are also eligible for a housing supplement to reach living wage. There is no time limit for both the housing allowance and supplement. All other families who have other tenancy agreements (i.e. subletting contract or short-term accommodation contract) are entitled only for the housing supplement to reach living wage. Universal health-care is provided in the country, including mental health hospitals. The system of social services varies by location, in Brno there is a wide array of social service providers; in the case of homeless families, outreach social workers and leisure time activities are the most common. The state runs local child welfare services (socio-legal protection), and children's institutions (infant care centres, children's homes). Foster care is provided by both professional foster care services, and by family members.

Eligibility criteria

Inclusion criteria

1. Family – must have at least one child under 18 at the time of move-in. The child can also live in institutional or foster care at the time of assignment, but there must be a good expectation (granted by child welfare service) that the child/ren would be reunified with their parents if their housing situation improved.
2. Residing permanently or temporarily in Brno, Czech Republic, in April 2016.
3. Must have been counted during Family homelessness registry week (census) in April 2016 in Brno.
4. Must be homeless according to European Typology of Homelessness and Housing Exclusion (ETHOS) at the time of move-in.

A family without housing was defined as a family living in a shelter, hostel, in a flat with relatives/acquaintances or in a place with a high degree of uncertainty. Inappropriate housing was understood as living in an apartment where it was not possible to provide basic living needs (no functional toilet and bathroom and/or no food preparation space) and/or in extremely crowded apartments (less than 5m² per person); or in an apartment with poor conditions (extreme humidity, mould, non-functional heating). Definition of family also played an important role. For the census, family was defined as a nuclear family. Behind one door – in one “flat” – several families could live.

Exclusion criteria

1. Not being homeless at the time of census, assignment or move-in.
2. Not having a child under 18 at the time of census, assignment or move-in.

Interventions

The treatment consists of allocation of a municipal flat and intensive case management (ICM) in a Housing First program. The families are also eligible for deep universal housing subsidy, both in the treatment and control groups. The support team (seven full time workers including two peer workers) received training in intensive case management from HVO Querido Discus (strengths-based model) and underwent training in motivational interviewing.

The ICM team uses the following methods and techniques:

“Traditional” methods and techniques	Creative methods and techniques
Relationship building	Calendar of energy consumption (electricity, gas)
Advocacy of families’ interests	Move-In Celebration
Accompaniment of families	Peer work (workers who had experienced domestic violence, homelessness)
Counselling and advice provision (social benefits, debts, relationships)	Notification ritual (when allocating the flat)
Family case conferences within child protection unit	Mediation of neighbourhood relations
Mediation (helping with signing in children to primary schools and kindergartens)	Practical move-in support (help with furnishings, refurbishment, etc.)
Motivational interviewing	Audio-taping and team sharing of initial in-depth family assessment
Direct payment of housing allowance and housing supplement from Labour office to the landlord (City of Brno)	Matching (matching family with a key worker according to role typology ² , matching family with a flat)
	Initiation of fund to overcome financial crises leading to housing loss

² Role typology according to HVO Querido Discus: social worker as a friend, parent, conflict mediator, teacher, policeman, creative.

The treatment families are assisted through the whole moving in process and further supported in the flat. The families are informed they should meet their case manager approximately once a week. All families were strongly encouraged to establish direct payment of housing allowance to the landlord (City of Brno), and most did so. A fund was established to overcome unexpected financial crises. Allocation of financial gifts to family is assessed according to strict criteria: family must be indebted no more than one month of rent; provision of a gift would directly lead to extension of rent contract; and it can be allocated only once per family.

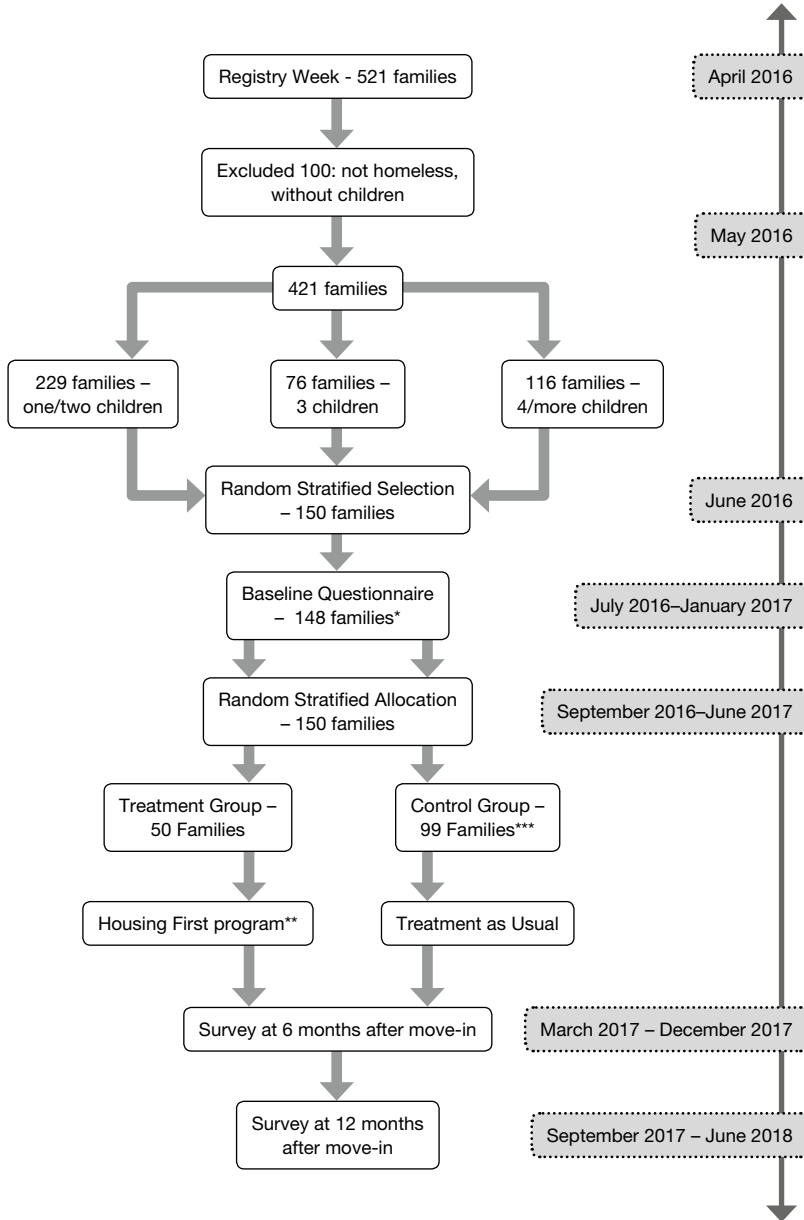
Outcomes

Expected primary and secondary outcomes were compiled based on The At Home/ Chez Soi trial protocol (Goering *et al.*, 2011), research findings from family Housing First programs, and comparable RCTs.

	Outcome	Indicator	Measure
Primary outcomes	Decrease in time the family spent homeless	Number of months the family was homeless (according to ETHOS)	6-months survey: Evidence on places where the family lived last six months by month 12-months survey: Evidence of all places where the family lived by month since 05/2016
	Improvement in security of tenure	Subjective assessment of security of tenure	Answers to: "Do you think you will be able to stay here as long as you wish?" "measured at 0, 6 and 12 months
	Improvement of mental health of mothers	Level of psychosocial distress	K-6 psychosocial distress scale measure at 0, 6 and 12 months
	Decrease in the use of emergency health services	Number of uses of emergency health service	Number of uses of emergency health services of all family members in last six months, measured at 0, 6 and 12 months
Secondary outcomes	Stability of housing	Number of moves in 6 months	Survey at 6 and 12 months
	Quality of housing	<ul style="list-style-type: none"> • Occurrence of problems connected to poor housing • Subjective assessment of housing quality 	Survey range of poor housing problems measured at 6 and 12 months: Damp, mouldy, or water-damaged walls, ceilings or floors Lack of planks, tiles, linoleum or carpets in the floor, or if floors are twisted Large holes or cracks through which cold air and/or rain penetrate Does it smell like a sewer, gas or other unpleasant smell?

Secondary outcomes		<p>In the last 3 months, has bathroom been heating up due to waste problems?</p> <p>Have you been without access to the toilet for more than 6 hours, during the past 3 months?</p> <p>In the last 3 months, did your electricity not work for more than 2 hours?</p> <p>On cold days, do you have heat oven or electric heaters?</p> <p>Cannot be heated with a pipe or oven</p> <p>In the last 3 months, was electricity cut?</p> <p>In the last 3 months, was water cut?</p> <p>Subjective assessment of housing quality at 6 and 12 months</p>
Improvement in health and quality of life of families	<ul style="list-style-type: none"> • Use of ambulance and hospitalizations • Subjective health assessment of parents • Subjective health assessment of children • Occurrence of asthma and injuries of children • Life satisfaction of mothers 	<p>Number of uses of ambulance and hospitalizations in last six months, assessed at 0, 6 and 12 months</p> <p>Assessment of children’s health by parents during survey at 6 and 12 months</p> <p>Number of children’s injuries and asthmatic attacks during last 6 months, measured at 0, 6 and 12 months</p> <p>Survey question “Overall, how satisfied are you with your life?” asked at 0, 6 and 12 months.</p>
Improvement in social integration of parents	<ul style="list-style-type: none"> • Level of anomia • Participation in community gatherings 	<p>Level of anomia measured by Srole scale at 0, 6 and 12 months.</p> <p>Survey question for participation at community gatherings measured at 0, 6 and 12 months</p>
Improvement in financial stability of families	<ul style="list-style-type: none"> • Amount of money the family lacks to cover basic goods and services • Number of days in month the family disposes cash 	<p>Survey question “How much do you lack each month to cover basic goods and services for the family?” at 0, 6 and 12 months</p> <p>Survey question “How many days before your salary don’t you dispose of cash?” asked at 0, 6 and 12 months</p>
Reunification of families and prevention of institutionalization of children	<ul style="list-style-type: none"> • Number of children that came back from foster care or institutional care • Number of children institutionalized 	<p>Survey at 6 and 12 months.</p>
Improved school attendance of children	<ul style="list-style-type: none"> • Absenteeism of school children 	<p>Administrative data – school absenteeism of school children enrolled in the study at 12 months</p>

Participant timeline



* Impossible to find 2 respondents

** Excluded: 1 family no longer willing to be in trial à substitute

*** One family was excluded ex post (not homeless at baseline)

Sample size

The treatment group size was given by the City of Brno, who assigned 50 municipal flats for the demonstration project. Because a high attrition rate was expected, an additional 100 families were randomized into the control group. The power shows that this sample size would give 82% probability to detect a standardized effect size of 0.5 between the treatment and control group at 5% significance level.

Recruitment

The Registry Week was a coordinated effort to find all homeless families in the City of Brno in the week of 18-24 April 2016, respectively in the following weeks. The census included all families that were identified by non-profit organizations, social workers or interviewed families themselves. All families had to meet the requirement of being homeless or living in insecure and/or inadequate housing. The triage tool VI-SPDAT was used to determine the extent and structure of family threats. The interviewing was based on a questionnaire with the help of an interviewer (60 volunteers and 40 employees of the Brno City Hall were involved) who read the individual questions and recorded the answers to the questionnaire. With only a few exceptions, all questions had a yes/no answer format. In total, 482 inquiries were conducted during the Registry Week. During the weeks following Registry Week, social services added several other families (the total number of inquiries was 521 households). The definition of families who were homeless or in insecure or inadequate housing was fulfilled by 421 families.

Assignment of Intervention

Allocation

The registry week found and described a total of 421 families in the City of Brno who were homeless and agreed to participate in the Housing First project and the accompanying research. These families also pre-agreed with the terms and conditions of the project, should they be were drawn into the treatment group (in addition to the offer of housing in the urban apartment, also cooperation with the social worker from IQ Roma Servis).

In June 2016, a lottery for random assignment of the families to control and treatment groups took place at a meeting of the Social and Health Commission of the Brno City Council with the presence of a notary. This was a stratified random selection based on several assumptions of the broader Rapid Re-Housing project team members. In total, three main factors were identified: the number of children in the family, ethnicity (in this case, attributed ethnicity) and the debt burden of the family. However, the research and evaluation team did not consider the data on the attributed ethnicity and debt ratio as sufficiently reliable, and therefore decided that the only criterion of stratification should be the number of children in the family

(currently living with parents or with the potential to move to new housing). The group of 421 families was divided into three sub-groups: 229 families with 1-2 children, 76 families with 3 children and 116 families with 4 or more children. Out of these groups, 27 families with 1-2 children, 9 families with three children and 14 families with four and more children were randomly assigned to the treatment group (50 in total) and 54, 18 and 28 families to the control group, respectively (100 in total). Ten additional alternates for the treatment group were drawn. Additional alternates for the control group were drawn in October 2016 by research team statisticians using randomization software (MU Brno), and into the treatment group by the Social and Health Commission of the Brno City Council.

Blinding

Given the obvious nature of the intervention, it was possible to use double blinding only at the baseline survey. Families and researchers filled the baseline questions without knowing which family is treatment and which family is control, and the families were informed that within two weeks, the city would tell them if they were selected for the treatment. Within two weeks, the families were visited by case managers and a city representative told them whether they were treatment or control. The 6 and 12 months follow up is non-blinded.

Data collection, management and analysis

The research team consists of three members, all formally trained in social scientific research. The team coordinates the data collection efforts during team meetings and project meetings with other project partners and coordinators as well as with the Scientific board. Researchers were also trained in questionnaire filling uniformity to ensure the validity of collected data. Each researcher will visit both treatment and control group families.

The survey is based on three waves of inquiry. The first wave takes place at baseline, before the treatment, and the results are summarized in a Baseline analysis. The second wave takes place after six months and the last wave twelve months after the start of the treatment (i.e. after move-in, see Participant Timeline section). All questionnaires passed piloting and their structure was also consulted on with the Scientific Council. Questionnaires are divided into several parts following the most important outcome indicators. The research team is interested in areas such as forms of homelessness, housing history, stability of current housing, social integration, anomia, level of psychosocial stress, etc.

Retention

Each family was asked for several contact details during the recruitment, including contact details of other people who are stably housed and who would know about the family if their contact details and residence changed. At the 6-month follow up,

all families are asked for contact details, but also for informed consent, so that administrative data from the Labour office (including their current residence, housing subsidy, social welfare payments), schools, and in the case of treatment group, even the data from IQ Roma service database could be gathered by the research team. All families are registered at the Labour office for welfare. Both treatment and control families are remunerated for participation in the research, and the payment increases over time (400, 500 and 600 CZK). The payment for one family interview was set to be equal to approximately eight minimum-wage hours.

Data Management

The data are coded into an SPSS matrix. Baseline data were entered twice and checked. Six and 12 month's data are entered once by one coder and checked for inconsistencies and outliers by a statistician. Verification of a random subset of data to identify missing or apparently erroneous values is performed. The data matrix is shared with the Scientific board of the project for checking and will be stored in statistical data repository of Czech Academy of Sciences.

Ethics and dissemination

Our institutions, funders, and Czech legislation do not require a formal process of ethical approval in social research. The research team approached scholars/researchers to form a Scientific Board where methodological and ethical issues are discussed. The Board meets bi-annually.

The random allocation procedure and associated ethical dilemmas were consulted on with community representatives, people with experience of homelessness, social workers, and Roma families at a meeting, prior to project application. The deputy lord mayor and the head officer for social affairs were present. It was agreed that it is better to fail in a lottery (random assignment) than to fail in a points system and feel responsible for one's own failure. A lottery was also considered more fair than other methods of housing allocation currently in use in Brno, and the rest of the country (based on auction or assessment of deservingness).

The dissemination process is secured through Political and Expert Boards. The Expert Board meets quarterly and consists of municipal officers and NGO representatives willing to create or modify social housing provision systems in their municipality. The Political Board is looking at dissemination of the Housing First approach through political lenses and consists of politicians willing to advocate or learn about this approach. The Political Board meets once a year.

The Research team produces evaluation reports, namely an Evaluation Plan, Analysis of Starting Setting, Evaluation Reports (1,2), Final Evaluation Reports, Analysis of Target Setting, and a Handbook of Innovation, that will be available online in Czech. The team aims to publish the results in scientific journals.

Statistical compliance testing of treatment and control group

The assignment of families to the control and treatment groups was random. However, given the small number of families (50 and 100), it is important to prove that families in the treatment and control groups are not statistically different in any significant respect. If the groups are not statistically different before the intervention, later differences between groups do not arise from the original selection but from the intervention.

Baseline data was used to test statistical differences. At a 10% level, we did not find a statistically significant difference between groups in any question except one. Table 1 gives an overview of the most important tested variables, the selected test type and the p-value. The test type used matched the character of the data. The null hypothesis of the t-test is that the average of the observed variable is the same for both groups; the null hypothesis of the Mann-Whitney test states that $P(X>Y)=P(Y>X)$ where $P(X>Y)$ is the probability that a randomly selected element from one group will be larger than a randomly selected element from the second group; the null hypothesis of the Chi-square test is that the is that treatment does not affect outcomes. We find only one variable that is statistically significant between the control and treatment group. The index of anomia is significantly lower for participants in the treatment group. In the treatment group there are people with a lower index. The difference in the index of anomia may be caused by the fact that we are testing multiple hypotheses. When the Holm-Bonferroni correction for multiple hypothesis testing is applied, we do not reject any of the tested hypotheses at a 10% significance level.

Variable	Test	P-value
Years homeless	t-test	0.38
	Mann-Whitney	0.48
Age first homeless	t-test	0.74
	Mann-Whitney	0.85
Number of household members	t-test	0.68
	Mann-Whitney	0.81
Work in the last month	Chi-square	1
Evaluation of work opportunities	Chi-square	0.32
Hours of work in the last month	t-test	0.23
	Mann-Whitney	0.14
Income	t-test	0.77
	Mann-Whitney	0.46
How much money a month is missing to meet basic needs?	t-test	0.57
	Mann-Whitney	0.57
How long before the payout do you usually run out of money?	t-test	0.118
	Mann-Whitney	0.197
Health condition	t-test	0.15
	Mann-Whitney	0.34
Index of Anomia	t-test	0.039
	Mann-Whitney	0.047
K6 index	t-test	0.11
	Mann-Whitney	0.167

Conclusion

The City of Brno, Czech Republic, which owns and controls access to 28,000 flats, approved a strategy to end family homelessness: to make it rare, short and non-recurring. Since 2016, various traditional and experimental approaches have been tested for outcomes. In this piece of research, the Housing First approach for families is tested in 50 municipal flats. After learning about the housing retention rate and main project outcomes, compared to other tested approaches, the city should develop an action plan to end family homelessness by 2025.

The treatment group receives an affordable flat, and intensive case management services. Both treatment and control groups are entitled to deep universal housing subsidy. Both groups were randomly assigned, stratified by number of children, and a statistical compliance testing was performed at baseline.

Expected primary outcomes measured on 50 treatment families versus 100 TAU families are: decrease in time the family spend homeless, improvement in security of tenure, improvement of mental health of mothers, and decrease in the use of emergency health services. Expected secondary outcomes include stability of housing, quality of housing, improvement in health and quality of life of families, improvement in social integration of parents, improvement in financial stability of families, reunification of families and prevention of institutionalization of children, and improved school attendance of children.

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