

**CRES
CER**

ASSOCIAÇÃO
DE INTERVENÇÃO
COMUNITÁRIA



CSFD Working Group

Budapest

February 14-15, 2019



Non-for-profit association, created in 2001. Our aim is to reduce risks, promote health and social integration of vulnerable people by working closely with the community.

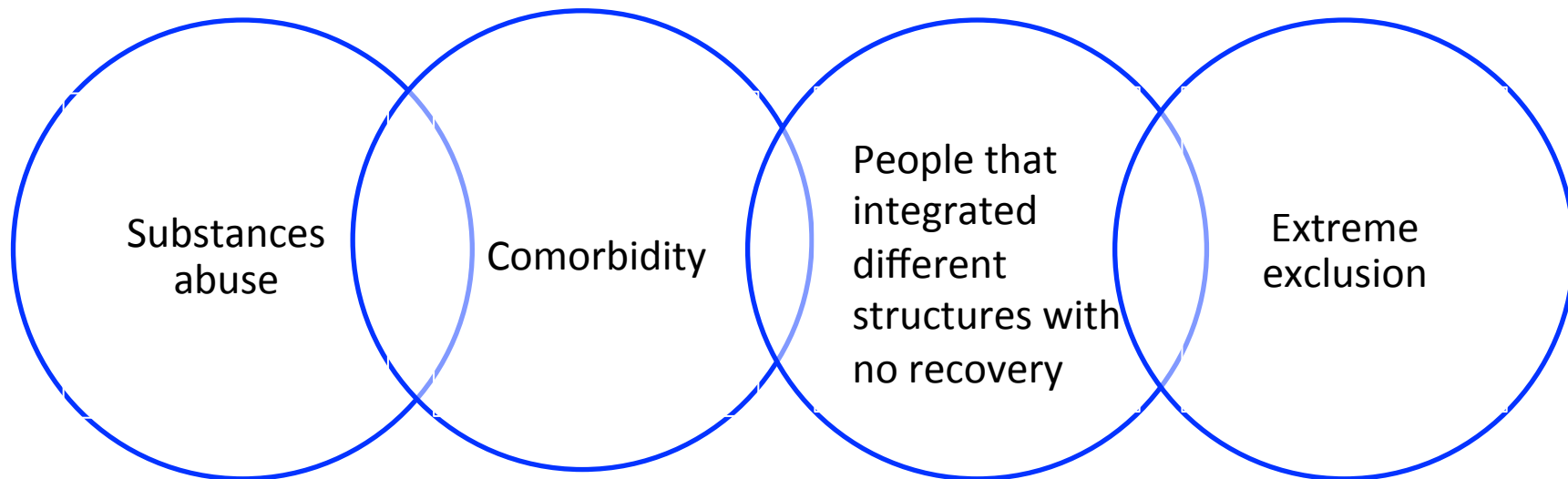


Case Study

É UMA CASA, Lisboa Housing First

BACKGROUND/CONTEXT

- Started in 2013 with 7 houses in Lisbon, Portugal
- Diagnostic Santa Casa de Misericordia de Lisboa 2013



To help eradicating chronic homeless situations of people consuming psychoactive substances in the streets of Lisbon



EU ACTION PLAN

Action N1: Drug demand reduction

Objective N2:

- Harm reduction methodology in order to improve living conditions of the beneficiaries and community inclusion.
- Integrated answer designed in co-coordination with the beneficiaries themselves.
- Recovery services with a 24/7 continuum support.
- Diversified support : housing, employment, health, prevention, etc.

Objective N3:

- Consortium HOME EU.
- Continuous advocacy in order to raise awareness of politicians.
- Share our good practices with general public and partners, Manual Housing First.
- Importance of Communication of our actions through different international medias.

THEORETICAL MODEL | HOUSING FIRST | NEW PARADIGM

Typical “Housing Readiness”



Housing First



- Funded in **1992** by Sam Tsemberis
- Addressed to people in chronic homeless situation that consume psychoactive substances and/or have mental health illnesses
- Supports housing as a basic **human right**

GUIDING PRINCIPLES

- Houses **scattered** in the city of Lisbon. This model promotes sense of belonging, contributing to accelerate inclusion in the community.
- Possibility to **choose** a home.
- No requirement of drugs or alcohol **abstinence** to be part of the program.
- **Engagement** contract to be signed between beneficiaries and the Association:
 - Minimum of 6 visits per month with beneficiaries.
 - Contribution with 30% of income for house rental.

MAIN ACTIVITIES

- **House renting** in the private market in the city of Lisbon
- Support in the **transition** from the street to a home aiming autonomy
- Psychological and psychosocial **support** by a caseworker 24h
365 days/year
- **Referral** to health and social structures in the community
- **Participative** intervention where beneficiaries are also stakeholders (respect of individual choices)



STAKEHOLDERS

- Beneficiaries: people who consume drugs living in chronic homeless situation.
- Institutional partners: Lisbon City Hall, Montepio Foundation, PT Foundation, local Parishes.
- Health and social care structures.
- CSO, NGOs, charities, local community.
- Politicians: President of Portugal, Secretary of State, Major of Lisbon, City Councillor, and other local representatives.

BARRIERS

- Opposition to new approaches.
- Focus on the problem.
- Belief that people who use drugs can not get enough organized to live in a house before treatment.
- Idea of HF costs being higher than other housing solutions.
- Current local housing market in Lisbon.

MAIN RESULTS

- **50** beneficiaries integrated the project since 2013
- In 2018 **35** houses are rented in the city of Lisbon for **39** beneficiaries
- **89%** of beneficiaries did not get back to a homeless situation
- **90%** of beneficiaries reduced psycho-active substances consumption.
- **100%** of beneficiaries increased their personal self-esteem.



CONCLUSIONS – qualitative analysis

- Significant diminish of psychoactive substances' consumption.
- Harm reduction associated to beneficiaries way of life.
- Personal and identity valorization.
- Inclusion into the community.
- Recovery of family/friends support network.

CONCLUSIONS – qualitative analysis

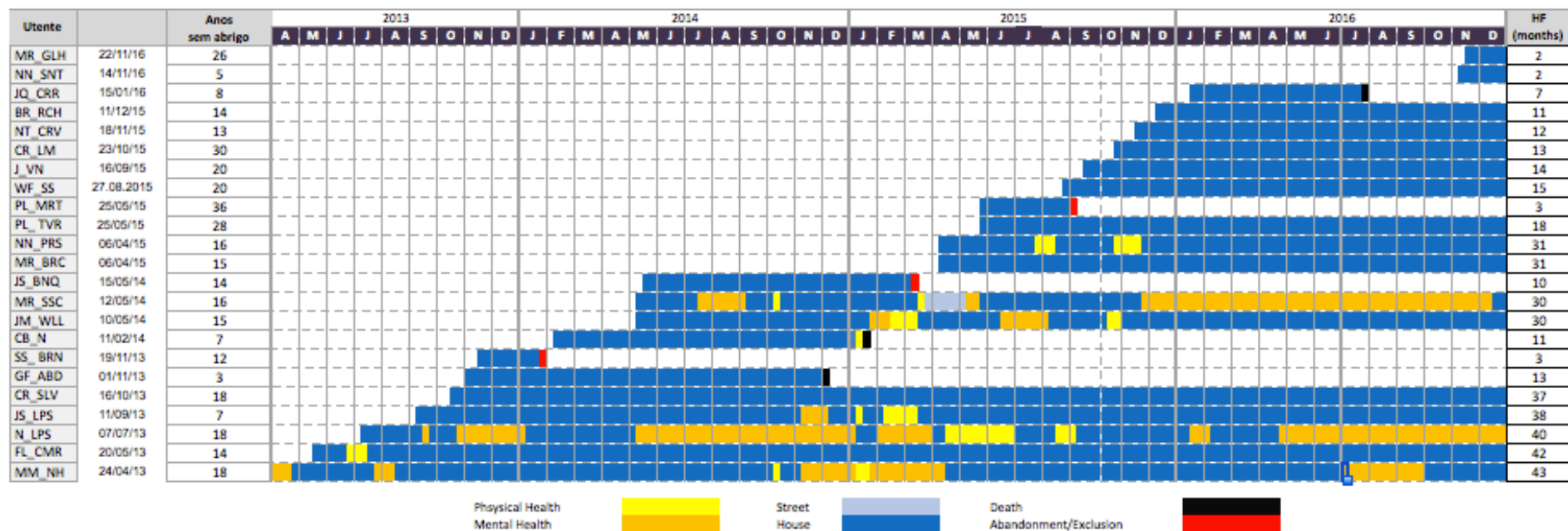
- Increased access to incomes/regular social support
- Increased adherence to :
 - Health care
 - Specialist appointments
 - Therapeutic projects
 - Social services

Unexpected outcomes

- **90%** of beneficiaries reduced consumption.
- **90%** adhesion to medication.
- Influence on politicians, public policies and civil society.
- Adhesion of neighbours and local shops to HF program.
- Landlords that propose lower prices to adapt to beneficiaries needs and capabilities.

Follow up activities

- Different follow up methods through the project time-line:
 - Qualitative and quantitative interviews, previously to entering a home
 - Qualitative and quantitative e interviews at the beginning of the project
 - Qualitative and quantitative continuous interviews to follow up the evolution line of every beneficiary: its autonomy degree, permanence at home, etc...
 - Satisfaction questioneer
- É UMA CASA, Lisboa Housing First project will receive a major evaluation at the end of the 6th year of implementation, measuring impact in different levels (individual, societal, public investment, etc.)



LESSONS LEARNED, factors that we believe contributed to project success:

- Individual housing.
- Scattered in whole Lisbon with a private rent.
- Giving priority to access to housing.
- Thinking and adapting the answer to people.
- Involving beneficiaries in their own life project.

LESSONS LEARNED, factors that we believe contributed to project success:

- No request in the abstinence of drug consumption.
- Creating a trustful relation with beneficiaries, based on support instead of judgment.
- Budget of a home vs classical shelters.
- Partnership with a wide local network.
- Including beneficiaries in the community.
- The continuous support: 24h/7day individual and continuous support.

Gulbenkian Cohesion Award 2018





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