SFI THE DANISH NATIONAL CENTRE FOR SOCIAL RESEARCH

Implementing evidence-based interventions in a national homelessness strategy programme in Denmark

Lars Benjaminsen

The Danish National Centre for Social Research

Structure of presentation

Context of homelessness in Denmark

The Danish national homelessness strategy programme:

Housing first as an overall principle

Developing and implementing CTI, ICM, ACT in Denmark

Experiences with adapting the CTI-model in a different welfare state context

Denmark: Increasing trend in homelessness

5.6 mill inhabitants
0.1 % homeless
(point in time count)

Biannual one week count

Service based count:
Homeless services
Street outreach teams
psychiatric services,
addiction treatment centres
Local social offices
Jobcentres etc.

Homelessness situation	Week 6, 2009	Week 6, 2011	Week 6, 2013
Rough sleepers	506	426	595
Emergency night shelter	355	283	349
Homeless hostel	1.952	1.874	2.015
Hotel	88	68	70
Family/friends	1.086	1.433	1.653
Short term transitional	164	227	211
Institutional release, prison	86	88	64
Institutional release, hospital	172	173	119
Other	589	718	744
Total	**4.998**	**5.290**	**5.820**

Increase in homelessness in larger cities

Area	Inhabitants	Homeless 2009	Homeless 2013	% change
Copenhagen Metro Area	1.95 m	2428	3100	+28
Aarhus	0.35 m	466	617	+32
Other areas	3.3 m	2104	2103	0
Total	5.6 m	4998	5820	+16

High share with complex support needs

% in 2013 count, all age groups	Men	Women
Mental illness	46	49
Substance abuse problems	68	51
- Alcohol	40	31
- Hash	38	26
- Hard drugs	21	17
- Medicine	12	12
Mental illness and substance abuse (dual diagnose)	32	24
Mental illness and/or substance abuse	**80**	**73**

Danish homelessness strategy 2009-2013

- 65 mill. € from central government
- Housing First as overall principle
- Test whether Housing First works in a Danish context
- Develop and test evidence based floating support methods - Assertive Community Treatment, Intensive Case Management, Critical Time Intervention
- Implement a mindshift away from Treatment First to Housing First on many levels: on policy level, in municipalities, organisations and in daily practice
- 17 municipalitites (out of 98) participated in the 2009-2013 programme
- 26 municipalities in follow-up programme 2014-2016

Public housing allocation for the programme

Public housing 20 % of Danish housing stock

Open to all regardless of income level – access through general waiting lists

Municipal priority access system to public housing to one out of four vacancies for people in acute housing need

=>”Institutionalised” mechanism to provide housing for vulnerable people – and for the Housing First programme

Supply shortages – especially in larger cities – waiting time before being housed

Floating support programme

Differentiation of target groups was intended across the 3 methods, according to the intensity and complexity of support needs

In practice all participating municipalities implemented only 1 or 2 of the 3 methods:

Assertive Community Treatment (ACT) Multidiciplinary support team – social support workers, nurse, psychiatrist, addiction treatment specialist, social office worker, job office worker

Target group: People with highly complex support needs and great difficulties in using mainstream services, and in need of long-term support

Pilot project: 80 participants

Intensive Case Management (ICM) Case manager – social and practical support and coordination of use of other services

Target group: People with considerable support needs and difficulties in using mainstream services, and in need of long-term support

Largest programme: About 700 participants

Critical Time Intervention (CTI) Time-limited case management (9 months) – social and practical support and coordination of use of other services.

Target group: People with support needs who are partly able to use mainstream services, but who need support for a while in doing so.

About 300 participants

Positive results of interventions – Housing First also works in Denmark

About 1000 people were housed through the programme

Housing First works for most homeless people – 9 out of 10 who were housed maintained their housing across all three floating support methods

(no control groups – no RCT)

People whom we never thought could have been housed have been housed

We cannot predict in advance who will fail

Independent scattered housing works better for most homeless people

Problems with congregate housing - often conflicts arise amongst residents, noise, environment of addiction problems making recovery difficult

Critical Time Intervention – experiences from the implementation in a Danish context

Implementation in non-clinical setting – municipal social services

Context of relatively extensive general public service provision (addiction treatment centers, psychiatric services etc.) – but still 'split' of treatment systems, fragmentation and need for brokered case-management, and bridging to the use of other services

Supply shortages of public housing allocation. CTI starts when housing is allocated which sometimes compromises Housing *First*.

In some municipalities waiting lists for CTI (and the other high-intensive interventions) emerged

Some tendency for 'drifting' in target groups between the three interventions

Half of those who started in CTI needed floating support after 9 months – many where passed on to ordinary municipal floating support – however often with a lower intensity of support

Cost-study on people who started up the first year in CTI - compared to a matched control group on administrative data

Variable	Intervention group (n=47)	Matched control group
Shelter use, days	49	81
Psychiatric hospital days	0.32	3.3
Psychiatric outpatient treat. days	6	43
Psychiatric emergency ward	0.4	0.3
Addiction Treatment, days	0.0	1.5
Addiction Treat. outpatient days	13	34
Somatic hospital days	7	9
Somatic outpatient contacts	1.98	0.90
Somatic emergency ward	1.38	1.20
Expenditure GP, specialists etc.	240 €	251 €

Effects on service use, continued

Variable	Intervention group	Control group
Burglary and theft sentences	0.04	0.26
Violence sentences	0.09	0.17
Prison days	0,0	13
Prison sentences	0,00	0,08

A similar study was done for ICM.

Costs calculations concluded:
CTI had a positive first year benefit >100 %
ICM had a 60 % cost offset.

A follow-up cost-study will be conducted in 2016 for CTI, ICM or ACT throughout the whole programme period, as administrative data becomes available for the whole period.

Despite the national strategy programme, too few homeless people receive targeted social interventions

% amongst all homeless people (national count)	2009	2011	2013
Social support person	27	28	28
Waiting list for own housing	25	25	27
Waiting list for supported housing	6	5	5
Social action plan	17	21	22

Conclusion

Housing first works – also in Denmark (although not tested with RCTs)

CTI was implemented as a component in the programme. Although there were signs of a 'drift' of target groups, the overall results were positive.

A cost-effectiveness analysis shows that CTI significantly reduced the use of other services, and mainly shelter and hospital use compared to a matched control group and that the investment gave a positive return for public budgets.

Despite the large programme homelessness increased – structural housing affordability problems is a major cause for the increase

Barriers for upscaling housing first – lack of affordable housing and lack of full coverage of high-intensive floating support