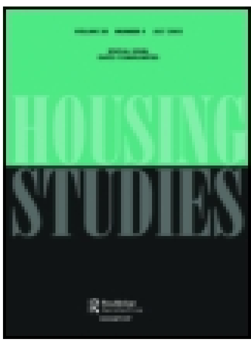

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Understanding the principle of consumer choice in delivering housing first

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ABSTRACT
Based on an analysis of a Housing First program this study explores the principle of 'consumer choice'. Housing First is a model aimed at rapidly ending experiences of housing loss. Based on interviews with 4 program staff and 7 Housing First recipients, this analysis brought to light complexities in 'consumer choice' . The provision of consumer choice can be constrained when housing markets are tight, or when consumers seek congregate living when scattered-site is the focus. Choice can also be a challenge if consumers request housing readiness prior to re-housing. While the principle of choice has allowed services to move away from a staircase model, also considered as a "one size fits all" approach, we need to critically assess whether our current system supports self-determination around unique needs and preferences. This paper provides a thorough discussion on the challenges associated with enacting the principles of Housing First, and how policy environments can either impede or support consumer choice.

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Housing first; homelessness; autonomy; consumer choice; empowerment; fidelity

Introduction

The purpose of this paper is to explore the principle of *Consumer Choice and Self-Determination* as it relates to Housing First (HF) programs as presented through participant experiences of a HF intervention. HF is an approach to solving homelessness that has seen considerable international popularity over the last 10 years (Löfstrand & Juhila, 2012; Schiff & Rook, 2012; Stock, 2016; Turner, 2014). The term HF comes from the idea of providing people experiencing homelessness with rapid access to housing with no preconditions to this access and that housing is a basic human right (Tsemberis & Eisenberg, 2000; Turner, 2014). This approach offers an alternative to earlier models of support that require processes of assessing for 'housing readiness', such as compliance to a period of engagement in certain programs (e.g. drug

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treatment), successful tenure for a time in transitional housing, or demonstrating adherence to treatment regimens. Two promises arise from a HF model: 1) Improved housing tenure for those who may have had persistent housing challenges (Stock, 2016), and 2) Reduced system costs by moving people into housing versus various cycling through high-cost forms of institutional care (Goering et al., 2014). The five core principles of the HF model are: 1) Immediate access to permanent housing with no housing readiness requirements; 2) Consumer choice and self-determination; 3) Recovery orientation; 4) Individualized and client-driven supports; and 5) Social and community integration (Goering et al., 2014; Tsemberis, 2010).

This article is a sub-analysis of a HF intervention evaluated from 2015 to 2016. The HF program evaluated was geared specifically to women who have experienced chronic homelessness (reference removed for anonymity). One of the consistent tensions identified through the evaluation was the principle of *Consumer Choice and Self-Determination* (shortened herein as 'Consumer Choice'). While the program evaluated was deemed successful in moving women into permanent housing with individualized supports, perceptions of consumer choice in the program were particularly nuanced. Choice was present in some elements of the program but not others, or at some times but not others; meaning that the right to choice was constrained. Both participants and program staff navigated *Consumer Choice* as more of an ideal rather than a fundamental requirement of HF.

In this paper, we focus our analysis on the principle of *Consumer Choice* in HF. After exploring the state of the research on HF as it speaks to choice, we present potential barriers to the implementation of this principle in practice. Next, we explore potential solutions to these barriers, and conclude with critical reflections on the enactment of HF and recommendations to enhance such programs in the future.

Literature review

Consumer choice is a core principle of Housing First programs; it requires consumers to be actively involved in choosing their housing arrangements, being engaged in their treatment, and being able to pursue their individual goals (Anderson-Baron & Collins, 2019; Löfstrand & Juhila, 2012; Tsemberis et al., 2004). Several studies have found that encouraging consumer choice in HF programs promotes housing retention and improved mental health among clients (Anderson-Baron & Collins, 2019; Greenwood & Manning, 2017; Martins et al., 2016; Volk et al., 2016). Piat et al. (2019) conducted a qualitative study with 24 clients of housing programs living in a supported housing environment to understand how choice facilitates the recovery process in conducive living environments for persons using substances with serious mental health conditions. According to the authors, promoting tenants' choices enabled them to be more responsible for their health and improved their financial status, which increased their responsibility in taking care of their living areas. In their findings, Piat et al. (2019) highlighted that giving housing support clients more choice empowered them to express their needs and strengthened their relationships with service providers. Previous studies (Fenwick et al., 2019; Martins et al., 2016; Tsemberis et al., 2004) have established that consumers' choices enable

their social participation and engagement, and empower their autonomy in consistent medication use.

An affordable and accessible housing market aligns with consumers' choices to play an important role in reducing and eliminating homeless issues through HF (Löfstrand & Juhila, 2012; Paquette & Pannella Winn, 2016). However, in their study, Anderson-Baron and Collins (2019) noted that many people who are homeless are not rapidly re-housed and others experienced pressure from staff before being housed, with most HF programs having long waitlists, ranging from one month to two years (Anderson-Baron & Collins, 2019). Long waiting periods pose significant dilemmas for consumers in a constrained housing market, which may be limiting the enactment of HF programs (Katz et al., 2017; Paquette & Pannella Winn, 2016). Moreover, consumers face challenges whereby some housing support programs continue to integrate pre-support conditions and criteria into their admission processes (Tsemberis et al., 2004). For example, intake criteria for a HF program could necessitate that the client be homeless and be on psychiatric medications, but then program access is rescinded after the individual completes treatment (Piat et al., 2019; Tsemberis et al., 2004; Volk et al., 2016). These practices represent an inexact application of HF principles, even in programs that label themselves as such.

Concerns regarding the degree of choice in HF programs go beyond intake to implementation. The principle of individualized supports means that consumers can conceivably determine that they want no supports at a given point in time. Löfstrand and Juhila (2012) point out that many HF programs are implemented with minimum requirements for participation with HF program staff. Hennigan (2017) notes that these requirements are incongruent with model fidelity and many programs maintain commitment to zero absolute requirements. However, he points out that this does not mean absolute choice or freedom on the context of a lease. Because those in HF programs must sustain a lease, Hennigan (2017) points out that they are highly compelled to access supports from the HF team, meaning an implicit limitation on absolute choice. Both Hennigan (2017) and Löfstrand and Juhila (2012) point out that actions that limit use of services or that lead to eviction may mean consumers are involuntarily removed from HF programs. However, Padgett (2013) offers a counter to some of these concerns noting that the reality of HF delivery is more complex. She notes that rather than program discharges and evictions, HF consumers are often instead relocated and we would add, shifted to a different program team with different support levels. That being in a lease limits one's choices is an issue much broader than HF and is also only relevant in HF programs that use independent, private market housing. Parsell, Tomaszewski, and Phillips (2014) remind us that accessing services in no way implies the negation of choice as HF consumers are active agents in sustaining their housing, which can include significant use of support services.

This leads to the common consideration of HF choices related to preferences around independent, scattered-site environments versus congregate living. Many consumers in primarily male samples prefer independent living environments (Harvey, Killackey, Groves, & Herrman, 2012; Schutt, Weinstein, & Penk, 2005; Yeich, Bybee, Mowbray, & Cohen, 1994), although high needs support services may only be available in congregate living environments or may be more efficiently delivered in single-

site models (Montgomery et al., 2020). This creates pressure on currently available community support services as individuals in HF programs usually prefer that support services are provided in-home rather than in community locations (Piat et al., 2019; Tsemberis et al., 2004). These preferences create tension between community service design and client choice. There can be a tradeoff where consumers become forced to choose between a housing location of choice or the services they desire (Forchuk, Nelson, & Hall, 2006). In other housing support situations, the program creates conditions for ongoing support such as the consumer being required to meet with their HF worker at least twice a month (Piat et al., 2019). These challenges are exacerbated in rural contexts where there may be increased pressures placed on consumers to relocate in order to access needed services (Forchuk et al., 2010). Finally, the tension between independent or congregate living environments relates to long-term viability of living with lower levels of support. Some congregate living models do not allow the HF client to develop the requisite living skills to gain greater independence (Fenwick et al., 2019; Rae et al., 2018; Tsemberis et al., 2004). While there has been debate about whether congregate settings represent true fidelity to HF, Pleace and Bretherton (2013) highlight that absent any principles that exclude congregate models, there is nothing to say that congregate settings cannot be HF if they are indeed the choice of the consumer. Similarly, Montgomery et al. (2019) point out that HF principles can be maintained through the use of independent apartments within a large single site that has integrated supports.

Anderson-Baron and Collins (2019) conducted a qualitative study with 35 participants, including both service providers and HF clients, to understand how housing market conditions influence the operation of HF and fidelity related to consumer choice. Using semi-structured interviews, the participants were encouraged to share their lived experiences of homelessness and discuss the main barriers affecting their ability to access the housing of their choice. The findings from this study demonstrate that HF service providers value the principle of consumer choice and believe that clients deserve equal self-determination opportunities when deciding about housing pre-arrangements. However, Anderson-Baron and Collins (2019) found that market conditions are worsening in Canada due to the limited availability of affordable housing, limiting opportunities for consumer choice. Other studies have found that, as a result of increased demand and decreased housing supply, shortages in affordable rental housing are intensifying, contributing to the growing number of new cases of homelessness (Löfstrand & Juhila, 2012; Paquette & Pannella Winn, 2016). Moreover, landlords are becoming more selective in accepting new tenants, making the priorization of consumer choice and self-determination almost impossible to guarantee (Paquette & Pannella Winn, 2016; Volk et al., 2016). The literature presents significant interactions between the rate of homelessness, increased rental rates, decreased vacancy rates (Anderson-Baron & Collins, 2019), including the impact of short-term rentals (Grisdale, 2019). Several studies indicate that in order to effectively respond to consumer choice and self-determination for all clients, there must be sufficient housing at prices clients can afford to meet their basic needs after paying rent and utility costs (Fenwick et al., 2019; Greenwood & Manning, 2017; Piat et al., 2019; Rae et al.,

2018). In constrained housing markets, this is difficult to near impossible (Greenwood & Manning, 2017; Löfstrand & Juhila, 2012).

Methodology

Theoretically, this study is grounded in critical feminism that holds to both the multiple truths of multiple participants while simultaneously holding as objectively true the reality of gender-based oppressions in societies (Miller, 2000). Our research involved a mixed methods evaluation of a HF program for women, involving interviews with staff, participants, and community key informants as well as measurement of participant well-being and social outcomes. The evaluation approach built upon past mixed methods HF evaluation (Forchuk, et al., 2016) and included regularly attending program meetings to understand policy decisions and implementation approaches. This paper focuses on results from the in-depth interviews and how all participants spoke to or about the issue of consumer choice. Interviews included 7 program participants, 20 community key informants (providers in other similar organizations and leaders within health and social services in the community) and the 4 program staff or managers. The 7 program participants were interviewed twice, once within a month of admission into the HF program and once when discharge from the program was anticipated, which included no longer needing the high level of support, choosing to leave the program, and the end of program funding. Interviews lasted up to 90 minutes, were audio-recorded for accuracy, and transcribed by a professional research transcription service. Data analysis was inspired by Lather's (1991) explication of validity in critical feminist research and included carrying the tensions of diverse participant perspectives through the analysis versus collapsing the findings around commonalities. To be true to Lather's encouragement to carry the voices of participants into dissemination, we have incorporated key quotes throughout the discussion.

Findings: Challenges to consumer choice

In this evaluation, we utilized a fidelity scale to understand whether the program was being delivered in congruence with HF principles (reference removed for anonymity). In evaluating *Consumer Choice,* it became apparent how nuanced this principle becomes in practice. Because HF practice is a relationship between a program participant and a housing stability worker or selection worker within a constrained context, the presence of choice was not a simple 'yes' or 'no' question. Rather, we identified six particular challenges related to providing *Consumer Choice* within the context of HF, these being: 1) The housing market; 2) Assertive engagement; 3) Geography of services; 4) Imposed limitations on housing type; 5) Relational practices of HF workers; and 6) Participant added pre-conditions. Each of these challenges shaped HF participants' journeys and are described and explored below, some being context specific and some more general to all HF programs.

The housing market

Systemic issues around high market rents, the low availability of social or affordable housing, and low social assistance rates create practical limitations regarding choice in housing. Tight housing markets are nearly ubiquitous across high and middle income countries (Pleace, et al., 2015; Wetzstein, 2017). In the context of social assistance insufficiency or unavailability, HF participants are dependent on housing allowances or social housing arrangements that may be unavailable or involve long waitlists (Gurstein, LaRocque & MacDonald, 2018). This presents significant incompatibility with the idea of rapid re-housing, which is integral to the HF approach. Research has shown that housing supply barriers lead to a loss of the ability to apply the rapid rehousing and consumer choice principles of HF (Drake & Blunden, 2015). Housing in Canada, where the study that inspired this commentary was conducted, along with most other industrialized countries worldwide, is becoming increasingly unaffordable, and is doing so at a particularly rapid rate (Oudshoorn, 2020). This means that both housing selection workers attached to HF programs, along with other workers in the homeless serving sector, are all searching for a decreasing stock of housing that is affordable to those exiting homelessness. While rent supplements or housing allowances are available in some communities to bridge the gap between social assistance incomes or low wages and market rents, these supplement programs are strained to meet consumer demand (Schwartz, 2017).

Market limitations on the availability of affordable housing create challenges for HF workers who may be committed to the principle of *Consumer Choice,* yet are acutely aware of the fact that finding suitable housing units for HF participants is becoming an increasingly rare success. Both program participants and housing workers then understand that choice may be constrained by factors beyond control of the program. Community key informant 2 in our study warned us:

> Choice is limited for many women because of their financial situation, so affordable housing in [city] doesn't exist to provide safe housing of choice. So there's a gap systemically in the ability to have a choice about a reasonable place to live when your income is [social assistance or disability support].

While connecting participants with housing in a HF program was perceived as an opportunity to end their chronic experiences of homelessness, housing selection workers ran into the identical barrier to which participants were already quite familiar: the lack of affordable housing stock or tools to bridge the gap between (low) income and (high) rent. This challenge demonstrated an assumption inherent in an intensive case management model that providing a worker will "solve" all problems faced by service users, as if limitations are related simply to system navigation rather than system capacity. Indeed, system capacity issues were quickly identified by support workers, who, after spending significant time understanding participants' needs and exploring associated community resources, could often not get much further than the participants themselves had already gotten. Community key informant 6 spoke to this capacity issue in general, stating:

> But what's not in [programs assisting emergency shelters to move towards Housing First], is anything about housing [stock]. There's nothing. So when [an individual or] family leaves a shelter to permanent housing, they're doing that with existing resources

> out in the community and not because [an agency] has some arrangement somewhere that guarantees anybody's housing or supplements rents. Like [emergency shelters] don't have *any* resources to do that. That's just not part of it.

Therefore, while HF programs may maintain a vision of high fidelity to the principle of *Consumer Choice*, this can be significantly constrained by the lack of affordable housing availability (Drake & Blunden, 2015). This problem may be hidden within a context where emphasis is placed on individual case management rather than system change. Bullen and Baldry (2019) highlight that HF does not solve housing supply challenges and must be accompanied by sufficient access to affordable housing. For the time being, in Canada this challenge is being addressed by providing rent supplements to create affordability (Aubry, et al., 2015), however this has the impact of increasing program costs and may lead to increasing market rents.

Assertive engagement

The principle of *Consumer Choice* presumes that HF participants have opportunities to openly express their preferences and concerns to service providers. However, for many participants in this study, their voice and preference wasn't always facilitated in the process of receiving support. One particular confounding element in this work is the idea of 'assertive engagement'. Where HF program participants are more likely to have complex health and social needs, including mental illnesses and/or addictions, their relationships with services and interest in their engagement can fluctuate over time. However, a key element of housing stability is maintaining relationships with program participants on challenging days, nor 'firing' them from services because workers deem their interactions as 'difficult' (Stock, 2016; Tsemberis, 2010; Turner, 2014). This is a trauma-informed approach whereby individual behaviours are considered in the context of multiple and intersecting vulnerabilities and traumas. The principle of *Assertive Engagement,* often featured in HF programs (Stefancic, et al., 2013), particularly those that recruit individuals who are living unsheltered, means continually reaching out to HF participants regardless of previous interactions deemed 'difficult'. The underlying notion is that due to the complexities and traumas in peoples' lives, the impact of substance use and addictions, and variations in aspects such as relationship status, support may be initially or temporarily refused, and then accepted at a later time. Well done *Assertive Engagement* not only maintains personal agency for the consumer but also increases agency by opening up further options aligned with consumer choice (Phillips & Parsell, 2012). The other side of *Assertive Engagement*, however, is the unwanted pressure placed on participants.

Two questions arise from the balance of assertive engagement: 1) How assertive is the engagement; and 2) Does this engagement ever end? In other words, when should workers, in relation to prospective participants, 'let be,' or, does such a process suggest that workers are 'giving up' on these individuals. Community key informant 11 in our study shared this anecdote:

> I think persistence is really important. There's actually a story of an individual who [an agency connected with] for two years, right? … And this individual rejected interaction for easily six months of that two-year arch. But even at the six month when there was

> maybe some, you know, kind of progress about, "Okay, I'll listen to what you have to say", still another six months to get a person to even think about, "Okay, maybe I wouldn't mind exploring housing". [She recently] went to her first viewing to see an apartment. She didn't get it, so I know they're still on the path, but she had developed this trust relationship with the team, multiple members of the team, which is interesting, -[she] wasn't ready to be transferred to a Housing Stability Worker, [she] wasn't ready to, you know, take that step, but so the outreach kept working with this individual and she was like, sometimes homeless in the context of like, hard core on the street. Often couch surfing, finding places to stay, and they would encounter her in lots of different situations, but they stayed with it for two years. I don't think I can answer how long is long and when do you give up.

As such, if a person tells a HF worker to leave them alone, how long should they leave that person alone for? If a person instructs an outreach worker to never bother them again, even if they are in the midst of a psychosis or are intoxicated, is this request to be followed? It was noted by community key informants that the application of this principle varies widely in practice. There was skepticism across programs in our study as to the degree of consumer choice being offered, with community key informants sharing they had heard of various programs forcing participants to accept limited options. One HF provider, community key informant 12, stated clearly in defense of their own program:

> Thinking about the definition of choice, I always looked at it as choice of housing versus choice to participate in the program, so that's a different lens on it, because people aren't forced into Housing First that I've seen at [agency]. If people don't want to engage, even if you utilize the strategy of assertive engagement and people don't want to, they're exercising their choice, and that they can stay in the shelter.

However, some providers believed strongly that to terminate engagement, no matter what, is to give up on individuals. From this vantage point, one might ease off engagement for a period of time, if requested, but never permanently. Others suggest that to engage beyond a certain point was to force oneself onto an individual and to diminish their autonomy. Community key informant 2 highlighted,

> It's all kind of covered under Housing First, so client choice. I think as a community we have to learn how to embrace that true choice.

From this perspective, there was no absolute in terms of what an individual might say or what position their cognitive status might be that would lead to a permanent removal of *Assertive Engagement*. Of particular significance, not only were both perspectives held simultaneously among study participants, but key informants spoke somewhat disparagingly of those who may have approached this differently than they themselves. Those who would terminate engagement were seen as giving up on people, or as cherry-picking easier participants. Those who would engage endlessly were seen as being pushy and silencing participants. Therefore, it is important that communities come to an agreement as to how to support those with complex and shifting needs, without negating *Consumer Choice*.

The reflections above highlight the power differentials inherent in the service system. Concerns of potentially silencing participants reflect the top-down nature of public systems and the frequent requirement to achieve measurable outcomes, such as the number of participants housed and the successful length of tenancy. These

metrics do not necessarily include whether participants had an equal say in their housing experiences. Additionally, programs might be missing asking about the reasons participants are making particular choices, which could include enhanced safety in the context of experiences of intimate partner violence. Community key informant 1 reminded us, “How do we define [success]? I think we have to define it by the [participant]’s definition.” Community key informant 17 stated:

> Even this dynamic between service provider and service receivers, it creates a power dynamic that we try to pretend is not there I find sometimes when we do this work. But it’s so real and so pervasive and if you don’t at least acknowledge it.

It is important to acknowledge the power present in social service relationships that inherently privileges the voice of the professional over the voice of program participants. To ensure participants’ voices are heard and acted upon as they assert *Consumer Choice*, further examination of strategies for engagement is required. This does not negate the value of assertive engagement as Parsell (2011, p. 341) notes, “Persistent attempts to engage rough sleepers, when that engagement is seen as a means to identify their need, and thus respond to that need accordingly, can be justified.” However, it means that the engagement must be centred on the interests of the consumer and offer up new alternatives as a form of empowerment. This involves further conversations regarding the tension of ‘letting be’ versus ‘giving up’ when working with individuals who are experiencing homelessness.

Geography of services

Consumer Choice means that HF program participants should have choice regarding the location in which they reside. Presuming that HF programs overcome the market limitations noted above and there are a variety of units to offer incoming participants, geographic choice should be a part of what is on offer. This is important in many aspects as women may be seeking to avoid an abusive partner (Klassen & Spring, 2015; Stock, 2016), participants may have court-related geographic restrictions (Tsemberis et al., 2004), or certain areas of the city may be more helpful or detrimental in the recovery journeys of participants. However, our participants highlighted a significant externality connected to choice and geography is the physical location of other necessary services. This challenge is particularly prevalent in rural contexts where services may be highly centralized in urban areas (Forchuk et al., 2010). For example, HF participants may depend on meal programs, social services, mental health supports, primary care providers or community drop-in services to meet their basic needs. The HF participants in our study all made use of two primary women’s specific social services in the community and highly prioritized easy access to these services. If support services are all located in a limited geographic area, and if communities do not have affordable income-based transit options, participants may face significant restrictions on where they can practically reside in a community and still have their needs met. HF program staff interviewed for the study found that they were limited in not being able to provide transportation assistance to participants in a timely manner and often had to refer the women to organizations that might be able to provide bus tickets intermittently. Offers of units that are too disconnected

from services, such as those rurally located, may be of little value to many participants. Noting the risk above of participants not having their voices heard in the process, there is a real risk of re-housing participants into unsuccessful tenancies due to a geographic mismatch with participant needs. Therefore, this is a systemic issue, beyond the control of any one HF program, but which can have a very real impact on restricting *Consumer Choice*.

Imposed Limitations on housing type

In recent years, there have been misunderstandings about what the 5 principles of Housing First are, as well as what is not a requirement or principle in the model (Stefancic, et al., 2013). In particular, there has been a strong bias towards 'scattered-site housing' and 'private market rentals' as a sole program implementation approach (Pleace & Bretherton, 2013). The first and most recognized model of HF is the Pathways model from the United States, led and evaluated by Sam Tsemberis (Greenwood, Stefancic, & Tsemberis, 2013). This model relied on, in addition to the five principles of HF, scattered-site housing within the private market (Evans, 2012). Scattered-site housing, as opposed to congregate models, refers to an approach whereby participants are placed in independent units that are not situated in buildings that are dedicated for social services or affordability. Private market rentals include units in which landlords are not social housing or affordable housing providers or are employed by governmental organizations. The inclusion of scattered-site and private rental housing was key to the success of the Pathways model as it allowed for rapid re-housing of program participants in spite of the extraordinarily long wait-lists for social, affordable and supportive housing (Tsemberis, 2010; Tsemberis & Eisenberg, 2000).

Our study participants delivering the HF program highlighted that issues arise when scattered-site housing and private market rentals are inherently required elements of HF and therefore also become measures of fidelity to the model. At program inception there was confusion regarding whether congregate settings could be utilized and a real concern that the program funder would disapprove of the use of social or affordable housing units to deliver the program. While many HF programs are explicit in arguing for both congregate and scattered-site housing, and both private and public units, others have (incorrectly) claimed that this is a watering down of the original model (Schiff & Rook, 2012; Turner, 2014). Rather, requiring the use of scattered-site housing only erroneously takes the elements of one particular model and situates them as a requirement of HF as a whole. This has vital implications for *Consumer Choice*; indeed, HF programs that only allow for one form of housing significantly limit the choice of participants. If a program has predetermined that they will only allow for scattered-site options, participants who would prefer to live in a congregate supportive environment, for example, would be forced to surrender a degree of choice as a condition of being housed. Therefore, programs that impose limitations on the forms of housing available to participants unnecessarily restrict *Consumer Choice*.

Relational practices of HF workers

Hierarchical systems and histories of violence make relationships between housing workers and participants complex, revealing contradictory motivations and pressures. At the interpersonal level, housing support work is relational (Hennessy & Grant, 2006) and these relational practices may enhance or constrain consumer choice. Housing support is particularly intense work, especially with participants who are vulnerable and traumatized, and who may often verbalize their traumas to service providers (Goering et al., 2014). Furthermore, working with landlords in the context of tenants with significant support needs can mean difficult conversations and long negotiation (Stock, 2016). Housing stability staff may struggle with the pressures and intensity of the work, feeling adrift at times, and while struggling to do good work may find themselves disconnected from other agencies in the community that do not understand or appreciate their role. Staff member 3 in our study stated:

> I think that I should have clinical guidance or support. I think absolutely I should've had clinical support. Because it's very traumatic and it's [sigh] it's like pressure on so many levels because like, I'm responsible for the support of each woman, but I'm also supporting her supports.

Community key informant 2 acknowledged the stressors faced by support workers stating:

> Recognizing that because it's so complex, this work, and you don't often see a lot of big outcomes. It's really small things. And it's how do you support the support team. They're putting their all-in into doing this work and not seeing anything or being frustrated with each other and themselves. And the vicarious trauma and the impact it has on the people doing the work.

A key source of stress in the context of this difficult work is the aforementioned requirement to achieve measurable, positive outcomes for participants in order to secure or maintain program funding. "Doing whatever it takes" is thus a familiar mantra in the field to make HF efforts successful (Stock, 2016; Turner, 2014).

Unfortunately, where there is a differential of power between workers and participants, "doing whatever it takes" can affect the relational practices of the work. In our study, women housed through the HF program suggested that their workers held the disproportionate share of the power in the service relationship. Interestingly, the workers alternatively highlighted that landlords hold the most significant amount of power or that the agency they work for is in a position of power over them. Agencies, in turn, noted that funders and policy-makers hold the power through system design and the allocation of resources. Community key informant 18, an administrator from an organization that provided HF stated, "The problem is our funders, funders control everything we do."

If HF workers are not attuned to the power that they hold within the support relationship, they may enact practices that limit *Consumer Choice* perhaps even decreasing participant safety in the context of partner violence. That is, workers can endeavour to influence participants' choices in subtle or overt ways so that they can appear to achieve a particular program metric. For example, in the case of limited housing stock, housing selection workers may exert influence on their clients in order

to pressure them to consent to units that, for a variety of reasons, they might be reticent to accept. The enactment of power differentials connects systemic issues with the micro-level actions of the HF workers, meaning that workers have agency in how they choose to relate to participants, advancing or limiting participant choice, but choice is also enacted within the broader system, particularly in relation to external pressures and mandated requirements. However, it is important to note that regardless of system challenges, workers can enact positive relational practices that actually expand *Consumer Choice* (Phillips & Parsell, 2012) or at least that fosters honest dialogue of how and why resources may be limited and how this impacts upon choice.

Participants add pre-conditions to their own journey into housing

Recall the first principle of HF: *Immediate access to permanent housing with no housing readiness requirements*. So, what if the participant suggests that they personally would prefer to achieve some outcome prior to entering housing i.e., what if the participant puts a pre-condition on their journey into housing? Here, the principle of *Consumer Choice* can challenge the measurement of achievement of the principle of immediate access to housing if this is evaluated by the time between program referral and a participant entering housing. Program referral and intake processes can put workers in difficult situations in cases where participants are interested in permanent housing, but do not appear to be actively pursuing it. In this study, two of the HF program participants engaged in intake into the program then subsequently requested delaying moving into housing until they had completed other activities, one the conclusion of a court case and the second the end of her allowable time in shelter. Using coordinated access lists to identify those of highest acuity, as is often the case in HF models (Stock, 2016), could mean that clients, with multiple pressing health and/or social needs, may want these needs addressed prior to housing entry. Additionally, two participants had safety plans in the context of intimate partner violence that involve preconditions for housing. In this study, some participants spent several months addressing various personal and relational issues prior to accessing housing through the HF program, after completing program intake. Individuals who are chronically street-involved have priority complex needs (Bird, et al., 2017), and housing may not feature prominently at the top of their own list at that moment in time. For example, although women experiencing homelessness may in the long-term want to exit emergency or violence against women (VAW) shelters, meeting the requirements for the visitation of their children may be a much higher priority. While most study participants shared the ultimate goal of housing stability, a focus on other priorities limited the ability of the program to enroll additional participants as workers spent significant time touching base with participants who were yet to be housed.

Two options are available to ensure that consumer choice is respected without impacting on the evaluation metrics of a HF program: include delayed enrollment of the individual into a program, or enroll them and support them in meeting the needs of their self-identified priority sequence. It is our view that allowing for housing readiness processes to be a part of the individual journey is not incongruent with HF principles, so long as these readiness requirements do not become requirements of

the program. That is, if participants want to self-impose achievements prior to entering into housing, these can be individualized elements of a HF program, as long as the program itself does not impose these as pre-conditions. In allowing supports to be individualized in this manner, housing support workers can become engaged in broader activities than housing support. This also highlights the role that an outreach team can play in a HF model, as these individualized supports will most likely be provided in the context of individuals who are unsheltered or emergency sheltered.

Unfortunately, in this study we heard from program staff that the principle of "no housing readiness requirement" was re-framed by their funder to mean "all people desire housing immediately." This perception is translated to policy when the length of time between program intake and access to housing is used as a metric to score HF fidelity, without the option to provide contextual explanations of consumer choices related to readiness. This notion stands in stark contrast to the reality uncovered through our research that some individuals may have higher priority goals than entry into permanent housing, and may prefer a step-wise process, including at times lengthening an emergency shelter stay or accessing transitional housing. True fidelity to HF means that the program should not require housing readiness processes (Stefancic, et al., 2013), but conversely, housing readiness supports should be available if requested by the participants. This can be difficult for programs that measure success in terms of rapid transfer from program entry to permanent housing (Rae, et al., 2018). Therefore, if *Consumer Choice* is indeed the number one priority, consumer choice outcomes not only need to be included in outcome and fidelity measures but their influence on items such as 'Time from enrolment to housing' (Rae, et al., 2018) need to be considered.

The tension between choice and fidelity is most apparent when HF participants choose to return to non-permanent housing situations, such as emergency shelter. Two of the HF program participants in our study voluntarily returned to shelter while the HF program was paying for their rent. Programs themselves are adept at working through these scenarios, recognizing that re-housing is often a part of the HF process, and that housing stability usually improves over time (Durbin et al., 2018). However, this again muddies the *Assertive Engagement* discussion. Should a participant who has returned to shelter and states that they are no longer interested in permanent housing be discharged from the program? Or, should they be assertively engaged? For how long? And, since the program is following the participant's choice to move to a shelter, should this be counted against the program in regards to HF fidelity and the principle of permanent housing? Community key informant 6, a community leader in our study, captured the tension of choice and being housed:

> We want people to flourish. I would think that's what we're hoping for. So a woman, particularly women who spend a good portion of their time on the street, find their own sense of community there. If you then sort of take them away from, and again sometimes part of the community is also unfortunately, for some, part of the drug use that's there and the other kinds of things that are going on there. And so you kind of get the idea, well maybe if we can get them some separation from that, that'll actually be a good and healthy thing, but you know at what cost? To them. It goes back to choice, and then working really hard at creating the choice based on what the participants are identifying versus some idea over here. The concept of Housing First is choice.

Discussion: Recommendations for fidelity to consumer choice

Given the challenges identified in our analysis, the first question for consideration is whether HF remains a philosophy and a model worth pursuing in housing and homelessness services. Unquestioningly, the full body of the evidence supports HF as an effective model, particularly in the context of chronic homelessness (Aubry, et al., 2015; MacNaughton, et al., 2014). More recent research indicates that it needs to be tailored to the specific needs of particular populations, such as women (Bassi, Sylvestre, & Kerman, 2020), Indigenous peoples (Alaazi, et al., 2015), and youth (Forchuk, et al., 2013), but overall the concept of rapid access to housing with support, free of preconditions, remains an effective approach. As a model responsive to housing loss and best demonstrated in the context of chronic homelessness, this can be supplemented by preventative models and services to create a full continuum of services to prevent and end homelessness.

There are several important considerations to be made regarding how HF is delivered so that it is not implemented at the cost of consumer choice (Hennigan, 2017). Our first recommendation would be for HF programs to ensure that they are not creating processes in HF delivery that run counter to the five principles of the HF philosophy. In particular, with significant barriers to consumer choice and self-determination already present in tight housing markets and with funder expectations, arbitrarily adding a principle such as ‘scattered-site housing only’ puts unnecessary stress on the principle of choice. While surveys conducted with samples of primarily men experiencing chronic homelessness have shown a preference for scattered-site options (Harvey, Killackey, Groves, & Herrman, 2012; Schutt, Weinstein, & Penk, 2005; Yeich, Bybee, Mowbray, & Cohen, 1994), that there was a mean preference among specific research samples does not provide meaningful information that would convey the interests of any particular program participant. Therefore, our first recommendation is to retain the founding principles of HF and avoid adding program processes that run counter to the principles.

Our second recommendation pertains to the very real challenge of housing supply. Communities globally are facing the lack of affordable supply related to the commodification of housing and rapid escalation of rents against comparatively stagnant wages and government assisted incomes. This can mean that at any given time a HF program has limited options for consumer choice for those enrolled in their program. Our recommendation again is not that this leads to an abandonment of HF endeavours, but rather that programs are clear with program participants about what is or is not available and then be willing to proceed in conjunction with the wishes of participants. While rent supplements can reach a greater proportion of the market (Schwartz, 2017) these have limited utility particularly in housing markets that lack rent control. Ultimately, program participants should have full rights to decline a housing offering that does not meet their choice criteria without: 1) being removed from the program; 2) being unduly pressured by program staff; or 3) facing ramifications related to limited choices in the future. The important process here is that program staff communicate clearly with participants regarding the realities of what is available and make space for participants to make an empowered decision.

The preceding recommendations have significant implications for how we speak to HF programs and how we evaluate them. Within the housing and homelessness sector, as organizations compete for limited funds there is a risk of suggesting that a HF program is not really HF if it is not meeting one or more of the HF foundational principles. However, fidelity scales such as the fidelity self-assessment of the Pathways to Housing DC program (Rae, et al., 2018) demonstrate that programs can be strong in some areas and weaker in others. Our recommendation would be that what is deemed a HF program includes any program that espouses HF principles and delivers on them to the best of their ability. For example, a program participant may have a court-ordered pre-condition to their housing. If a HF program works with that participant and the justice system and complies with that pre-condition, while fidelity isn't perfect, the principles have been applied as best as possible. The importance is the intent and initiative taken to meet HF principles. This, then, interconnects with the idea of evaluating HF programs and HF fidelity. While we suggest that HF programs may not be able to perfectly meet all the principles all of the time, that should not negate an honest assessment of fidelity. Therefore, a program that requires a pre-condition even due to an uncontrollable externality should still be scored down on HF fidelity (Rae, et al., 2018). This helps us understand that measures of fidelity should be like any other program evaluation metric, not a simplistic way to judge a program as 'good' or 'bad', but a tool to help program providers truly assess and understand the nature of their services. Acknowledging where fidelity is not being fully achieved helps programs ensure their efforts at maintaining HF principles, regardless of the source of fidelity loss.

Finally, this leads us to a general consideration regarding consumer choice as a HF principle. It is our recommendation that this principle be prioritized above the other four principles. That means that program participants should have the right to impose pre-conditions on themselves, decline housing, and take however long they want or need to enter into housing. This puts pressure on the HF program that might be measuring program success by the length of time between program intake and a person being re-housed. Or, this might pressure a program related to fidelity metrics around pre-conditions. However, as stated above, it is our belief that an honest accounting of program outputs and outcomes that maintains space for choice is the best approach. Therefore, we should not compare HF programs against each other based on the length of time from intake to housing without also assessing how each program supported consumer choice as a priority principle. It was clear from participants in our study that this is not necessarily being done well, and instead, HF program staff are feeling pressured to achieve program outcomes at times over the expressed choice of program participants. Therefore, we would also recommend that HF programs do not choose to delay intake for eligible participants based on worries that it will hurt their measurement metrics should participants seems less motivated for immediate housing than others. As long as the individual is interested in program intake and is in housing need, if we believe in HF as an effective model, they should be permitted entry into the program. Any form of pre-screening that includes implicit staff assumptions about success can foster a process whereby those with highest needs are at risk of being

screened out. While programs might have clear explicit mandates that screen out some potential participants, such as serving only those who identify as Indigenous, for example, this differs from programs engaging in implicit screening based on presumed housing success.

In conclusion, HF is not without its challenges, and truly honouring consumer choice and self-determination remains one of those challenges. However, this is a key principle of providing services that continues to make space for those experiencing homelessness to empower themselves. Therefore, this principle should be the ultimate priority, even at the cost of decreased program fidelity to other principles or metrics. Where external forces are challenging the principle of consumer choice, such as challenging housing markets, these are places where those working in the housing and homelessness sectors can engage in advocacy and political action to create a better systemic context for effective housing support. Increasing access to truly affordable housing will ensure the success of HF and the ability to meet the principle of consumer choice.

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References

Alaazi, D.A., Masuda, J.R., Evans, J. & Distasio, J. (2015) Therapeutic landscapes of home: Exploring Indigenous peoples' experiences of a housing first intervention in winnipeg, *Social Science & Medicine (1982)*, *147*, pp. 30–37.

Anderson-Baron, J.T. & Collins, D. (2019) Take Whatever You Can Get': practicing Housing First in Alberta, *Housing Studies*, *34*, pp. 1286–1306.

Aubry, T., Tsemberis, S., Adair, C.E., Veldhuizen, S., Streiner, D., Latimer, E., Sareen, J., Patterson, M., McGarvey, K., Kopp, B., Hume, C. & Goering, P. (2015) One-year outcomes of a randomized controlled trial of housing first with ACT in five Canadian cities, *Psychiatric Services*, *66*, pp. 463–469.

Bassi, A., Sylvestre, J. & Kerman, N. (2020) Finding home: Community integration experiences of formerly homeless women with problematic substance use in housing first, *Journal of Community Psychology*, *48*, pp. 2375–2390.

Bird, M., Rhoades, H., Lahey, J., Cederbaum, J. & Wenzel, S. (2017) Life goals and gender differences among chronically homeless individuals entering permanent supportive housing, *Journal of Social Distress and the Homeless*, *26*, pp. 9–15.

Bullen, J. & Baldry, E. (2019) I Waited 12 Months': How does a lack of access to housing undermine housing first? *International Journal of Housing Policy*, *19*, pp. 120–130.

Drake, G. & Blunden, H. (2015) The role of engagement, ongoing support and housing availability in rehousing people experiencing chronic homelessness, *Third Sector Review*, *21*, pp. 101–120.

Durbin, A., Lunsky, Y., Wang, R., Nisenbaum, R., Hwang, S.W., O'Campo, P. & Stergiopoulos, V. (2018) The effect of housing first on housing stability for people with mental illness and low intellectual functioning, *The Canadian Journal of Psychiatry*, *63*, pp. 785–789.

Evans, W.G. (2012) *Housing First: An Interview with Sam Tsemberis* (Rockville, Md. SAMSA).

Fenwick, K., Henwood, B., Lengnick-Hall, R., Stefancic, A. & Gilmer, T. (2019) Exploring variation in housing first implementation: The role of fit, *Human Service Organizations Management, Leadership and Governance*, *43*, pp. 392–406.

Forchuk, C., Montgomery, P., Berman, H., Ward-Griffin, C., Csiernik, R., Gorlick, C., Jensen, E. & Riesterer, P. (2010) Gaining ground, Losing ground: the paradoxes of rural homelessness, *Canadian Journal of Nursing Research*, *42*, pp. 138–152.

Forchuk, C., Nelson, G. & Hall, G.B. (2006) It's important to be proud of the place you live in: Housing problems and preferences of psychiatric survivors, *Perspectives in Psychiatric Care*, *42*, pp. 42–52.

Forchuk, C., Richardson, J., Laverty, K., Bryant, M., Rudnick, A., Csiernik, R., Edwards, B., Fisman, S., Mitchell, B., Connoy, M., Dolson, M. & Kelley, C. (2013) Service preferences of homeless youth with mental illness: Housing First, treatment first, or both together, in: Gaetz, Stephen, O'Grady, Bill, Buccieri, Kristy, Karabanow, Jeff, Marsolais, Allyson (Eds) *Youth Homelessness in Canada: Implications for Policy and Practice* (Canadian Observatory on Homelessness)

Forchuk, C., Richardson, J., Martin, G., Warner, L., Oudshoorn, A., Taan, W. & Csiernik, R. (2016) An evaluation of the London Community Addiction Response Strategy (London CAReS): Facilitating service integration through collaborative best practices, in: Nichols, Naomi, Doberstein, Carey (Eds), *Exploring Effective Systems Responses to Homelessness* (Toronto: The Homeless Hub Press).

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

Greenwood, R.M. & Manning, R.M. (2017) Mastery matters: consumer choice, psychiatric symptoms and problematic substance use among adults with histories of homelessness, *Health & Social Care in the Community*, *25*, pp. 1050–1060.

Greenwood, R.M., Stefancic, A. & Tsemberis, S. (2013) Pathways housing first for homeless persons with psychiatric disabilities: program innovation, research, and advocacy, *Journal of Social Issues*, *69*, pp. 645–663.

Grisdale, S. (2019) Displacement by disruption: short-term rentals and the political economy of "belonging anywhere" in Toronto, *Urban Geography*, pp. 1–27.

Gurstein, P., LaRocque, E. & MacDonald, R.J. (2018) *No Vacancy High Rent. Low Vacancy. Growing Homelessness* (Vancouver: University of British Columbia Library).

Harvey, C., Killackey, E., Groves, A. & Herrman, H. (2012) A place to live: housing needs for people with psychotic disorders identified in the second Australian national survey of psychosis, *Australian & New Zealand Journal of Psychiatry*, *46*, pp. 840–850.

Hennessy, C. & Grant, D. (2006) Developing a model of housing support: the evidence from Merseyside, *International Journal of Consumer Studies*, *30*, pp. 337–346.

Hennigan, B. (2017) House broken: homelessness, housing first, and neoliberal poverty governance, *Urban Geography*, *38*, pp. 1418–1440.

Katz, A.S., Zerger, S. & Hwang, S.W. (2017) Housing first the conversation: discourse, policy and the limits of the possible, *Critical Public Health*, *27*, pp. 139–147.

Klassen, J. & Spring, L. (2015) *Fast Facts: Counting Women in A Gender Based Analysis of Homelessness* (Winnipeg, MB: Canadian Centre for Policy Alternatives).

Lather, P. (1991) *Getting smart: Feminist research and pedagogy with/in the postmodern*. New York: Routledge.

Löfstrand, C.H. & Juhila, K. (2012) The discourse of consumer choice in the pathways housing first model, *European Journal of Homelessness*, *6*, pp. 47–68.

Martins, P., Ornelas, J. & Silva, A.C. (2016) The role of perceived housing quality and perceived choice to recovery: an ecological perspective on a housing first program in Lisbon, *Journal of Environmental Psychology*, *47*, pp. 44–52.
Macnaughton, E., Stefancic, A., Nelson, G., Caplan, R., Townley, G., Aubry, T, McCullough, S. Patterson, M., Stergiopoulos, V. Vallée, C., Tsemberis, S., Fleury, M.J., Piat, M. & Goering, P. (2015) Implementing Housing First across sites and over time: Later fidelity and implementation evaluation of a pan-Canadian multi-site Housing First program for homeless people with mental illness, *American Journal of Community Psychology, 55*(3-4), 279–291.
Miller, L.J. (2000) The poverty of truth-seeking: postmodernism, discourse analysis and critical feminism, *Theory & Psychology*, *10*, pp. 313–352.
Montgomery, A.E., Gabrielian, S., Cusack, M.C., Austin, E.L., Kertesz, S.G. & Vazzano, J.K. (2019) Applying the housing first approach to single-site permanent supportive housing, *Journal of Social Distress and the Homeless*, *28*, pp. 24–33.
Montgomery, A.E., Szymkowiak, D., Cusack, M.C., Austin, E.L., Vazzano, J.K., Kertesz, S.G. & Gabrielian, S. (2020) Veterans' assignment to single-site versus scattered-site permanent supportive housing , *The American Journal of Orthopsychiatry*, *90*, pp. 37–47.
Oudshoorn, A. (2020) Homelessness as a fusion policy problem, in: K.M. Lersch & J. Chakraborty (Eds), *Geographies of Behavioural Health, Crime, and Disorder* (Cham: Switzerland: Springer).
Padgett, D. K. (2013) Choices, consequences and context: Housing First and its critics, *European Journal of Homelessness, 7*(2), pp. 341–347.
Paquette, K. & Pannella Winn, L.A. (2016) The role of recovery housing: prioritizing choice in homeless services, *Journal of Dual Diagnosis*, *12*, pp. 153–162.
Parsell, C. (2011) Responding to people sleeping rough: Dilemmas and opportunities for social work, *Australian Social Work, 64*(3), 330–345.
Parsell, C., Tomaszewski, W. & Phillips, R. (2014) Exiting unsheltered homelessness and sustaining housing: A human agency perspective, *Social Service Review*, *88*, pp. 295–321.
Phillips, R. & Parsell, C. (2012) *The role of assertive outreach in ending 'rough sleeping'*. Positioning Paper (Melbourne, Australia: Queensland Research Centre: Australian Housing and Urban Research Institute).
Piat, M., Seida, K. & Padgett, D. (2019) Choice and personal recovery for people with serious mental illness living in supported housing, *Journal of Mental Health*, *0*, pp. 1–8.
Pleace, N. & Bretherton, J. (2013) The case for housing first in the European union: A critical evaluation of concerns about effectiveness, *European Journal of Homelessness*, *7*, pp. 21–41.
Pleace, N., Culhane, D., Granfelt, R. & Knutågard, M. (2015) *The Finnish Homelessness Strategy: An international review*. (Helsinki: Ministry of the Environment). www.ym.fi/julkaisut
Rae, J., Samosh, J., Aubry, T., Tsemberis, S., Agha, A. & Shah, D. (2018) What helps and what hinders program fidelity to housing first: pathways to housing DC, *European Journal of Homelessness*, *12*, pp. 107–132.
Schiff, J.W. & Rook, J. (2012) *Housing first: Where is the evidence?* (Toronto: Homeless Hub).
Schutt, R.K., Weinstein, B. & Penk, W.E. (2005) Housing preferences of homeless veterans with dual diagnoses, *Psychiatric Services*, *56*, pp. 350–352.
Schwartz, A. (2017) Future prospects for public housing in the United States: Lessons from the rental assistance demonstration program, *Housing Policy Debate*, *27*, pp. 789–806.
Stefancic, A., Tsemberis, S., Messeri, P., Drake, R. & Goering, P. (2013) The pathways housing first fidelity scale for individuals with psychiatric disabilities, *American Journal of Psychiatric Rehabilitation*, *16*, pp. 240–261.
Stock, M. (2016) *Ending homelessness?: A critical examination of housing first in Canada and Winnipeg* (Winnipeg, MB: Canadian Centre for Policy Alternatives Monitoba) (Issue January).
Tsemberis, S. (2010) Housing first: Ending homelessness, promoting recovery and reducing costs, in: I. Ellen & B. O'Flaherty (Eds), *How to house the homeless* (pp. 37–56) (Juneau,

Alaska: Juneau Coalition on Housing and Homelessness). http://www.juneau.org/assem-blyftp/HRC/documents/HF_HowtoHousetheHomeless_2010.pdf

Tsemberis, S. & Eisenberg, R. (2000) Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities, *Psychiatric Services (Washington, D.C.)*, *51*, pp. 487–493.

Tsemberis, S., Gulcur, L. & Nakae, M. (2004) Housing First, Consumer Choice, and Harm Reduction for Individuals Who Are Homeless with Dual Diagnoses: A 24-Month Clinical Trial, *American Journal of Public Health*, *94*, pp. 651–656.

Turner, A. (2014) Beyond Housing First: Essential Elements of a System-Planning Approach to Ending Homelessness, *The School of Public Policy Publications*, *7*, pp. 1–25.

Volk, J.S., Aubry, T., Goering, P., Adair, C.E., Distasio, J., Jette, J., Nolin, D., Stergiopoulos, V., Streiner, D.L. & Tsemberis, S. (2016) Tenants with additional needs: when housing first does not solve homelessness, *Journal of Mental Health*, *25*, pp. 169–175.

Wetzstein, S. (2017) The Global Urban Housing Affordability Crisis, *Urban Studies*, *54*, pp. 3159–3177.

Yeich, S., Bybee, D., Mowbray, C.T. & Cohen, E. (1994) Exploring Dimensions of Consumer Housing and Support Preferences, *Adult Residential Care Journal*, *8*, pp. 114–124.