



Final Report

AHURI Essay

Policy shift or program drift? Implementing Housing First in Australia

authored by

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for the

**Australian Housing and Urban
Research Institute**

RMIT Research Centre

March 2012

AHURI Final Report No. 184

ISSN: 1834-7223

ISBN: 978-1-921610-97-4



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Title	Policy shift or program drift? Implementing Housing First in Australia	
ISBN	978-1-921610-97-4	
Format	PDF	
Key words	policy shift, program drift, Housing First, Australia	
Editor	Anne Badenhorst	AHURI National Office
Publisher	Australian Housing and Urban Research Institute Melbourne, Australia	
Series	AHURI Final Report; no.184	
ISSN	1834-7223	
Preferred citation	Johnson, G. et al. (2012) <i>Policy shift or program drift? Implementing Housing First in Australia</i> , AHURI Final Report No.184. Melbourne: Australian Housing and Urban Research Institute.	

ACKNOWLEDGEMENTS

This material was produced with funding from the Australian Government and the Australian states and territory governments. AHURI Limited gratefully acknowledges the financial and other support it has received from these governments, without which this work would not have been possible.

AHURI comprises a network of universities clustered into Research Centres across Australia. Research Centre contributions, both financial and in-kind, have made the completion of this report possible.

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1 INTRODUCTION

Providing secure, sustainable housing options for people experiencing chronic homelessness has posed an enduring challenge for policy-makers and practitioners alike. While Australian homelessness responses are largely *crisis* based, there are long standing debates about the best means of ending long-term homelessness altogether. These debates centre on the nature of the housing required, the form of support services that people need to exit homelessness permanently and the extent to which support should precede or follow the provision of housing.

An approach that is dominating contemporary Australian homelessness policy discourse and service practice is Housing First. A Housing First approach has been advocated for by homelessness practitioners nationally, and many new programs identify as Housing First (Naidoo 2008; Queensland Government 2008; New South Wales Government 2009; HomeGround Services 2010; Australian Capital Territory Government 2011). Developed in 1992 by Sam Tsemberis as a component of the New York City Pathways to Housing organisation, the aim of a Housing First approach is to provide rapid access to permanent, supported housing for chronically homeless people (Tsemberis et al. 2004, p.651). The philosophical underpinnings of a Housing First approach are premised on two key assumptions:

1. Housing is a human right.
2. The provision of housing is not contingent upon behavioural changes or anything other than abiding by standard tenancy obligations. (Stefanic & Tsemberis 2007)

The Housing First approach is based on the idea that a homeless individual's first and primary need is to obtain stable, permanent housing. It is only once stable housing is obtained that other more enduring issues can be appropriately addressed. In practice, a Housing First approach involves moving chronically homeless individuals from the streets or homeless shelters directly into permanent housing. Permanent housing is complemented by the provision of services to assist each individual to sustain their housing and work towards recovery and reintegration into the community. Housing First is thus one form of a broader approach called supportive housing¹.

In the US the ideas and practices behind a Housing First approach have come to represent more than a program model. Housing First constitutes a policy paradigm shift that places rapid access to permanent housing at the forefront of homelessness policy and program planning. The appeal of Housing First principles and the promises of its program efficacy have led to an increasing number of services in the US, and in many other countries around the world, including Australia, aligning with a Housing First approach. While the 'shift' towards providing direct access to permanent housing has the potential to enhance existing service responses, in Australia there has been little critical debate about the Housing First approach. The aim of this Essay is to stimulate critical discussion about the Housing First approach and the possibilities it offers with respect to breaking the cycle of chronic homelessness in Australia. In this Essay the central question we address is whether the Housing First model is transferrable to Australia.

In addressing this question our core argument is that the principles and program elements of a Housing First approach are transferrable, and to a certain degree some of the critical elements are already here. However, the notion of 'program drift' reinforces the point that Housing First programs in Australia (and elsewhere) draw on

¹The terms supported and supportive housing are used interchangeably in the literature. In this Essay we use the term supportive housing (for more information see Tabol et al. 2010).

operational principles and are delivered under conditions that differ to the Pathways to Housing program. The existence of 'program drift' here and abroad reminds us that no Australian Housing First program can or should be an exact replica of the original Pathways to Housing program. Consequently, implementing a Housing First approach in Australia should be evaluated with an understanding of the specific characteristics of Australia's welfare and housing systems. In our view it is not fruitful to engage in a protracted discussion of whether a policy or program should be defined as Housing First or not. What is most important is that the policy focus in the area of homelessness be directed towards assisting chronically homeless individuals obtain the most suitable housing quickly and providing the support that enables them to stay housed.

In the main body of the Essay we extend upon this core argument by outlining the origins and diffusion of Housing First ideas, first from the perspective of a paradigm 'shift' and then turning to the implications and challenges emerging from the tendency for program 'drift'. The Essay is structured as follows. In the following chapter we describe in more detail the philosophy and program elements of the original Pathways to Housing model and why it can be considered a policy paradigm shift in the US. Chapter 3 then examines the Housing First evidence base to identify the lessons that can be learned for Australia. Housing First is positioned and indeed embraced internationally as an evidence based model; we see a critical and comprehensive analysis of this evidence base as crucial to understanding what Housing First does, and does not, represent for Australia. Extending this, Chapter 4 discusses the implications of the drift away from the Pathways to Housing approach and examines the possibilities for re-orienting existing policies and programs in Australia to explicitly include Housing First principles.

2 EMERGENCE OF A 'POLICY PARADIGM SHIFT': A BRIEF HISTORY OF HOUSING FIRST

Housing First emerged in the US in the 1990s. At the time the most widespread response to assist people experiencing chronic homelessness was the continuum of care model². In a continuum of care model, chronically homeless people have to address their problems before moving to the next stage (Pleace 2010). As people move through each stage they are offered greater freedom and independence.

Continuum models require people to show a commitment to addressing their 'problems' before they are offered an opportunity to occupy their own independent dwelling (O'Connell et al. 2009; Tainio & Fredriksson 2009; Johnsen & Teixeira 2010). In the US, the changes that people are required to make centre on sobriety, abstinence and compliance with mental health treatment plans. Sahlin (2005) likens the continuum of care approach to a staircase model with permanent housing being a reward that 'homeless people' must earn. An implicit assumption in continuum of care approaches is that chronically homeless people cannot sustain accommodation without 'restoration of behavioural self-regulation' (Kertesz et al. 2009, p.500). The continuum of care model is presented as a means to enhance an individual's 'housing readiness'. In these respects, continuum of care approaches emphasise the individual as the central problem. Housing assumes a secondary function subsequent to individual behaviour change.

By the mid-1990s the efficacy and underlying logic of continuum models came under fire as evidence emerged of their failure to permanently resolve homelessness among a small group of people who more or less lived permanently on the streets or in shelters (Cohen & Thompson 1992). In addition to homelessness, many of these individuals had poor physical and mental health, problematic drug and alcohol use issues and long-term exclusion from the labour market—a group broadly defined as 'the chronic homeless' in the US (Pearson et al. 2009). Others critiqued the continuum approach on the grounds that it had high operating costs, undermined an individual's capacity for choice and inadvertently fostered dependence (Tsemberis 1999; Tsemberis & Asmussen 1999; Tsemberis & Eisenberg 2000). The continuum of care model is also predicated on the assumption that independent living requires little or no support. However, as Tsemberis has noted, exiting homelessness and obtaining independent housing:

... can be one of the most stressful transitions a consumer encounters. Because graduation along the continuum typically coincides with reduction in staff support, paradoxically, support is least available at one of the most critical junctures—the move to independent living. (Tsemberis 1999, p.227)

It was in response to the inadequacies of the continuum of care paradigm that Housing First models started to capture academic and policy attention in the US. The Housing First approach constituted a radical shift away from existing approaches because of its explicit focus on housing as a first and necessary step in the process of recovery. Indeed Ridgway and Zippel (1990, p.16) suggest the 'primary conceptual element of the paradigm shift is the emphasis on the general need for housing among the population who are disabled by mental illness as well as the critical need for housing among those who are homeless'. Housing First ideas forced clinical service providers to think about and recognise housing as more than an 'outcome', rather a 'critical ingredient' in any treatment model.

² This approach is also referred to as a treatment first, step-wise approach, linear or staircase transition model.

Since the Housing First approach was first developed it has flourished and hundreds of services in the US now operate under a 'Housing First' banner. Despite the apparent simplicity of the term, what constitutes a Housing First approach has become increasingly unclear for several reasons, including the conflicting use of the label and inconsistent definitions of its key operating elements. Next we review the original Housing First approach developed by the Pathways to Housing organisation in New York City to provide a framework for understanding a Housing First approach.

2.1 A Housing First approach

Despite Housing First extending beyond the Pathways to Housing program, and recognising that it can be constructed in different ways (Pearson et al 2007; Pleace 2010), Pathways to Housing remains an important point of reference for three reasons. First, it is the original and arguably the most well-known Housing First model. Second, it is the best researched Housing First model. Third, in a review of 38 studies of supported/supportive housing models, the Pathways to Housing approach was rated the highest in terms of model clarity and specification of the core model elements (Tabol et al. 2010).

The Housing First model developed by Pathways to Housing embodies five fundamental assumptions and normative expectations that distinguish it from the continuum approach. These include:

1. Rapid access to permanent housing.
2. Consumer choice.
3. Separation of housing and services.
4. Recovery as an ongoing process.
5. Community integration. (Tsemberis 2010)

Not every Housing First model has adopted these tenets and in subsequent pages we question what the 'drift' away from the Pathways approach might mean in terms of program outcomes. However, here we examine how the Pathways organisation implements these five tenets in practice.

The operational linchpin of the Pathways to Housing model is the provision of immediate access to permanent housing. On average people wait two weeks after starting with Pathways to Housing before they commence their permanent tenancy (Tsemberis & Eisenberg 2000). Pathways to Housing head-leases housing stock from the private rental market and subleases this housing to service users³. By sourcing and managing the housing, Pathways to Housing sidestep many of the barriers that people who are homeless face when they try and access private rental accommodation. Pathways to Housing also assume responsibility for the lease and payment of the rent to the property owner. These arrangements minimise the financial risk to property owners and this subsequently fosters an environment where property owners are eager to provide their housing to the Pathways program (Tsemberis 2011).

Pathways to Housing further reduce its financial exposure by targeting the chronically homeless who have a mental illness. The clinical diagnosis of a mental illness, coupled with chronic homeless status, means that Pathways to Housing consumers

³ The Pathways to Housing program manages approximately 600 units of housing stock in New York City (Source: McNaughton Nichols & Atherton 2011).

are eligible for Federal Government section 8 housing vouchers⁴. These vouchers, which are used to pay the rent, are automatically debited to Pathways to Housing. Having the rent paid through an automatic process that consumers cannot access minimises the possibilities of consumers falling into rental arrears. It also means that Pathways to Housing always has access to the funds to pay the property owners (Tsemberis 1999; Tsemberis & Eisenberg 2000).

As the lease-holders, Pathways to Housing have capacity to move service users into other tenancies if problems arise (McNaughton Nichols & Atherton 2011). Rather than evict people back into homelessness when problems place tenancies in jeopardy, the Pathways to Housing program actively works with neighbours to address problems or provide assistance to their service users to access alternative housing. Pathways are also able to retain tenancies for people when they are temporarily absent (e.g. in hospital or prison). The combination of these three tenancy management strategies—mandatory and automated rent payment, the capacity to change properties to resolve problems and the ability to retain a tenancy whilst the tenant is absent—are an important part of the reason why the Pathways to Housing program achieves high housing retention rates.

The second ‘critical element’ of the Housing First approach is the internal separation of housing and support services. The separation of housing and support services can be structured in different ways—in some cases, such as with the Pathways organisation, the separation is an internal one, while in other cases two different organisations provide housing and support services. Irrespective of which approach is adopted such a separation is considered critical to the effectiveness of the program because problems in one area do not necessarily equate to problems in another area. For instance, problems with addictions and mental illnesses do not mean a loss of housing (unless tenancy obligations are broken). Similarly, a loss of housing is not synonymous with a loss of support services (Tsemberis 2010). Support is directed toward the individual, and support remains available irrespective of an individual’s housing status.

The continuum models that Housing First services seek to replace also offer treatment and support. However, continuum models are commonly founded on a ‘conditionality’ logic whereby access to housing is contingent on accepting treatment and complying with abstinence and sobriety. In removing choice and control in both the nature of treatment and housing, Tsemberis and his colleagues argue that continuum models ignore empirical research in psychiatric rehabilitation that indicates choice must facilitate the recovery process.

The notion of choice in guiding the recovery process draws attention to the third critical element of the Pathways Housing First approach—its practices are firmly rooted in ‘core principles of consumer empowerment and community engagement’ (Tabol et al. 2010, p.446). This means that Pathways consumers can choose the nature and extent of their engagement with treatment/support services. The principle of voluntary engagement means the provision or continuation of housing is not contingent upon people accepting treatment or changing certain behaviours. As a consequence Housing First consumers’ are not required to: comply with treatment; engage in particular service programs; and/or maintain or achieve sobriety or abstinence from alcohol and illicit substances as a condition of receiving housing. While housing is seen as a first step in the process of recovery, Pathways to Housing

⁴ Section 8 housing vouchers are a rental subsidy paid to low income households in the United States. Under the program low income households find and lease a unit (in the private sector or specially designated section 8 complex) and pay the difference between the actual rent charged by the landlord and the amount subsidised by the housing voucher.

consumers are 'assertively offered' comprehensive treatment and support provided by multi-disciplinary Assertive Community Treatment (ACT) teams. Engagement with the ACT team and care plans is voluntary but nonetheless participants are required to meet with an ACT worker twice monthly to maintain open lines of communication, monitor well-being and ensure the condition of the property is maintained (Tsemberis 2011). ACT teams consist of mental health, physical health, substance abuse, vocational professionals, social workers, housing specialist and also peer counsellor workers (Tsemberis & Eisenberg 2000; Tsemberis et al. 2004). ACT teams are neighbourhood based and on call 24 hours a day, seven days a week. These services are open-ended and there is no expectation that individuals will live independent of the support provided.

As we noted earlier Pathways to Housing targets chronically homeless people who have a mental illness such as bi-polar, depression, anxiety and schizophrenia. In targeting this group the fourth program element is the explicit recognition that recovery takes time. While permanent housing is the first step, the recovery process entails more than housing (Tsemberis 2011). In keeping with the overarching emphasis placed on choice, recovery is consumer driven and extends beyond the mental health and addiction field (Tsemberis 2010). Recovery is positioned as a holistic response to enhance well-being. Recovery is understood as a long process, with a package of support services available over the long-term to facilitate holistic recovery and well-being.

Recovery is explicitly linked to reintegration, the fifth and final 'critical element' (Tsemberis 2010). Reintegration in turn is tied to the expectation that people want to live in 'normal' housing integrated into 'normal' neighbourhoods (Stefanic & Tsemberis 2007). This principle contrasts with continuum approaches that rely on institutional or congregate living arrangements which are often highly stigmatised and place highly vulnerable people in close proximity to one another. In contrast, Pathways to Housing try to achieve better integration by selecting housing that is dispersed (or scattered) throughout the community. When units are subleased within a block or complex no more than 15–20 per cent of units are rented by Pathways to Housing consumers (Tsemberis & Eisenberg 2000; see also <http://www.pathwaystohousing.org/>).

There is much about Housing First that is intuitively appealing to policy-makers and service providers interested in breaking the cycle of chronic homelessness. Ideally, the principles of rapid housing access, consumer choice, the separation of housing from support, holistic recovery and harm minimisation, and community integration should inform the way all services are delivered to people experiencing homelessness. Similarly, the tenancy management strategies and practices of the Pathways to Housing program reflect a strong understanding of the core issues that commonly compromise housing stability among the formerly homeless. Notable among these is the commitment to maintaining housing and the availability of a multidisciplinary clinical support team that can work with people for as long as they need. We believe that these practices (and the resources required to enable them) play a crucial role in the housing retention rates identified in the empirical literature. Our view is that the wide adoption of similar practices in Australia would contribute significantly toward breaking the cycle of chronic homelessness.

While Pathways to Housing is the most clearly articulated Housing First approach, it was the evidence base it developed that put it into the policy spotlight. More specifically, evidence that it achieved high levels of housing retention among a group of individuals for whom long-term housing stability is an exceedingly rare occurrence. Next we critically review the Housing First evidence base.

3 LESSONS FROM THE EXISTING EVIDENCE BASE

No single intervention seems to spread substantial benefits across multiple life domains. (Rosenheck 2010, p.32)

Housing First ... a central antidote to homelessness. (U.S Interagency Council on Homelessness cited in Kertesz et al. 2009, p.497)

Interest in Housing First can be attributed to an influential collection of studies mostly undertaken by or in collaboration with the Pathways to Housing program. These studies employ robust experimental or quasi-experimental methods and when combined with longitudinal approaches demonstrate that the Housing First approach is effective in reducing levels of homelessness among the chronically homeless.

The critical strength of the Pathways to Housing model is its capacity to hold onto and stabilise housing for people exiting homelessness. A longitudinal study of 225 people compared the outcomes of those using traditional services (n=126) and those using the Pathways to Housing program (n=99). The research found that 88 per cent of those housed through the Pathways program retained their housing for two years compared to 47 per cent in the continuum of care models (Gulcur et al. 2003). And, after four years, housing retention rates remained higher in the Pathways to Housing program compared to those reported in the control group—75 per cent and 48 per cent⁵ respectively (Padgett et al. 2006).

Other studies have compared housing retention among Housing First service users to people participating in traditional continuum of care programs. On all occasions, Housing First programs achieved higher levels of housing retention (Tsemberis 1999; Tsemberis & Eisenberg 2000; Gulcur et al. 2003; Stefanic et al. 2004; Tsemberis et al. 2004; Padgett et al. 2006; Stefanic & Tsemberis 2007; O'Connell et al. 2009; Pearson et al. 2009; Tsai et al. 2010). While these housing retention rates are cited 'enthusiastically' by policy-makers and advocates in the US and in Australia they need to be understood in the context of the resources Housing First services like Pathways to Housing has at their disposal.

Nonetheless, close scrutiny of the evidence base reveals three critical lessons to be considered in the wider context of transferring a Housing First approach to Australia. First, the evidence base raises important questions about the cost effectiveness of Housing First and the people for which Housing First is most effective. Second, while the housing retention rates reported by Housing First are impressive, the evidence shows that non-housing outcomes are far less remarkable. Third, the impressive housing retention rates reported by Housing First services need to be understood within the cultural, social, and economic context in which these services operate. We discuss the first two issues in the following chapter. The third issue, that of the impact of different cultural and social contexts, is examined in Chapter 4.

3.1 A cost effective program?

Along with housing retention rates, Australian support for Housing First is largely couched in terms of its capacity to resolve chronic homelessness in a cost-effective manner. When we examined the Housing First cost literature and the claims stemming from 'cost' studies we found a patchy evidence base. For example, Philip Mangano, the Executive Director of the US Interagency Council on Homelessness, suggests that 65 'cost studies' of Housing First in the US demonstrate clear costs

⁵ The level of housing retention among the control group (treatment first) increased between the second and fourth years because of sample attrition.

savings (Mangano 2009). While it is true that many jurisdictions in the US have conducted costs analysis of Housing First, what is not mentioned is that few of these 'studies' have been subject to peer review and most lack rigour. Sam Tsemberis concluded that cost studies of Housing First:

... seldom involve random assignment and seldom include comparison or control groups. Moreover, study populations are selected through convenience sampling and frequently are chosen based on their presumed heavy use of services. Thus, these studies are likely to overestimate cost reductions and should be interpreted with caution. (Tsemberis 2010, p.52)

We also found many examples in the policy and advocacy literature where Housing First and other supportive housing providers rely on straight cost comparisons based on the annualised costs for supportive housing with the annualised costs of a shelter bed, a prison bed, or a hospital bed. For instance, Pleace (2008, p.47) reports that on a cost-per-person-per-year basis Pathways to Housing was estimated to cost 45 per cent of the equivalent continuum of care programs, 26 per cent of keeping someone in prison for a year and 13 per cent of the cost of a psychiatric bed in New York for one year. As a method of calculating the economic benefit of Housing First, annualised cost comparisons are one of the least sophisticated approaches. Annualised cost comparisons are likely to overstate the cost offsets associated with Housing First as they presume that in the absence of Housing First programs Housing First clients would spend ALL of their time in prison or in a psychiatric hospital. In all but the most extreme cases, such as Malcolm Gladwells' influential but atypical 'Million Dollar Murray', such assumptions are unlikely to hold true (Gladwell 2009).

There is some indication to suggest that there may be cost offsets associated with a Housing First approach. In particular, there is evidence to show that Housing First significantly reduced institutional care costs in comparison to a control group during the first 24 months of treatment (Gulcur et al. 2003). However, it should be noted that after 24 months any significant group differences had disappeared.

Given that Housing First is promoted as a cost effective approach it is surprising that a full cost effectiveness analysis that includes the costs of the Housing First intervention itself has yet to be published (Rosenheck 2010, p.24). Perhaps even more astonishing is that while supportive housing generally and Housing First specifically are linked to important costs offsets as a result of reduced hospitalisation, acute treatment and involvement with criminal justice system, cost savings do not equal the cost of providing supportive housing (Culhane et al. 2002; Rosenheck et al. 2003; Culhane & Metraux 2008). This is an *important finding, but one that is often overlooked in the Australian literature.*

3.2 Non-housing outcomes

While high housing retention rates and consequent reductions in the number of days homeless are significant achievements, the Housing First evidence base is less clear with respect to improvements in other areas such as problematic substance use and social exclusion. With respect to the former, some studies have found that differences in patterns of substance and alcohol use between Housing First and continuum services have not always been statistically significant—that is the data indicate little if any reduction in drinking and virtually no decline in drug use among Housing First participants (Tsemberis 1999; Tsemberis & Eisenberg 2000; Gulcur et al. 2003; Tsemberis et al. 2004; Padgett et al. 2006; O'Connell et al. 2009; Pearson et al. 2009). While Tsemberis and others argue that such findings are to be expected when stable housing not abstinence is the core goal, one could also argue that at face value

the broader and equally important goals of recovery and social inclusion are not being met.

It is difficult to determine from the existing literature whether the indicators used to measure change have missed important yet subtle changes or whether hoped for improvements reflect unrealistic expectations of the possible extent of recovery. The movement towards recovery and social inclusion are generally much longer-term goals that can take many years to eventuate. The process of recovery is highly individualised and depends on the stage of life, severity and/or permanency of conditions experienced and capacity for change among each individual participant. Markers of stability and recovery will differ within a range of what is meaningfully possible, some of which may not be captured within the timeframes of the existing evidence base or in the typical measures used to define successful outcomes.

The strong link between chronic homelessness and Housing First has obscured the fact that when Housing First was established by Pathways to Housing it was intended for chronically homeless persons with a mental illness. As we noted earlier the reason for this is that in the US chronically homeless people with a mental illness are eligible for social security payments, while chronically homeless people with a serious addiction are not. These exclusionary social security arrangements have influenced who Pathways to Housing works with. The 'Pathways' literature states that 90 per cent of the people it works with have a history and/or have been diagnosed with substance use disorders (Tsemberis et al. 2004, p.652). However, based on a secondary analysis of Pathways to Housing data, Kertesz et al. (2009) take the view that fewer than one in five would be classified as 'at risk' according to threshold limits established by the National Institute on Alcohol Abuse and Alcoholism in the US. Furthermore, they argued that because the amount of drugs and/or alcohol were not measured some people may even fall below this threshold (Kertesz et al. 2009). According to Kertesz et al. (2009, p.519), the Pathways to Housing program recruited 'severely mentally ill homeless persons whose addiction severity at housing entry was lower than normally seen in homeless persons'.

The reason this distinction is important is because some research indicates that severe addiction reduces tenancy retention rates (Kertesz et al. 2009, pp.516–7). Although more recent research from the US has challenged the assumption that addiction undermines the sustainment of tenancies (Edens et al. 2011), it is important to critically consider whether housing retention rates reported by Pathways to Housing are bolstered by the exclusion of people with serious addictions. While other Housing First programs in the US are tackling the issue of addiction, the assertion that the existing data on Housing First and addiction remain 'mixed and unsettled' represented a cautionary warning (Kertesz et al. 2009, p.519). This means that Australian policy-makers and service providers need to be very clear about who they target Housing First style services to. And, if they do target chronically homeless people with substance misuse (or dual) problems they will need to develop a strong understanding of what additional resources and specific practices are required to ameliorate the risks posed by substance abuse.

Assisting chronically homeless people into housing and keeping them housed is important but the literature shows that the problems faced by chronically homeless people do not magically disappear once they are housed. As Tsemberis (2010, p.52) notes:

Housing First and other supportive housing interventions may end homelessness but do not cure psychiatric disability, addiction, or poverty. These programs, it might be said, help individuals graduate from the trauma of

homelessness into the normal everyday misery of extreme poverty, stigma, and unemployment.

A number of qualitative studies have found issues of social isolation and loneliness among Housing First consumers both of which are associated with depression, a reduced sense of control and pessimistic social expectations (Schutt & Goldfinger 2011, p.31). Padgett (2007) and Yanos, Felton, Tsemberis and Frye (2007) found that despite being in stable accommodation, Housing First consumers often lacked a sense of involvement with the broader community, a sense of purpose or any meaningful pursuits. In her study of 39 chronically homeless people in New York who were provided with 'immediate access to housing' Padgett notes that 'other elements of psychiatric recovery such as hope for the future, having a job, enjoying company and the support of others, and being involved in society ... have only been partially obtained' (2007, p.1935).

The point to bear in mind is that while a Housing First approach can be successful at getting people into housing and keeping them housed, it is purportedly less successful in addressing social and economic exclusion. As McNaughton Nichols & Atherton (2011, p.775) note:

... the evidence as to further benefits from Housing First beyond that of maintaining housing (albeit an important outcome) remains underwhelming.

Addressing social and economic exclusion remains a complex and challenging task and the point here is not so much a criticism of Housing First per se but rather to highlight the limits of Housing First—limits that are rarely mentioned in the public or policy discourse.

One final point about the Housing First evidence base needs to be made. Housing First studies often use continuum models as the point of comparison (Tsemberis 1999; Tsemberis & Eisenberg 2000; Gulcur et al. 2003; Stefanic et al. 2004; Tsemberis et al. 2004; Padgett et al. 2006; Kertesz et al. 2009; O'Connell et al. 2009; Pearson et al. 2009; Tsai et al. 2010). While many studies suggest that Housing First is more effective than existing models, some researchers argue the reason for this can be traced back to the resources available to each approach. For instance, Kertesz and his colleagues (2009) argue that many continuum interventions are under-funded and have a limited capacity to achieve what they are meant to. This observation suggests that while studies show that Housing First interventions achieve better outcomes than traditional interventions, it cannot necessarily be assumed that the Housing First model is better. Rather, the identified differences between the two interventions may be more a result of traditional services not having the resources and capacity to do what they are supposed to (see also O'Connell et al. 2009 who make a similar point). In short, the problems may not be with the continuum model at all, but rather that continuum models have no control over the housing they refer service users to—thus contributing to uncertainty about what housing outcomes are achieved or can be attributed to the service (Kertesz et al. 2009, p.510).

Further, housing retention rates are lower in continuum models, in part because its goals are more ambitious—continuum models aim to address mental health and substance misuse problems. In short, a simple:

... like-with-like comparison between Housing First and continuum models might be viewed as unfair, because these services have different operational goals. (Pleace 2010, p.5)

The Housing First evidence base is impressive and certainly warrants close attention from policy-makers. However, it requires close scrutiny and to date the tendency has

been to over simplify or ignore some of the complexities and problems identified in the literature. The evidence certainly highlights strengths in the Housing First approach but it also identifies some limits—in as much as policy-makers need to know what works, it is equally crucial that they have a clear understanding of what does not work and for whom.

Housing First represents an important development in the way services are delivered to the homeless but it is not an antidote to the structural contexts in which homelessness is embedded. Similarly, while Housing First can assist people to make immediate exits from long term homelessness, it has been demonstrated that formerly homeless people often continue to experience a range of health, social and economic problems, all of which can pose a threat to their housing stability. Thus we do not see Housing First as the ultimate panacea to the problem of homelessness. The limitations of Housing First are similar to those of every program designed to work with people who are already homeless. Housing First supporters would do well to recognise it.

4 FROM PARADIGM SHIFT TO PROGRAM DRIFT: THE ISSUE OF TRANSFERABILITY

Many of those researching and working in the homelessness area for any length of time would recognise the ideas underpinning Housing First. In Australia, as in Europe, programs have long drawn upon some of the fundamental principles that underpin Housing First (Atherton & McNaughton Nichols 2008) yet this has been overlooked in Australia in the search for something 'new', something 'bold' and something 'evidence based'⁶. In this final section we revisit some of the core principles and elements of Housing First to examine the implications and challenges for the existing homelessness service system as the Housing First approach drifts to Australia.

The importance of a balanced but critical understanding of the Housing First approach is evident when we recognise that claims for a 'paradigm shift' in Australia rely on making a spurious link between the US 'treatment first' system and the Australian homelessness system. To be sure both are notionally linear systems, but the underlying logic of specialist homelessness services (SHS) in Australia is very different to US services. For example SHSs, and their Supported Accommodation Assistance Program (SAAP) forerunners, target a broader range of people, and they do not have specific measures that require people to receive treatment or make behavioural changes prior to the allocation of housing. Similarly, while case management has been critiqued for the surveillance function it performs (Fopp 1996; Parker & Fopp 2004) and the focus it places on the individual (Bullen 2010), officially at least, case management is presented as a client directed and empowering process (National Case Management Working Group 1997).

While expectations about appropriate behaviour apply in many Australian specialist homeless services, they also apply in the Pathways to Housing program (McNaughton Nichols & Atherton 2011). Further, the homelessness service system in Australia has already embraced ideas of harm minimisation and voluntary engagement in treatment with only extremely dangerous or disruptive behaviour used to preclude access to or evict people from accommodation. Such a harm minimisation approach has been successful in keeping people off the streets and alive whilst using illicit substances and/or alcohol. In some important ways there are similarities between Housing First and specialist homelessness services program, so much so that some Australian academics labelled SAAP a Housing First program (Brueckner et al. 2011). This clearly overstates the similarities, but the salient point is that some of the philosophical tenets of the Housing First approach do not constitute as radical a shift in Australia as they do in the US.

Where the real paradigm shift comes for Australian homelessness policy is through a clearer articulation of the importance of rapid access to permanent housing options, and the necessity to provide a comprehensive package of support. In this respect it is clear that both the Housing First philosophy and the Pathways to Housing program have much to offer Australian policy and practice. The critical issues policy-makers face are: What should an Australian Housing First program look like? And how should Housing First programs link in with and inform existing responses?

⁶ Kevin Rudd, speech to National Homelessness Conference 22 May 2008. Rudd was the Prime Minister of Australia at the time he gave the speech.

4.1 The challenges and implications of 'drift'

Numerous models of service provision, both in Australia and internationally, identify with and espouse a commitment to practicing Housing First. However, very few services are delivered in the same way as the Pathways to Housing model (Phillips et al. 2011). As the Housing First approach is adapted to different social and cultural settings there has been much debate as to whether offspring models in Australia and abroad should match the fidelity of the original Housing First approach and whether they will deliver the same outcomes. For example, in the US some services that identify as Housing First provide time-limited transitional accommodation while others rely on congregate living arrangements (Pleace 2010); some Housing First services are abstinence based and others follow harm minimisation principles. Similarly, some Housing First services use truncated versions of ACT teams while others provide case management services. In short, as services have 'drifted' away from the core elements of the Pathways to Housing approach, the term Housing First now conceals 'significant variation' (Pleace 2008, p.40).

The policy conundrum is whether with this sort of program drift or 'attenuation of fidelity to the original program model' there will be 'a concomitant attenuation of program effectiveness' (Rosenheck 2010, p.19). While Pathways to Housing is an evidenced based practice and has clearly articulated its service delivery model, should services be delivered in exactly the same way to be considered Housing First? This is where the core issue of transferability lies—what is being transferred? A core set of operational elements (the critical ingredients), a philosophy or a combination of both. These issues raise two salient questions. First, should there be a 'standard' Housing First model or set of operational standards to which all Housing First services should conform? And, second, how can the tension between program fidelity and adaptations to local conditions be best managed to ensure that program outcomes remain high?

In our view Australia cannot and should not be aiming to provide an exact replica of the Pathways to Housing model. Rather, programs should have the capacity to adapt and develop interventions that suit local conditions and reflect the needs of specific target groups. In short, transparent 'program drift' is a prerequisite of developing responsive Housing First models throughout Australia. The idea of 'program drift' emphasises the importance of establishing our own evidence base and avoid falling into the trap of trying to compare program success against the Pathways to Housing model. Nonetheless, we can learn from the Pathways model what some of the 'critical elements' that help to sustain housing might be. A number of important issues stand out here.

First, it is difficult to consider any of the benefits that either the Housing First philosophy or the Pathways to Housing program could bring to Australia without taking into account the resources, policy and practice changes that would be required to make them happen. However, Australian initiatives that identify as Housing First do not have access to the resources required to meet the basic housing and service provision criteria (Phillips et al. 2011). In this context it is worth pointing out that the ideals of Housing First and practices of the Pathways to Housing program are only achievable in the presence of sufficient resources. The focus on choice, holistic recovery, separation of housing and support and community integration are all dependent upon these resources. That is to say, having the capacity to access and manage permanent housing, and to fund and deliver ongoing ACT teams are fundamental to the Pathways to Housing program achieving significant housing retention success.

Second, there is the problem of accessing housing in Australia. Given that many homeless clients in Australia who are 'permanently rehoused' are directed into the existing social housing stock, significant reforms in tenancy management and legislation need to occur to enable housing to be maintained if the client is not able to occupy it, through for example, periods of incarceration or hospitalisation.

Furthermore, the mandatory automatic deduction of rent from the Pathways to Housing program is clearly another important factor contributing to high housing retention rates. The question for Australian policy-makers is whether it is appropriate to implement processes that ensure tenants rent is mandatorily paid through automatic deduction. This sort of approach may be consistent with the new welfare morality championed by some welfare organisations (Brotherhood of St Laurence 2011) but the assumption that people are not capable of managing their own money is paternalistic. While questions about autonomy and coercion in welfare are ongoing (Mead 1997), they are arguably of heightened significance in the Housing First context, given the importance afforded to consumer choice.

It also needs to be recognised that in many instances existing social housing stock may not be a suitable housing option or environment for many high needs tenants exiting homelessness. Therefore it is not just the provision of permanent housing but the right kind of housing that needs to be expanded. The needs of those being rehoused require carefully planned and designed housing options. This includes considerations of social mix and whether there should be access to onsite support or detached support. This must be determined on an individual basis following systematic review of the types of housing arrangements that work best for different individuals. All of this will require much greater consumer participation in the process than has hitherto been in place.

Housing First approaches focus first on permanent tenancies, and second on a multidisciplinary team of support services. It could be argued that Australia already has examples of multidisciplinary support models in many services. However, this is not on a large enough scale and more could be done to increase the service response available, both in terms of dedicated staff and resources, to provide longer term support to those who are rehoused. Social Housing systems in Australia have not traditionally been integrated within wider social service systems, including homelessness systems (Jones et al. 2007). Likewise, mental health and drug and alcohol systems have not been sufficiently integrated within homelessness systems in Australia to enable existing models to work as they were intended (Flatau et al. 2010). Substantially more needs to be done here.

Moving beyond the Australian rhetoric of providing integrated support services, Housing First demonstrates the importance of support also being ongoing. Housing First demonstrates that some people will always require intensive clinical support to maintain housing and progress toward recovery/stabilisation. Specialist homelessness services, in contrast, are time limited and underpinned by the core assumption that people can live independently and probably work. This is undoubtedly true for many, but may be unrealistic for a small number of people. What is required is the modification of existing National Affordable Housing Agreement (NAHA) program arrangements, again in terms of specifically dedicated staff and resources, to accommodate the small group who may require long-term, ongoing support. This would also help to kick-start the process of aligning existing specialist homeless services with newly funded Housing First services.

Further, the evidence that the Housing Pathways model has been less effective in addressing issues of substance abuse and social integration raises questions about the role of homelessness programs and services. Certainly stabilising some people is

an important and at times principal goal, but leaving people socially and economically isolated highlights limitations with the Housing First approach as far as the broad goal of social inclusion is concerned. Assisting people in the process of reintegration should be an explicit policy goal. Without an investment in integration many formerly homeless people will remain at the margins of mainstream society.

A harm minimisation approach recognising that abstinence is not always a realistic practice or policy goal for many long-term homeless raises significant challenges for the management of tenancies both in terms of the risks to the individuals themselves and for those who live in their immediate environments. This is no doubt an issue that the Housing First approach has had to confront as have many service providers working within a harm minimisation approach in Australia. The important point we stress is that providing housing to an individual who experiences chronic addictions and mental illnesses presents tenancy issues that require ongoing monitoring and resolution. As the evidence base testifies, it may take many, many years after gaining a tenancy until a person shows improvements in these other life domains.

The larger challenge facing Australian policy-makers is to align existing homelessness responses with some of the core Housing First principles. There are currently several evaluations of different service models informed by some elements of the Pathways to Housing model but adapted to suit local conditions. This provides a valuable space to identify the essential program components that work well in Australia and those that do not. However, any potential gains made from this emerging evidence base could be lost if Housing First becomes a single programmatic response rather than a broader national approach to addressing long-term homelessness across all relevant services. A Housing First approach should be viewed as a way of thinking about and acting to break the cycle of chronic homelessness in a more systemic and 'permanent' way.

5 CONCLUSION

In this Essay we suggest that a Housing First approach has much to offer—it has ‘shifted’ long held assumptions about people who are chronically homeless and who have ‘complex needs’, re-affirmed the importance of housing and helped to consolidate the links between evidence and practice. And, in the Australian context Housing First has broken the long standing and often acrimonious debate about whether support or housing is the most important factor in resolving homelessness. However, the manner in which Housing First has been ‘pitched’ to and by policy-makers has hidden from view the drift away from the original Housing First principles articulated and practiced by the Pathways to Housing organisation.

There is now a significant amount of variation under the umbrella of Housing First, but the implications of this variation, and the manner in which Housing First is conflated with the Pathways to Housing program, have been overlooked. Further, many of the claims about Housing First over-reach what the evidence actually says. While much can be learnt from Housing First it is also clear that in the process of transferring Housing First to Australia important findings have been ignored, factors contributing to its success have been over-simplified and claims about its effectiveness over-stretched. The risk is that if the outcomes Housing First delivers do not match expectations public and policy interest may evaporate. Further, in positioning Housing First as an effective alternative and ignoring the constraints impeding existing responses in Australia, the opportunity to ground some core Housing First ideas in a more enduring set of systemic-wide principles and policies enabling service improvements across all programs offering housing and support may be missed.

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