Outcome evaluation of Housing First programme in Hungary EFOP 1.9.4-VEKOP 7.1.15

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Structure of the presentation



- ► Introduction of the HF program in Hungary
- ► The methodology of the outcome evaluation and its limitations: qualitative and quantitative
- ► Main descriptive results of the analyses
 - Qualitative analyses
 - Quantitative: composition of the clients and main outcomes in terms of housing retention
- Statistical analysis
- Main conclusions and recommendations

Housing First programme in Hungary

- ► This was the first one that was declared as a Housing First programme
 - ▶ from EU funds: Human Development Operational Programme
 - ▶ Implementation from 2018 until June, 2023
 - ► Altogether 17 projects were implemented
- ► The call made possible a wide range of services tailored to the individual needs of clients, but defined broader target groups than the original HF
 - ▶ Did not required the projects to follow HF principles
- Methodological support to project implementers was planned, but it ultimately failed
 - specific HF training was developed







- ▶ 9 projects were examined (out of the 17):
 - ▶ 3 in Budapest, 6 in other cities, towns
 - representing the geographical diversity, and the size of localities
- Quantitative and qualitative methods

Research methodology and its limitations 2.



Quantitative

- Originally a classical impact evaluation was planned but no control group measurement was possible
 - ► The outcome of client groups with different level of support needs could be compared
- Clients were surveyed at the beginning and at the end of the projects. Two methods were used:
 - ▶ In Budapest the directly the clients were asked
 - In other localities the social workers (case managers) were asked using the self-efficiency matrix based questionnaire
 - ► The two questionnaires were structured similarly → construction of one database
 - Both survey methodology had its pros and cons (sensitive questions)

Research methodology and its limitations 3.



Qualitative research

- Focus group interviews separately with each implementer team
- Semi-structured interviews based on the fidelity scale (ICM version) methodology*, e.g.
 - Selection of clients
 - ► Customers' choice
 - ► Individualised client-driven support
 - ▶ No capacity to carry out a full fidelity test

^{*} Stefancic, A., Tsemberis, S., Messeri, P., Drake, R. E., & Goering, P. (2013). The Pathways Housing First Fidelity Scale for individuals with psychiatric disabilities. American Journal of Psychiatric Rehabilitation, 16 (4), 240-261.

Main results of the research

Qualitative results

- No HF training → Project implementers had to develop how to apply the HF methodology themselves
- Main criteria of treatment group selection: who will more likely be able to maintain their housing after the support ends?
 - Only four projects did not excluded clients with high support needs (addiction, mental illness)
- All project followed ICM model
 - Projects with higher share of clients with high support needs included some elements of the ACT model: core team included psychologists, addictologist and closer cooperation with psychiatrists
- Some compulsory activities that clients had to engage in (e.g. trainings)
- Case managers: part-time workers in most of the HF projects
- Structural problems: shortage of capacity in psychological services, few experts want to work with homeless people



Housing provision and related services

HAROSKUTATAS KET

- Private rentals: most projects used exclusively or mainly
 - General affordability problem after the project ends
 - ► Co-habitation: more households in one apartment (lack of privacy)
 - ► Also using worker-hotels
- Municipal housing: only affordable housing!
- ➤ One project (plus one not researched) used only municipal housing → more concentrated (risk of segregation)
 - ► Two projects used municipal housing partly,
 - one further project could ensure municipal housing to some of their clients after the project ended
- Rapid housing
- Clients did not had to pay for their housing in most of the projects but had to save money for the future housing expenditures

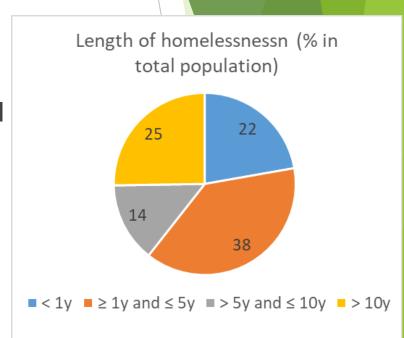
Quantitative research - descriptive analysis

Composition of clients and main results of the projects

Basic characteristics of the clientele

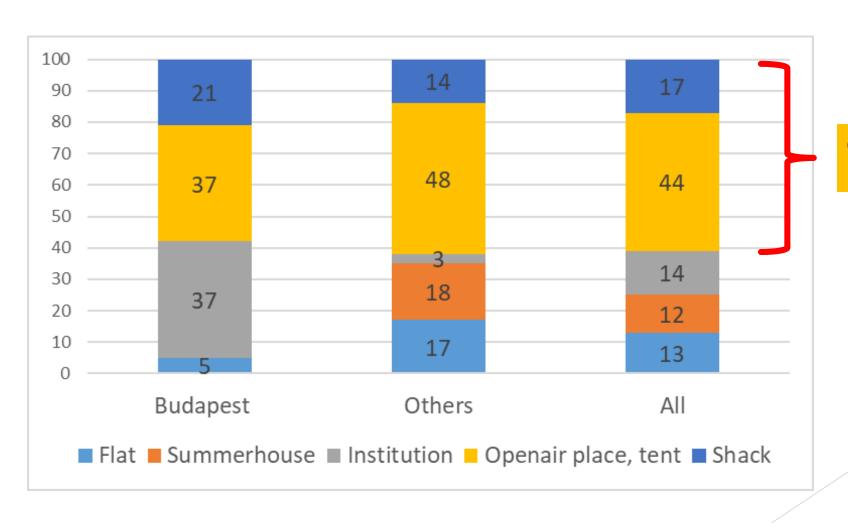
- N=187 persons, Budapest: 62 (at the end: 48) Others: 125
- ▶ 39% female, 61% male
- Age:
 - ▶ Budapest: older population 68% between 45 and 64 years old
 - ▶ Others: younger population 23% below 25 years old, 41% between 45 and 64 years old
- Length of homelessness:
 - ▶ Budapest: 40% more than 10 years, less than 1 year 7%
 - ▶ Others: 19 % more than 10 years, less than 1 year 29 %
- ► Substance abuse: 44% (at the start of the project or before)
- Mental illness: 40%





Where did clients stay right before the program? (%

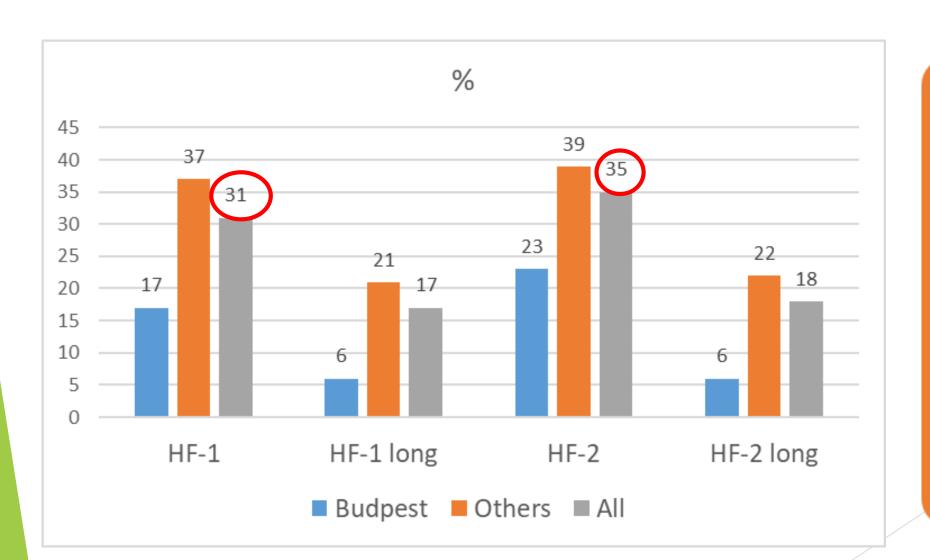




61% "street" homeless

HF target group: combined indicator





HF-1: street AND current mental or addiction problem

HF-2: street AND mental or addiction problem ever

Long: homelessness longer than 5 years

Housing situation after the support ended

ANOSKUTATAS KA

- 54% could retain independent housing (on their own right)
 - ▶ 33 % private rental
 - ▶ 18 % municipal rental
 - ▶ 2% moved to his/her partner
 - ▶ 1% (2 persons) bought their own housing (periphery of the city)
- 25% neither independent housing but nor institution/street
 - ▶ 11% moved to their family, relatives
 - ▶ 12 % worker-hostels or flat but without tenant right (belonging to a homeless institution)
 - ▶ 2% favour based housing
- ▶ 14% homelessness or not independent life
 - ▶ 3% street
 - ▶ 11% institutions (homeless or other social)
- 2.5 % died (4 persons) and 1 person disappeared

Statistical analysis I.

Main research question:

What factors have contributed to positive change in housing and employment position?

Main hypothesis: the chance of reaching positive change in housing outcome is independent from the complexity of disadvantages at the beginning of the programme.

Sample & Limitation:

Small sample <200, thus we do not draw causal consequences, we can only talk about likelihoods.

$$logit(y) = \left[\frac{P(y=1)}{1 - P(y=1)}\right] \beta_0 + \beta_1 * x_1 + \beta_2 * x_2 + ... + \beta_n * x_n + \varepsilon$$
 III - IV models: measuring housing and employment outcome variable

Four models

- I II models: measuring change in housing and employment outcomes
- Interaction of change in housing and employment situation variables

Interaction of result variables		Change in employment position		
		Negative or neutral change	Positive change	Total
Change in housing position	Negative or neutral change	29,6%	12,1%	23,1%
	Positive change	70,4%	87,9%	76,9%
	Total	100%	100%	100%

and employment outcome variables when finishing the programme



Statistical analysis - logistic regression models I-II.



Model I.

<u>Question:</u> what characteristics at the beginning of the programme have increased the chance for positive change in housing outcome and whether change in employment position have contributed positively to the positive change in the housing outcome?

Results:

- Positive change in employment positively influences change in housing position
- HF variables do not appear significant

VARIABLES

Dependent: Change in housing position **Independent:**

- Result in employment position
- Demographic: gender, age, education
- HF characteristics
 - Experience with living in the streets
 - Mental illness or addiction
- HF programme
 - Length spent in the programme
 - Level of need (low or high)

Model II.

Question: what characteristics at the beginning of the programme increased the chance of positive change in employment position?

Results:

- Positive change in housing outcome has increased the likelihood of positive change in employment position
- However positive change was more likely for non HF clients

VARIABLES

Dependent: Change in employment position **Independent:**

- Result in housing position
- Demographic: gender, age, education
- HF characteristics
 - Experience with living in the streets
 - Mental illness or addiction
- HF programme
 - Length spent in the programme
 - Level of need (low or high)

Statistical analysis - logistic regression model III-IV.



Model III.

Question: what factors did influence the housing outcome: to achieve independent living?

Results:

- Those were more likely to achieve independent housing situation who had relatively higher income (more than 1 adults in the household)
- Those were **less likely** to achieve independent housing situation who suffered from mental illness or had addiction problems.

VARIABLES

Dependent: housing OUTCOME position **Independent:**

- Income at the end of the programme
- Social relations
- Health situation
- Household type
- Demographic: gender, age, education
- Type of programme (addressing mainly HF or non HF clients)

Model IV.

<u>Question:</u> what factors did influenced the employment outcome: to achieve higher income than minimum wage independently from the type of the contract?

Results:

- Women are less likely to reach a better employment position - strengthens the results of the descriptive analysis
- Having social connections seems to increase the likelihood of a better employment position thus an independent living situation.

VARIABLES

Dependent: employment OUTCOME position **Independent:**

- Housing position at the end of the programme
- Social relations
- · Health situation
- Household type
- Demographic: gender, age, education
- Type of programme (addressing mainly HF or non HF clients)





- Positive change mutually in housing position increased the likelihood to reach a positive outcome in employment. → Clients in better employment situation are more likely to achieve independent living. However it is important to take the form of housing into account (social vs market rental).
- Having mental illness or being addicted (classical HF clients with high needs) significantly decreased the likelihood for a positive change in the employment, thus in the housing outcome.
- Thus, overall, the implemented HF programmes were not particularly successful in enabling the most vulnerable HF clients.

Main conclusions and recommendations



- Main deficiencies despite sufficient improvement compared to previous programmes:
 - Lack of expertise in supporting recovery of clients with mental and addiction problems
 - Still mostly short term projects
 - Structural deficiencies: lack of mainstream rent supplement subsidies (affordable housing solutions), inefficient capacity in the provision of psychological treatment
- Recommendations
 - Provide rent supplement support on longer term
 - Move from project to programme approach (gradual mainstreaming)
 - Establish separate programmes for the people with highest support needs
 - Provide HF training and methodological support for implementers
 - ▶ Integrate research into the programme in a more efficient way



Thank you for your attention!

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