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Housing First: An evidence review of implementation, effectiveness and outcomes

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Acronyms and abbreviations used in this report

ABS	Australian Bureau of Statistics
ACT	Assertive Community Treatment
AHURI	Australian Housing and Research Institute Limited
ARA	Asumisen rahoitus-ja kehittämiskeskus (The Housing and Development Centre of Finland)
COVID-19	Coronavirus disease
HF	Housing First
HIV	Human immunodeficiency virus
ICM	Intensive Case Management
US	United States

Executive summary

This evidence review synthesises the Australian and international literature on Housing First and its implementation, effectiveness, and outcomes. Housing First originates from the 'Pathways to Housing' program in the US. The 'Pathways to Housing' program has become an often replicated model to support people experiencing chronic homelessness by providing immediate access to permanent housing integrated with support services. The 'Pathways to Housing' program has been articulated through a set of principles that guide the delivery of other Housing First programs. At the heart of Housing First lies rapid housing access, consumer choice, the separation of housing from support, holistic recovery and harm minimisation, and community integration.

Effectiveness and outcomes of Housing First programs

Housing First programs are generally assessed in relation to tenant outcomes (housing and non-housing) and their cost-effectiveness. The evidence shows that Housing First is:

- **Highly effective in providing housing stability**

  The reviewed evidence shows that Housing First is highly effective in providing housing stability for people with a history of chronic homelessness and complex needs. Evaluations of Housing First programs consistently report high levels of tenants sustaining their housing (typically ranging from 66% to 90%), which is significantly higher compared to 'treatment as usual' approaches.

- **Successful in enabling access to services and improving some non-housing outcomes, but not across all domains**

  The evidence demonstrates that Housing First programs enable access to health, mental health and other support services. The existing evidence suggests that Housing First tenants are less likely to be admitted to hospitals and emergency departments and are less involved with the criminal justice system. Yet, tenants often face significant challenges in realising non-housing outcomes, resulting in a less conclusive evidence base than for housing outcomes.

- **Cost-effective to support people experiencing chronic homelessness**

  The evidence shows that Housing First is a resource-intensive intervention that is most cost-effective for people experiencing chronic homelessness with complex and high needs.

Considerations for implementation

Housing First is a best practice model to support people with lived experience of chronic homelessness with high and complex needs. Housing First has been implemented in various countries, including in Australia. Key considerations include:

- **Fidelity of implementation**

  The implementation of Housing First programs needs to find the right balance between adhering to Housing First principles and being relevant to the cultural context and social welfare system in which the program is situated. A critical component for Housing First programs is to be adaptable to suit local conditions and address the needs of the cohort the program targets.

- **Key success factors for implementation**

  Following key success factors have been identified for the implementation of Housing First programs:

  - providing rapid access to secure, affordable housing
  - ensuring organisational capacity to deliver Housing First
  - separating housing from support services
  - establishing effective partnerships
  - coordinating housing and support services
  - forming project leadership
  - providing support services that are recovery-oriented, person-centred, and adequately resourced
  - engaging case managers to coordinate services and tenants
  - tailoring of Housing First principles
  - assessing program fidelity
- **Challenges for implementation**

  The following factors can act as barriers to the successful implementation of Housing First programs: limited integration of housing and support services, and the policy systems in which they operate, resource and funding constraints to maintain on-going support services, and constrained access to secure and affordable housing.

Housing First within a systematic response to homelessness

Homelessness and chronic homelessness are caused by poverty, unaffordable housing, domestic and family violence and other societal problems that cannot be solved effectively by stand-alone Housing First programs. Addressing homelessness holistically requires broad systemic reform of the housing and homelessness systems, coupled with adequate income support and social welfare that focuses on long term, rather than intermittent or crisis support. For policy makers this means fundamentally rethinking how housing and support are provided and addressing the multiple contributors to homelessness. A potential pathway for a systematic policy reform could be based on following integrated interventions:

- increase the supply of affordable and social housing
- provide pathways to long term sustainable housing
- expand early intervention and prevention strategies
- review social housing regulation
- draw on lessons learnt from homelessness responses during the COVID-19 pandemic.

Clearly, such fundamental systems reform requires commitment from all levels of government in Australia in collaboration with housing and support service providers. The COVID-19 pandemic has shown that effective cross-governmental responses to address homelessness can be implemented effectively. Preventing chronic homelessness is possible in Australia.

1. Introduction

This evidence review synthesises the Australian and international literature on Housing First and its implementation, effectiveness, and outcomes. Housing First originates from the 'Pathways to Housing' program in the US. The 'Pathways to Housing' program has become an often replicated model to support people experiencing chronic homelessness by providing immediate access to permanent housing integrated with support services. The 'Pathways to Housing' program has been articulated through a set of principles that guide the delivery of other Housing First programs. At the heart of Housing First lies rapid housing access, consumer choice, the separation of housing from support, holistic recovery and harm minimisation, and community integration.

The review outlines the objectives and principles of Housing First and discusses different housing delivery models and the development of Housing First in the US, Canada, Australia and in the European context. A focus of this review is assessing the evidence on the outcomes achieved by Housing First programs, including:

- housing outcomes for tenants, often measured through housing retention rates
- non-housing outcomes for tenants, e.g., changes in health and mental health, hospitalisations, service utilisation, substance misuse, quality of life, social integration, involvement with the criminal justice system and engagement in training and employment
- cost-effectiveness of Housing First programs, including in comparison to other service responses.

Housing First programs have been developed across various countries world-wide with the model being adapted to suit local contexts and tenant needs. The evidence review evaluates the implications for practices and identifies key success factors and challenges for implementation. Findings of this evidence review aim to contribute to a better understanding of Housing First, its limitations, and inform housing and homelessness policies.

2. Methodological approach

The paper presents the findings of a review of evidence from academic research, grey literature and government publications. Besides studies drawing on the original 'Pathways to Housing' program in the US, the evidence review draws on literature published since 2011, to ensure currency of the evidence.

The evidence review has utilised a staged approach to identify quantitative and qualitative studies demonstrating the effectiveness of Housing First programs focusing on housing and non-housing outcomes for tenants and the cost-effectiveness of Housing First programs. Firstly, the review was informed by the literature originating from 'Pathways to Housing', by Sam Tsemberis and colleagues, and evaluations assessing Housing First projects in Australia, including relevant referenced literature. The second step included search of the terms 'Housing First', 'supportive housing' and 'supported housing' in research databases and scanning the references of publications relevant to the purpose of the evidence review. Lastly, the evidence review identified five systematic reviews of Housing First outcomes. All the evaluated studies on Housing First published since 2011 have been included in this evidence review.

The evidence review also includes program evaluations, commentaries, and reports to identify key learnings and challenges in implementing Housing First in Australia and internationally.

2.1 Quality of the evidence base

There is a broad evidence base examining Housing First programs and associated supportive housing models in Australia and internationally. The earlier evidence draws on insights gathered from the 'Pathways to Housing' program in the United States in the 1990s (see Tsemberis 1999; Stefancic and Tsemberis 2007). The initial results by 'Pathways to Housing' and its cost-effectiveness contributed to Housing First programs being implemented across many countries, including Canada, Australia and some European countries. Large scale examples of Housing First programs that have been evaluated are the Canadian At Home/ ChezSoi project and the French Un Chez Soi d'Abord project. In Australia, Housing First principles have informed a range of homelessness and housing approaches, including 'Street to Home' and the Common Ground model (Johnson and Chamberlain 2015; Parsell, Fitzpatrick et al. 2013; Whittaker, Swift et al. 2015). Table 1 summaries Housing First evaluations reviewed for this paper.

Table 1: Research design of reviewed Housing First evaluations

Citation	Year of study	Country	Research methods	Cohort	Timing
Aubry, Goering, et al. (2016)	2009-2013	Canada	Randomised control trial: administrative data and interviews	469 HF* tenants, 481 tenants in control groups	Baseline, 6, 12, 18, 21 and 24 months
Austin, Pollio et al. (2013)	2012	USA	Qualitative study: interviews	85 frontline staff	
Bourque, Vantil et al. (2015)	2009-2013	Canada	Multisite randomised trial: self-reported data	57 HF tenants, 41 tenants in control group	6, 12, 18 and 24 months
Bullen, Whittaker et al. (2016)	2013-2014	Australia	Program evaluation: survey, administrative and financial data, focus groups and interviews	Survey with 35 HF tenants, focus groups with 27 HF tenants, 42 interviews with stakeholders	Baseline, 12 months
Cherner, Aubry et al. (2017)	2012-2014	Canada	Program evaluation: interviews	89 HF tenants, 89 tenants in control group	Baseline, 6, 12, 18, 21 and 24 months
Chhabra, Spector et al. (2020)	2017	USA	Qualitative study: interviews	25 HF tenants	
Clifasefi, Malone et al. (2013)	2005-2007	USA	Mixed methods: interviews, linked administrative data	95 HF tenants	Baseline, 3, 6, 9, 12, 18 and 24 months
Collins, Malone et al. (2013)	2005-2008	USA	Non-randomised controlled trial: self-reported data	111 HF tenants	Baseline, 3, 6, 9, 12, 18 and 24 months
Collins, Clifasefi et al. (2012)	2009-2010	USA	Program evaluation: observations, interviews	Interviews with 17 HF tenants, 8 staff	
DeSilva, Manworren et al. (2011)	2005-2006	USA	Quantitative study: administrative data	18 HF tenants	2 years before and after
Goering, Veldhuizen et al. (2014)	2009-2013	Canada	Randomised trial design: mixed methods	1,158 HF tenants, 990 tenants in control group	Baseline, 1 and 2 years
Hanratty (2011)	2005-2008	US	Program evaluation: administrative data	294 HF tenants, comparison group	
Holmes, Vale et al. (2017)	2010-2015	Australia	Quantitative study: administrative data	42 HF tenants, national comparison group	2 years intervals: prior, during placement, after leaving
Johnson and Chamberlain (2015)	2010-2013	Australia	Qualitative study: interviews	71 HF tenants	Baseline, 1 and 2 years
Kriegel, Henwood et al. (2016)	2014c	USA	Evaluation of Housing First programs: administrative data, site visits	68 supportive housing programs servicing 4,780 tenants	
Montgomery, Hill et al. (2013)	2010-2012c	USA	Program evaluation: administrative data	107 HF tenants, 70 tenants in control group	Baseline, 12 months
Loubière, Lemoine et al.	2011-2018	France	Randomised trial design: mixed methods	353 HF tenants, 350 tenants in comparison group	Baseline, 4 years
Nelson, Macnaughton et al. (2013)	2009-2010	Canada	Qualitative study: interviews and focus groups	149 national, provincial and local stakeholders	

Citation	Year of study	Country	Research methods	Cohort	Timing
Nelson, Stefancic et al. (2014)	2010-2011c	Canada	Program evaluation: interviews, focus groups and program review	156 interviews and 45 focus groups with stakeholders and HF tenants, 100 chart reviews	
Padgett, Stanhope et al. (2011)	2005-2007	USA	Mixed methods: interviews, administrative data	27 HF tenants, 48 tenants in control group	Baseline, 6 and 12 months
Palepu, Patterson et al. (2013)	2009-2011	Canada	Quantitative study	497 HF tenants	Baseline, 12 months
Parsell, Petersen et al. (2015)	2012-2015	Australia	Program evaluation: interviews, survey, program review	Interviews with 27 tenants and 12 stakeholders, 120 surveys with tenants	Various stages
Pierse, Ombler et al. (2019)	2016c	New Zealand	Quantitative study: Linked administrative data	390 HF tenants, national comparison group	Baseline and 12 months
Pringle, Grasso et al. (2017)	2013c	USA	Program evaluation: mixed methods	322 surveys and interviews with HF tenants, staff and project partners	6 months intervals
Roebuck, Aubry et al. (2021)	2019-2020c	Canada	Program evaluation: administrative data, interviews, focus group	40 HF tenants, interviews with 13 tenants and 17 staff	
Somers, Rezansoff et al. (2013)	2009-2011	Canada	Quantitative study	132 HF tenants, 66 tenants in control group	
Srebnik, Connor et al. (2013)	2006-2008	USA	Program evaluation: administrative data	29 HF tenants, 31 tenants in control group	1 year pre- and post-housing
Stefancic and Tsemberis (2007)	2000-2003c	USA	Program evaluation: administrative data	209 HF tenants (based in two programs), 51 tenants in control group	Monthly, up to 47 months
Stergiopoulos, Meija-Lancheros (2019)	Phase I: 2009-2013 Phase II: 2014-2017	Canada	Randomised trial design: mixed methods	301 HF tenants, 274 tenants in control group	Every 3 months for Phase I and every 6 months for Phase II
Tsemberis (1999)	1994-1997c	USA	Program evaluation: Administrative data	139 HF tenants, 3,811 in comparison group	30 months
Verdouw and Habibis (2018)	2013-2014	Australia	Realist evaluation: interviews and administrative data analysis	11 HF tenants, 13 service providers	
Whittaker, Dobbins et al. (2017)	2012-2013	Australia	Quantitative study: survey	63 HF tenants	Baseline, 12 months
Whittaker, Swift et al. (2015)	2012-2014	Australia	Protocol for program evaluation: interviews, survey	90 HF tenants	Baseline, 12 months
Wood, Vallesi et al. (2017)	2017c	Australia	Program evaluation: mixed method, longitudinal study, including economic evaluation	50 HF tenants	Baseline
Wood, Wood et al. (2018)	2013-2018	Australia	Program evaluation: administrative data	44 HF tenants	Baseline, 12 months post-housing
Yanos, Felton et al. (2007)	2007c	US	Program evaluation: quantitative and qualitative data	44 HF tenants	

** HF = Housing First.*

In addition to qualitative and quantitative studies assessing Housing First, this review identified five systematic reviews of Housing First programs evaluating program outcomes. These reviews focused on the outcomes achieved by tenants and the impacts of Housing First programs:

- **Woodhall-Melnik and Dunn (2016)** reviewed quantitative studies that evaluated program outcomes for Housing First tenants. The review identified 31 studies mostly from the North American context that measured the tenant outcomes associated with Housing First. These studies reported outcomes on the following variables: substance use and psychiatric symptoms, housing and retention outcomes, service use and costs, and quality of life.
- **Baxter, Tweed et al. (2019)** examined the effects of Housing First programs on health and wellbeing of tenants. This systematic review focused on randomised controlled trials and identified four relevant studies showing the impacts of Housing First on improving some aspects of health and reducing non-routine health services.
- **Leclair, Deveaux et al. (2019)** reviewed the impact of Housing First on the involvement of tenants with the criminal justice system. The research identified five randomised and non-randomised studies exploring criminal justice involvement for a total of 7,128 Housing First tenants.
- **Aubry, Bloch et al. (2020)** investigated the effectiveness and cost-effectiveness of permanent supportive housing and income interventions. The systematic review included 72 studies examining housing outcomes, health and social wellbeing outcomes for people supported in these interventions and the cost-effectiveness of these.
- **Jacob, Chattopadhyay et al. (2022)** examined the economic cost and benefit of Housing First programs. The review identified 20 studies in the US and Canada that reported on economic measures of Housing First.

The evidence base on Housing First is extensive, but most research is on programs situated in Western countries, including Australia, Canada, USA, Finland, France and other European countries. The reviewed studies draw on a variety of research methods, grounding the evidence of Housing First both on qualitative and quantitative data and including perspectives from tenants, service provider staff and other stakeholders. Several studies integrate the use of a control group receiving treatment-as-usual support into their research design to measure the relative effectiveness of Housing First. Findings of these studies need to be assessed considering the service context, as what constitutes as treatment-as-usual may differ considerably between countries. Additionally, the evidence base is most extensive on tenant outcomes, but less so for cost-effectiveness and broader societal outcomes. Longitudinal insights are limited, as most studies are confined to a two-year frame. Arguably, many Housing First tenants need a long-term recovery to improve their health and address other needs. A few, more recent publications provide evidence on housing and non-housing outcomes for up to four to six years.

3. Housing First: service response model to homelessness

Housing First was established initially in the US through the 'Pathways to Housing' program in the early 1990s, as a service response model to homelessness (Tsemberis 1999). In contrast to prevalent (continuum or staircase) approaches, which required people to prove their housing readiness through engaging with support services before being accommodated, Housing First programs offers people experiencing homelessness immediate access to permanent housing (Johnson, Parkinson et al. 2012).

Based on the design of 'Pathways to Housing', Housing First can firstly be understood as a program centred around the promise of providing people experiencing homelessness rapid access to long-term housing that is integrated with wrap-around services without the prospective tenant demonstrating their housing readiness (Johnson, Parkinson et al. 2012). Secondly, Housing First also embodies a philosophy characterising a service system response to homelessness, in which access to secure housing and choice over one's housing and use of support services are a human right (Clarke, Parsell et al. 2020)[1].

Housing First programs have been developed and implemented worldwide, including in Canada, Australia, New Zealand, Finland, France and other European countries (see Table 1 and 4). The evidence emerging from these programs is increasingly contributing to Housing First models being embraced in homelessness and housing policies in Australia and internationally (Council to Homeless Persons 2018; Johnson, Parkinson et al. 2012; Pierse, Ombler et al. 2019; Pleace, Baptista et al. 2019).

3.1 'Pathways to Housing' and the development of Housing First

'Pathways to Housing' was developed in 1992 by Sam Tsemberis to address the needs of people experiencing chronic homelessness with severe mental illness and substance addictions (Tsemberis 1999). In the US, housing programs to support people experiencing homelessness were shaped by the linear residential treatment model that required them to prove their housing readiness and demonstrate improvements, such as abstinence from substances (Johnson, Parkinson et al. 2012; Tsemberis 1999). In this model, people who are homeless, or at risk of homelessness, move through a range of emergency and temporary housing before housed permanently. The aim is to transition people to the point where they are able to live independently in stable, long-term housing without requiring support services (Verdouw and Habibis 2018). However, this model attracted critique by practitioners and researchers for the lack of tenant choice, the stress created for people moving between housing, the long time required before gaining permanent housing, if it is reached at all, and the dependence of housing on treatment, which can have destabilising effects (Tsemberis 1999). The evidence has shown that housing retention rates are low and that continuum models, ultimately, fail to solve homelessness permanently (Johnson, Parkinson et al. 2012; Tsemberis 1999).

1 Beyond the claim that Housing First provides housing as a human right, the literature does not substantiate how a 'rights-based' approach is fulfilled in practice. See Collins and Stout (2021) for an analysis of 'housing as a human right' within a Canadian Housing First policy.

To address these shortcomings of prevalent homelessness programs in the US, the 'Pathways to Housing' model integrated supported housing with Assertive Community Treatment (ACT). Essential ingredients of the model to support people experiencing chronic homelessness diagnosed with a severe mental illness and substance addictions are the following:

- housing and treatment services are provided by separate agencies
- support and treatment services are provided in the community
- services are available 24 hours a day, 7 days a week
- service plans are individualised for each mental health consumer, who has choice in developing the plan, including the frequency and sequence of services provided (Tsemberis 1999)[2].

By offering an alternative response to address homelessness, Pathways to Housing started to capture the attention of academics, policy makers and practitioners in the US (Johnson, Parkinson et al. 2012). The explicit focus on permanent housing being a precondition in the process of recovery, constituted a radical shift away from existing approaches (Johnson, Parkinson et al. 2012).

3.2 Objective and principles of Housing First

The Housing First model is based on the conviction that having adequate housing is a human right (Tsemberis 1999) and an important precondition to be able to address other issues with which a person may be struggling. Housing First emphasises the social cost of not having effective systems in place to address the needs of homeless people and prevent homelessness (Pierse, Ombler et al. 2019). The focus of Housing First is to support people experiencing homelessness who have high and complex needs, such as having mental ill-health or an addiction to alcohol and other drugs (Pleace, Baptista et al. 2019).

Key principles of the Housing First model are:

- providing homeless individuals with immediate access to permanent, independent housing (Stefancic and Tsemberis 2007) to ensure tenants have secure and affordable housing long-term (Parkinson and Parsell 2018)
- no requirement for Housing First applicants to demonstrate that they are 'housing ready', such as having independent living skills to sustain their tenancy, or abstinence from drugs and alcohol (Pleace, Baptista et al. 2019)
- housing and support services are separated (e.g., tenants are not expected to prove housing readiness or comply with specific tenancy contingencies aside from standard tenancy agreements); services are committed to providing continuity of support even if tenants are rehoused; off-site services are accessible to tenants (Verdouw and Habibis 2018)
- housing is accompanied by intensive and flexible support for residents to help them sustain their tenancies and access required services and treatment. Whilst encouraged, participation in support services is not a condition to maintain the tenancy (Johnson, Parkinson et al. 2012)
- Housing First tenants are enabled to exercise a high degree of control over the housing, support and treatment they receive, which includes whether or not to use different services (Pleace, Baptista et al. 2019). Nonetheless, housing and support services are pro-active in assisting tenants, for example, managing their rental payments (Tsemberis and Asmussen 1999)
- support services are provided to assist residents to sustain their tenancy and work towards recovery and reintegration into the community (Johnson, Parkinson et al. 2012). A range of support services are available to assist social re-integration, including a focus on education, employment and social connectedness (Yanos, Felton et al. 2007).

2 Despite Housing First facilitating consumer choice and perceiving tenants as (potentially) capable and competent choice makers, their choice-making capability is seen in need of further strengthening, which requires professional intervention to support tenant's self-responsibility (Loefstrand and Juhila 2012). Furthermore, there are limits to the choices made by tenants and repeated 'wrong' choices can result in the end of a tenancy. See Loefstrand and Juhila (2012) for a critical analysis of the notion of consumer choice within the institutional practice of Housing First.

Ideally, these principles of Housing First inform the way all services are delivered to people experiencing homelessness (Johnson, Parkinson et al. 2012). In practice, a wide variability of programs refers to themselves as Housing First but are not necessarily completely congruent with the principles outlined through 'Pathways to Housing' (Tsai and Rosenheck 2012). A common divergence from these principles is the permanence of housing and support services of Housing First programs, which are funded for a certain amount of time and rely on tenants graduating to independently sustain tenancies (Stadler and Collins 2021). Other changes include the adaptation to different housing and social support systems. In this context, preserving the fidelity of Housing First programs to the outlined principles is important as changes can severely impact outcomes and the effectiveness of the model (Greenwood, Bernad et al. 2018; Kertesz and Johnson 2017).

4. Housing First delivery models

The delivery of housing varies between Housing First programs (Kertesz and Johnson 2017). Typically, Housing First programs provide housing in scattered-site individual dwellings or in congregate settings with private apartments provided within the same or connected buildings (Parkinson and Parsell 2018; Tsemberis 2012). Even though models providing scattered-site dwellings tend to be the choice for persons exiting homelessness, it is useful for Housing First providers to consider both types of housing (Tsemberis 2012), as different cohorts require different types of interventions to focus on their needs. To best match housing to meet the needs of individual tenants, environmental considerations, such as who to allocate housing to, their level of support needs, and issues arising from social mix, need to be considered (Verdouw and Habibis 2018). However, it should be noted that not all tenants succeed one hundred percent in either model (Tsemberis 2012). The choice of the housing delivery model also has implications for the program sustainability in terms of social cohesion and financial viability.

4.1 Scattered-site housing

Scattered-site housing is a frequent feature of Housing First models (Verdouw and Habibis 2018). In this model individual housing units are located throughout a community with the aim of offering people exiting homelessness a choice of housing location and type (Collins, Malone et al. 2013). Scattered-site housing offers people experiencing chronic homelessness the opportunity to live in 'normal housing in normal neighbourhoods' (Kertesz and Johnson 2017). In the US, the delivery of scattered site housing limits the number of supported tenancies to 15-20 per cent in any single building (Stefancic and Tsemberis 2007). Distinctions between scattered-sites and congregate settings are not always clear though and are context dependent. For example, Housing First programs in Australia accommodate some of their tenants in social housing complexes. Despite the Housing First tenants living in scattered-sites, their situation is more similar to a congregate setting as they are likely to share similar experiences with other non-Housing First tenants and have the same landlord.

Support services in this model are provided either 'off-site' or through 'floating' arrangements, in which case-managers and other dedicated staff members check in with their tenants (Kertesz and Johnson 2017; Verdouw and Habibis 2018).

Key arguments in favour of scattered-site housing include:

- tenants have more choice and control; including access to a variety of support services based in the community and housing location and type (Collins, Malone et al. 2013)
- increased feeling at home and sense of belonging for tenants, related to their perceived choice (Patterson, Moniruzzaman et al. 2014)
- tenants live in a 'normal' residential environment that reduces stigma and contributes to their recovery (Stefancic and Tsemberis 2007)
- tenants are assured a continuity of support as support services are not tied to a specific building, increasing their choice of alternative housing without needing to fear the loss of support (Verdouw and Habibis 2018).

Research by Verdouw and Habibis (2018) indicates that scattered-site housing may be more appropriate than congregate settings for people exiting homelessness for whom choice is a high priority and housing independence is a realistic goal. Rather than relying on specific service providers located on-site, key service components can be more easily selected from a range of service providers, including specialised services, relevant to a person's need (Verdouw and Habibis 2018).

Street to Home and other assertive outreach programs

Street to Home programs are based on the Housing First principles by assisting people experiencing chronic homelessness into permanent housing and linking them with support services to help them maintain their housing (Phillips and Parsell 2012; Whittaker, Swift et al. 2015). Street to Home programs have been implemented in several Australian cities (Johnson and Chamberlain 2015). The Street to Home program in Melbourne has following key service elements:

- the target cohort are the most vulnerable rough sleepers, who have been assessed to be 'at risk of premature death'
- rough sleepers are engaged through an assertive outreach approach
- the focus is to provide rough sleepers with permanent housing
- single-site housing is provided across Melbourne, including a range of housing types and sizes
- tenants are provided with intensive support before they access housing and for up to 12 months after permanent housing has been secured (Johnson and Chamberlain 2015).

Assertive outreach for Street to Home programs includes identifying people sleeping rough in the local area, such as through a 'registry week'[3], and actively monitoring them. The purpose of an active focus on monitoring the street homeless population to assess and respond to their needs (Johnson and Chamberlain 2015). This involves:

- creating accurate registries of people sleeping rough in local neighbourhoods
- focusing on assisting the most vulnerable people, who are assessed using a vulnerability index[4] that considers health issues and risk factors (Johnson and Chamberlain 2015).

4.2 Congregate housing

Housing First models using single-site or congregate settings provide people exiting homelessness with a dwelling that is part of a larger complex, containing other similar dwellings as well as common spaces and shared facilities (Kertesz and Johnson 2017). Besides support through tenancy management, these models often provide core support services to tenants on-site, including case-management, health and mental health services, alcohol and other drugs support, domestic and family violence specialists and assistance in independent living skills, employment and training (Bullen, Whittaker et al. 2016).

Advantages of providing Housing First in a congregate setting include:

- creating a sense of community for tenants, who can relate to each other based on shared backgrounds and experiences with chronic homelessness and other complex needs (Chhabra, Spector et al. 2020; Collins, Malone et al. 2013)
- better access to support services for tenants and reduced transit time for caregivers, who can provide treatment to multiple tenants at the same location (Kertesz and Johnson 2017)

3 In a 'registry week' people experiencing homelessness in a local area are identified and their support needs assessed. The purpose of a registry week is to gain data about the number of people sleeping rough and develop a better understanding of their vulnerability and health and housing needs.
4 A vulnerability index is a tool to assess the risk factors of people experiencing homelessness.

- cost-effectiveness of delivering tenancy management, repairs and maintenance and support services at a single site, in contrast to service providers needing to factor in resources for transport (Verdouw and Habibis 2018)
- housing providers avoid the challenge of securing rental properties (Verdouw and Habibis 2018)
- new buildings increase the supply of affordable housing (Verdouw and Habibis 2018).

However, research by Verdouw and Habibis (2018) has pointed-out several challenges congregate settings have that may have negative impacts on tenants and service-delivery, including:

- creation of an institutionalised environment, which can result in tenants being isolated from mainstream services
- social stigma of living in supportive housing, reducing social integration
- negative peer behaviour, reinforced through a concentration of tenants with complex needs
- intrusive home environment
- limited flexibility of services offered, reducing the capacity of services to respond to the diversity of tenant needs and choices
- limited pathways to independence, family formation and connection and longer-term tenancy stability
- support services may not be continued for tenants exiting to alternative forms of accommodation.

Despite these challenges, congregate housing is not necessarily incompatible with Housing First principles. For some tenant groups congregate-site supported housing can be the most appropriate form of housing (Verdouw and Habibis 2018). Examples include young people, such as those supported in Youth Foyers[5], older people, such as those supported through the Wintringham program[6], people with severe alcohol problems, people with serious mental illness, and tenants whose high support needs mean mainstream services will not suffice and independence is unlikely (Collins, Malone et al. 2013; Verdouw and Habibis 2018).

Negative impacts of congregate Housing First models can be mitigated by helping tenants adjust to living in an apartment building, such as by providing adequate means for individuals to retreat to privacy, consulting with tenants to find out their preferred choice, assessing a persons' need to decide whether a congregate setting or a scattered-site is the best fit (Collins, Malone et al. 2013).

Common Ground

Originating in the US, the Common Ground model has been adapted across Australia to provide supportive housing and address chronic homelessness (Parsell, Fitzpatrick et al. 2013). Drawing on Housing First principles, Common Ground facilities provide wrap-around support services in a congregate setting, designed to provide core support services on-site, create socially mixed communities and strengthen neighbourhoods (Parsell, Fitzpatrick et al. 2013).

The Common Ground model has been developed to accommodate people with experience of chronic homelessness and with complex needs, including people with mental ill-health, experience of complex trauma, alcohol and drug misuse, chronic disease, and brain injury. The Common Ground model aims to create socially mixed communities by providing around half of the housing to low-income households (Bullen, Whittaker et al. 2016). The implementation of Common Ground in Australia has attracted some academic criticism regarding the rapid introduction of the model without sufficient evaluation and potentially, because of its 'brand power' (Verdouw and Habibis 2018).

5 Youth Foyers support young people that are homeless or at risk of homelessness, with a specific focus on training and employment pathways.
6 The Wintringham program is a Victorian-based service providing care and accommodation to elderly men and women who are financially disadvantaged, homeless or at risk of becoming homeless.

4.3 Housing First programs in Australia and internationally

Housing First models need to be adapted to be transferrable to the local context and to suit different homelessness and welfare systems (Johnson, Parkinson et al. 2012). This includes modifying the principles established in 'Pathways to Housing' to suit different service and policy environments (Verdouw and Habibis 2018). The various adaptations of Housing First to different local contexts including a range of homelessness responses, has led to programs not necessarily adhering to the principles laid out for the initial Pathways to Home project (Tsemberis 1999; Johnson, Parkinson et al. 2012). The fidelity of projects to Housing First principles is discussed within the academic literature, with evaluations showing that outcomes are impacted by fidelity and can result in less successful tenant outcomes (Greenwood, Bernad et al. 2018; Kertesz and Johnson 2017).

This review has investigated the research discussing the implementation of Housing First in different countries, including in Canada, Australia and various European countries (see Table 2).

Table 2: Research on Housing First implementation in Australia and internationally

Country	Focus of publication	Citation
Comparative	This book chapter discusses the implementation of Housing First in different places internationally, including Canada, Western Europe and Australia. Implementation of Housing First is discussed regarding the different social welfare policies, the adaptation of the model and influence on service responses to homelessness.	Padgett, Henwood et al. (2015)
Australia	This essay critically discusses the Housing First model and addresses whether the model is transferrable to the Australian context. The essay introduces the notion of 'program drift' to outline the transfer of operational principles and program elements of Housing First to Australia.	Johnson, Parkinson et al. (2012)
	This article reviews the evidence of Housing First outcomes and discusses the challenges and concerns of implementing and applying the model in the Australian context.	Kertesz and Johnson (2017)
Europe	The objective of this article is to determine the fidelity of Housing First program in nine European countries to the initial 'Pathways to Housing' model. The article identifies factors that facilitate or impede fidelity and describes the adaptation for the model to be implemented in the different contexts.	Greenwood, Bernad et al. (2018)
	This report provides an overview of the development of Housing First in 19 European countries. The report focuses on the adaptation of Housing First in each country and the fidelity to the model. It also presents the extent to which Housing First is part of homelessness strategies and programs and the scale of service provision.	Pleace, Baptista et al. (2019)

4.3.1 Housing First in the US

Drawing-on the evidence base from evaluations of the Pathways to Housing program, Housing First has become widespread in the US since the 1990s. By 2019, Housing First services were available in most cities and regions in the US, and it was part of the national strategic response to homelessness (Pleace, Baptista et al. 2019). However, Housing First remains an emerging response, with it being still in the process of development, and still needing to be advocated for over other existing service models (Pleace, Baptista et al. 2019).

With the focus of Housing First being on people with high and complex support needs, it does not encompass all forms of homelessness. In comparison to European countries with a more supportive welfare system, in the US poverty is more closely linked to homelessness (Pleace, Baptista et al. 2019). Due to a lack of affordable housing, households on low or very-low incomes have difficulties finding stable housing permanently, putting them at risk of homelessness. Finding an adequate, secure home may be the only support they need, rather than the intensive support services provided through Housing First (Pleace, Baptista et al. 2019). To address homelessness in the US, Housing First needs to work alongside other service responses, including increasing access to affordable housing and diminishing poverty (Pleace, Baptista et al. 2019).

4.3.2 At Home/Chez Soi in Canada

In Canada, At Home/Chez Soi was a longitudinal study implemented to show the effectiveness of Housing First programs in the Canadian context. Prior to At Home/Chez Soi, Housing First had been implemented in some Canadian cities, such as the Toronto Streets to Homes program (Goering, Veldhuizen et al. 2014), but relied on evidence drawn mostly from the experience of US programs for its justification. US results are not directly transferrable to Canada considering the differences in the homeless populations and welfare systems of the two countries.

In 2008, the Canadian federal government commissioned the Mental Health Commission of Canada to conduct a large-scale study on effective approaches for people experiencing serious mental illness and homelessness in Canada and to evaluate the outcomes achieved by Housing First in comparison to treatment-as-usual (Goering, Veldhuizen et al. 2014). At Home/Chez Soi was also conducted to demonstrate an alternative to current homelessness responses in Canada that have relied mostly upon shelters and emergency housing to accommodate people and on acute care services, such as emergency rooms, to provide health (Goering, Veldhuizen et al. 2014).

4.3.3 Housing First in Europe

Housing First responses to homelessness are becoming more widely adopted across Europe, influencing homelessness policies and debates about how best to end homelessness (Pleace, Baptista et al. 2019). In some European countries, like Denmark and Finland, Housing First is widespread, and has a specific role in reducing chronic homelessness among people with high and complex need (Pleace, Baptista et al. 2019).

In 2008, Finland implemented a national homelessness strategy centred around Housing First that is integrated with a range of initiatives, including prevention, building new social housing, and providing a mix of support services (Spinney, Beer et al. 2020). The strategy's aim to reduce long-term homelessness and prevent people becoming homeless represented a shift of the government's response to homelessness on a systemic level (Y-Foundation 2017). Since then, Finland has moved away from staircase treatment models, resulting in the closure of crisis and temporary accommodation, with the last shelter being repurposed in 2015 (Y-Foundation 2017). Underpinning this policy shift is the Housing First notion that having a place to live is both a human right and a basic right. Despite adopting the banner of Housing First and sharing many of the underlying principles of the 'Pathways to Housing' model, the Finnish Housing First model developed independently and has specific characteristics suited to the Finnish context (Y-Foundation 2017). This includes requiring residents to pay rent by themselves and making use of mainstream support services according to their own need (Y-Foundation 2017). These differences are possible due to the high standard of social and health services in Finland, where people can access required services more easily and for free, and a welfare system, in which social assistance and housing allowance are widely available (Y-Foundation 2017). Accompanying individual Housing First programs, the Finnish homelessness strategy recognised the importance of providing an adequate supply of affordable and secure housing (Spinney, Beer et al. 2020).

Despite the successes of the Finnish Housing First model, Housing First is not the predominant response to homelessness in most other European country (Pleace, Baptista et al. 2019). Responses to homelessness rely mostly on crisis accommodation and transitional or temporary supported housing, whilst also focusing on providing preventative services (Pleace, Baptista et al. 2019).

4.3.4 Adaptation of Housing First in Australia

Drawing-on the evidence base emerging from the 'Pathways to Home' program in the US, Housing First presented an alternative model to reduce homelessness in Australia (Verdouw and Habibis 2018). In 2008 the Australian Government released the White Paper 'The Road Home' that proposed to halve overall homelessness and offer supported accommodation to all rough sleepers by 2020 (Whittaker, Swift et al. 2015). The strategy committed to ending homelessness by facilitating social innovation under the banner of Housing First and to provide funding for support agencies to develop service models suited to the Australian context (Parkinson and Parsell 2018).

With Australia's welfare and housing systems differing to those in the US, the implementation of Housing First in Australia needs to take local characteristics into account and, as argued by Johnson et al. (2012), should not be an exact replica of the original' Pathways to Housing' program. Arguably, Housing First has the potential to result in a paradigm shift to Australian homelessness policy by articulating the importance of rapid access to permanent housing options and the necessity to provide a comprehensive package of support more clearly (Johnson, Parkinson et al. 2012). A Housing First model suited to the Australian context should reflect the differences from the US and European contexts and identify and integrate the elements of Housing First that best support people to exit from chronic homelessness and help sustain their housing and address their needs (Kertesz and Johnson 2017).

Homelessness Australia developed the following Housing First principles for the Australian context to promote the implementation of the model and facilitate the design and delivery of support services (Dodd, Rodrigues et al. 2020). The principles are as follows:

- people have the right to a home: including immediate access to permanent housing without demonstrating housing readiness
- housing and support are separated: people are not required to participate in treatment and have access to support, even if, choosing to move
- flexible support for as long as it is needed: people are provided with continuity of support that can be scaled-up or down depending on support needs
- choice and self-determination: people have choice in type and location of housing and support they receive
- active engagement without coercion: services actively engage people, design support to fit the individual and build trusting relationships
- social and community inclusion: people are supported to build relationships, participate in activities, and become part of a community
- recovery oriented practice: services focus on helping people recover a sense of themselves, provide hope in a strengths-based approach
- harm reduction approach: services assist people in reducing negative impacts and are guided to find appropriate support (Dodd, Rodrigues et al. 2020).

This articulation of Housing First principles by Homelessness Australia translates the original 'Pathways to Housing' model to assist practitioners responsible for service delivery in Australia. In particular, the principles point to current best practice of applying a harm reduction approach to support Housing First tenants and working with them in a recovery-oriented practice. The principles also provide more detail about how housing and support service relate and how tenants are involved.

5. Outcomes and cost-effectiveness of Housing First

The international and Australian literature has established a broad evidence base on the effectiveness of Housing First programs. Many studies assess the outcomes for tenants, in particular regarding housing retention rates and a range of non-housing outcomes. Housing First is a cost- and resource-intensive service response to homelessness. To evaluate the cost-effectiveness of Housing First programs an emerging body of literature is measuring the cost-offsets achieved through supporting people that have experienced chronic homelessness.

5.1 Measuring the outcomes and cost-effectiveness of Housing First programs

Housing First programs are generally assessed in relation to tenant outcomes (housing and non-housing), the cost-effectiveness of programs, and, to a lesser extent, the impact on housing and homelessness systems. Table 3 summarises the indicators used to measure tenant outcomes, the cost-effectiveness of Housing First programs and broader housing and homelessness outcomes.

Table 3: Indicators to evaluate Housing First outcomes

Outcome		Indicator
Housing outcomes		• Housing retention rate (relative to treatment as usual)
		• Continuity of tenure (at a point in time)
		• Days stably housed
Non-housing outcomes	Health	• Improvement in health (over time)
	Mental health	• Improvement in mental health (over time) • Decrease in psychiatric symptoms
	Hospitalisations	• Reduction in emergency department and hospital admissions • Reduction in days in hospitals
	Service utilisation	• Changes in service and treatment usage
	Substance use	• Reduction in alcohol and other drugs usage • Reduction in problematic substance usage
	Quality of life	• Self-reported improvements, including sense of security and dignity
	Social integration	• (Re-) Establishment of social relationships, including family and friends • Interaction within community
	Justice system	• Reduction in incarceration rates • Reduction in arrests and court appearances
	Employment and training	• Changes in access to training and education • Increase in employment rates and people looking for employment

Outcome	Indicator
Cost-effectiveness	• Decrease in health care and related costs • Reduced use mainstream services and justice system • Less demand on crisis accommodation
	• Costs per tenant (compared to other service responses) • Costs per tenant (dependent on level of support need)
Broader housing and homelessness outcomes	• Reduced long-term costs to society • Social benefits

5.2 Housing outcomes

A key focus of evaluations of Housing First programs is establishing their effectiveness in reducing chronic homelessness. Evaluations measure housing outcomes by using administrative data to determine tenancy sustainment (see Table 3). Rates of housing retention at a specific interval after program commencement is a frequently used indicator to measure housing outcomes of tenants. Some studies substantiate their findings by comparing outcomes to control groups, who receive 'treatment as usual', for example as conducted in the At Home/Chez Soi study (Goering, Veldhuizen et al. 2014). The evidence base is relatively consistent that Housing First improves housing outcomes for tenants, although exact figures on housing retention rates vary between studies (Johnson 2012). Table 4 provides an overview of different outcomes assessed in different Housing First programs in Australia and internationally.

Table 4: Housing retention rates of Housing First programs

Program name	Country	Rate of housing retention	Time after commencement	Reference
Pathways Supported Housing	USA	• 84% housing retention, compared to 60% for treatment as usual (2 years)	30 months	Tsemberis (1999)
Way2Home	Australia	• 90% housing retention	12-months	Padgett, Henwood et al. (2015)
Un Chez Soi d'Abord	France	• 85% housing retention, compared to 40% receiving treatment as usual	2 years	Aubry (2020)
		• Higher retention rate than comparison group	4 years	Loubière, Lemoine et al. (2022)
At Home/Chez Soi	Canada	• 62% housed all of the time • 22% some of the time • 16% none of the time	During last 6 months of study	Goering, Veldhuizen et al. (2014)
		• 74% housing retention	24 months	Aubry, Goering, Veldhuizen et al. (2016)
		• 44%/40% increase of days stably housed for older/ younger HF tenants compared to receiving treatment as usual	24 months	Chung et al. (2018)
		• 70-71% housing retention	12 months	Palepu, Patterson et al. (2013)
		• 85-88% of days stably housed, compared to 60-78% receiving treatment as usual	6 years	Stergiopoulos, Meija-Lancheros et al. (2019)

Program name	Country	Rate of housing retention	Time after commencement	Reference
Platform 70	Australia	• 82% housing retention	12 months	Whittaker, Swift et al. (2015)
Common Ground Sydney	Australia	• 74% housing retention	12 months	Whittaker, Swift et al. (2015)
Domestic Violence Housing First	USA	• 96% of the families fleeing domestic violence	18 months	Sullivan and Olsen (2016)
HF program in Seattle	USA	• 23% returned to homelessness	2 years	Collins, Malone et al. (2013)
HUD-Veterans Affairs Supportive Housing program	USA	• 98% housing retention	12 months	Montgomery, Hill et al. (2013)
HF program in Ottawa	Canada	• 76% of days stably housed, compared to 51% in the comparison group	24 months	Cherner, Aubry et al. (2017)
Secondary study	USA	• 84% • 68%	2 years 47 months	Stefancic and Tsemberis (2007)
Secondary study		• 86% of tenants with high support needs in stable housing • 88% of tenants with moderate support needs in stable housing	Not specified	Aubry (2020)
Secondary study		• Around 80% for tenants with high and complex needs	Not specified	Pleace, Baptista et al. (2019)
Secondary study		• 66%	18 months	Johnson (2012)

Evaluations of Housing First programs consistently report high levels of tenants sustaining their housing. Rates of housing retention vary between programs, typically ranging from 66 per cent to 90 per cent (see Table 4). A higher retention rate of 96 percent was reported for a Housing First program supporting families fleeing domestic violence (Sullivan and Olsen 2016). Findings of Housing First programs aimed at specific target cohorts, e.g., tenants with mental ill-health or families fleeing domestic violence are not necessarily generalisable to all cohorts, for example, because support needs may differ (Sullivan and Olsen 2016). Despite some Housing First programs achieving high housing retention rates above 85 per cent, Johnson, Parkinson et al. (2012) caution not to expect these best outcomes for every Housing First program, as this would run the risk that any service that fails to achieve similar success rates will be seen as a failure.

Housing outcomes are measured at different intervals after a program's commencement ranging from six months to two years (see Table 4). Even though some evaluations provide follow-up data after programs have stopped or tenants have exited (Bourque, Vantil et al. 2015), the evidence base has less information on the long-term impacts of Housing First programs (Kertesz and Johnson et al. 2017). In 2017, Kertesz and Johnson (2017) were able to identify only one study assessing outcomes for longer than four years. In this study housing outcomes of tenants were measured at a two-year mark (84% retention rate) and at just under four years (68% retention rate) (Stefancic and Tsemberis 2007). A more recent publication by Stergiopoulos, Meija-Lancheros et al. (2019) provides evidence on long-term housing stability over a six-year period, showing that tenants were stably housed between 85 and 88 per cent of the time.

Housing First programs have shown to achieve better housing outcomes than treatment as usual services or continuum of care programs (Aubry, 2020; Aubry, Goering et al. 2016; Johnson, Parkinson et al. 2012; Verdouw and Habibis 2018). Improved housing outcomes have been demonstrated by evaluations of programs that were designed to have tenants receiving Housing First services as well as a comparison group receiving treatment as usual. For example, the Canadian At Home/Chez Soi study found that across all sites tenants in the Housing First cohort obtained housing and retained their housing at a much higher rate than the comparison group receiving treatment as usual (Aubry, Goering et al. 2016; Goering, Veldhuizen et al. 2014; Stergiopoulos, Hwang et al. 2015). The study also showed an increase of days stably housed by Housing First tenants (Chung, Gozdzik et al. 2018). Similarly, the French Un Chez Soi d'Abord study found that 85 per cent of tenants receiving Housing First were housed after two years compared to less than 40 per cent of people receiving treatment as usual (Aubry 2020) and outcomes remained better after four years (Loubière, Lemoine et al. 2022). However, comparisons between Housing First and treatment as usual services need to be viewed in the context of a country's social service system, as the quality may differ significantly between countries.

Despite improving housing outcomes on average for the total cohort, around 12-25 per cent of Housing First tenants are not successful at becoming stably housed (Padgett, Henwood et al. 2015). In the case of At Home/Chez Soi around 13 per cent of tenants did not retain their housing (Goering, Veldhuizen et al. 2014). The research showed that this group, on average, had longer histories of homelessness, lower educational levels, more connection to street-based social networks, more serious mental health conditions, and some indication of greater cognitive impairment (Goering, Veldhuizen et al. 2014). Other research identified cohorts with severe alcohol and drug addictions to be less likely to sustain their tenancies (Tsemberis 2012). However, the research notes that it is difficult to predict which tenants will not manage well and that it may take a long time to identify tenants that are likely have multiple evictions and that need more structure and services (Tsemberis 2012). For some, this might mean reversing back into homelessness until they find the type of accommodation that is must successful for them (Greenwood, Bernad et al. 2018).

The risk of a tenant returning to homelessness might depend less on their behaviour and demographic characteristics, but on the right mix between their support needs and available models of housing (Collins, Malone et al. 2013). The research notes that people exiting chronic homelessness are able to maintain housing and avoid returning to rough sleeping if they are given housing options that are tailored to their own goals and needs (Collins, Malone et al. 2013).

5.3 Non-housing outcomes

Besides providing housing to people exiting chronic homelessness, Housing First programs integrate intensive wrap-around services to support their needs. Tenants of Housing First programs often face significant challenges in realising non-housing outcomes, resulting in a less conclusive evidence base than for housing outcomes (Parsell and Moutou 2014; Johnson, Parkinson et al. 2012).

Non-housing outcomes are evaluated across a range of domains, including health, mental health, hospitalisations, service utilisation, substance use, quality of life, social integration, justice system interactions, employment and training (see Table 3). For some of these domains, research draws on quantifiable indicators, such as number of visits to hospitals or usage of services. Evaluations utilise indicators derived from qualitative data to evaluate many other domains, for example self-reported information provided by tenants on their social integration and wellbeing.

Table 5 provides an overview of the domains Australian and internationally literature has investigated. Whilst several domains, such as mental health and substance misuse, draw-on a well-established evidence base, other non-housing outcomes, in particular employment and training, have not been assessed by many studies.

Table 5: Overview of studies assessing non-housing outcomes

Reference	Health	Mental health	Hospitalisations	Service utilisation	Substance misuse	Quality of life	Social integration	Criminal justice system involvement	Employment and training
Aubry (2020)	■	■	■		■	■	■		
Aubry, Goering, et al. (2016)	■	■	■	■	■	■	■	■	
Bourque, Vantil et al. (2015)						■	■		
Bullen, Whittaker et al. (2016)	■	■	■	■	■	■	■	■	■
Cherner, Aubry et al. (2017)	■	■			■	■	■		
Chhabra, Spector et al. (2020)	■	■	■	■	■	■	■		
Chung, Gozdzik et al. (2018)	■	■			■	■	■		
Clifasefi, Malone et al. (2013)								■	
Collins, Malone et al. (2013)		■			■				
DeSilva, Manworren et al. (2011)					■			■	
Goering, Veldhuizen et al. (2014)		■		■	■	■	■		
Hanratty (2011)				■				■	
Hawk and Davis (2012)	■								
Holmes, Vale et al. (2017)		■	■						
Johnson, Parkinson et al. (2012)					■		■		
Johnson (2012)					■		■		
Johnson and Chamberlain (2015)	■	■	■	■	■		■		
Kertesz and Johnson 2017	■				■	■	■		
Leclair, Deveaux et al. (2019)								■	
Loubière, Lemoine et al. (2022)		■	■		■		■		
Montgomery, Hill et al. (2013)		■	■	■					
Padgett, Stanhope et al. (2011)					■				
Patterson, Moniruzzaman et al. (2014)							■		
Palepu, Patterson et al. (2013)					■				
Parsell, Petersen et al. (2015)	■	■		■	■	■	■		■
Pleace, Baptista et al. (2019)		■					■		
Pierse, Ombler et al. (2019)	■	■	■	■				■	
Pringle, Grasso et al. (2017)				■					
Roebuck, Aubry et al. (2021)						■	■		
Sadowski, Kee et al. (2009)			■						
Somers, Rezansoff et al. (2013)								■	
Srebnik, Connor et al. (2013)			■	■				■	
Sullivan and Olsen (2016)	■					■			
Stergiopoulos, Hwang et al. (2015)			■	■		■	■	■	
Verdouw and Habibis (2018)		■	■		■		■	■	
Whittaker, Dobbins et al. (2017)		■		■	■	■			
Wood, Vallesi et al. (2017)	■	■	■	■	■			■	
Wood, Wood et al. (2018)			■						

Evaluating non-housing outcomes faces several challenges, including:

- Improvements in non-housing outcomes may take significant time to materialise (Johnson, Parkinson et al. 2012). However, most studies evaluating Housing First outcomes have a 24 month or less follow-up period, which limits the knowledge about longer-term trajectories of tenants and their recovery (Aubry 2020; Kertesz and Johnson 2017).
- Assessing the impact of Housing First on health outcomes needs to consider the pre-existing chronic poor health of a significant proportion of tenants (Aubry 2020).
- Broader contextual factors, such as entrenched poverty, or limited affordable housing options, that are beyond the scope of a Housing First program to address, may also influence tenant outcomes (Tsemberis 2010).
- Engagement in support services is not a prerequisite for tenants to be accommodated through a Housing First program. Hence, non-housing outcomes are not only reflective of service provision but are also dependent on a tenant's choice to participate, and individual goal setting (Loubière, Lemoine et al. 2022). For example, abstinence of alcohol and other drug consumption is not a condition of Housing First (Pleace, Baptista et al. 2019).

5.3.1 Health

The provision of stable and secure housing, integrated with support, through Housing First programs provides formerly homeless tenants with access to services to address their often significant medical needs (Chhabra, Spector et al. 2020). One example is a program treating tenants for HIV/AIDS, which is achieving better health outcomes, including reduced HIV morbidity, mortality, and secondary transmission, compared to usual expectations (Hawk et al. 2012). However, several evaluations do not show markedly better health outcomes overall for Housing First programs compared to 'treatment as usual' approaches (Aubry 2020; Kertesz and Johnson 2017).

Measurement of health outcomes needs to consider that tenants in Housing First often have chronic poor health and continue to be impacted by poverty, constraining improvements (Aubry 2020). Kertesz et al. (2017) argue that most studies assess outcomes of Housing First programs at one or two years after commencement, whereas tenants may take longer than this to demonstrate improvement or recovery. Also, many people entering Housing First have pre-existing ill-health, with a significant number dying in housing shortly after moving in (Montgomery 2013).

The evidence shows that whilst Housing First provides tenants with access to health services, interventions cannot be expected to lead directly to improvements in the overall health of all tenants due to the existence of co-morbidities.

5.3.2 Mental health

The evidence of Housing First programs addressing the serious mental illness of tenants is not conclusive (Cherner, Aubry et al. 2017; Verdouw and Habibis 2018). Some studies demonstrate a positive impact of Housing First on the mental health of tenants, including a decrease in psychiatric symptoms (Chhabra, Spector et al. 2020; Goering, Veldhuizen et al. 2014). Other reviews show mixed outcomes for tenants in terms of improved mental health, with the level and quality of data being highly variable (Pleace, Baptista et al. 2019).

The At Home/Chez Soi study found that improvements were highest at the beginning of support, followed by more modest continuing gains for the remainder of the study period (Goering, Veldhuizen et al. 2014). Reasons for this could be that both Housing First and 'treatment as usual' approaches provide access to support services or may represent natural improvement after exiting chronic homelessness (Goering, Veldhuizen et al. 2014). In comparison to 'treatment as usual' models, Housing First cannot demonstrate significantly better mental health for tenants (Aubry 2020; Goering, Veldhuizen et al. 2014; Loubière, Lemoine et al. 2022).

As with health, Housing First programs enable tenants to access mental health services, with housing stability offering a foundation to address their mental health needs. However, Housing First on its own does not necessarily lead to long-term mental health improvements.

5.3.3 Hospitalisations

People experiencing chronic homelessness frequently access emergency departments and are hospitalised (Sadowski, Kee et al. 2009). Housing First tenants experience fewer hospitalisations and are admitted less often to emergency departments (Aubry 2020; Chhabra, Spector et al. 2020; Verdouw and Habibis 2018).

A study conducted by Sadowski, Kee et al. (2009) in the US demonstrated the effectiveness of Housing First on reducing health care costs. Tenants of the Housing First program had high levels hospitalisation prior to being housed. Support through Housing First resulted in 27 per cent of housed tenants needing no hospitalisations or emergency department visits. Overall, the research found a 29 per cent reduction in hospital days and 24 per cent reduction in emergency department visits (Sadowski, Kee et al. 2009).

The evidence indicates reduced rates of hospitalisations for Housing First tenants. Increased access to support services (e.g., for health or mental health treatment) and increased service utilisation, may result in health concerns becoming less acute and therefore not requiring hospitalisation. Also, support services offered through Housing First programs potentially are a substitute for admissions to emergency departments, which can be the first point of access to the healthcare system for people experiencing homelessness.

5.3.4 Service utilisation

The evidence clearly demonstrates that Housing First enables tenants to access support services. Housing First programs integrate housing with intensive support services, providing tenants with access to support to address their needs. The At Home/Chez Soi study found that most tenants were actively engaged in support and treatment services through to the end of program and were able to access appropriate services to meet their needs, which previously were unmet (Goering, Veldhuizen et al. 2014). Other research suggests that having stable housing motivates tenants to engage in treatment (Pringle, Grasso et al. 2017). However, another study suggests that more evidence is needed to understand the impacts of Housing First programs to facilitate tenant's healthcare service use (Chhabra, Spector et al. 2020). The study emphasises the importance of case management to support tenants addressing their needs (Chhabra, Spector et al. 2020).

5.3.5 Substance misuse

The evidence does not consistently demonstrate a positive impact of Housing First on reductions of substance misuse. However, substance dependency is a complex issue and abstinence is not a pre-condition for access to a Housing First program (Tsemberis 1999), meaning reductions in substance misuse should not necessarily be expected. To support a tenant's choice to address their substance dependency, support services can be intensified collaboratively by facilitating a relationship with a specialised service provider, contributing to better outcomes.

Substance dependency and substance misuse is highly prevalent among people with lived experience of homelessness (Loubière, Lemoine et al. 2022; Palepu, Patterson et al. 2013). Some studies demonstrate the effectiveness of Housing First programs in assisting tenants to decrease their substance use and reducing problematic alcohol and drug use overall (Chhabra, Spector et al. 2020; Johnson 2012; Kertesz and Johnson 2017; Padgett, Stanhope et al. 2011). Similar to health and mental health outcomes, studies comparing Housing First to 'treatment as usual' services do not find significant differences in substance use levels but do show some improvements (Aubry 2020; Goering; Veldhuizen et al. 2014).

One study, however, emphasises that the existing evidence indicates little if any reduction in drinking and virtually no decline in drug use among Housing First tenants (Johnson, Parkinson et al. 2012). A more rapid decline in substance abuse for the comparison group has been shown in another study, slower improvements may be the result of abstinence not being a requirement of Housing First and the harm reduction approach, through which Housing First tenants can more readily acknowledge their continued substance use (Cherner, Aubry et al. 2017; Loubière, Lemoine et al. 2022). Given the conflicting evidence, Verdouw and Habibis (2018) deduce that the impact of Housing First on problematic levels of use of substances, such as alcohol and other drugs, is not conclusive.

5.3.6 Quality of life

Overall, the evidence indicates that Housing First is successful in improving the quality of life of tenants. The evidence on quality of life relies primarily on tenants' self-reporting on changes to different aspects of their life (Nelson, Macnoughton et al. 2013). Housing stability provides people exiting homelessness with a restored sense of security and dignity, improving feelings about health, well-being and other aspects of life (Chhabra, Spector et al. 2020; Sullivan and Olsen 2016; Whittaker et al. 2017).

Compared to 'treatment as usual' approaches, Housing First tenants report greater improvements in their quality of life (Aubry, Goering, Veldhuizen et al. 2016; Nelson, Macnaughton et al. 2013; Goering, Veldhuizen et al. 2014). Areas of improvement include their living situation, safety, finances, and leisure (Aubry 2020).

5.3.7 Social integration

The outcomes of Housing First programs on the social integration of tenants in the community vary (Pleace, Baptista et al. 2019). Johnson, Parkinson et al. (2012) emphasise that recovery and social inclusion are in many cases long-term goals that may take years to eventuate. The process of recovery depends on an individual's stage of life, the severity and/or permanency of conditions they experience and their capacity for change (Johnson, Parkinson et al. 2012).

Living in stable housing facilitates social connections, including to family and friends. Chhabra, Spector et al. (2020) report on relationships of tenants with family and friends being constrained due to the nature of being unstably housed. Housing First enables tenants to reconnect and build on social relationship as a source of support helping to overcome barriers to health that may have seemed insurmountable prior to the housing placement (Chhabra, Spector et al. 2020).

Housing First evaluations, however, do not find any significant differences in improvements in tenants' social integration (Aubry 2020; Patterson, Moniruzzaman et al. 2014). Though Goering, Veldhuizen et al. (2014) do find that observer-rated community functioning of Housing First tenants is greater.

One issue tenants face, particularly those living in single-site, dispersed housing, is social isolation and loneliness (Roebuck, Aubry et al. 2021; Yanos, Felton et al. 2007). Even though Housing First may end homelessness and address the support needs of tenants, their social integration is restricted by poverty and the stigma attached of living in social housing (Patterson, Moniruzzaman et al. 2014; Tsemberis 2010). Issues of social isolation and loneliness are associated with depression, a reduced sense of control and pessimistic social expectations (Johnson, Parkinson et al. 2012).

The evidence shows that Housing First can be for some tenants a foundation from which to (re-) establish social relationships and become better integrated within the community. However, housing stability does not change broader systemic disadvantage that inhibits people's chances for social integration.

5.3.8 Criminal justice system involvement

Although for some tenants Housing First does not stop their involvement with the criminal justice system, the support offered can be a preventative factor decreasing the likelihood of incarceration or involvement with the criminal justice system.

There is a strong correlation between homelessness and higher levels of incarceration, with Housing First tenants being more likely than the general population to have had prior involvement with the criminal justice system (Pierse, Ombler et al. 2019). In one Australian evaluation of a Housing First program, 62 per cent of tenants reported having been to prison and 74 per cent having been in police custody in their lifetime (Wood, Vallesi et al. 2017).

Moving to a Housing First program can reduce tenant's involvement with the criminal justice system in terms of decreased rates of incarceration (Clifasefi, Malone et al. 2013; Hanratty 2011; Somers, Rezansoff et al. 2013; Srebnik, Connor et al. 2013). However, this is not necessarily the case. One evaluation reported increased rates of involvement with the justice system, measured between a baseline and a 12-month follow-up (Bullen, Whittaker et al. 2015). One indirect effect of Housing First is its recovery-oriented focus, which may help tenants to achieve their own goals and (re-) establish social connection, functioning as a preventative influence (Leclair, Deveaux et al. 2019).

A systematic review of the evidence shows that in comparison to 'treatment as usual' approaches, Housing First does not achieve better outcomes regarding tenants' criminal justice involvement (Leclair, Deveaux et al. 2019). This could be, because Housing First does not address criminogenic factors systematically. The research suggests that Housing First programs could integrate approaches, such as risk assessment or offender rehabilitation strategies, to better support tenants (Leclair, Deveaux et al. 2019). Another study recommends providing Housing First tenants with significant criminal histories with additional support to address the issues that can result in their involvement with the criminal justice system (DeSilva, Manworren et al. 2011).

5.3.9 Employment and training

The evidence demonstrating employment and training outcomes for Housing First tenants is limited. Evaluations of Common Ground facilities in Australia show that only few tenants are enrolled in a training course or are employed (Bullen, Whittaker et al. 2016; Parsell, Petersen et al. 2015). Most tenants are unable to work due to ill-health, injury or disability (Bullen, Whittaker et al. 20015). The research by Bullen, Whittaker et al. (2016) found some increase (between a baseline and a 12-month follow-up) in the number of people looking for work or stating that they could have worked in the last week. Similarly, research by Parsell, Petersen et al. (2015) notes that tenants report having better access to training and education. Despite the perception of having better employment opportunities, the research indicates that the prospect of finding employment after experiencing chronic homelessness is relatively small (Parsell, Petersen et al. 2015).

Based on a rather patchy evidence base, finding employment is not an expected outcome of Housing First programs, although some tenants participate in training courses.

5.4 Cost-effectiveness of Housing First

Cost-effectiveness is most often measured comparing the costs of delivering and maintaining a Housing First program with the potential or estimated cost-savings for other government or non-government services (Table 3). Cost-offsets occur, for example, by Housing First tenants not needing to access mainstream health services or crisis accommodation. Commonly, evaluations draw on administrative data and linked data to calculate changes of service utilisation of Housing First tenants, based on which cost-offsets are estimated (Aubry 2020; Jacob, Chattopadhyay et al. 2022). The cost-effectiveness of Housing First programs is also measured in comparison to other service responses (Goering, Veldhuizen et al. 2014).

Housing First is a cost- and resource-intensive response to homelessness (Tsai and Rosenheck 2012). Effective Housing First programs require intensive and on-going support services to meet the needs of tenants and require additional resources for implementation (Aubry, Bloch et al. 2020). Housing First programs are reliant on on-going subsidies to fund housing and support services as rents paid by tenants, who often have no or minimal income, are insufficient to cover costs. In the case of congregate models of Housing First, a significant up-front capital cost is also required to build or repurpose the housing (Verdouw and Habibis 2018).

Overall, the evidence base for the cost effectiveness of Housing First draws on a limited number of studies and did not demonstrate a clear picture in 2012 (Johnson, Parkinson et al. 2012). A more recent publication by Aubry (2020) suggests that the evidence base has been expanded through a small number of published studies on cost benefits and the cost-effectiveness of Housing First. The limited number of economic studies makes it difficult to draw conclusions about cost offsets and cost-effectiveness associated with Housing First (Aubry 2020). The evidence base on economic benefits and costs is somewhat broader for the US context. The systematic economic review by Jacob, Chattopadhyay et al. (2022) finds that for the majority of evaluated Housing First programs the economic benefits exceed the intervention cost for Housing First programs. However, the authors caution that cost-offsets are likely to be greater in the US, due to the high health care costs, than in other countries, such as Canada (Jacob, Chattopadhyay et al. 2022).

The evidence suggests that Housing First achieves cost-offsets through tenants using less services, including:

- reduction in health service use, in particular acute health care and emergency medical services (Aubry 2020; Aubry, Goering, Veldhuizen et al. 2016; Goering, Veldhuizen et al. 2014; Johnson, Parkinson et al. 2012; Kertesz and Johnson 2017; Parsell, Petersen et al. 2017; Pleace, Baptista et al. 2019; Srebnik, Connor et al. 2013)
- decrease in usage of mainstream welfare services (Aubry 2020; Kertesz and Johnson 2017)
- less involvement with the justice system (Aubry 2020; Aubry, Goering, Veldhuizen et al. 2016; Goering, Veldhuizen et al. 2014; Johnson, Parkinson et al. 2012; Kertesz and Johnson 2017; Micah Projects 2016; Parsell, Petersen et al. 2017; Srebnik, Connor et al. 2013)
- less demand on crisis accommodation, rooming houses, and other forms of transitional housing (Goering, Veldhuizen et al. 2014)
- flow-on benefits, such as potentially improved family relationships, caring responsibilities and social participation and other broader benefits that could be attributed to improved health, well-being, labour market participation (Parsell, Petersen et al. 2017).

An evaluation of Housing First in Brisbane found that the main cost saving resulted from reduced usage of the justice system, with the cost of police and courts services used by tenants dropping from an average $8,719 per person per annum to just $2,172 (Micah Projects 2016). The evaluation also estimated that the Housing First program resulted in an estimated avoidance of $6.9 million in hospital and emergency department costs for an investment of $500,000 (Micah Projects 2016). Another study showed that the costs of using health, criminal justice and homelessness services dropped from an annual average of $48,217 per person that is chronically homeless to $20,788 for the same person being in a supportive housing tenancy. Considering the tenancy and support costs the study calculated the annual cost savings for governments to be $13,100 per person (Parsell, Petersen et al. 2017).

The evaluation of the At Home/Chez Soi study found that Housing First was a sound investment and showed that (in Canadian Dollars):

- on average, annual cost per person was $22,257 for Assertive Community Treatment (ACT) tenants and $14,177 for Intensive Case Management (ICM) tenants
- investment in Housing First resulted in cost offsets for other services: for every $10 invested in Housing First services savings were $9.60 for ACT tenants and $3.42 for ICM tenants
- for the 10 per cent of tenants, who had the highest costs at study entry, Housing First services resulted in savings of $21,72 (for every $10 invested) (Goering, Veldhuizen et al. 2014).

Pleace, Baptista et al. (2019) caution that potential cost savings per person do not necessarily lead to reduction in the overall cost of providing services. For example, even though tenants supported through Housing First might have less contact with the justice system or are less hospitalised, their impact on the cost structure of these services is negligible, as the homeless cohort only represents a small proportion of the total population (Pleace, Baptista et al. 2019). The estimated cost saving also does not necessarily translate to all Housing First programs, with some evaluations, for example, reporting an increase in the usage of the criminal justice system.

Although investments in Housing First programs partially offset costs in other services, these savings do not exceed the cost of providing Housing First for all tenants (Kertesz and Johnson 2017). For example, costs can spike because tenants gain access to services they needed but previously were unable to access (Pleace, Baptista et al. 2019). Housing First will cost more for tenants with low use of support services, whereas cost savings will be maximised for the heaviest users of services (Aubry 2020). Hence, Housing First is most cost-effective for people experiencing chronic homelessness with complex and high needs and service use (Kertesz and Johnson 2017).

5.5 Broader housing and homelessness outcomes

The evidence of the impact of Housing First on broader housing and homelessness outcomes is limited. Only a few studies mention the social benefits of supporting people to sustain their tenancies and the long-term impacts of reducing chronic homelessness, such as on inter-generational poverty (Padgett, Henwood et al. 2015). This evidence review could not identify any research that provides measurable indicators on the broader impacts of Housing First. It should be noted, though, that the target cohort for Housing First (people experiencing chronic homelessness) represents only a small proportion of those experiencing homelessness or housing need. In Australia, the 2016 ABS Census showed that about seven per cent of homeless people are sleeping rough, many of whom are likely to experience chronic homelessness (Parkinson, Batterham et al. 2019).

The example of Finland shows that Housing First can have a tangible impact on broader housing and homelessness outcomes when integrated within a systemic response to homelessness. Chronic homelessness in Finland has decreased from over 3,500 people in 2008 to 1,318 people in 2021 (a reduction of over 62%). There has also been a significant reduction in overall homelessness. In 1989 about 18,500 people were considered homelessness, which has decreased to 4,100 people in 2021 (a reduction of over 77%) (ARA 2022).

Focusing purely on cost savings neglects the larger concern about the ‘human costs’ of homelessness. Further considerations could include applying an effective approach in providing people with stable housing and addressing their support needs (Padgett, Henwood et al. 2015). Padgett, Henwood et al. (2015) point out that reducing homelessness is not typically a financial objective, but an ethical decision that justifies additional costs.

6. Implications for practice

Housing First is a best practice model to support people with lived experience of chronic homelessness with high and complex needs (Goering, Veldhuizen et al. 2014; Pleace, Baptista et al. 2019). Housing First has been implemented in various countries, including in Australia. Large scale studies, such as At Home/Chez Soi or Un Chez Soi d'Abord, show that Housing First can be implemented effectively in cities of different sizes and be tailored to suit the needs of different tenant cohorts (Aubry 2020; Goering, Veldhuizen et al. 2014).

This section reviews the evidence on implementing Housing First. Considerations include:

- fidelity to the principles laid out in 'Pathways to Home' and their adaptation to the local context (Greenwood, Bernad et al. 2018; Johnson, Parkinson et al. 2012; Nelson, Stefancic et al. 2014)
- key success factors and best practice, including participation of people with lived experience in program design and delivery, and clear partnership agreements between stakeholders (Goering, Veldhuizen et al. 2014; Pleace, Baptista et al. 2019)
- challenges, including access to housing, resource constraints of service providers, and poverty of tenants (Greenwood, Bernad et al. 2018; Parkinson and Parsell 2018).

6.1 Fidelity of implementation

The implementation of Housing First programs needs to find the right balance between adhering to key principles of Housing First and being relevant to the welfare service systems and cultural context in which the program is situated (Nelson, Stefancic et al. 2014; Tsemberis 2012). A critical success factor for Housing First programs is to be adaptable to suit local conditions and address the needs of the cohort the program targets (Johnson, Parkinson et al. 2012).

Adaptations to the delivery of Housing First programs, can include:

- working together with a street outreach team to build trust with rough sleepers before entering a Housing First program, to provide continuity of support (Greenwood, Bernad et al. 2018)
- collaborating with a range of support services beyond addressing core needs, like art therapy or chiropractors (Bullen, Whittaker et al. 2015)
- supporting tenants to achieve more non-housing outcomes, e.g., employment and training, by having staff members with additional skills, such as social workers or job coaches (Greenwood, Bernad et al. 2018)
- providing services in a culturally appropriate way to better support tenants from diverse backgrounds. For example, integrating Housing First principles with anti-oppression or anti-racism frameworks (Nelson, Stefancic et al. 2014)
- focusing on issues specific to the target cohort, including age-specific needs (Chung, Gozdzik et al. 2018); in the case of tenants fleeing domestic violence, support services are required to address safety concerns, abuser sabotage and to deliver services using trauma-informed practice (Sullivan and Olsen 2016).

Modifying the Housing First model may limit its efficacy. A particular concern is that housing and support provided by Housing First programs are often time limited. To ensure on-going access to housing and support, Housing First programs rely on the graduation of tenants to be able to sustain a tenancy independently (Stadler and Collins 2021). Adaptations of this and other key components of the Housing First model need to consider the impact of the availability of affordable housing and support services to address tenant needs appropriately, the long-term access to housing after a specific program has been completed and the separation of housing and support.

6.2 Key success factors for implementation

To be effective, Housing First programs need to sit alongside other services and be part of an integrated strategy to address homelessness (Pleace, Baptista et al. 2019). This complementary relationship can include working together with services focusing on prevention and early intervention, or with housing providers accommodating people exiting or at risk of homelessness with less complex needs (Pleace, Baptista et al. 2019).

The principle that housing is a human right and that tenants should be treated with respect and dignity is fundamental to Housing First (Sullivan and Olsen 2016). The implication of this for practice is that the design of Housing First programs should draw on the experiences of people with lived experience of homelessness (Pleace, Baptista et al. 2019).

In Australia, Housing First programs rely on range of partners, including government agencies, housing and support providers, allied and mainstream health services, community organisations and tenants themselves. An effective implementation of Housing First requires clear partnership agreements and collaboration between all stakeholders (Goering, Veldhuizen et al. 2014). The literature identifies the following key success factors for the implementation of Housing First programs:

- **providing rapid access to secure, affordable housing** that meets the needs of tenants (Tsemberis 1999; Parkinson and Parsell 2018)
- **ensuring organisational capacity to deliver Housing First**, including organisational structure, leadership, knowledge and skills of staff and relationship to potential tenants (Nelson, Stefancic et al. 2014)
- **separating housing support from wraparound support** to ensure tenancy and case management function independently (Pleace, Baptista et al. 2019)
- **establishing effective partnerships** between a range of stakeholders, including government agencies, local housing providers, support service providers and the local community (Kertesz and Johnson 2017)
- **coordinating housing and support services** (Goering, Veldhuizen et al. 2014), e.g., across service systems, between services by creating clear partnership agreements between all stakeholders, by providing pro-active leadership in managing stakeholders
- **forming project leadership** to develop a shared vision between stakeholders (Nelson, Stefancic et al. 2014)
- **providing support services that are recovery-oriented, person-centred, and adequately resourced** to match a tenants' needs (Tsemberis 2012)
- **engaging case managers** to coordinate services for tenants and provide them with access to services to meet their needs (Chhabra, Spector et al. 2020)
- **tailoring of Housing First principles** to suit the needs of the targeted cohort (Nelson, Stefancic et al. 2014).
- **assessing program fidelity** to ensure it is implemented as planned and to identify potential for improvement (Nelson, Stefancic et al. 2014)

To improve the delivery of a Housing First program integrating an evaluation process from the outset is critical. Aspects of a project or program that an evaluation could consider are housing and non-housing outcomes of tenants, their service utilisations, the broader impact on housing and homelessness systems and outcomes, and for congregate settings, post-occupancy evaluation of the performance of the building and financial outcomes (Bullen, Whittaker et al. 2016; Parsell, Petersen et al. 2015).

6.3 Challenges for implementation

The following factors can act as barriers to the successful implementation of Housing First:

- limited integration of housing and support services, and the policy systems in which they operate (Greenwood, Bernad et al. 2018)
- resource and funding constraints to maintain on-going service support (Austin, Pollio et al. 2013; Greenwood, Bernad et al. 2018)
- constrained access to secure and affordable housing (Parkinson and Parsell 2018)

6.3.1 Coordination of housing and support services

The delivery of Housing First programs requires effective coordination of housing and support services. This requires input from a range of service providers, including those working in the fields of housing, homelessness and health, and is impacted by the policy environment (Goering, Veldhuizen et al. 2014). Effective coordination requires clear partnership agreements between all stakeholders and pro-active leadership from the main service provider to manage a range of stakeholders and to help tenants navigate the system (Goering, Veldhuizen et al. 2014; Nelson, Stefancic et al. 2014).

However, housing, health and support services often operate separately and independently, creating a 'siloed approach' to service delivery and making it difficult for Housing First programs to deliver both housing and social support (Greenwood, Bernad et al. 2018). For example, service providers of Housing First may experience lengthy coordination processes with public housing authorities, constraining their immediate access to housing for their tenants (Austin, Pollio et al. 2013). In Australia, the policy systems for housing, homelessness and mental health are fragmented with little integration between these, contributing to poor housing and health outcomes (Brackertz, Borrowman et al. 2020).

For housing and support providers, access to affordable housing is constraining their ability to deliver on Housing First's premise of ensuring rapid access to permanent housing. To broaden housing options, the following strategies could be considered:

- **Improve collaboration between providers**

  Housing First involves several service providers to support tenants. Beyond the housing stock of community housing providers, the resources of all service providers could be utilised to gain access to alternative forms of accommodation. This can include facilitating access to programs that support people experiencing mental ill-health or who have a disability (Brackertz, Borrowman et al. 2020).

- **Establish relationships with landlords in the private rental market**

  The private rental market can supplement social housing supply. This can be achieved through mechanisms such as head-leasing. Housing providers can establish relationships with landlords to increase housing options in the private rental market. This may help to reduce the stigma sometimes experienced by social housing tenants, or to address racism towards housing Indigenous tenants or people from culturally diverse backgrounds in the private rental market (Nelson, Stefancic et al. 2014). However, head-leasing schemes need to be implemented with caution considering local rental market conditions as they might accentuate private rental vacancy shortages and compete with other programs and households requiring affordable housing, ultimately resulting in housing becoming less affordable and transferring wealth to property owners (Jacobs 2015).

- **Provide people with a choice of housing and support options**

  A principle of Housing First is to support people's self-determination and offer choice in the housing and support they receive. For housing providers this can include considering several ways of delivering housing and offering different housing types (e.g., congregate settings as well as stand-alone housing). Increased housing and support options, like rent supplements, can enable people to direct their own opportunities and find a place to call home that best suits their needs (Goering, Veldhuizen et al. 2014).

6.3.2 Adequate resources and long-term funding

Housing First programs rely on intensive support for tenants, requiring substantial resources and funding to provide tenants with choice, and focus on holistic recovery and community integration. Providing this may require organisations to re-design their service model (Austin, Pollio et al. 2013). However, many service providers face resource constraints in offering adequate supports to sustain tenancies and address tenant needs (Austin, Pollio et al. 2013; Greenwood, Bernad et al. 2018; Kriegel, Henwood et al. 2016). A lack of funding can result in service providers not being able to hire a full complement of staff, such as peer support workers, or placing high demands on staff (Greenwood, Bernad et al. 2018; Nelson, Stefancic et al.2014).

The long-term focus of Housing First targeting people with high and complex needs, such as chronic addictions or mental-ill health, requires providers to have on-going funding to address a tenant's recovery (Johnson, Parkinson et al. 2012). In particular, recovery and improvements in non-housing outcomes may take a long time to eventuate (Johnson, Parkinson et al. 2012; Loubière, Lemoine et al. 2022). However, Housing First programs are often only funded for a certain amount of time and require tenants to graduate to be able to live independently (Stadler and Collins 2021).

Aspects to consider when addressing these issues, include:

- provision of adequate resources to deliver Housing First, enabling the high and complex needs of tenants to be addressed (Pleace, Baptista et al. 2019)
- increased investment in training of support staff and technical support (Goering, Veldhuizen et al. 2014)
- policy makers need to be clear about the long-term, intensive resource implications of providing permanent housing and support (Johnson, Parkinson et al. 2012)

6.3.3 Access to secure, affordable housing

A fundamental principle of Housing First is to provide immediate access to permanent housing (Tsemberis 1999). However, access to secure and affordable housing that meets the needs of tenants adequately is a persistent barrier for housing providers, including in Australia (Parkinson and Parsell 2018).

Access to affordable housing is constrained by a range of factors. These can include the high cost of private rental housing, limited availability and supply of social housing and other housing options affordable to low-income households, and insufficient housing subsidies to cover rental costs (Greenwood, Bernad et al. 2018; Nelson, Stefancic et al. 2014). Access to the private rental market is further restricted by discrimination against people exiting homelessness, Indigenous people and people from culturally diverse backgrounds (Nelson, Stefancic et al. 2014). Although support services can act as intermediaries to facilitate access to the private rental market, a too prescriptive role of providers may undermine the choice and independence of tenants (Greenwood, Bernad et al. 2018).

Without access to adequate housing, Housing First providers have limited control on achieving rapid placement (Austin, Pollio et al. 2013). As a consequence, housing providers can be forced to rely on short-term arrangements, such as boarding houses or transitional accommodation (Johnson 2012).

Because Housing First tenants have high and complex needs it also important that housing is of the right kind and is suitable to meet person's needs adequately and appropriately. Therefore, placement of Housing First tenants requires careful planning (Johnson, Parkinson et al. 2012). Also, service providers need to navigate the tension between aiming to provide permanent housing and a harm reduction approach that priorities a tenants' goals, which in some cases may mean they do not wish to be housed permanently (Austin, Pollio et al. 2013).

Beyond the scope of individual programs, which are likely to rely on time-limited government funding to provide housing and support services, Housing First also needs to be embedded in a systematic response to housing and homelessness that facilitates transitions to permanent housing and support services whilst maintaining tenant's choice. This involves reviewing social housing regulation to enable Housing First tenants to move into social housing without demonstrating their housing readiness (Clarke, Parsell et al. 2020) and integrating Housing First within a whole of housing system response (Spinney, Beer et al. 2020), as discussed in more detail in section 7.3.

7. Conclusion

7.1 Is Housing First effective and for whom?

The reviewed evidence shows that Housing First is highly effective in providing housing stability for people with a history of chronic homelessness and complex needs. Rates of housing retention typically range from 66 per cent to 90 percent. In comparison to treatment as usual services or continuum of care programs, Housing First achieves better outcomes (Aubry 2020).

The evidence demonstrates that Housing First provides tenants with access to services to address their health, mental health and other needs. Studies largely support that Housing First improves tenants' quality of life and restores their sense of security and dignity. The existing evidence suggests that Housing First programs have a reasonable likelihood of reducing hospital admissions, emergency department use, and involvement with the criminal justice system. Yet tenants often face significant challenges in realising non-housing outcomes, resulting in a less conclusive evidence base than for housing outcomes (Parsell and Moutou 2014; Johnson, Parkinson et al. 2012). Despite some initial improvements in health and wellbeing, Housing First does not necessarily translate into long-term improvements in addressing chronic health or mental health issues. There is scant evidence that Housing First leads to significant improvements in training and employment, and social integration remains an issue.

Housing First is a resource-intensive intervention requiring tenancy management integrated with wrap-around services to meet the needs of tenants. The evidence shows that Housing First is most cost-effective for people experiencing chronic homelessness with complex and high needs and service use (Kertesz and Johnson 2017). For people with less intensive service needs other service responses are more cost effective. This can include people that who principally require access to secure, appropriate and affordable housing without any intensive or long-term supports.

Housing First is a service response that supports people who experienced chronic homelessness, severely impacting their health, mental health, and other aspects of their lives. An effective response to homelessness would firstly focus on early intervention and prevention strategies that help people to sustain their existing tenancy, where safe and appropriate to do so, or to find appropriate housing and address their support needs. Housing First could then be a more targeted approach that supports tenants that less-intensive housing and support services are unable to assist. Overall, reducing homelessness is not simply a financial decision, but also an ethical decision that justifies additional costs (Padgett, Henwood et al. 2015).

7.2 Key considerations for implementation

Originating from the US in the 1990s through the 'Pathways to Housing' project, the evidence on the effectiveness of the Housing First model has influenced service responses to homelessness internationally. This evidence review has identified several studies examining the implementation of Housing First in different contexts, including in Canada, the US, Australia, Finland, France and other European countries. Key considerations for housing and support service delivery include the following:

- **Ensure fidelity to Housing First principles**

  Outcomes of Housing First programs are impacted by adherence to Housing First's core principles. These include rapid access to permanent housing, separation of housing and support, tenant choice over housing and service they receive, and supporting community integration (Tsemberis 1999). The evidence suggests that modifications to Housing First principles can result in less successful tenant outcomes (Greenwood, Bernad et al. 2018; Kertesz and Johnson 2017).

- **Adapt Housing First to suit local conditions**

  Homelessness, housing and welfare systems differ considerably between countries, requiring Housing First programs to adapt to suit local contexts, and address the needs of the tenant cohort adequately. A key component for implementation is finding the right balance between adhering to the principles of Housing First and being relevant to the particular community, and the cultural context in which the program is situated (Nelson, Stefancic et al. 2014; Tsemberis 2012).

- **Consider different housing delivery options**

  Housing First can be provided using a scattered-site approach or through congregate housing. The evidence shows that benefits of scattered-site housing include increased tenant's choice of housing and support services, reduction of stigma and continuity of support (Collins, Malone et al. 2013; Stefancic and Tsemberis 2007; Verdouw and Habibis 2018). Congregate settings may create a sense of community for tenants, provide better access to support services and be more cost-effective by providing housing and support services at a single site (Chhabra, Spector et al. 2020; Kertesz and Johnson 2017). Aspects to consider include the characteristics of the tenant cohort, and their level of support needs, and potential issues arising from social mix (Verdouw and Habibis 2018).

- **Focus on sustaining tenancies and enabling access to services**

  The evidence shows that Housing First is an effective intervention to support tenants in retaining their housing and accessing support services to address their needs (Tsemberis 1999; Chhabra, Spector et al. 2020). Further tenant outcomes include some improvements in health and mental health and decreased hospitalisations. However, Housing First cannot be expected to solve tenants' complex needs, exacerbated through experiences of chronic homelessness, either quickly or completely. Improvements in chronic health conditions or addictions may take a long time to materialise for tenants, if they are achieved at all, and while compounded social disadvantage and poverty severely restricts tenants achieving employment and social integration.

- **Provision of culturally appropriate and safe services**

  In Australia, Canada and other countries many people experiencing chronic homelessness are from culturally and linguistically diverse backgrounds or identify as First Nations people (Goering, Veldhuizen et al. 2014; Spinney, Beer et al. 2020). To fulfill Housing First principles, such as consumer choice, harm-minimisation and recovery-oriented practice, services should address the cultural needs of these cohorts, which can include (re-) establishing connections to Country and kinship and supporting cultural healing. A critical component is the engagement with local communities and Indigenous-led services in the design and implementation of a Housing First program to ensure housing and support services are provided in a culturally appropriate and safe way (Spinney, Beer et al. 2020).

- **Coordinate housing and support services effectively**

  The delivery of Housing First programs relies on the effective coordination of housing and support services. This can include clear partnership agreements between all service partners and for the main service provider to be actively responsible to coordinate services and assist tenants to navigate the system (Goering, Veldhuizen et al. 2014; Nelson, Stefancic et al. 2014).

7.3 Policy and service delivery options to improve access to affordable housing

This section outlines the policy and service responses needed to address homelessness in Australia. This is a package of interventions rather than a 'pick and choose menu', meaning that each intervention on its own is unlikely to make lasting inroads into addressing homelessness, but taken together, they offer a potential pathway of systematic policy reform to combat homelessness and reduce social and economic exclusion.

- **Increase the supply of affordable and social housing**

  Increasing access to and the supply of long term social and affordable housing is central to addressing homelessness. It is also fundamental to Housing First. The evidence shows that there has been ongoing underinvestment in social housing across Australia and that the number of existing social housing dwellings has not kept pace with the need for this type of housing provision (Lawson, Pawson et al. 2018; Rowley, Leishman et al. 2017).

  The evidence also shows that the most effective way to increase the supply of social and affordable housing is through direct capital investment by government (Lawson, Pawson et al. 2018). In addition to the provision of new public housing, government intervention is essential to establishing a stable and robust policy framework for building the capacity of an affordable housing industry, including community housing providers, and to diversify housing options in Australia (Milligan, Martin et al. 2016). The evidence indicates that affordable housing can be built effectively using market mechanisms, where these rely on models that address the funding gap, such as the now defunct National Rental Affordability Scheme (Rowley, James et al. 2016).

- **Integrate strategies aimed at reducing homelessness within a whole of housing system approach**

  A Housing First lens helps to reposition homelessness strategies within the broader housing system. Instead of providing housing as one component to support people experiencing homelessness, Housing First situates housing as a foundation to start addressing individual needs, including health and mental health. Incorporating a Housing First response is a key component to redesign the Australian homelessness service system, aiming to effectively end homelessness (Spinney, Beer et al. 2020).

  Such a changed approach to homelessness in Australia would require an integrated approach across different levels of government and service sectors. At a federal level, reducing homelessness requires a national housing and homelessness strategy and programs to reduce the funding gap, such as proposed through the National Rental Affordability Scheme. At a state and territory level, it involves building more public housing at scale and working in collaboration with Community Housing Providers, not for profit providers and local governments to generate additional affordable supply. At a local government level, this could include utilising existing assets, and land and establishing partnerships with local services. For homelessness responses to be effective on a societal scale, housing policies need to be re-aligned to focus on addressing inequality, instead of maintaining existing housing market conditions (Jacobs 2015).

- **Provide pathways to long term sustainable housing**

  Creating pathways to permanent accommodation for people experiencing homelessness, through Housing First and other interventions, would facilitate a transition away from relying on crisis-accommodation and other forms of temporary accommodation. Having access to permanent housing without extensive wait-times reduces chronic homelessness and functions as a preventative measure for health, mental health and other conditions to deteriorate.

An example is the Finnish National Programme aiming to reduce long-term homelessness and prevent people from becoming homeless or churning through episodes of homelessness (Y-Foundation 2017). The program prioritised the reduction in long-term homelessness by facilitating the building and purchasing of new, affordable housing. The Housing First model was applied to reorientate service responses to homelessness away from relying on temporary accommodation, such as shelters, and towards providing permanent housing integrated with required support services (Y-Foundation 2017).

- **Expand early intervention and prevention strategies**

  Homelessness policies need to prioritise early intervention and prevention strategies in combination with Housing First, which consequently would need to support fewer people with experiences of chronic homelessness and complex needs. This would involve strengthening the efforts of local governments and service agencies already engaging with people experiencing homelessness or that are at risk of homelessness in the local area. Through assertive outreach programs and other forms of engagement, local actors have established relationships, creating an understanding of a person's housing and support needs.

- **Review social housing regulation**

  Trajectories of people experiencing homelessness are often not linear, including multiple entries into or exits out of social housing. Reforming tenancy management and legislation for public housing and other supported forms of housing may enable tenants to maintain housing. This includes supporting tenants to sustain their tenancy even if they are temporarily not able to occupy it, for example, through periods of incarceration or hospitalisation (Johnson, Parkinson et al. 2012). This would prevent people becoming homelessness and later re-entering social housing, potentially requiring more intensive support.

  In Australia and internationally, Housing First providers rely on gaining access to social housing to provide on-going housing and support for, at least, some of their tenancies (Clarke, Parsell et al. 2020; Stadler and Collins 2021). Having priority status is determinant to be allocated a place in social housing, within a 'reasonable' timeframe. Contrary to Housing First principles though, for a person to receive priority status they have to demonstrate their capability of maintaining a tenancy, which includes providing administrative records of their rental payment history and engagement with support services to address their complex needs (Clarke, Parsell et al. 2020). These kinds of regulations of social housing would need to be reviewed for Housing First initiatives to effectively coordinate access to social housing whilst remaining true to their underlying principles (Clarke, Parsell et al. 2020).

- **Draw on lessons learnt from homelessness responses during the COVID-19 pandemic**

  As a preventative health response to the COVID-19 pandemic, rough sleepers initially were accommodated in temporary housing programs (Buckle, Gurran et al. 2020). Since then, some Australian jurisdictions have implemented housing interventions, such as the 'Together Home program' in New South Wales and the 'From Homelessness to a Home' initiative in Victoria, to support those people staying in temporary accommodation based on Housing First principles. This policy response has shown that providing immediate housing to people experiencing chronic homelessness is possible in Australia. Learnings from the evaluations of these programs could contribute to adopting Housing First more broadly in Australia. A key lesson is that governments do have the capacity to act effectively. Preventing chronic homelessness is clearly possible in Australia.

7.4 Housing First within a systematic response to homelessness

Homelessness and chronic homelessness are caused by poverty, unaffordable housing, domestic and family violence and other societal problems that cannot be addressed effectively by stand-alone Housing First programs (Greenwood, Bernad et al. 2018; Tsemberis 2012). Rather, as the experience of Finland shows (Y-Foundation 2017), making real inroads into addressing homelessness requires broad systemic reform of the housing and homelessness systems, coupled with adequate income support and social welfare that focuses on long term, rather than intermittent or crisis support.

For policy makers this means fundamentally rethinking how housing and support are provided and addressing the multiple contributors to homelessness. This will entail broad system reform where Housing First programs are not merely provided as an addendum to an existing system that is struggling to address homelessness. This will include transitioning from established responses that have been shown to be ineffective in reducing long-term homelessness, such as crisis responses, and focusing on more sustainable approaches that have been shown to be effective. Providing access to long-term affordable, secure, and appropriate housing is a cornerstone of such an approach.

> 'While 'ending homelessness' may appear to have a utopian ring to it, in reality, these various [European] homeless strategies and plans consist of essentially evidence-based, pragmatic, relatively modest and realisable targets.' (Allen, Benjaminsen et al. 2020, p.3)

Clearly, such fundamental systems reform requires commitment from all levels of government in Australia in collaboration with housing and support service providers. The COVID-19 pandemic has shown that effective cross-governmental responses to address homelessness can be implemented effectively. Preventing chronic homelessness is possible in Australia.

References

Allen, M., Benjaminsen, L., O'Sullivan, E. and Pleace, N. (2020) *Ending Homelessness? The Contrasting Experiences of Denmark, Finland and Ireland*, Policy Press, Bristol.

Aubry, T. (2020) 'Analysis of Housing First as a practical and policy relevant intervention: the current state of knowledge and future directions for research', *European Journal of Homelessness,* vol. 14, no. 1: 13-26.

Aubry, T., Bloch, G., Brcic, V., Saad, A., Magwood, O., Abdalla, T., Alkhateeb, Q., Xie, E., Mathew, C., Hannigan, T., Costello, C., Thavorn, K., Stergiopoulos, V., Tugwell, P. and Pottie, K. (2020) 'Effectiveness of permanent supportive housing and income assistance interventions for homeless individuals in high-income countries: a systematic review', *The Lancet Public Health*, vol. 5, no. 6: E342-E360.

Aubry, T., Goering, P.N., Veldhuizen, S., Adair, M., Bourque, J., Distasio, J., Latimer, E., Stergiopoulos, V., Somers, J., Streiner, D.L. and Tsemberis, S. (2016) 'A multiple-city RCT of housing first with assertive community treatment for homeless Canadians with serious mental illness', *Psychiatric Services*, vol. 67, no. 3:275-281.

Austin, E.L., Pollio, D.E., Holmes, S., Schumacher, J., White, B., Vandeusen, L.C. and Kertesz, S. (2013) 'VA's expansion of supportive housing: successes and challenges on the path toward Housing First', *Psychiatric Services*, vol. 65, no. 5: 641-647.

Baxter, A.J., Tweed, E.J., Katikireddi, S.V. and Thomson, H. (2019) 'Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials', *Journal of Epidemiology and Community Health, vol. 73: 379-387.*

Bourque, J., Vantil, L., Gibbons, C., Leblanc, S.R., Landry, L.A., Leblanc, J., Sareen, J., Darte, K., Brianna, K. and More, F. (2015) 'Impact of a Housing First intervention on homeless veterans with mental illness: a Canadian multisite randomized controlled trial', *Journal of Military, Veteran and Family Health*, vol. 1, no. 2: 52-60.

Brackertz, N., Borrowman, L., Roggenbuck, C., Pollock, S. and Davis, E. (2020) Trajectories: the interplay between mental health and housing pathways: Final report, AHURI Research Paper, Mind Australia, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/research-papers/trajectories-report.

Buckle, C., Gurran, N., Phibbs, P., Harris, P., Lea, T. and Shrivastava, R. (2020) Marginal housing during COVID-19, AHURI Final Report No. 348, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/348, doi:10.18408/ahuri7325501.

Bullen, J., Whittaker, E., Schollar-Root, O., Burns, L. and Zmudzki, F. (2016*) In-depth evaluation of Camperdown Common Ground: Permanent housing for vulnerable long-term homeless people*, Social Policy Research Centre, UNSW Australia, Sydney.

Cherner, R.A., Aubry, T., Sylvestre, J., Boyd, R. and Pettey, D. (2017) 'Housing first for adults with problematic substance use', *Journal of Dual Diagnosis*, vol. 13, no. 3: 219-229.

Chhabra, M., Spector, E., Demuynck, S., Wiest, D., Buckley, L. and Shea, J.A. (2020) 'Assessing the relationship between housing and health among medically complex, chronically homeless individuals experiencing frequent hospital use in the United States', *Health & Social Care in the Community*, vol. 28: 91-99.

Chung T.E., Gozdzik A, Palma Lazgare L.I., To, M.J., Aubry, T., Frankish, J., Hwang, S.W. and Stergiopoulos, V. (2018) 'Housing first for older homeless adults with mental illness: a subgroup analysis of the at home/Chez Soi randomized controlled trial', *International Journal Geriatric Psychiatry*, vol. 33., no. 1: 85-95.

Clarke, A., Parsell, C. and Vorsinam M. (2020) 'The role of housing policy in perpetuating conditional forms of homelessness support in the era of housing first: Evidence from Australia', *Housing Studies*, vol. 35, no. 5: 954-975.

Clifasefi, S.L., Malone, D.K., and Collins, S.E. (2013) 'Exposure to project-based Housing First is associated with reduced jail time and bookings', *International Journal of Drug Policy*, vol. 24, no. 4: 291–296.

Collins, S.E., Malone, D.K. and Clifasefi, S.L. (2013) 'Housing retention in single-site Housing First for chronically homeless individuals with severe alcohol problems', *American Journal of Public Health*, vol.103: 269-274.

Collins, S.E., Clifasefi, S.L., Andrasik, M.P., Dana, E.A., Stahl, N. and Kirouac, M. (2012) 'Exploring transitions within a project-based Housing First setting: qualitative evaluation and practice implications', *Journal of Health Care for the Poor and Underserved*, vol. 23, no. 4: 1678–1697.

Collins, D. and Stout, M. (2021) 'Does Housing First policy seek to fulfil the right to housing? The case of Alberta, Canada', *Housing Studies*, vol. 36, no. 3: 336-358.

DeSilva, M.B., Manworren, J. and Targonski, P. (2011) 'Impact of a HF program on health utilization outcomes among chronically homeless persons', *Journal of Primary Care & Community Health*, vol. 2, no. 1: 16–20.

Dodd, R., Rodrigues, N., Sequeira, T. and Watkins, L. (2020) *Housing First principles for Australia,* Homelessness Australia, accessed 24 January 2021, https://www.homelessnessaustralia.org.au/sites/homelessnessausfiles/2020-09/Housing%20First%20Principles.pdf.

Johnson, G. and Chamberlain, C. (2015) *Evaluation of the Melbourne Street to Home Program: Final Report*, RMIT University, Melbourne, accessed 14 June 2016, http://www.homeground.org.au/assets/ms2h-final-rpt-4-publication-20150318.pdf.

Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., Nelson, G., MacNaughton, E., Streiner D. and Aubry, T. (2014) *National At Home/Chez Soi Final Report*, Mental Health Commission of Canada, Calgary, Canada.

Greenwood, R.M., Bernad, R., Aubry, T., and Agha, A (2018) 'A study of programme fidelity in European and North American Housing First programmes: findings, adaptations, and future directions', *European Journal of Homelessness,* vol. 12, no. 3: 275-299.

Hanratty, M. (2011) 'Impacts of heading home Hennepin's housing first programs for long-term homeless adults', *Housing Policy Debate*, vol. 21, no. 3: 405–419.

Hawk, M. and Davis, D. (2012) The effects of a harm reduction housing program on the viral loads of homeless individuals living with HIV/AIDS', *AIDS Care*, vol. 24, no. 5: 577–582.

Holmes, A., Carlisle, T., Vale, Z., Hatvani, G., Heagney, C. and Jones, S. (2017) 'Housing First: Permanent supported accommodation for people with psychosis who have experienced chronic homelessness' *Australasian Psychiatry*, vol. *25*, no. 1: 56-59.

Jacob, V., Chattopadhyay, S.K., Attipoe-Dorcoo, S., Peng, Y., Hahn, R.A., Finnie, R., Cobb, J., Cuellar, A.E., Emmons, K.M. and Remington, P.L. (2022) 'Permanent supportive housing with Housing First: Findings from a community guide systematic economic review, *American Journal of Preventive Medicine*, vol. 62, no. 3: e188-e201.

Jacobs, K. (2015) 'A reverse form of welfarism: Some reflections on Australian housing policy', *Australian Journal of Social Issues*, vol. 50, no. 1: 53-68.

Johnson, G. and Chamberlain, C. (2015) *Evaluation of the Melbourne Street to Home Program: Final Report,* HomeGround Services, RMIT University, Melbourne.

Johnson, G., Parkinson, S. and Parsell, C. (2012) *Policy shift or program drift? Implementing Housing First in Australia*, AHURI Final Report No. 184, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/184.

Johnson, G. (2012) 'Housing First 'Down Under': revolution, realignment or rhetoric?' *European Journal of Homelessness*, vol. 6, no. 2: 183-191.

Kertesz, S. and Johnson, G. (2017) 'Housing First: lessons from the United States and challenges for Australia', *Policy Forum: Australian Homelessness-Research and Policy Insights*, vol. 50: 220-228.

Kriegel, L.S., Henwood, B.F. and Gilmer, T.P. (2016) 'Implementation and outcomes of forensic housing first programs', *Community Mental Health Journal*, vol. 52, no. 1: 46-55.

Lawson, J., Pawson, H., Troy, L., van den Nouwelant, R. and Hamilton, C. (2018) *Social housing as infrastructure: an investment pathway*, AHURI Final Report 306, Australian Housing and Urban Research Institute Limited, Melbourne, http://www.ahuri.edu.au/research/final-reports/306, doi:10.18408/ahuri-5314301.

Leclair, M., Deveaux, F., Roy, L., Goulet, M., Latimer, E.A. and Crocker, A.G (2019) 'The impact of Housing First on criminal justice outcomes among homeless people with mental illness: a systematic review', *Canadian Journal of Psychiatry,* vol. 64, no.8: 525-530.

Löfstrand, C. and Juhila, K. (2012) 'The discourse of consumer choice in the Pathways Housing First model', *European Journal of Homelessness*, vol. 6, no. 2: 47-68.

Loubière, S., Lemoine, C., Boucekine, M., Boyer, L., Girard, V., Tinland, A., Auquier, P. (2022) 'Housing First for homeless people with severe mental illness: Extended 4-year follow-up and analysis of recovery and housing stability from the randomized Un Chez Soi d'Abord trial', *Epidemiology and Psychiatric Sciences*, vol. 31, no. e14: 1-9.

Micah Projects (2016) *Housing First: A roadmap to ending homelessness in Brisbane,* accessed 20 October 2020*,* https://micahprojects.org.au/assets/docs/Publications/20161129_Housing-First-Roadmap-WEB.pdf.

Milligan, V., Martin, C., Phillips, R., Liu, E., Pawson, H. and Spinney, A. (2016) *Profiling Australia's affordable housing industry*, AHURI Final Report No. 268, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/268, doi:10.18408/ahuri-7108401.

Montgomery, A.E., Hill, L.L., Kane, V. and Culhane, D.P. (2013) 'Housing chronically homeless veterans: evaluating the efficacy of a housing first approach to HUD-VASH', *Journal of Community Psychology*, vol. 41, no. 4: 505–514.

Nelson, G., Macnaughton, E., Goering, P., Dudley, M., O'Campo, P., Patterson, M., Piat, M., Prévost, N., Strehlau, V. and Vallée, C. (2013) 'Planning a multi-site, complex Intervention for homeless people with mental illness: The relationships between the national team and local sites in Canada's At Home/Chez Soi Project', *American Journal of Community Psychology*, vol. 51, no. 3/4: 347-358.

Nelson, G., Stefancic, A., Rae, J., Townley, G., Tsemberis, S., Macnaughton, E., Aubry, T., Distasio, J., Hurtubise, R. and Patterson, M. (2014) 'Early implementation evaluation of a multi-site housing first intervention for homeless people with mental illness: a mixed methods approach', *Evaluation and Program Planning*, vol. 43: 16-26.

Padgett, D., Henwood, B. and Tsemberis, S. (2015) *Housing First: ending homelessness, transforming systems, and changing lives,* Oxford University Press, USA.

Padgett, D.K., Stanhope, V., Henwood, B.F. and Stefancic, A. (2011) 'Substance use outcomes among homeless clients with serious mental illness: comparing Housing First with Treatment First programs', *Community Mental Health Journal*, vol. 47, no. 2: 227–232.

Palepu, A., Patterson, M.L., Moniruzzaman, A., Frankish, C.J. and Somers, J. (2013) 'Housing First improves residential stability in homeless adults with concurrent substance dependence and mental disorders', *American Journal of Public Health*, vol. 103: 30–36.

Parkinson, S., Batterham, D., Reynolds, M. and Wood, G. (2019) *The Changing Geography of Homelessness: A Spatial Analysis from 2001 to 2016*, AHURI Final Report 313, Australian Housing and Urban Research Institute Limited, Melbourne, http://www.ahuri.edu.au/research/final-reports/313, doi: 10.18408/ahuri-5119601.

Parkinson, S. and Parsell, C. (2018) 'Housing First and the reassembling of permanent supportive housing: the limits and opportunities of private rental', *Housing, Theory and Society*, vol.35, no.1: 36-56.

Parsell, C., Petersen, M. and Culhane, D. (2017) 'Cost offsets of supportive housing: Evidence for social work', *The British Journal of Social Work*, vol. 47, no. 5: 1534-1553.

Parsell, C., Petersen, M., Moutou, O., Culhane, D., Lucio, E. and Dick, A. (2015) *Brisbane Common Ground evaluation: final report*, Institute for Social Research, University of Queensland, Brisbane, accessed 15 October 2020, https://issr.uq.edu.au/files/4003/BrisbaneCommonGroundFinalReport.pdf.

Parsell, C., Fitzpatrick, S. and Busch-Geertsema, V. (2013) 'Common Ground in Australia: an object lesson in evidence hierarchies and policy transfer', *Housing Studies*, vol. 29, no. 1: 69-87.

Patterson, M.L., Moniruzzaman, A., and Somers, J.M. (2013) 'Community participation and belonging among formerly homeless adults with mental illness after 12 months of HF in Vancouver, British Columbia: a randomized controlled trial', *Community Mental Health Journal*, vol. 49, no. 6: 1–8.

Phillips, R. and Parsell, C. (2012) *The role of assertive outreach in ending 'rough sleeping'*, AHURI Final Report No. 179, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/179

Pierse, N., Ombler, J., White, M., Aspinall, C., Mcminn, C., Atatoa-Carr, P., Nelson, J., Hawkes, K., Fraser, B., Cook, H. and Howden-Chapman, P. (2019) 'Service usage by a New Zealand Housing First cohort prior to being housed', *SSM - Population Health*, vol. 8: 100432.

Pleace. N., Baptista, I. and Knutagard, M. (2019) *Housing First in Europe: An overview of implementation, strategy and fidelity*, Housing First Europe Hub, accessed 15 March 2021, https://housingfirsteurope.eu/assets/files/2019/10/2019-10-10-HFinEurope_Full-Report2019_final.pdf.

Pringle, J., Grasso, K. and Lederer, L. (2017) 'Integrating the integrated: merging Integrated Dual Diagnosis Treatment (IDDT) with Housing First', *Community Mental Health Journal*, vol. 53: 672-678.

Roebuck, M., Aubry, T., Agha, A., Manoni-Millar, S. Medd, L. and Sylvestre, J. (2021) 'A study of the creation of affordable housing for Housing First tenants through the purchase of condominiums', *Housing Studies*, DOI: 10.1080/02673037.2021.1900549.

Rowley, S., Leishman, C., Baker, E., Bentley, R. and Lester, L. (2017) *Modelling housing need in Australia to 2025*, AHURI Final Report 287, Australian Housing and Urban Research Institute, Melbourne, http://www.ahuri.edu.au/research/final-reports/287, doi: 10.18408/ahuri-8106901.

Rowley, S., James, A., Gilbert, C., Gurran, N., Ong, R., Phibbs, P., Rosen, D. and Whitehead, C. (2016) Subsidised affordable rental housing: lessons from Australia and overseas, AHURI Final Report No. 267, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/267, doi:10.18408/ahuri-8104301.

Sadowski, L., Kee, R., Vanderweele, T. and Buchanan, D. (2009) 'Effect of a housing and case management program on emergency department visits and hospitalizations among chronically ill homeless adults: a randomized trial', *Journal of the American Medical Association*, vol. 301, no. 17: 1771-1778.

Somers, J.M., Rezansoff, S.N., Moniruzzaman, A., Palepu, A. and Patterson, M. (2013) 'Housing first reduces re-offending among formerly homeless adults with mental disorders: results of a randomized controlled trial', *PloS One*, vol. 8, no. 9: 1-8.

Spinney, A., Beer, A., MacKenzie, D., McNelis, S., Meltzer, A., Muir, K., Peters, A. and valentine, k. (2020) *Ending homelessness in Australia: A redesigned homelessness service system*, AHURI Final Report No. 347, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/347, doi:10.18408/ahuri5119001.

Srebnik, D., Connor, T. and Sylla, L. (2013) 'A pilot study of the impact of Housing First–supported housing for intensive users of medical hospitalization and sobering services', *American Journal of Public Health*, vol. 103, no. 2: 316–321.

Stefancic, A. and Tsemberis, S. (2007) 'Housing First for long-term shelter dwellers with psychiatric disabilities in a suburban county: four-year study of housing access and retention', *Journal of Primary Prevention*, vol. 28, no. 3/4: 265-279.

Stadler, S. and Collins, D. (2021) 'Assessing Housing First programs from a right to housing perspective', *Housing Studies*, DOI: 10.1080/02673037.2021.1982873.

Stergiopoulos V., Hwang S.W., Gozdzik A., Nisenbaum, R., Latimer, E., Rabouin, D., Adair, C.E., Bourque, J., Connelly, J., Frankish, J. and Katz, L.Y. (2015) 'Effect of scattered-site housing using rent supplements and intensive case management on housing stability among homeless adults with mental illness: a randomized trial'. *JAMA*, vol. 313, no. 9: 905–915.

Stergiopoulos, V., Mejia-Lancheros, C., Nisenbaum, R., Wang, R., Lachaud, J., O'Campo, P. and Hwang, S.W. (2019) 'Long-term effects of rent supplements and mental health support services on housing and health outcomes of homeless adults with mental illness: extension study of the At Home/Chez Soi randomised controlled trial', *The Lancet Psychiatry*, vol. 6, no. 11: 915-925.

Sullivan, C. M., and Olsen, L. (2016) 'Common ground, complementary approaches: adapting the Housing First model for domestic violence survivors', *Housing and Society*, vol. 43, no. 3: 182-194.

Tsai, J. and Rosenheck, R.A. (2012) 'Considering alternatives to the Housing First model', *European Journal of Homelessness*, vol. 6: 201-208.

Tsemberis, S. (2012) 'Housing First: Basic tenets of the definition across cultures', *European Journal of Homelessness*, vol. 6: 169-173.

Tsemberis, S. (2010) *Housing First: Ending homelessness, promoting recovery and reducing cost*, in: Ellen, I. and O'Flaherty, B. (2010) (eds) 'How to House the Homeless' New York, Russell Sage Foundation.

Tsemberis, S. and Asmussen, S. (1999). 'From Streets to Homes: The Pathways to Housing Consumer Preference Supported Housing Model', Alcoholism Treatment Quarterly, vol. 17, no. 1/2: 113-131.

Tsemberis, S. (1999) 'From streets to homes: an innovative approach to supported housing for homeless adults with psychiatric disabilities', *Journal of Community Psychology*, vol. 27, no. 2: 225-241.

The Housing Finance and Development Centre of Finland (2022) *Report 2/2022: Homeless people 2021,* record no. ARA-08.02.00-2022-1, ARA, https://www.ara.fi/en-US/Materials/Homelessness_reports/Homelessness_in_Finland_2021(63305).

Verdouw, J. and Habibis, D. (2018) 'Housing First programs in congregate site facilities: can one size fit all?', *Housing Studies*, vol. 33, no 3: 386-407.

Whittaker, E., Dobbins, T., Swift, W., Flatau, P. and Burns, L., (2017) 'First examination of varying health outcomes of the chronically homeless according to Housing First configuration', *Australian and New Zealand Journal of Public Health*, vol. 41, no. 3: 306-308.

Whittaker, E., Swift, W., Flatau, P., Dobbins, T., Schollar-Root, O. and Burns, L. (2015) 'A place to call home: study protocol for a longitudinal, mixed methods evaluation of two housing first adaptations in Sydney, Australia', *BMC Public Health*, vol. 15, no. 1: 1-9.

Wood, L., Wood, N.J.R., Vallesi, S., Stafford, A., Davies, A. and Cumming, C. (2018) 'Hospital collaboration with a Housing First program to improve health outcomes for people experiencing homelessness', *Housing, Care and Support*, vol. 22, no.1: 27-39.

Wood, L., Vallesi, S., Kragt, D., Flatau, P., Wood, N., Gazey, A. and Lester, L. (2017) *50 Lives 50 homes: A Housing First Response to Ending Homelessness. First Evaluation Report*, Centre of Social Impact, University of Western Australia, Perth.

Woodhall-Melnik, J.R. and Dunn, J.R., (2016) 'A systematic review of outcomes associated with participation in Housing First programs', *Housing Studies*, vol. *31, no. 3:* 287-304.

Yanos, P., Felton, B., Tsemberis, S. and Frye, V. (2007) 'Exploring the role of housing type, neighbourhood characteristics, and lifestyle factors in the community integration of formerly homeless persons diagnosed with mental illness', *Journal of Mental Health*, vol. 16, no. 6: 703-717.

Y-Foundation (2017) *A home of your own: Housing First and ending homelessness in Finland*, accessed 15 March 2021, https://ysaatio.fi/assets/files/2018/01/A_Home_of_Your_Own_lowres_spreads.pdf.

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