



*Homelessness in a
Global Landscape*

IGH Institute
of Global
Homelessness

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Shared Solutions

Housing First : Lessons from France

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Shared Solutions

Housing First : Lessons from France

1. Background and French context
2. Evolution of the HF
3. Research results
4. Lessons learned
5. Conclusion

Background in France

- 3,5 million people live without a decent house
- 141 500 roofless people
- Between 2001 and 2012 the number of homeless people has increased by 44% (INSEE, 2001)
- 30% of the homeless people suffer from severe mental illness (SAMENTA, 2010)
- Life expectancy 30 to 35 years shorter less than the GEN.POP (Auquier, 2006)

French context

- Healthcare and social policies
 - Strong welfare system
 - A well established culture of hospitalizations and “doctors’ power” and absence of a public health culture
 - Recovery movement doesn’t exist in France
 - Universal financial assistance for housing

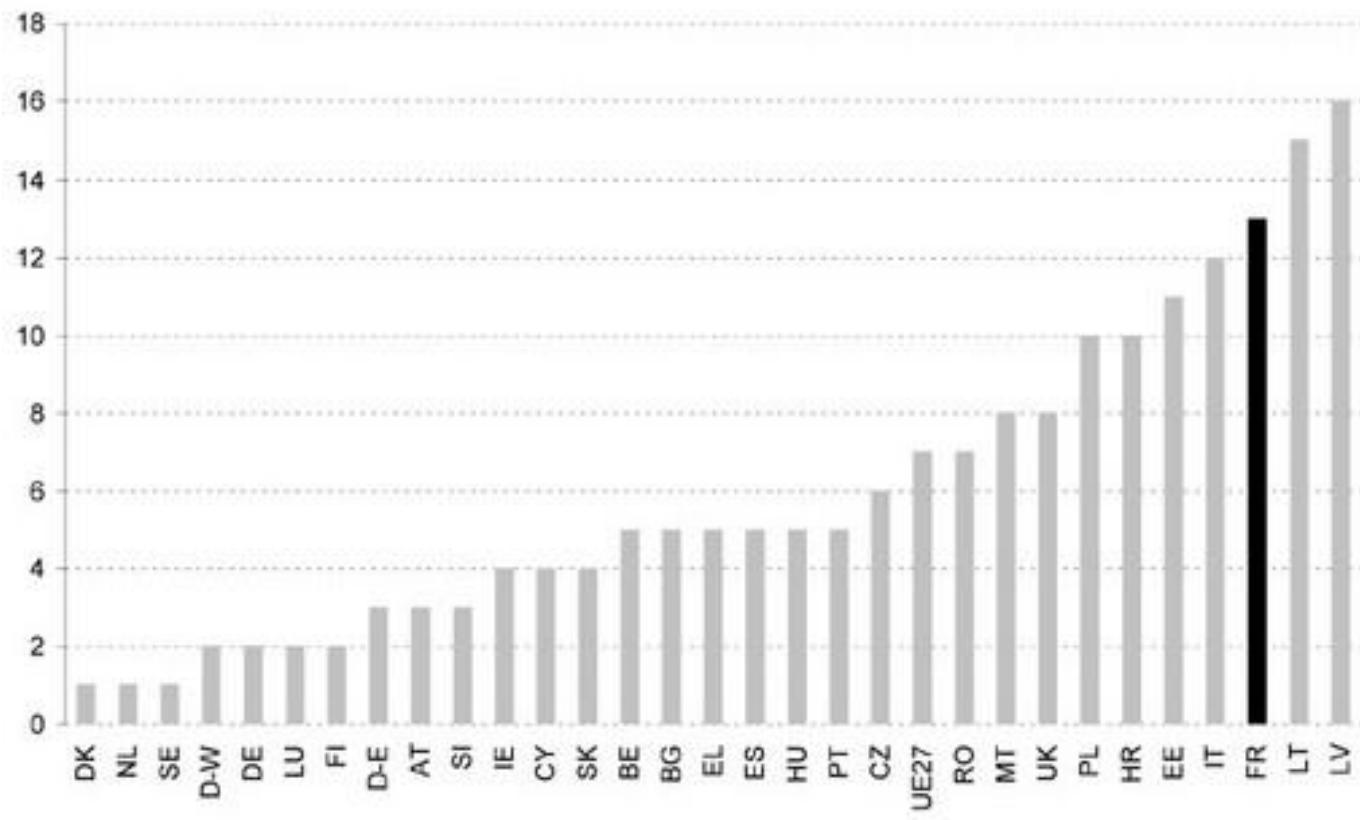
Social policies focused in prevention and medical policies focused in treatment



**ENFANTS
DE
DON
QUICHOTTE**
(ACTE I)

Sommaire
CANNES 2008

UN FILM DE RONAN DÉNÉCÉ AUGUSTIN LEGRAND & JEAN-BAPTISTE LEGRAND



Graph from ***Eurobarometer 2007***:
“Part of the population fearing of being an homeless one day”

Evolution | Key steps

High-Impact
Social
Movements
- Don
Guichotte
2006

DALO : The law
on Enforceable
Right to
Housing
2007

Immediate Political
reaction and decision
of implementation HF
2009

Media reaction

Marabout : a
therapeutic
squat in
Marseille
visited by the
Minister of
Health
2007

A national
report on
“health of
homeless
population”
recommending
HF
2009

Research Steps

Summer
2010

Protocol
writing and
funding
searching

Negotiation
with
stakeholder
s site by site

Ethics
Committee

Recruitmen
t and
training of
teams

Summer
2011

Beginning
of
inclusions

Beginning
of
interventio
n

Montée en
charge

Intervention Steps

French HF program

- Four metropolitan cities : Paris, Marseille, Toulouse and Lille
- Budget : Ministry of health: 2,5 M€
Ministry of housing : 3 M€
- 382 apartments - 11.5% in the public sector

French research protocol

- Two methods : **Quantitative** and Qualitative
- The randomized controlled trial
 - Population : Homeless with severe mental illness” to “homeless with schiz or bipolar disorders”
 - HF (fidelity scale) VS Treatment as usual
 - Primary evaluation criterion : days of hospitalization
 - Secondary outcomes and measures: QoL, recovery measures

Research
Interviewers with CRF
24 months follow up

Follow up

August
2011

Inclusion

March
2014

March
2015

March
2016

MARSEILLE

1st inclusion August

200th inclusion

1 Year complete

2 Years complete

LILLE

1st inclusion September

185th inclusion

1 Year complete

2 Years complete

TOULOUSE

1st inclusion November

200th inclusion

1 Year complete

2 Years complete

PARIS

1st inclusion August 2012

120th inclusion

1 Year complete

2 Years complete

A
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MARSEILLE

1st inclusion August

100th inclusion

LILLE

1st inclusion September

93th inclusion

TOULOUSE

1st inclusion November

100th inclusion

?

PARIS

1st inclusion 2012

60th inclusion

Intervention

HF program for HF arm

No duration

Applications oriented by outreach teams for people meeting the eligibility criteria
(n = 779)

Excluded by interviewers (n = 74)
- Eligibility criteria not verified (n = 32)
- Refusal (n = 14)
- No follow up (n = 28)

Included persons
(n = 705)

Randomized in TSAU group (n = 352)

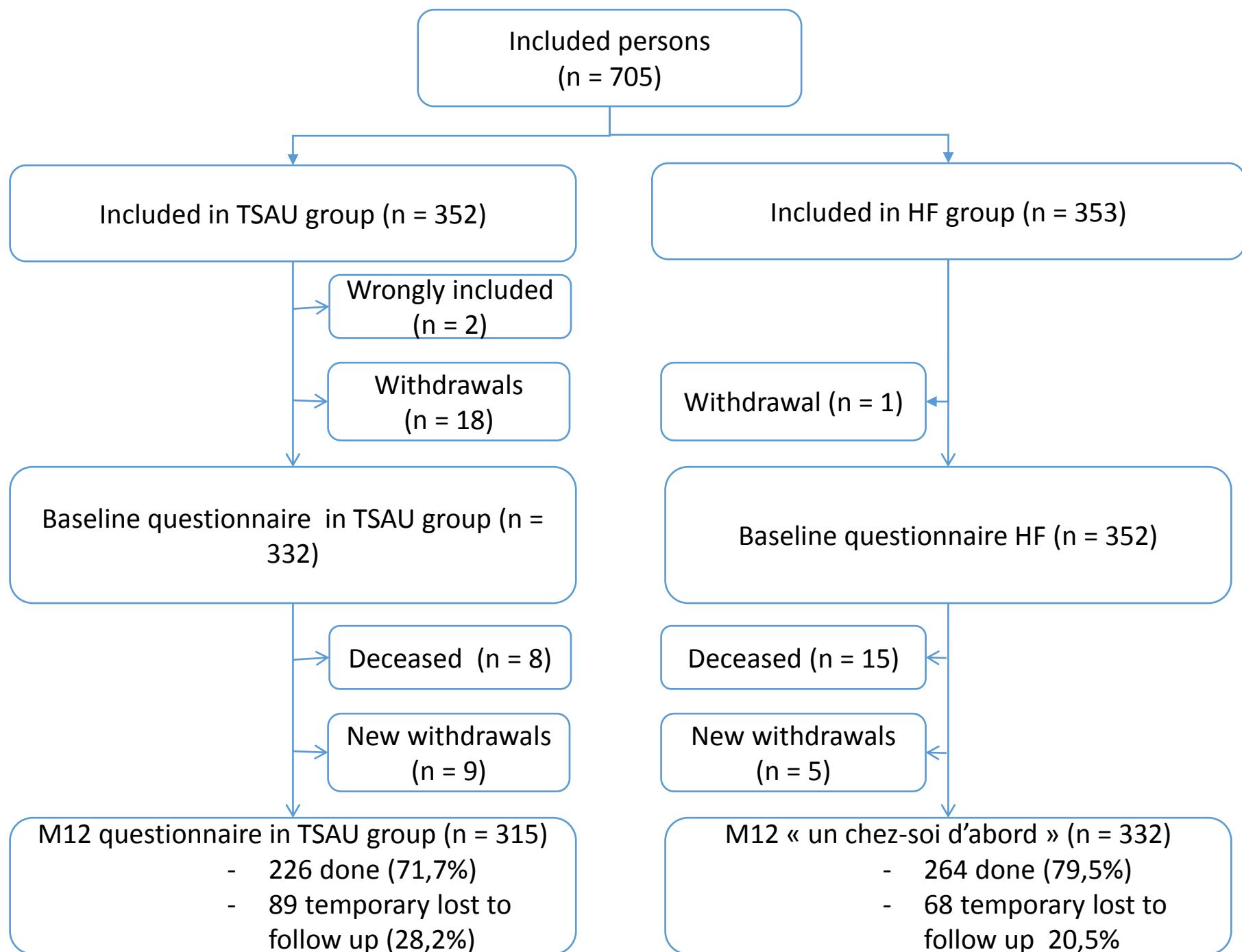
Randomized in HF group (n = 353)

Allocated
(n = 337)

Left
housing
at M12
(n = 9)

Followed
in
housing
at M12
(n = 328)

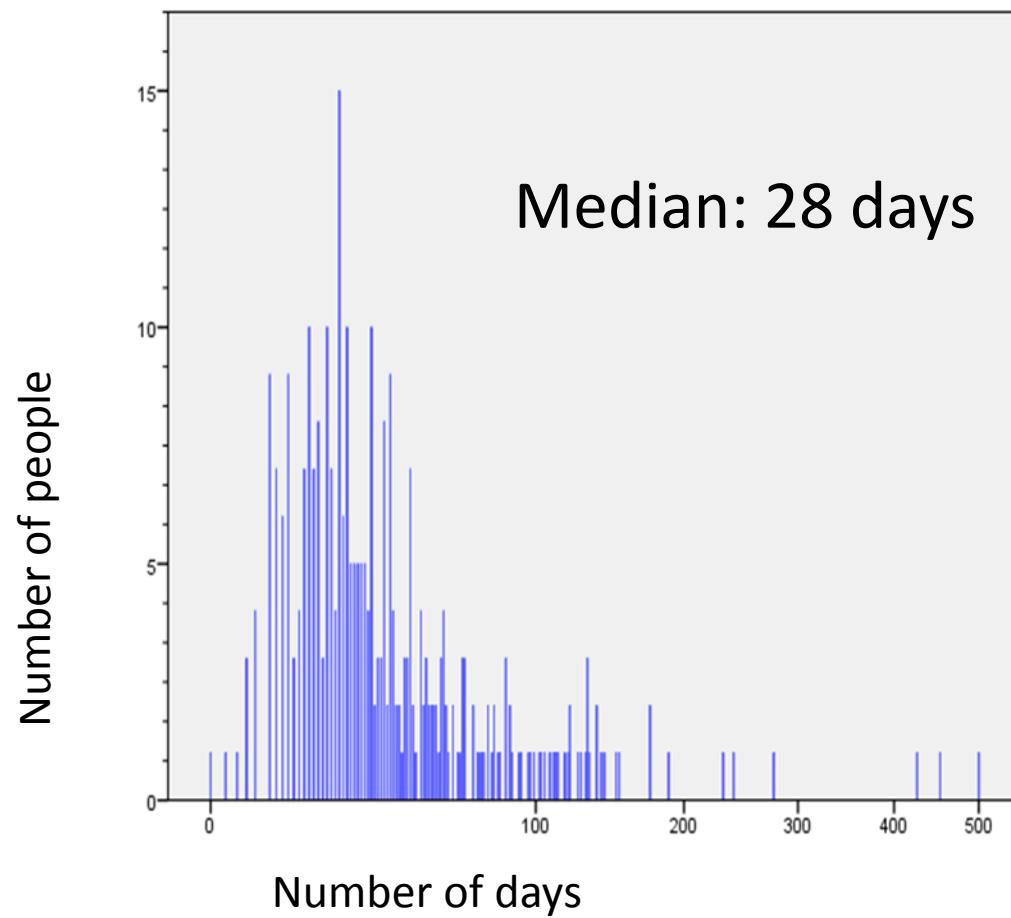
Non allocated
(n = 16)
Including 2 patients
who died shortly
after inclusion



Characteristics of study participants

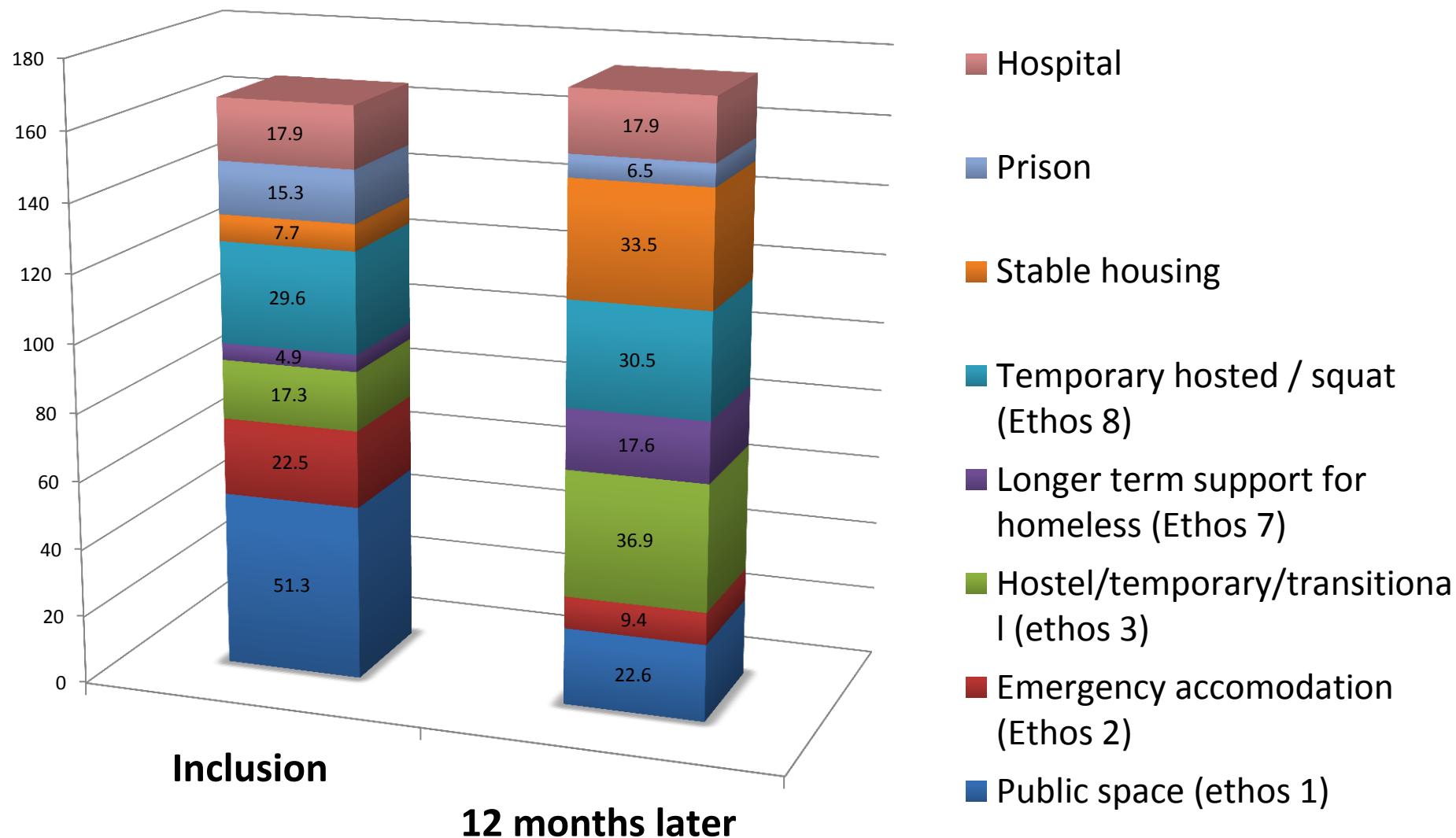
	All sites	Lille	Marseille	Paris	Toulouse
Characteristics of the study participants					
Sex: male	82,80%	86,50%	80,90%	78,20%	84%
Age, in years	38,8 ± 10	38,9 ± 9,7	40,1 ± 10	42,1 ± 9,8	35,3 ± 9,4
Nationality: French	85,80%	89,30%	85%	79,80%	87%
Education: bachelor's degree and more	27,50%	18,70%	26,20%	31,80%	30,20%
Marital status: single	77,80%	78,30%	70,50%	81,40%	83,20%
Had children	37,40%	37,70%	44%	26,50%	37,50%
Voluntarily committed military	7,10%	3,30%	14%	0,90%	7,10%
Incarceration 2 years before the inclusion	22,90%	24,70%	22,60%	12,90%	27,40%
Disease					
Diagnostic: schizophrenia	69,30%	84,90%	70,40%	67,20%	55%
Severity: ICG	4,6 ± 1,3	4,6 ± 1,3	4,8 ± 1,2	4,6 ± 1,2	4,4 ± 1,4
Dual diagnosis / abuse or dependence	78,90%	75,30%	73,30%	85,50%	83,80%
Homelessness history					
“Absolute homelessness” at inclusion	66%	67%	70,40%	54,60%	67,70%
Total time of being without a home, entire life, in years	8,5 ± 7,8	8 ± 7,6	9,3 ± 8,2	10,2 ± 8,2	7,2 ± 7,1
Total time in streets or public space, entire life, in years	4,3 ± 5,7	3,3 ± 4,5	4,7 ± 5,8	7 ± 7,4	3,9 ± 5

Time between inclusion and housing Study participants in HF group - France



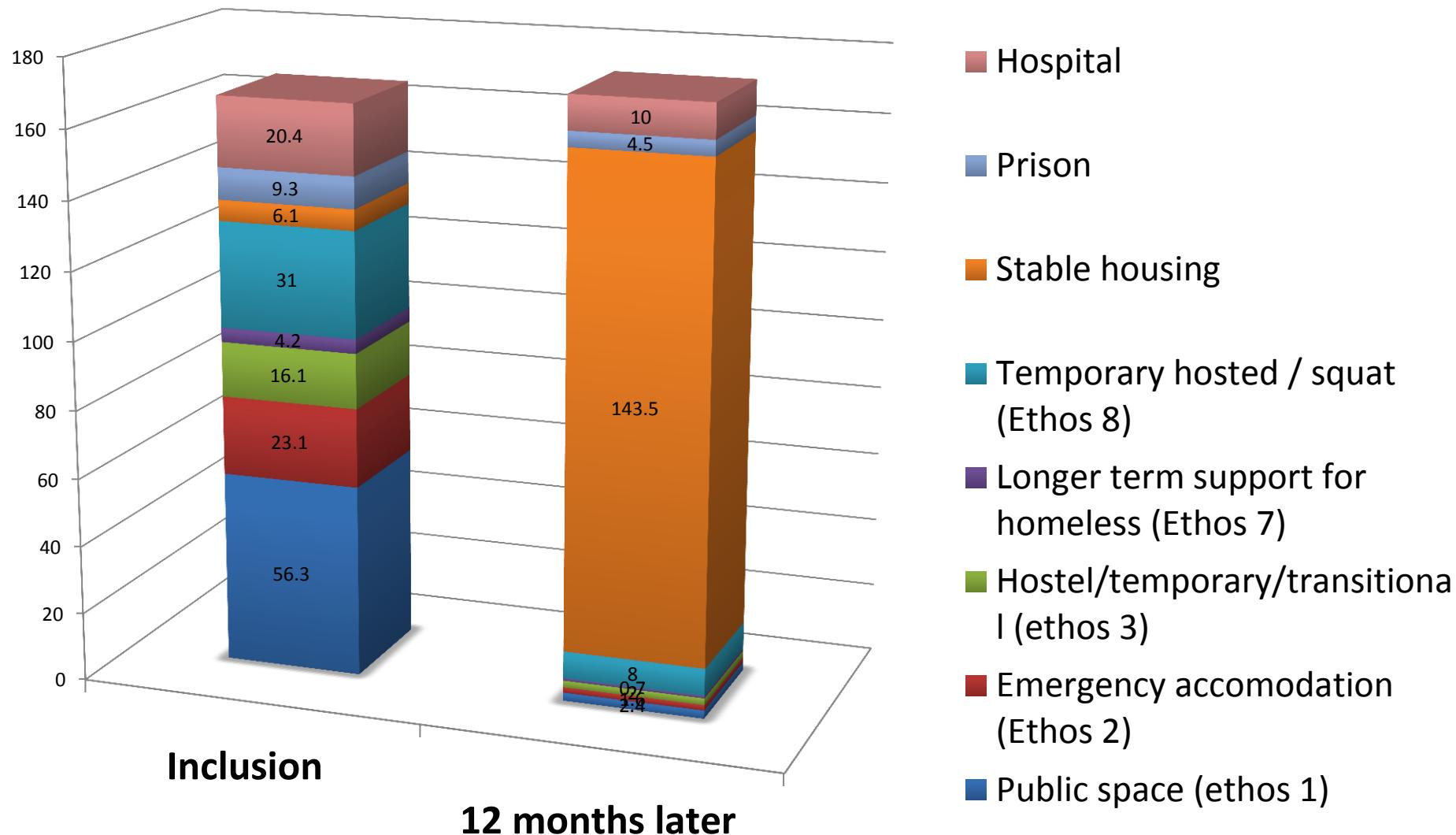
Retrospective residential calendar – TSAU group

Repartition of the conditions of spending nights during the last 180 nights



Retrospective residential calendar – HF group

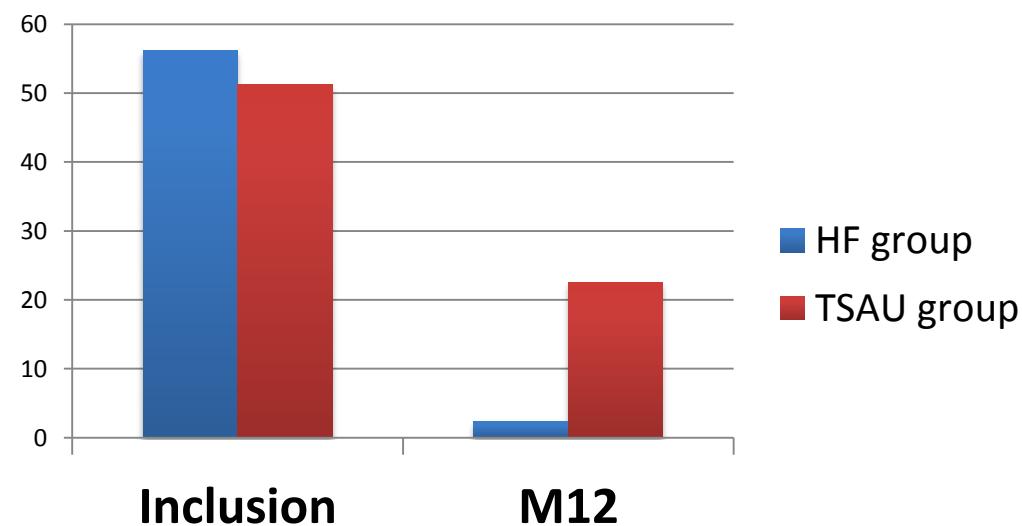
Repartition of the conditions of spending nights during the last 180 nights





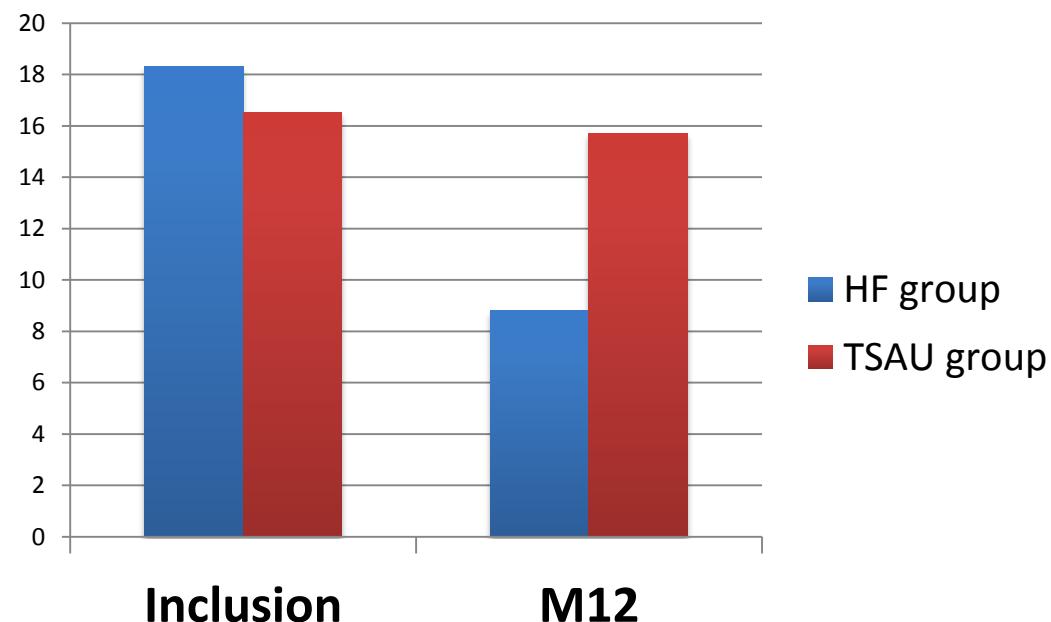
Retrospective residential calendar: Nights spent in street or public space

Number of nights in street The last 6 months	Group	Inclusion	12 months later
<i>All sites</i>	Housing first	$56,2 \pm 69,2$	$2,4 \pm 14,4$
	Treatment and services as usual	$51,3 \pm 67,7$	$22,6 \pm 49,2$
<i>p value</i>		0,357	0,000***



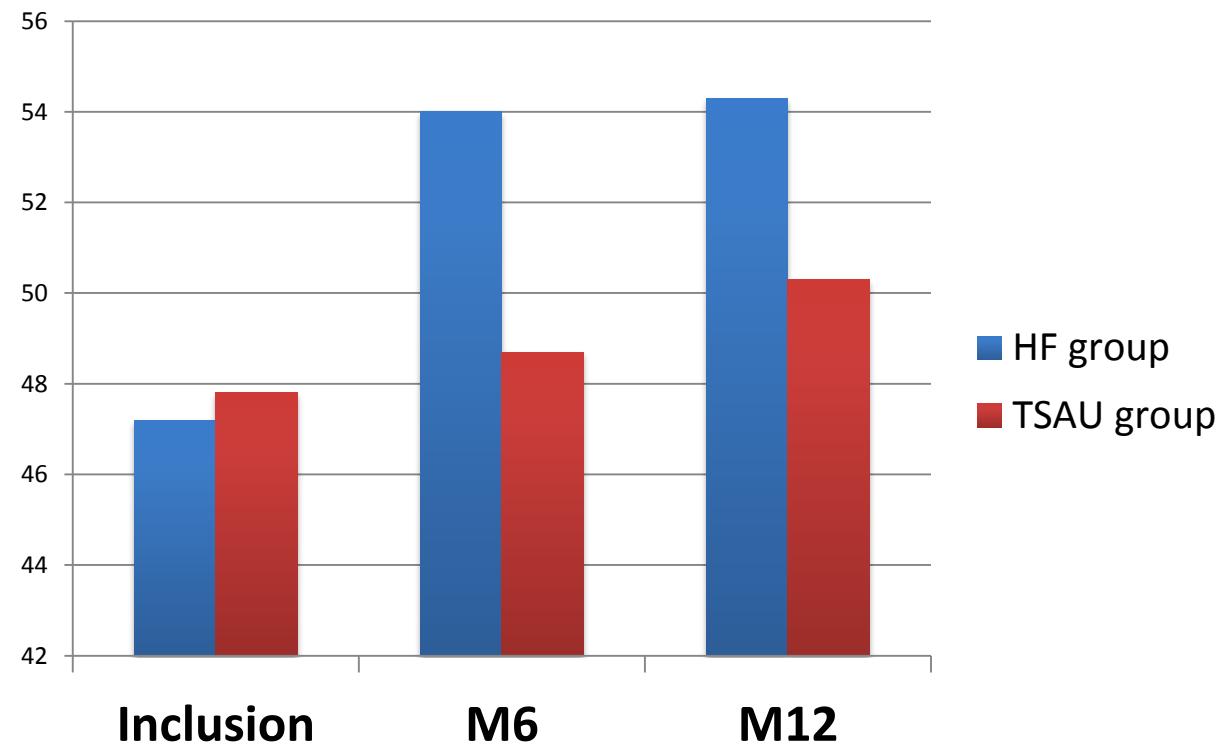
Retrospective residential calendar: Nights spent in hospital

Number of nights in hospital The last 6 months	Group	Inclusion	12 months later
<i>All sites</i>	Housing first	$18,3 \pm 35,8$	$8,8 \pm 15,7$
	Treatment and services as usual	$16,5 \pm 31,9$	$15,7 \pm 36,3$
<i>p value</i>		0,489	0,015*



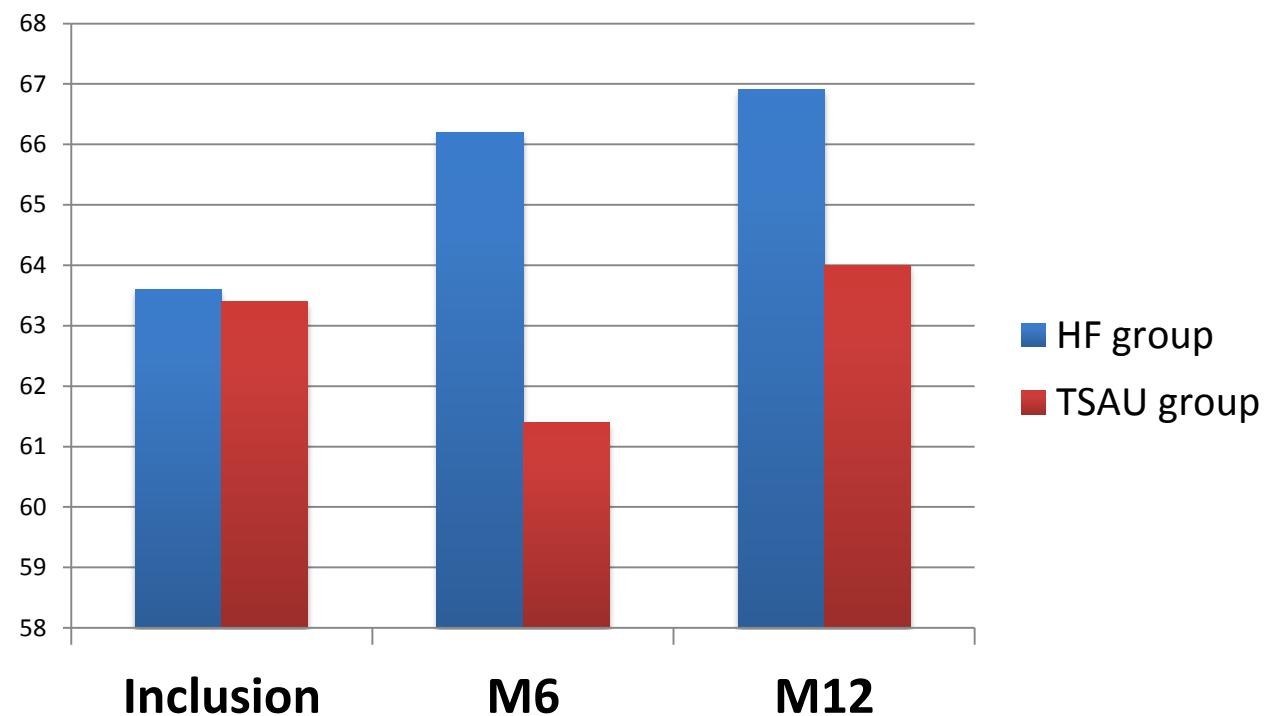
Index SQoL –Quality of Life at M0, M6 and M12

SQOL	Group	Inclusion	6 months after	12 months after
All sites	Housing first	47,2 ± 17,3	54 ± 16,7	54,3 ± 16,8
	Treatment and services as usual	47,8 ± 17,7	48,7 ± 19,4	50,3 ± 21,4
<i>p value</i>		0,665	0,005*	0,003*



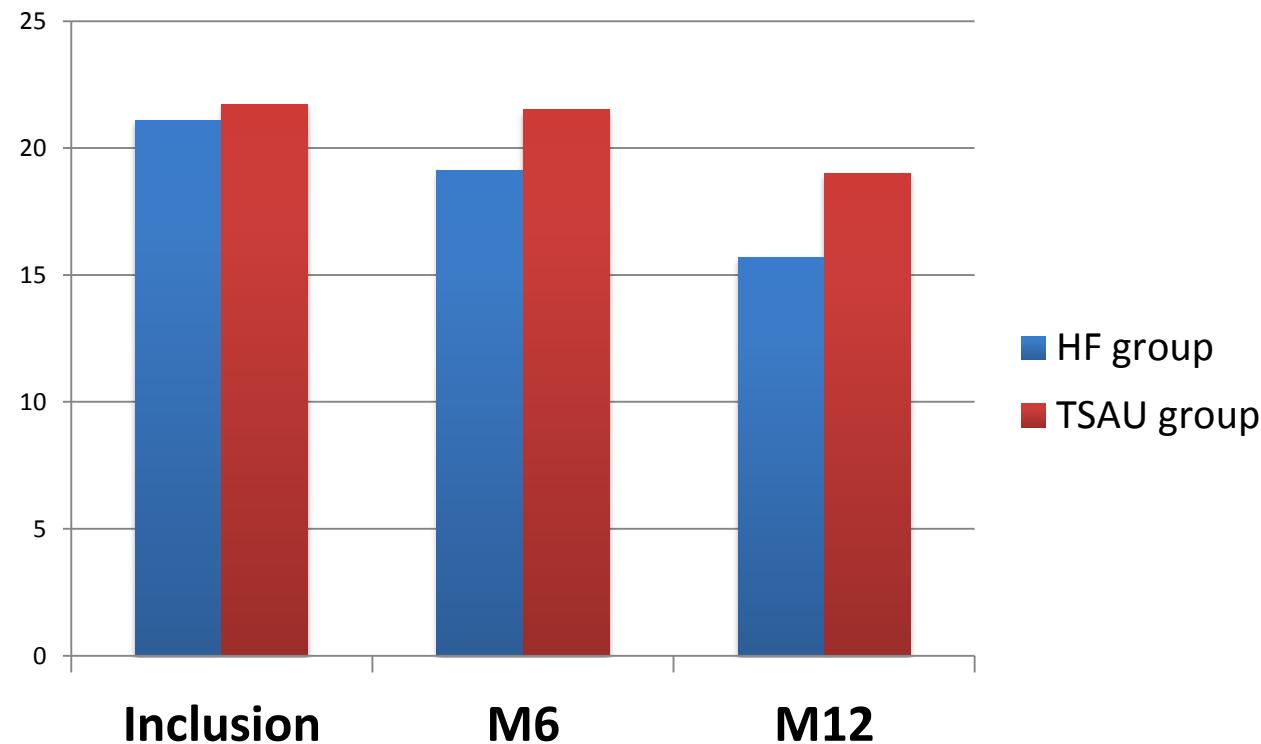
RAS – Recovery scores at M0, M6 and M12

Index RAS	Bras	Inclusion	M6	M12
Tous sites	Housing first	$63,6 \pm 15,2$	$66,2 \pm 14,7$	$66,9 \pm 15,4$
	Treatment and services as usual	$63,4 \pm 16,3$	$61,4 \pm 18,7$	$64,0 \pm 18,5$
<i>p value</i>		<i>0,941</i>	<i>0,003*</i>	<i>0,006</i>



MCSI – Self -perceived symptoms at M0, M6 and M12

MCSI	Bras	Inclusion	M6	M12
Tous sites	Housing first	$21,1 \pm 11,4$	$19,1 \pm 14,1$	$15,7 \pm 10,6$
	Treatment and services as usual	$21,7 \pm 11,6$	$21,5 \pm 14,7$	$19,0 \pm 12,7$
<i>p value</i>		0,522	0,094	0,003*



Science and politics | strange bedfellows

- Science allowed a post ideological approach for the policy makers
- Political changes causing risks for the program
Risks counter-played by the research
- The timing of the “research” is not the timing of the “politics”
(risks and opportunities)
- Discussions on scaling up after preliminary results

Lessons learned

- A rigorous **evaluation** and a randomized trial is a key to success
- **Hospitalization costs** were used as the Trojan horse.
- Researchers with a **first – hand experience** of the field and specific selection of interviewers
- The HF program helped the launching and spreading of the **Recovery Movement** in France
- **Resistance to the innovation** from the “classical professionals”
- **Resistance to the research and evaluation** from the “field workers”
- **Widespread critics for the methodological choice** of the randomized trial and the quantitative “cost - benefit” approach

Conclusion

- Research is the “protection wall” of the program
- A solution for a sub-group of the homeless population accumulating huge medical costs



328 from 337
still in housing
after 12 months

References

1. European Typology on Homelessness and Housing Exclusion (ETHOS), FEANTSA 2005
2. Insee, Dossier les sans-domicile en 2012 une grande diversité de situations, 2014
3. Fondation Abbe Pierre, (2015). Rapport sur « L'État du mal-logement en France », 20e. France
4. Laporte A. et Chauvin P. (2010). *SAMENTA: Rapport sur la santé mentale et les addictions chez les personnes sans-logement personnel d'île de France*. Paris.
5. Tinland A., et. al. (2013). “Evaluation of the Housing First program in patients with severe mental disorders in France: study protocol for a randomized controlled trial”. *Trials* 2013, 14:309





Santé Publique - EA3279

Concepts, Usages-Limites, Déterminants
Qualité de Vie et Maladies Chroniques



MINISTÈRE
DES AFFAIRES SOCIALES
ET DE LA SANTÉ

Thank you!



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