Research & Evidence

### What Is “Housing First”?

The Homeless Hub defines **Housing First** as “a recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed.”[[1]](#endnote-1) The housing must be **affordable** and the supports must be offered at the level of intensity and frequency that a **client chooses**.

“Housing First” defines itself in opposition to “Treatment First” (also called “linear residential treatment” approach or “staircase” model), where a person must meet certain conditions before being offered access to housing (e.g. abstinence from alcohol or drugs; management of mental health that may include adherence to prescribed medications; successful completion of life skills programming; etc.). The basic principle is at once philosophical – housing is a human right – and practical – people are more successful in addressing addictions, mental health issues, and other challenges if they have a stable home base. (S Tsemberis & Eisenberg, 2000; Sam Tsemberis, Gulcur, & Nakae, 2004)

### Why Focus on Housing First?

Effectiveness. Housing First has demonstrated its effectiveness in comparison with a control group (no intervention) and with the Treatment First model:

* The Mental Health Commission of Canada’s At Home / Chez Soi study compared a Housing First intervention with Treatment as Usual in a randomized controlled trial in five cities (Vancouver, Winnipeg, Toronto, Montreal, and Moncton). People in the “Treatment as Usual” group did not receive a specific intervention as part of the study, but some accessed services through outreach teams, charitable groups, shelters, transitional housing, non-profit housing, and other service providers. **Participants in the Housing First intervention spent an average of 73% of their time in stable housing over two years, while those in the Treatment as Usual group spent an average of 32% of their time in stable housing.** (Goering et al., 2014)
* A New York study found that **the housing retention rate for Housing First clients was 88% over a 5-year period, while it was only 47% for graduates of linear residential (“Treatment First”) programs** (Other studies and program evaluations in the United States and Canada have also provided strong evidence for the effectiveness of Housing First programs:

Table 1: Housing Stability Outcomes in 5 Housing First Programs

| **Housing First Programs** | **% Remaining Housed**  |
| --- | --- |
| **After 1 year** | **After 2 years** | **After 4 years** | **Over a 5-year period** |
| Calgary Homeless Foundation Sample size: **270** | 92% |  |  |  |
| Streets to Homes (Toronto)Sample size: [not provided] | 91% |  |  |  |
| Pathways to Housing (New York)Sample size: **241** |  |  |  | 88% |
| Pathways model implemented by Pathways to Housing in “suburban county” in the U.S.Sample size: **64** |  | 88.5% | 78.3% |  |
| Pathways model implemented by local service providers in a “suburban county” in the U.S.Sample size: **57** |  | 79.0% | 57.0% |  |
| **TOTAL OVERALL AVERAGE** | **82%** |

Sources: Calgary data from Rook, 2013. Toronto data from City of Toronto, 2009b. United States data from Stefancic & Tsemberis, 2007; Tsemberis & Eisenberg, 2000. See also (Davidson et al., 2014).

Uptake. “Housing First” is increasingly being incorporated into community plans and funder requirements at municipal, regional, provincial, and territorial levels in Canada. The federal government has also tied the majority of funds distributed through its Homelessness Partnering Strategy (HPS) to Housing First. Housing First approaches have also been embraced by local and national governments throughout Europe and the United States.

Some critics see “Housing First” as a fad; however, its key components and principles have been gaining momentum as best practices for some time. If at some point the specific phrase “Housing First” falls out of fashion, these key components and principles will continue to inform homelessness planning and funding.

### What Role May Emergency Shelters Play in Housing First?

Few plans for ending homelessness articulate a clear vision for the role that emergency shelters might be able to play in achieving this goal. In some cases, shelters are presented as an ineffective intervention that is taking needed resources away from effective interventions (like rent supplements and wrap-around supports under the Housing First model). . The survey, site visits, consultations, and literature review conducted by the Homelessness Task Team worked to clarify the question of what role shelters may play within the broader system of homelessness and housing stabilization services. Researchers and service providers agree that there will always be a need for short-term emergency housing supports as access to shelter can sometimes mean the difference between life and death

### What are the key ideas that must be implemented when taking a Housing First approach to Emergency Shelters?

One of the key purposes of the Homelessness Task Team’s survey, site visits, and consultations was to help The Salvation Army understand where our services are aligned with best practices and emerging trends (in particular, Housing First), and where they differentiate. Below are the key themes and ideas that emerged from the research:

#### ⮚ We must focus on those experiencing chronic and episodic homelessness

Previous research has shown a surprising trend: that the overwhelming majority of clients come only once and stay for less than a month (**“temporary” or “transitional” shelter use**). But, at the same time, a small population of individuals experiencing serious mental health challenges, physical health issues, addictions, or other ongoing challenges, cycle in and out of shelters (**“episodic” shelter use**) or use shelters as their de facto housing (**“chronic” or “long-stay” shelter use**).

In Ontario, for instance, this small population accounts for 10% of single adult shelter users (both men and women), but 48% of occupied beds. In Calgary, 16% of shelter users occupied 72% of bed nights. Among families in Ontario, the ratio is 15% of households to 43% of bed nights.[[2]](#endnote-2)

#### ⮚ We must facilitate immediate access to permanent housing with no housing readiness requirements

The Service Continuum approach or “Treatment First” model proposed a staircase path for individuals experiencing homelessness, where service providers required a client to demonstrate an ability to follow rules and make progress on a case plan before the service providers deemed them “housing ready” (See Figure 2) The “Housing First” model demonstrated that, with sufficient follow-up supports and rent supplements, about 82% of high- and moderate-needs clients can achieve housing stability without any transitional residential steps (see Figure 3).

|  |  |
| --- | --- |
| Figure 2: Treatment First Staircase ModelSource: (Figures adapted from Foran & Guibert, 2013; originals by Sam Tsemberis) | Figure 3: Housing First Model |

One idea behind this is that people will eventually become motivated to pursue treatment (or may find alternative ways of managing their mental health or addictions) once their basic needs are taken care of and they are stable in appropriate housing.

Additionally under this model, **housing and clinical services are separated** in order to ensure that clinical service use can change without a housing move, and that a person can stay connected to her or his community and support system even if the individual becomes temporarily homeless again. Individuals can also choose to change housing without this impacting their clinical services.

**More than half of Salvation Army shelters reported that a funder had asked them to take a Housing First approach**, and a further 5.7% indicated that their funder had not yet made this request but had indicated that they were planning to do so in the future (total: 58.5%). This number is expected to increase quickly based on the federal government’s adoption of Housing First as a policy directive undergirding the Homeless Partnering Strategy funding stream.

#### ⮚ We must ensure consumer choice and self-determination

Research has shown that housing quality and client choice can have a strong impact on rates of housing stability, physical health outcomes, and mental health outcomes.[[3]](#endnote-3)

Although client choice may be constrained by the conditions of the local housing market, when participants are able to have some choice in the type of housing they want as well as location, studies have shown that they have a better quality of life, including sense of safety, increased housing stability, greater self-determination and independence. This is also true in regards to client’s choice of services and supports they receive (At Home/Chez Soi, 2014).

The main problem with the “Treatment First” model is that it concentrated power in the hands of service providers to decide when a person was “ready” for housing. The idea that emerged from stakeholder discussions was a web model (Figure 4) that places the **client choice** at the centre of the decision-making process:

Figure 4: Client Choice Web Model



#### ⮚ We must offer individualized, recovery-oriented, and client-driven supports

Housing First promotes the delivery of services through an individualized and client-driven approach; that is, offering care and supports that acknowledge and consider **individuals’ particularities and unique needs.** In line with a choice-based model, individuals should be offered a **spectrum of individualized and culturally-appropriate** supports they can choose from (e.g. physical and/or mental health, substance use, housing, employment, and income supports). The level of support needed and desired will also aide in determining the type of housing that is best for the client (e.g. affordable housing, supportive housing). For some individuals, ongoing, high-supports will be needed for most of their lives, while others may only require minimal support services after they are housed.

It is important to remember, though, that under a Housing First paradigm, receiving certain supports **cannot be a condition or requirement** for accessing housing, which is considered to be a **basic human right.**

Supports should not only be individualized and client-driven, but **also strengths-based and promote a sense of empowerment for clients**. We provide services that focus on the skills and abilities that clients do have, nurturing them and supporting them (instead of employing a deficit-based approach that focuses on what’s needed or lacking). Fostering autonomy and empowerment will enable clients to take action and better cope with certain challenges they may face and life more generally.

According to Housing First, programs must also adopt a recovery-oriented approach, which entails focusing on both clients’ basic needs and **offering services that support their recovery.** Centered on client’s well-being, this approach means that we ensure clients can access services and supports that help them to participate in various social realms (educational, social, occupational). A recovery-oriented approach also involves ensuring access to harm reduction atmosphere and/or harm reduction services specifically for those facing substance use challenges. Clients may choose or prefer abstinence-based environments, but they should be provided with choices among a range of options.

#### ⮚ We must seek to reduce the harms associated with homelessness and substance use

Harm reduction is a key component of Housing First. “Harm reduction” refers to a variety of practical strategies for working with clients who actively use substances or engage in other high-risk behaviours; these strategies help them minimize the harmful consequences of these behaviours. “Housing First” programs do not typically distribute condoms, clean needles, methadone doses, or managed alcohol doses to clients; if clients are interested in these types of services, these may be provided by other agencies (including Public Health Units). In a Housing First context, a “harm reduction” approach is more focused on fostering an approach to service and specifically, separating treatment from housing. Meeting people who use substances “where they are at” without judgment has been established as a key best practice for developing trust with clients. [[4]](#endnote-4)

#### ⮚ We must actively participate in social & community integration

Participants should be given opportunities for **meaningful participation** in their communities. Community integration is important for preventing social isolation, which can undermine housing stability. It also allows participants to develop extended support networks so that they are not solely reliant on service-providers, while promoting a greater sense of autonomy and independence. Offering accompaniment services and encouraging participants to engage with external services providers and organizations will empower them to be part of their communities.

Moreover, partnerships between The Salvation Army and other community-based organizations are essential to fostering greater integration for clients, and to establishing The Salvation Army’s place within the homelessness sector, as an effective collaborator in the work to solve homelessness in our communities.

## Housing First Resources

* INTRODUCTION TO HOUSING FIRST – SUMMARY & VIDEOS. Stephen Gaetz, Homeless Hub (2013): [www.homelesshub.ca/housingfirst](http://www.homelesshub.ca/housingfirst)
* HOW-TO. Mental Health Commission of Canada (MHCC) and the Homeless Hub, *The Canadian Housing First Toolkit* (Polvere et al., 2014): [www.housingfirsttoolkit.ca](file:///C%3A%5CUsers%5CAlison_Kooistra%5CDropbox%5CA.%20SALVATION%20ARMY%5C4.%20DELIVERABLES%5C02.%20Phase%20II%20Report%20%28Sep%202014%29%5Carchive%5Cwww.housingfirsttoolkit.ca)
* WEBSITE.“Housing First” approach defined by the federal Homelessness Partnering Strategy (HPS) (ESDC, 2014a): [www.esdc.gc.ca/eng/communities/homelessness/housing\_first/index.shtml](http://www.esdc.gc.ca/eng/communities/homelessness/housing_first/index.shtml)
* RESEARCH REPORT. Mental Health Commission of Canada (MHCC), *National Final Report: Cross-Site At Home/Chez Soi Project* (Goering et al., 2014): [www.mentalhealthcommission.ca/English/node/24376](http://www.mentalhealthcommission.ca/English/node/24376)
* INTERACTIVE WEB DOCUMENTARY. National Film Board (NFB) of Canada and the Mental Health Commission of Canada (MHCC), *Here at Home: In Search of a Cure for a 21st Century Crisis*: <http://athome.nfb.ca/#/athome>
* BOOK – FRAMEWORK AND LOCAL CASE STUDIES. *Housing First in Canada* (Gaetz, Scott, & Gulliver, 2013):[www.homelesshub.ca/housingfirstcanada](http://www.homelesshub.ca/housingfirstcanada).
1. Stephen Gaetz (2013): www.homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first. [↑](#endnote-ref-1)
2. See (Hwang, Aubry, Farrell, & Calhoun, 2010a); (Hwang, Aubry, Farrell, & Calhoun, 2010b). (Aubry, Farrell, Hwang, & Calhoun, 2013; Calgary Homeless Foundation, 2014; Culhane, Metraux, Park, Schretzman, & Valente, 2007; Kuhn & Culhane, 1998; Segaert, 2012); Aubry et al., 2013) [↑](#endnote-ref-2)
3. See (Aubry, Klodawsky, Nemiroff, Birnie, & Bonetta, 2007; City of Toronto, 2007; Hwang, Wilkins, Tjepkema, Patricia J O’Campo, & Dunn, 2009; Mental Health Commission of Canada, 2014b; Nelson, Sylvestre, Aubry, George, & Trainor, 2007; S Tsemberis & Eisenberg, 2000; Waegemakers Schiff & Rook, 2012; Waegemakers Schiff, Schneider, & Schiff, 2007) [↑](#endnote-ref-3)
4. (Sam Tsemberis et al., 2004). (Austen & Pauly, 2012; Davidson et al., 2014; B. M. Pauly, 2005; B. Pauly et al., 2013). [↑](#endnote-ref-4)