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# Person First, Fidelity Second

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## Introduction

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Housing First (HF) is considered a “state of the art” programme in addressing homelessness and housing exclusion. It has been successfully scaled out and the research devoted to it has grown substantially (Aubry, 2020). Housing First programmes operate in Poland, but here it is seen as “a western thing”, which means better quality but unobtainable due to historical divisions such as the “iron curtain”. Regardless of the curtain, which is long gone, there are factors in the local context that should be considered while discussing the introduction of this sophisticated method and its fidelity to the western model.

## Interest in Housing First among Activists

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In Poland, as early as 2012, two programmes have been launched that are described as Housing First (Kwaśnik and Browarczyk, 2012). There was an advocacy project based on research aiming at setting the grounds for the implementation of Housing First (Wygnańska, 2016) and there was a research project aimed at comparing Housing First and traditional staircase services in eight European countries with Poland included (Gaboardi *et al.*, 2019). None of the projects resulted in actual implementation of a programme that met at least the core principles of Housing First. Currently, two partnerships, of local authorities and non-governmental organizations, have received European funding for transferring Housing First to Poland in cooperation with foreign partners. One of these partnerships is led by the established national network of the homelessness service provider Saint Brother Albert Society in three municipalities, in partnership with the local authorities and the national federation of homelessness service providers (National Federation for Managing the Problem of Homelessness, OFRPB). The second project is led by a non-homelessness foundation (The Cooperation Fund Foundation) in partnership with the housing policy office of one municipality, and the newly established Housing First Poland Foundation, a HF think tank. In total, both projects plan to support 70 clients.

It is clear that there are stakeholders who are keen to see the implementation of a Housing First programme. So far, they have gained some trust from local decision makers who decided to join NGO-led partnerships financed entirely through European funding. While not necessarily evidence of political momentum or favourable governmental policy, which are systemic facilitators of Housing First programmes (Bernad, 2018), there is definitely an opening for such to develop.

## **Domination of the Staircase and Coercive Methods**

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Yet the opening appears in the context of Poland's solid staircase based system for people experiencing homelessness. It has been seen as a staircase historically (Fitzpatrick and Wygnańska, 2007), which seems reinforced by new developments such as new standards of services co-produced by the homelessness service providers in 2007-2013 (Browarczyk *et al.*, 2014), and the way these standards are transformed in national legislation (MRPiPS, 2018) and implemented by the local authorities. The new standards determine the kinds of services that local governments are obliged to provide and the internal standard of each service. For example, the provision of warming up rooms, night shelters (up to 100 places), shelters (up to 80 places) and specialist shelters for people with nursing needs. Strikingly, standards for training or supported apartments, outreach support teams for people who live outside of institutions, and other non-institutional forms of support have not been included in the new standards, although there is some advocacy in favour of these (Wilczek, 2017; Muzioł-Węclawowicz, 2019) and some single implementations by service providers who run shelters and want their clients to move on from a big institution to smaller congregate apartments (see Wilczek, 2017).

Coercive methods, which are characteristic of the staircase philosophy, are firmly embedded in the models of supporting individual homeless clients in institutions. Social work is still based on signed social contracts or individual programmes for exiting homelessness; a major "motivating" incentive is the withdrawal of the shelter and being sober/clean is a major rule. Graduating step by step through standardized homelessness institutions is promoted as good practice in the book on practices "with innovative potential" published by the Ministry of Labor and Social Policy and the OFRPB in 2018 (Wilczek, 2018). One example of such good practice is described as follows:

A homeless person must pass through various stages of getting out of the situation she/he is in. The warming up room, night shelter, shelter, supported apartment and total independence are all links of one chain. A person staying in a night shelter receives a place to sleep and a meal, sometimes food stamps, but if he/she decides to make some effort, for example, take on addiction

therapy, gather missing documents, submit an application for a municipal apartment, etc., he/she can count on a place in a shelter. After successful completion, persons implementing individual programs for exiting homelessness can be placed in an adaptation apartment. If it may happen that he/she grossly violates the discipline, or gives up further cooperation, then he/she might return to the basic forms of assistance, namely a night shelter or a warming up room. (Wilczek, 2018)

## **Challenge of Cost Benefit Reasoning**

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As we hear at conferences devoted to homelessness and housing exclusion, cost and benefit reasoning made HF possible in many places. This line of argumentation does not work, however, in Poland. In the Polish public sector, the full cost of policies is not considered (such as cost of the effect of the policy or cost of policies per person); the only cost that counts is the cost of one particular institution in a particular budgetary year. So, when a local decision maker, interested in HF, approached me about convincing his local colleagues to implement the programme, I proposed to calculate the cost of the current support to chronically homeless people in his town which included night shelters, shelters, the police, the municipal police, emergency wards, hospitals, psychiatric treatment, etc. I was instructed that it would be useful, but only if the calculated cost of the municipal hospitals, municipal police and municipal shelters was high.

## **Stakeholder Resistance**

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To the majority of stakeholders in Poland, Housing First is somewhat superfluous – expensive and good, but not necessary. What is seen by most as needed – and “state of the art” – are training apartments (Čaputová, 2016). By some, Housing First is considered a luxury, as was verbalized by a participant of Warsaw Council for the Homeless, a director of a local shelter: “I would like to be homeless myself as [in the Housing First program] the homeless are served apartments, meals, etc.” (September 2019). Others say: “Yes, it is great, let’s do it!”, though it is not clear whether they know what this means in practice. For example, Housing First requires a harm reduction approach in dealing with dependency on alcohol. It means that as a support worker, one has to be able to show the client the practical everyday consequences of their drinking, instead of just saying that it is bad because it breaks the contract for the shelter. It means accepting the choices of the client, which may in the view of the support worker be harming them. It means that as a support worker, you have to resign from considering yourself as an educated specialist who knows what is good and bad for the client, in exchange for under-

standing that you and the client are at least equal in competence and only the client is competent in doing anything with their own life. You need humility. And you need to understand that sometimes your current way of working is not good for the client, regardless of your compassion and sacrifice. It is possible that when HF supporters realize what working with the HF method really means, many of them would not be so much in favour anymore, and those in favour might end up realizing they have no competence to do it.

## Potential HF Clients

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Nevertheless, on the top of all the gaps and challenges aforementioned, there are clients for whom Housing First might be the only chance of finding and retaining a home after years of homelessness and mistreatment (Wygnańska, 2016). The latest national data on the numbers experiencing homelessness shows a drop in the overall scale (MRPiPS, 2019), but the proportion and number of people experiencing long term homelessness has increased from 49% (15 401) in 2017 to 54% (15 621) in 2019 (i.e. declared homeless longer than 5 years). The Ministerial count has been criticized by service providers and researchers (Mostowska, 2019) and even by the national Commissioner on Human Rights (Bodnar, 2016; Bodnar, 2018). Homelessness field workers regularly report of clients whom, using currently available programmes, they are unable to help and find that clients with mental health problems are the most difficult to help. Certainly some activists want to implement a programme for such clients; the system that exists is crying out for change and there are clients who desperately need it to. However, some stakeholders are wary and there is a scarcity of means to convince them, given their disregard on the need to prove cost effectiveness and the view that the staircase philosophy is indeed innovative.

## The Issue to Fidelity

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Before discussing the issue of fidelity, the broader question of Housing First in general is more pressing. Should we advocate for providing people experiencing homelessness with independent scattered apartments, where they decide on their life, without a detailed contract signed with an institution with potential sanction of removal of the shelter? Would it be good for people to live outside of an institution? Is it worth investing significant resources in intensive support for a small group of deeply excluded people, while the same resources could be used to support much bigger or less demanding groups with tools accepted by the general public (training apartments for “promising” clients)? To those of us in the field, however, fidelity is an issue worthy of further consideration.

### ***Fidelity to what?***

As I understand it, the core idea of the HF programme is to approach the client, build a ground for truthful talk, ask the question “How can I help you?”, hear the answer out, support the client in self-achieving it and to continue the process of asking and helping for as long as the client wants supporters around them. So it happened that most of Tsemberis’s clients in New York and then across the U.S. mentioned apartments, and their answers to repeatedly asked questions shaped the programme as we know it now. Parallel to this general instruction, there is a detailed Housing First Self-Assessment Survey<sup>1</sup> referred to further as ‘the Housing First fidelity scale’ or just ‘the scale’. It was created based on an analysis of multiple programmes, control group studies and client outcomes. It is assumed that the higher the fidelity, as measured by the scale, the greater the likelihood that the clients will achieve the same results as the clients of the original HF programme.

While the core idea, the general instruction, is universal, as it relates to how people communicate and position themselves to each other in their roles as a person in need of support and a person who claims to be able to provide the support, we do not know about the sum of the answers of clients who experience long term homelessness and mental health crises in different national/cultural contexts. If in Poland we continued to ask the core question to enough clients, and implemented the programme for enough people and then researched the results and created the scale, would the results be the same? Would the majority of people answer that they need an independent place to live? So far, there is neither a HF programme nor research to verify this hypothesis, so we do not know.

### ***Contextual elements of the fidelity scale***

Some elements of the scale seem to be contextual and tied to the country from which they come. Therefore, some elements might not be applicable or even be misleading in other countries, as adhering to the context-dependent elements of the fidelity scale might prevent the implementation of potentially beneficial programmes that follow the core idea. Some attention has been given to the availability of housing subsidies and private versus publicly owned housing stock as indicators of fidelity (e.g. Buxant, 2018). From the Polish perspective, I suggest two contextual elements also require further consideration: firstly, allowing the restriction of client choice regarding neighbourhood while declaring that free choice is sacred in any other aspect, and secondly, the use of psychiatric hospitalization as an indicator of the client’s background.

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<sup>1</sup> The scale has been translated into Polish and reviewed by experts on homelessness and community psychiatry and Polish language: <http://www.czynajpierwmieszkanie.pl/skala-wiarnosci-nm-housing-first-fidelity/>.

On the one hand, choice is proclaimed as paramount in Housing First. “Practice values based on consumer choice should guide service delivery” as Greenwood *et al.* (2018) cite after Tsemberis (2010). And yet in the scale, the most Housing First-like option for the neighbourhood question (Q2) is that the “Participant chooses the neighborhood they want to live in, given what they can afford”. So, client choice is constricted by their financial options. Why in this case is the limitation of choice permitted? Wouldn't it be important for the future wellbeing of the client for them to really be able to choose freely the neighbourhood in which they wish to live? To see for themselves how it feels to live among wealthy people and spend most of their money on housing? To learn from that, and based on their own experience, move out to a more affordable neighborhood in the future?

This constriction excuses stakeholders who want HF results for their clients in the U.S. from fundraising for apartments in the most expensive neighbourhoods, and from convincing public officials and donors to allocate money into what may be considered a luxury, but is necessary because the programme has to respect consumer choice. This limitation makes the programme financially feasible and reasonable in the public eye. And I totally agree. The cost argument is legitimate, but why is it legitimate only in the case of neighbourhood choice? Without applying the affordability constriction to client choice in Warsaw, for example, no neighbourhood would be available and therefore no scattered independent apartments could be offered at all. Outside of the U.S., we must be conscious of the fact that when advocating for something like HF without choice restrictions based on the availability of resources, it will be perceived as utterly expensive and incomprehensible to the general public to be providing to long term homeless people, with multiple mental health problems including alcohol dependency, independent studio apartments located in decent, well-connected districts in buildings alongside well-functioning inhabitants.

Does it mean that the clients in Poland and countries with similar levels of availability of privately rented housing stock and benefits will never have the chance to achieve the same effectiveness as in the U.S.? What if this part of the scale reflected overall housing options for the general population? In order to achieve Housing First effectiveness, does the programme have to provide clients with a U.S.-like choice of housing type or rather the same choice as other members of the local population? Can choice be constricted to options that are in place for other inhabitants from the same social strata but who do not share the discriminatory features such as mental health problems, disability, developmental trauma, being a migrant, or having experienced homelessness for longer periods of time? Does limiting client choice to housing options available in the local country, as opposed to offering all housing options such as those in one of the biggest and richest countries in the world, violate effectiveness? I am not sure.

The second element of the scale which seems contextual is the use of psychiatric hospitalization as one of the indicators of the client's background (Questions 30 and 31). Access to psychiatric treatment and hospitalization differs across countries. In Poland, it has been assessed that while about 6 to 7.5 million people aged 18-64 suffer from mental health problems (23% of the population), only 1.5 million people are registered as patients in psychiatric institutions (Moskalewicz *et al.*, 2012). It means that only 20 to 25% of people in need of psychiatric treatment have actually used it. The point is that the clients with the same symptoms might experience different levels of hospitalizations due to differences in access to psychiatric care across countries. Should the percentage of clients with actual psychiatric hospitalizations influence the judgment of HF fidelity? The answer is or should be "no".

### ***Promise of effectiveness for the clients (or activists?)***

The idea of caring about fidelity with regard to the original Housing First programme is explained by the willingness to sustain and enable Housing First-like results for the clients. Implementing the programme with high fidelity should therefore ensure that 70 to 80% of those people who are supported will stay housed after the intervention ends. In the context of Poland, however, research on client outcomes is lacking. Evaluations tend to concentrate on the programme's performance, such as the number of clients served, the scale of services provided, etc. and the assessment provided by the implementers themselves is widely accepted. None of thirty two practices promoted as good practice in a ministerial book in 2018 were assessed by an independent evaluation; only a few cited results for the clients (Wilczek, 2018). The effectiveness of Housing First for the clients, may well be exaggerated, or it might be seen as more prestigious to do something with fidelity rather than just resembling the acclaimed original.

The notion of fidelity being more important for activists than for clients might be somewhat related to the numeric character of the fidelity scale and the scoring tool (Gilmer *et al.*, 2013). "Scoring" ignites a competition, like in a classroom. We all want to get the best score. Our teachers tell us that what really counts is what we did in the qualitative sense and the progress we made, but just as they sum up our achievement in terms of grades, we tend to compare ourselves to the rest of the class and see who ranked the highest. Who has not turned to numbers first while reading the EJH Special Issue on HF Fidelity (Greenwood *et al.*, 2018), in which ten housing programmes were assessed? I certainly have. But what happened to be really interesting – from the implementer's point of view – was the qualitative description of the facilitators, and the barriers, as well as the comments on particular elements of the programme made by those who implemented it.

But yes, fidelity is essential.

Once it is clear that the goal of fidelity is to warranty results for the clients, and the fidelity scale is deprived of contextual elements, which probably requires implementations of Housing First in various contexts followed by research, the fidelity as a goal and the scale as a tool that supports its achievement, is essential from the perspective of a stakeholder acting to implement the programme in an environment as described above. There are two reasons for this.

### ***Prevention of blurring the programme***

Once it is clear that in the community there are people whose situation is a violation of their inherent human dignity, who have been unsuccessfully approached by local practices, and can be characterized by the features that are the same as the features of the clients of some support programme which is proven to effectively reduce the violation for about 70 to 80% of the group, it is quite obvious that the programme should be tried. Since no local solution has been worked out, why should the structure already worked out and tested elsewhere be changed by local stakeholders? Everyone is free to run any programme for people experiencing homelessness and housing exclusion, but if you think that your clients can be supported by the Housing First method, you should do Housing First.

Allowing diversions from fidelity may have negative consequences if it allows implementers an excuse to introduce elements they claim are necessary to overcome contextual difficulties, and put requirements on clients such as needing to be “promising” in terms of getting out of homelessness, sharing apartments with other clients, or being supported by the social worker rather than a psychiatrist. In this way, the proclaimed Housing First programmes end up as supported apartment programmes (e.g. Local Partnership “From street to home” in Kielce, (Kwaśnik and Browarczyk 2012)) and people are picked up to meet the criteria of the programme (e.g. Housing First by Local partnership in Nowe, (Kwaśnik and Browarczyk 2012)) while in Housing First it should be client centered – which is exactly the opposite.

### ***The Fidelity Scale as the operationalization of a paradigm that is difficult to grasp***

Although a lot has been written about Housing First, the principles are well summarized in quite a few publications, such as Pathways Guidebook (Tsemberis, 2010), Canadian Housing First Toolkit<sup>2</sup>, and Housing First Europe Guide (Pleace, 2016), and there are other resources available including short movies, etc., the fidelity scale combined with the scoring tool (Gilmer *et al.*, 2013) provides a condensed operationalization of what Housing First means in practice and, in particular, which practices are not Housing First. In the Polish context, stakeholders can easily identify the latter practices as assigning participants to the first available housing

<sup>2</sup> <http://housingfirsttoolkit.ca/>



unit (or rather beds in shelters) or requiring participants to abstain from alcohol and/or drugs at all times and/or imposing negative consequences for the use of such substances (e.g. removing the person from the shelter). At the same time, the understanding of “consumer choice” and “housing as a right” is rather vague.

All things considered, Housing First in Poland is much needed. The way fidelity is assessed by the fidelity scale confirms it is a western concept and fidelity itself bears some risks of diverting the focus from clients to activists, but still it is essential to aspire to in order to avoid pitfalls and finally provide long term homeless people with mental health problems with the real opportunity to work their problems out.

The bottom line is to support the client and to me it is most accurate to say the person first, fidelity second.

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