



HOUSING FIRST

CORE PRINCIPLES

There are five *core principles of Housing First*:

1. Immediate access to permanent housing with no housing readiness requirements.

Housing First involves providing clients with assistance in finding and obtaining safe, secure and permanent housing as quickly as possible. Key to the Housing First philosophy is that individuals and families are not required to first demonstrate that they are 'ready' for housing. Housing is not conditional on sobriety or abstinence. Program participation is also voluntary. This approach runs in contrast to what has been the orthodoxy of 'treatment first' approaches whereby people experiencing homelessness are placed in emergency services and must address certain personal issues (addictions, mental health) prior to being deemed 'ready' for housing (having received access to health care or treatment).

2. Consumer choice and self-determination.

Housing First is a client-centered approach that emphasizes client choice in terms of housing and support services.

- Housing - Clients are able to exercise some choice regarding the location and type of housing they receive (e.g. neighborhood, congregate setting, scattered site, etc.). Choice may be constrained by local availability and affordability.
- Supports – Clients have choices in terms of what services they receive, and when to start using services.

3. Recovery orientation.

Housing First practice is not simply focused on meeting basic client needs, but on supporting recovery. A recovery orientation focuses on individual well-being, and ensures that clients have access to a range of supports that enable them to nurture and maintain social, recreational, educational, occupational and vocational activities.

4. Individualized and client-driven supports.

A client-driven approach recognizes that individuals are unique, and so are their needs. Once housed, some people will need minimum supports while other people will need supports for the rest of their lives. Supports may address housing stability, health and mental health needs, employment, education and life skills. Income supports and rent supplements are often an important part of providing client-driven supports. Rent supplements should ensure that individuals do not pay more than 30% of their income on rent. A central philosophy of Housing First is that people have access to the supports they need, if they choose. Access to housing is not conditional upon accepting a particular kind of service.

5. Social and community integration

Part of the Housing First strategy is to help people integrate into their community and this requires socially supportive engagement and the opportunity to participate in meaningful activities. If people are housed and become or remain socially isolated, the stability of their housing may be compromised.

Conclusion

While all Housing First programs ideally share these critical elements, there is considerable variation in how the model is applied, based on population served, resource availability, and other factors related to the local context. There is no 'one size fits all' approach to Housing First.

THE APPLICATION OF HOUSING FIRST

What kind of housing?

A key principle of Housing First is **Consumer Choice and Self-Determination**. In other words, people should have some kind of choice as to what kind of housing they receive, and where it is located. Some Housing First models prioritize the use of **scattered-site housing** which involves renting units in independent private rental markets. One benefit of this approach is that it gives clients more choice. It is in keeping with consumer preferences to live in integrated community settings. From a financial perspective, there is a benefit to having the capital costs of housing absorbed by the private sector. In other cases the use of **congregate models of housing**, where there are many units in a single building, the benefits of which may include on-call supports, and for some may provide a stronger sense of community. In other cases, **social housing** is more readily used to provide housing for individuals. In such contexts, there is a more readily available supply of social housing, and living in buildings dedicated to low income tenants may not be viewed in a stigmatized way. Finally, for some Housing First clients whose health and mental health needs are acute and chronic, people may require **Permanent Supportive Housing (PSH)**, a more integrated model of housing and services for individuals with complex and co-occurring issues where the clinical services and landlord role are performed by the same organization.

What kinds of support?

Housing First typically involves three kinds of supports¹: Housing supports: The initial intervention of Housing First is to help people obtain and maintain their housing, in a way that takes into account client preferences and needs, and addresses housing suitability. Key housing supports include; finding appropriate housing; supporting relations with landlords; applying for and managing rent subsidies; assistance in setting up apartments. Clinical supports include a range of supports designed to enhance the health, mental health and social care of the client. Housing First teams often speak of a recovery-oriented approach to clinical supports designed to enhance well-being, mitigate the effects of mental health and addictions challenges, improve quality of life and foster self-sufficiency. Complementary supports are intended to help individuals and families improve their quality of life, integrate into the community and potentially achieve self-sufficiency. They may include: life skills; engagement in meaningful activities, income supports, assistance with employment, training and education, and community/social engagement.

The Cost of Homelessness vs the Cost of Housing in Los Angeles County

Average Monthly Public Costs for Persons in Supportive Housing and Comparable Homeless Persons



