

## A Practical Example of a Housing-First Response in Portugal: 9 Years of Implementation

#### 16th EUROPEAN RESEARCH CONFERENCE ON HOMELESSNESS

Bergamo – Italy | 22<sup>th</sup> & 23<sup>th</sup> September 2022

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<sup>1</sup>CRESCER – Community Intervention Association

Financed by:













- NGO with 20 years of experience working with vulnerable groups in outreach settings.
- Provides harm reduction-based services for more than 2,000 people/year.
- Reaching out, promoting health and the inclusion of vulnerable people by acting within the community.



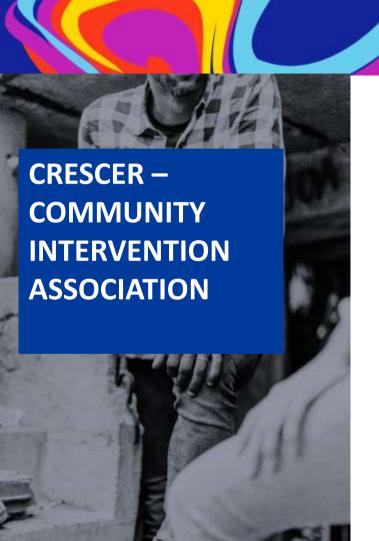
# **Intervention Methodology**







**Harm Reduction** 



#### **HARM REDUCTION:**

[...] is a philosophy and set of interventions that seek to reduce the harmful consequences of substance use and other risky behaviors without requiring abstinence.

Marlatt, 1998



## **SOCIAL DIAGNOSE | 2012**



Extreme physical and psychological vulnerability

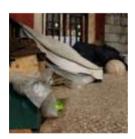


People who use psychoactive substancies

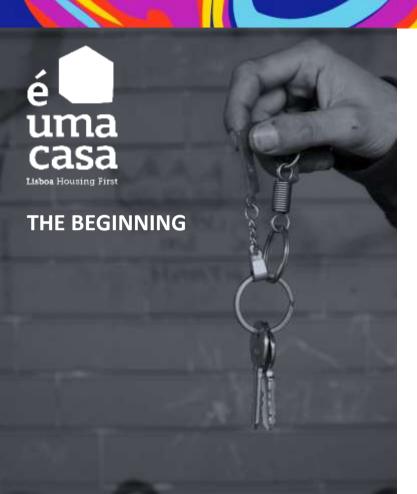
Extreme social exclusion



People who had already been through several support structures







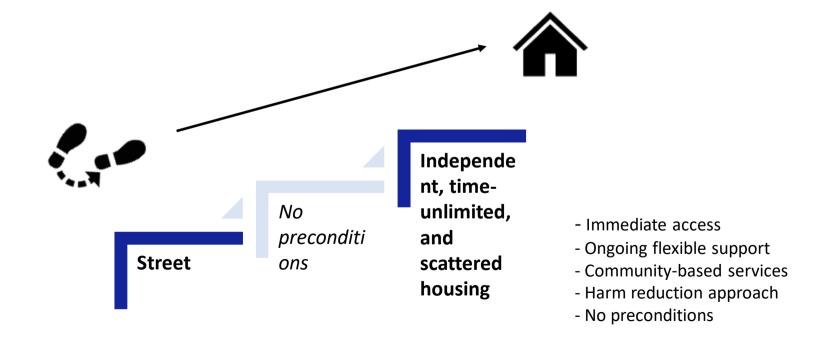
### THE PROBLEM

#### People who were living on the streets:

- Did not adhere to community services
- Did not remain in treatment programs
- Had already integrated various programs,
   without success
- Find no responses adapted to their needs



## **HOUSING FIRST | Theoretical Model**







É UMA CASA, Lisboa Housing First:

**INDEPENDENT** 

TIME UNLIMITED SCATTERED HOUSING

## **Eligibility:**

- Chronic homelessness
- Problematic drug use (heroin, cocaine, benzodiazepines, and alcohol)
- Extreme vulnerability





Team visits

30% of income

24/7 on-call Signed agreemen t



É UMA CASA, Lisboa Housing First: Independent, time-unlimited, and scattered housing

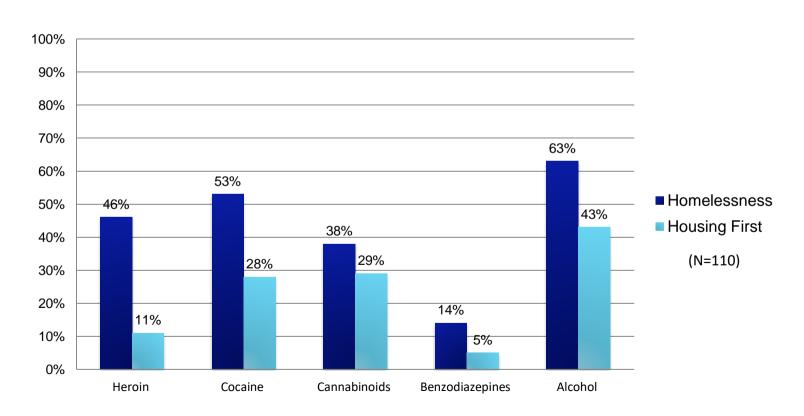
#### Between February 2013 and March 2022:

- 131 people enrolled
- 75% male | 25% female
- Mean age = 51 years
- Average length of stay in a homeless
   situation = 14 years

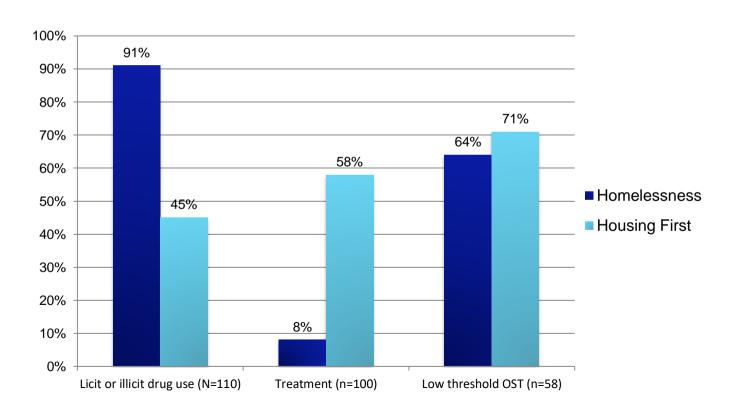
90%

did not returr to their previous situation

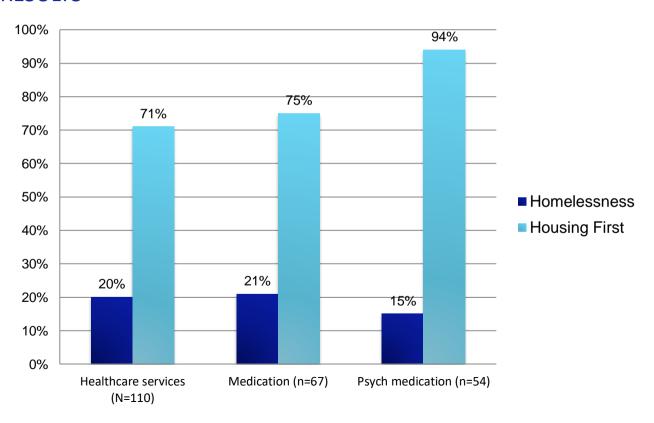




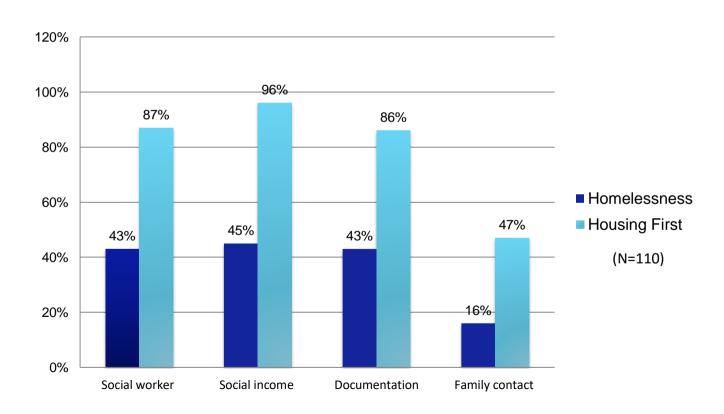




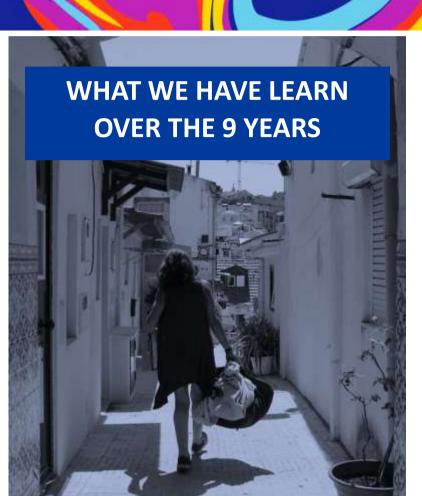




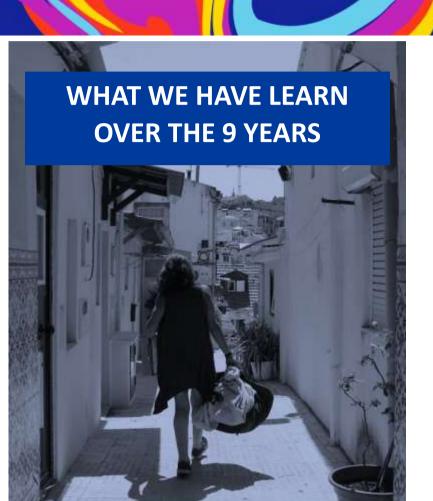








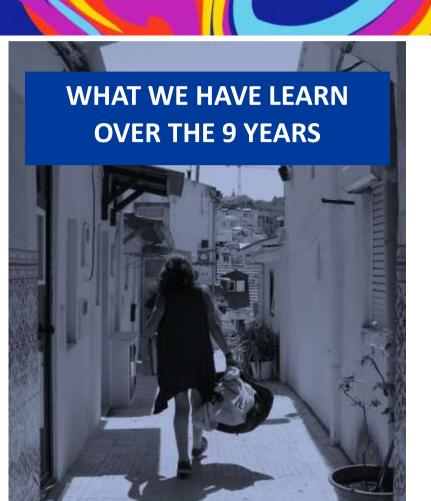




It is not the people that are maladjusted...

But the available responses are not adapted to their needs





True **recovery** lies in achieving individualized goals

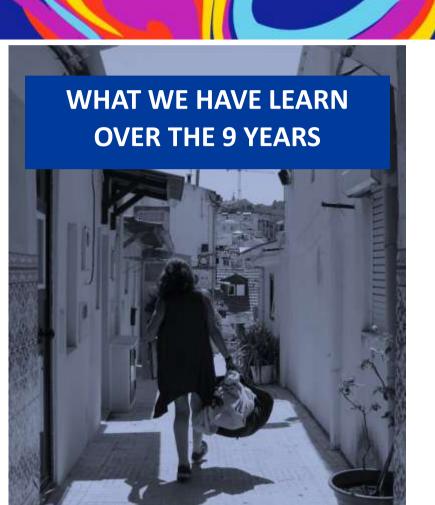


### **RECOVERY ORIENTATION:**

[...] recovery begins with client choice and self-determination. Client's service plans are based not on clinical assessments of their needs, but the clients' own treatment goals. This approach helps clients stay motivated and engaged with the team.

Tsemberis, 2010





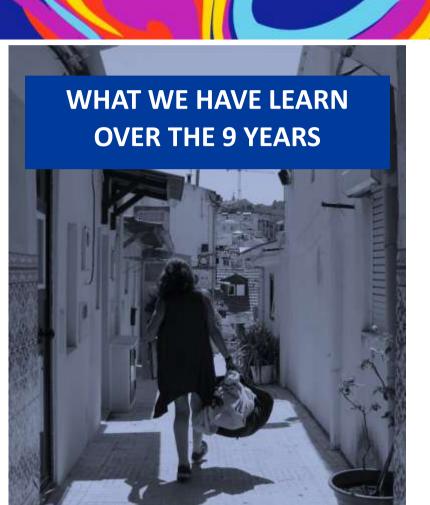
Experience as harm reduction specialists





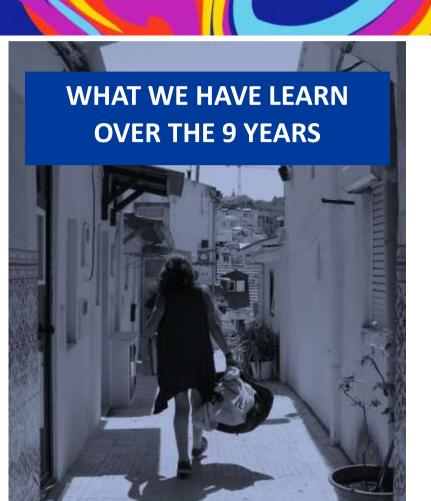
- Improvement of sleeping, eating and hygiene patterns
- Reduce violent contacts and injuries, emergency calls and problems with police
- Access to health education
- Paraphernalia supply (injected/smoked drugs)
- Prevent life-threatening situations (e.g., OD/naloxone supply, alcohol withdrawal prevention)
- Low-threshold pharmacological treatment (e.g., BZD management)
- Home access to HCV and HIV test and treatment
- Alcohol management strategies





Consumer Choice and Self Determination

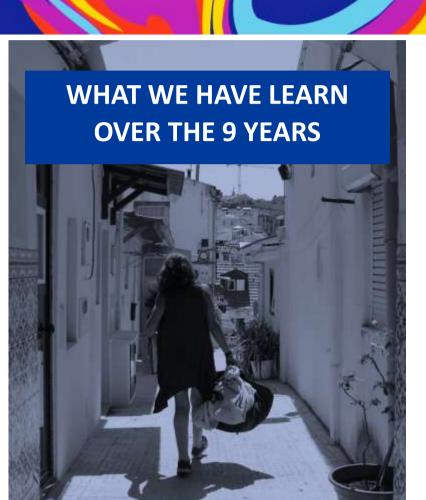




# **Community Integration**

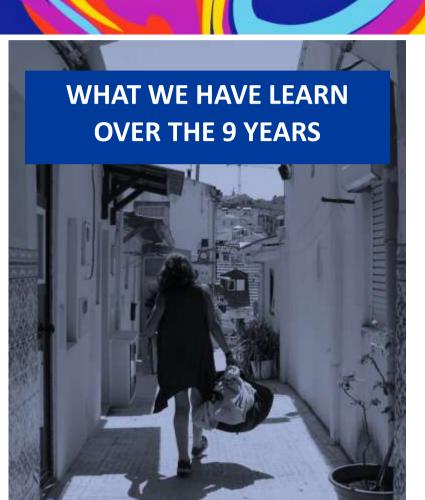
SCATTERED HOUSING
INDIVIDUAL HOUSE
SEPARATION HOUSE-SERVICES





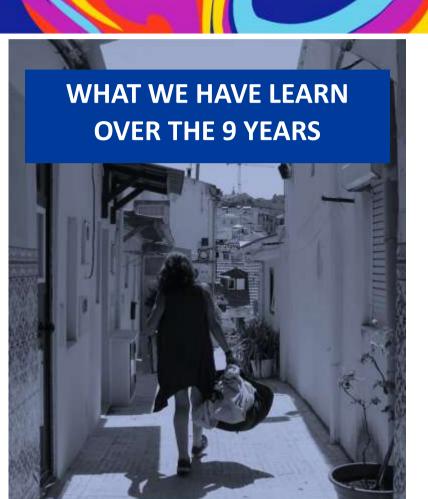
Impact of Advocacy





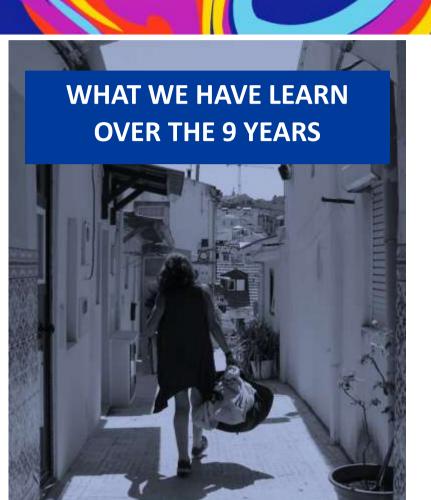
Work With Peers





Building the Relationship







**Tenants** are the **Best Partners** 



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