The Process Selection of "Un Chez-Soi d'Abord" Program: A Qualitative Study on the Implementation of Housing First in France

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> **Abstract_** *This research note focuses on the client selection process of the "Un chez-soi d'abord" programme, an implementation of Housing First services in France first carried out in 2011. At the end of 2016, a randomized control trial demonstrated the efficiency of this programme. It has been maintained and expanded to new localities in France. This new step from public authorities involves practical changes in the recruitment and selection process. It now consists of an "inclusion committee" that assesses whether an individual is entitled to integrate in to the programme or not. Based on ethnographic study, conducted as "participant observer", this research note pays particular attention to the issues and concerns that arose from stakeholders during committee meetings.*

> **Keywords_** *Homelessness, Housing First, implementation, client selection process, eligibility criteria, policy implementation*

Introduction

Over recent years, Housing First approaches have gained increasing interest from political representatives and stakeholders concerned with ending long-term homelessness in France. Since 2009, the French homelessness strategy is oriented to "Housing First" principles. This orientation implies that access to personal housing is regarded as a "right" for people and not something they have to deserve (Pleace and Quilgars, 2013); housing is therefore conceived as a tool for support. However, "the policy has never really been carried", as one policy officer said. Indeed, changes were rather focused on organizational measures. In fact, a "staircase model" remains locally and nationally in practice (Houard, 2011).

However, the launch of a trial programme, namely "*Un chez-soi d'abord*", in 2011 gives tangible form to the paradigm shift towards "Housing First" principles. The implementation on four locations, Paris, Lille, Toulouse and Marseille, is state-financed and is led by an Inter-ministerial delegation for accommodation and access to housing for homeless or inadequately housed people (DIHAL), in direct contact with the General Directorate for Health and General Directorate for Social-Cohesion. The programme replicates the model developed by *Pathways to Housing* in New York (Tsemberis, 2010) and the trial conducted in Canada, *At home/Un chez-soi* (Goering *et al*., 2011). In France, over a five-year research period, 353 people accessed personal housing and were supported by "Un chez-soi d'abord" teams. Specific to those teams is the intensive multidisciplinary support they provide, based on recovery-oriented practices. Teams are composed of healthcare workers (such as psychiatrists, General Practitioners, nurses…), social workers (such as caseworkers), housing specialists and "healthcare mediators-peer educators" who have an experiential knowledge of mental illness (Godrie, 2017).

At the end of 2016, the French government announced that the "*Un chez-soi d'abord*" programme was to be sustained on the four sites and to be expanded to sixteen other cities.

Recently, more research has been published on French "Housing First". Nearly all of the research was conducted by people involved in the programme: national coordinator (Estecahandy *et al*., 2015), researchers in charge of quantitative (Tinland *et al*., 2013) and qualitative (Laval *et al.,* 2015; Laval, 2018) evaluations, and practitioners (Vidon and Antoine, 2013; Laugery *et al*., 2017). Researchers from qualitative evaluation teams published a short analysis on the implementation and experiences from workers and clients (Rhenter, 2014; Moreau and Laval, 2015; Hurtubise and Laval, 2016; Laval, 2016; Laval, 2017). Among the diversity of research on "Housing First", Namian (Namian, 2019) is the only one to contribute to the research on client selection processes that Raitakari and Juhila emphasize as "topical" (2015, p.176).

In France, the growing reputation of "Housing First" attracts more and more stakeholders and people interested in being involved in the programme. Nevertheless, the number of people who can be supported by the "*Un chez-soi d'abord*" team is limited to between 95 and 105 people. In addition, the programme is not implemented in every territory, it is not designed for a broad-spectrum of population and finally it is not the main public policy to end homelessness as it is in Finland (Pleace, 2017). Rather, the programme targets a specific population based on medical and social criteria.

This research note discusses the sustainability of Housing First in France, and the expansion of the "*Un chez-soi d'abord*" programme through the implementation of committees that determine client selection processes.

Two kinds of data are used in this study. (1) The analysis uses official documentation, some put forward the legal framework to implement "*Un chez-soi d'abord*" programme, while others are evaluation reports from experimental and sustainability contexts. (2) Data from ethnographic fieldwork are mainly exploited in the aim of providing "an ethnography of public action" (Belorgey, 2012; Dubois, 2012). This research is based on a "multi-sited ethnography" (Marcus, 1995) related to two pieces of fieldwork. The first one, in Marseille, is one of the four experimental sites. Stakeholders were actively part of the design leading to its sustainability and spreading. From November 2016 to March 2018, I went on full immersion several days per month with the "*Un chez-soi d'abord*" team to observe the daily professional activities. I also followed the team to two inter-sites days session (Marseille 2016, Lille 2017), to the national restitution at the Ministry and to a meeting for the list of requirements (Paris, April 2016). Those observations evolved to "participant observation" (Soulé, 2007) from March 2017 when I took responsibility for the coordination of implementing the committee. In essence, my main duties were to receive application files via an e-mail address, prepare different points on the agenda based on information collected from the "*Un chez-soi d'abord*" team, to lead meetings, to relay decisions taken by the committee to the team and draft meeting minutes.

The second fieldwork takes place in the expansion of the programme in Lyon and Grenoble. I took part in working groups as a participant-observer from September 2016. I assisted the person in charge of the management of those working groups, by sharing my operational knowledge of the "Un chez-soi d'abord" programme, recovery-oriented practices and functioning of the committee at Marseille.

From Trial to Committee: Raising Issues

The advantages of Housing First are demonstrated and promoted in evaluation reports, and evidence-based practices are illustrated in many countries. Consequently, in France, in a 2009 governmental report on the health of individuals without a home, the Minister of Health endorsed this approach (Girard *et al*., 2009). The Ministry requested a randomized control trial to assess the impact of implementation of Housing First in France. This trial started in 2011 in four cities, Marseille, Lille, Toulouse and Paris, and was scheduled to last four years. The aim was, besides cost savings, to demonstrate that "the worst [people]", as providers often say, could access and maintain themselves in housing with team support.

Over the period of the trail, a modification was made to the inclusion process. It was decided that the research team would no longer be in charge and that instead a committee would be empowered to determine entry to the programme.

A lesson to remember: there is no predictability to the capacity to inhabit

This new setup, a "committee", establishes the new ways and terms for homeless individuals to integrate into the programme, based on instructions issued by the governmental agency, the DIHAL. In France, in the field of public policies fighting against precariousness and poverty, committees are the typical setting where an entitlement is attributed or not. This attribution results from a collective work on individuals' situations from participants of the committee meeting.

Regarding the implementation of "*Un chez-soi d'abord*" committees, a key issue is to keep the programme philosophy. Indeed, one of the main lessons learnt from the trial is that "there is no predictability to the capacity to inhabit". That sentence, often repeated and highlighted by "*Un chez-soi d'abord*" providers, underlines that there is no way to guess if this or that individual will inhabit his/her housing, how and for how long. When workers from Marseille present the programme, they usually say: "every time we took a bet, we lost". This kind of rhetoric reveals the paradigm shift, from staircase system where workers have to anticipate the ability of homeless individuals, to the Housing First model which is "If you want to learn how to pedal, you need a bike". If it is not possible to assess which individuals will do well in his/her process in the "*Un chez-soi d'abord*" programme, from entrance to housing to recovery, then *how should we conceive and organize inclusions to the program?*

Instructions from DIHAL

DIHAL handed some instructions to the inclusion committee in its "list of requirements" in June 2017.

1. The list requires workers that are close to the targeted population to be a part of the committees. These include: mobile psychiatric outreach team or access to health care and public services teams with a psychiatrist, mental health care services in prison, harm reduction services and social services. "Orientation teams" respond directly to eligibility criteria: a population identified as long-term homelessness with psychiatric disorders. Representatives from the Integrated intake and referral service (SIAO) and institutional representatives from "*Un chez-soi d'abord*" have to be present as well. The "*Un chez-soi d'abord*" support team is not supposed to attend committee meetings. The reason for this is to apply a "Recovery philosophy"; they should not have information on or a deciding role in the individuals integrating the programme before their first meeting.

2. DIHAL provided the "*Un chez-soi d'abord*" team with the prospective participants papers, known as the 'inclusion file'. One is a medical certificate completed by a psychiatrist. S/he fills in their diagnosis: principal, schizophrenia or other psychotic disorders, psychiatric associated disorders and co-existing substance disorder. A questionnaire is filled in by the "orientation team", eligibility of social criteria is checked: is the individual over 18? Is the individual a French citizen or legal resident of the territory? Is the individual in "absolute homelessness" or "precariously housed"? Does the individual have a psychiatric certificate? Does the individual benefit or might benefit from the welfare system? Does the individual want to be in the "*Un chez-soi d'abord*" programme and want private housing? All of those questions have to be answered "yes" to ensure the individual matches the programme requirements. Besides, an ID card has to be provided.

   The score of Multnomah Community Ability Scale (MCAS) has to be provided and has to be equal to or less than 62 for eligibility. MCAS aims at assessing community functioning; it covers mental and physical health, behavioural problems, social skills and ability to cope with illness (Tinland *et al*., 2013). This scale is designed "for individuals with long-term mental health issues and related disability" (Goering *et al*., 2014, p.43). It is used to appraise correlates of level of care and program effectiveness (Durbin *et al.*, 2004).

   The content of the file echoes directly the main cumulative inclusion criteria set out in the list of requirements: (1) being homeless or houseless, (2) presenting a severe mental disorder (psychotic disorder), (3) presenting high needs (assessed by the MCAS scale), (4) willing to participate to the "*Un chez-soi d'abord*" programme and be housed.

3. The last instructions given by the DIHAL were that the inclusion files had to be sent to an email address. Hence, integration to the programme depends on the order of receipt of emails.

The other meanings of "First-come, first served basis" in practice

This "First-come, first served basis" does not rest upon subjective criteria on the individual's situation and seems to be an objective way to select individuals into the "*Un chez-soi d'abord*" programme. In fact, it might be viewed as objective to the individual him/herself. However, the ability of "orientation teams" to be reactive and compile the content of the inclusion file differs from one team to another, and that "first-come, first-served basis" reveals inequalities between those teams from an organizational and from a professional perspective.

For example, at the time of the first committee in Marseille, inclusion files were supposed to be sent the week before the meeting and a worker of an "orientation team" sent three inclusion files a few minutes after midnight. "First-come, first-served basis" means that workers who want to send an inclusion file have to make themselves available and reactive, including during their spare time. Moreover, it appears to be easier for an "orientation team" with a psychiatrist to provide the medical certificate than a team that do not include a medical worker.

As a result, if the content of inclusion file and the "first-come, first-served basis" looks unbiased and is supposed to provide an equal treatment of the individual situations presented in committee, it appears that it reinforces inequalities between "orientation teams".

What do the concerned population think?

Instructions from the policy-maker were not completely satisfactory to promote equality principles. So, I intended to ask this question: "How should one choose four individuals to integrate into the "*Un chez-soi d'abord*" programme when ten want to?" to the main interested population: those who are targeted by the programme.

Firstly, I asked one of the clients of the programme who at that time was housed for several years. His answer relates to his experience, he recommends random selection: the individual picks an envelope that indicates whether s/he integrates into the programme or not. I assume that he suggests that because it was favourable towards him since he picked "the good envelope". Besides, it would mean that all applicants would attend the committee meeting. In addition to organizational constraints, that could lead to the concerned individuals going through a violent experience when "the wrong envelop" is picked.

Secondly, I participated in a community breakfast in a harm reduction association for drugs consumers. Among the ten participants, several of them indeed wished for an apartment and their speeches were in line with the traditional system. They proposed applicants stand up for their project (employment, raising their children again, etc.) and the one with the best project would integrate into "*Un chez-soi*

d'abord". But, inclusion on merit is the exact opposite of the philosophy of Housing First that claims that anyone has the opportunity to have housing, that is not something to earn.

From both policy-makers and (potential) clients' sides, complexity and issues related to the implementation of committee arise.

Marseille, a Construction By-Doing: The Significance of the Cooperation

However, issues related to the implementation of a committee on experimental locations and future locations are being incorporated within the framework of two distinct temporalities of the public policy. Thus, design of the implementation in Marseille is produced *at the same time* it is implemented.

The beginning of the organization of the committee

As explained formerly, inequalities between "orientations team" can result from the production of the inclusion file. During the first committee meetings, to avoid reinforcing competition between teams, avoiding excluding teams from orientation and pressing them to participate on the thinking of the ways and terms of the inclusion, a prerequisite condition was decided: to be able to propose an inclusion file, the "orientation team" has to attend the meeting before submitting an application and during the meeting where the application is examined. It aimed to avoid that one team would come just once to propose an inclusion file, and to recognize the work of every member. That condition lasted six months, during which time two new orientation teams integrated the "inclusion committee". In September 2018, there are seven, and usually the same representatives of the "orientation team" send the "inclusion dossier" and come to committees. The representatives are supposed to be trained in "recovery practice", as indicated in the list of requirements. Some of them actually already "know recovery" from experience. Indeed, one mobile psychiatric outreach team uses "recovery practice" in the support they provide, and they initiated a "therapeutic squat" in 2007, pioneer of the "*Un chez-soi d'abord*" programme. Furthermore, one manager of a harm reduction team did her training with the "*Un chez-soi d'abord*" team. Participants of committee share a common will: they do not have to defend their "file" and "get the tears flowing". In the first meetings, when some of them were reporting the individuals' progress they support, others were inquiring: "Do we have to defend the file?", "I thought that we did not do that, I don't know the file, I am not his referring worker". Nevertheless, participants report often elements of the individuals progress. They focus on precariousness, psychiatric diagnosis and substance abuse, as a justification of relevance of the application.

The number of individuals who can integrate into the "*Un chez-soi d'abord*" programme is limited at every committee meeting. At Marseille, three new integrations are usually doable. The main operational issue of this committee is thereby the selection of applications. Representatives of "orientation teams" insist on the importance that every team might orientate, whether a team has one application every two committees or eight applications at every committee. Discussions led to a division between "orientation teams" rather than being focused on the inclusion file. For example, whatever the number of applications, if three teams want to orientate, then each of them will have a "place". The decision of "the choice", "the selection", becomes an internal choice to the team. Hence, selection or prioritization between inclusion files is an evaluation done by the "orientation team" rather than a collective evaluation done by all "orientation teams".

A cooperation between teams

One significant fact is that "orientation teams" are often co-orientating. For example, teams that do not include a mental health worker rely on one of mobile psychiatric outreach team to provide the psychiatric certificate. Even if co-orientation is not official, individuals oriented to the "Un chez-soi programme" appear to be regularly known by several representatives in committee. The co-orientation can also happen on request of other services that do not attend the committee, like shelters or hospitals. Co-orientations, between "orientation teams" and between "orientation teams" and other services reveal a significant cooperation at Marseille, gathering services concerned about the homeless population with mental health disorder.
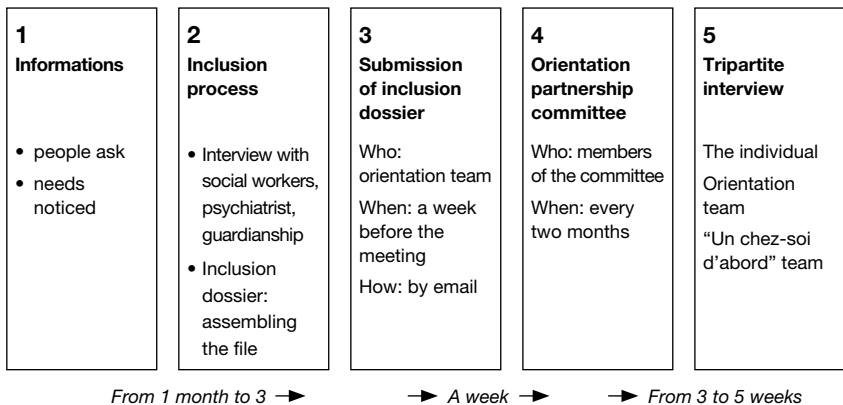
The work of the committee also reviewed the cooperation between "orientation teams" and the "*Un chez-soi d'abord*" team. As indicated in the list of requirements, the "*Un chez-soi d'abord*" team is not supposed to attend committee meetings in order to not interfere on applications' selection.

Over the different committee meetings, the assembly of "orientation team" representatives raised criticisms and questions on support provided by the "*Un chez-soi d'abord*" team and holding them to account. On the "*Un chez-soi d'abord*" team side, there were difficulties in the first integrations to the programme from the committee. For example, the team did not manage to meet an individual whose application was selected by committee. Besides, during a few months in 2017, the search for housing was on stand-by because of a new institutional organization.

As researcher-coordinator and intermediary between those teams, I had to pass criticisms and questions from both sides. I worked with the *"Un chez-soi d'abord"* team to produce solutions.

To clarify the process of inclusion to workers of "orientation teams" and other services and to be able to communicate about it, a detailed diagram was conceived with the manager of "*Un chez-soi d'abord*" and "orientation teams" during a committee meeting. It explains the different steps of the orientation process (see Figure 1).

Figure 1. Inclusion process to "Un chez-soi d'abord" program, Marseille

1 **Informations**	**2** **Inclusion process**	**3** **Submission of inclusion dossier**	**4** **Orientation partnership committee**	**5** **Tripartite interview**
• people ask • needs noticed	• Interview with social workers, psychiatrist, guardianship • Inclusion dossier: assembling the file	Who: orientation team When: a week before the meeting How: by email	Who: members of the committee When: every two months	The individual Orientation team "Un chez-soi d'abord" team

From 1 month to 3 ➤   ➤ *A week* ➤   ➤ *From 3 to 5 weeks*

To respond to the vagueness of what occurs after an inclusion decided in committee meetings, in collaboration with "Un chez-soi" workers we drew up an "inclusion protocol" that formalizes the beginning of support: a first meeting is scheduled with the person, "*Un chez-soi d'abord*" team and "orientation team" to explain again the programme and the type of support. Then the person has 48 hours to think and support begins officially from the second meeting.

To have direct answers to questions and to be up to date on the "*Un chez-soi d'abord*" programme, since 2017 October some of the workers of the "*Un chez-soi d'abord*" team come to the first part of committee meetings. They share institutional and organizational information. The partnership and the communication are acknowledged as more efficient. To underline the significance of cooperation in the work of orientating people to the "*Un chez-soi d'abord*" programme, members of the committee chose to name it "Orientation Partnership Committee of Un chez-soi d'abord Marseille".

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Lyon and Grenoble, the Design of the Committee

If at Marseille, discussions encounter directly ethical issues, at Lyon and Grenoble in 2017 the implementation is still at a designing stage and the ways and terms of selection are conceived *before* implementation.

A bureaucratic design

Working groups were constituted and meet on an ad-hoc basis. When they started to meet, in the second semester of 2016 the schedule was based on an indefinite time. Decree law was long-awaited to make official the expansion of the programme and the list of requirements was awaited with eagerness, finally published in June 2017. At the beginning of 2018, the DIHAL announced that implementation on four new sites (Lyon, Grenoble, Dijon and Bordeaux) was supposed to start nine months later, during the last quarter of the year. As said in Lyon, "there is a form of emergency to cooperate", in the aim of gathering the members of the social and medico-social cooperation group, the legal status for "*Un chez-soi d'abord*" service. The onset of implementation of spreading sites illustrates the bureaucratic dimension in French policies. To help in bureaucratic and legal tasks, future social and medico-social cooperation groups hire a legal practitioner at Lyon and a policy officer at Grenoble.

At this moment, several working groups are in charge of different scopes of the implementation. (1) One is in charge of the institutional part. It aims to set up the social and medico-social cooperation group that have to gather a psychiatric institute, a harm and reduction association and a social association, on the locality. (2) Another focuses on an operational perspective. Professionals from teams that are concerned by this population's issues discuss the process of orientating and including homeless individuals with mental health disorders to the programme. (3) At Lyon, following the mobilization of Métropole de Lyon and social housing landlords, a working group is specific to housing supply issues. Nevertheless, none of this working groups include a person who could be targeted by the programme.

What are the issues raised by the eligibility criteria?

I assist the supervisor of the second type of working group about operational scope where we focus on the "inclusion committee". Indeed, the "inclusion committee" is the entrance door to the programme for the targeted people.

Participants rely on careful reading of the list of requirements, one of the main official documents provided to them. At this point of reflection, both working groups at Lyon and Grenoble seem to tend towards a co-orientation model between a social team and a medical team in the aim to confirm homelessness status and psychiatric diagnosis.

In order to discuss how to prioritize, they try to have a common understanding of criteria. From this translation work of the eligibility criteria emerge concerns and tensions that echo the political issues. The criterion of "absolute homelessness" or "precariously housed" refers the list of requirements to the categories 1 to 4 of the European Typology of Homelessness and Housing Exclusion. "Roofless" individuals and some "houseless" individuals, who stay in homeless hostels, temporary accommodation, transitional supported accommodation and in Women's shelter, might be eligible to integrate into the "*Un chez-soi d'abord*" programme. In that case, "people living in insecure accommodation" such as temporarily with friends or family, or illegally occupying a dwelling are not eligible. Nevertheless, these houseless situations are mentioned as constitutive of homelessness criterion on the inclusion file form that the DIHAL transmitted. Furthermore, these discussions echo the national debate on the number of "proven roofless" individuals that opposed French government and stakeholders.

Psychiatrists are more liable to discuss "severe psychiatric disorders". Either they specify the diagnosis: "adult psychotic disorder" excluding autistic spectrum disorder, infantile psychosis and personality disorder, or they insist on characteristics and difficulties of supporting "delusional people". Social workers express the difficulties to broach this type of topic with the people they support. Regularly, participants raise a paradox related to this criterion: people do not have to be following medical care but in order to access the "*Un chez-soi d'abord*" programme they still need to encounter a psychiatrist and provide a certificate to prove they have a severe mental disorder. Participants display on a regular basis a concern related to people who are hospitalized long-term, who have a psychotic disorder diagnosed and who stay at hospital because they have no housing solution. They worry that psychiatric hospitals will throw those individuals on the streets in order to get them on the "*Un chez-soi d'abord*" programme. This concern emphasizes the lack of resources of psychiatric institutions and dysfunctions of the de-institutionalization (Eyraud and Velpry, 2014). In this way, the understanding of criteria is related to political issues that echo at national and local levels.

Conclusion

As displayed in this article, beyond the consensus that the "*Un chez-soi d'abord*" programme is effective, practical issues on clients' selection arise for the stakeholders. This study conducted by "participant observation" reveals that stakeholders of the "*Un chez-soi d'abord*" programme, implemented in all locations, are requesting researcher involvement. The comparison of localities and temporalities of the "*Un chez-soi d'abord*" programme demonstrates the significance of moral and political issues for the stakeholders, related to the instructions provided for implementation.

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