The Evolution of Housing First: Perspectives of Experts from the United States, Canada, and Europe

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❯ **Abstract_** *Housing First is a housing intervention for people with serious mental illness who have experienced long-term homelessness. Since its introduction in the 1990s, it has amassed clear evidence of its effectiveness in rigorous research conducted in the United States, Canada, and across Europe. It has been identified as a preferred housing intervention in national, state, or provincial housing policy in the United States and Canada, and increasingly across Europe as well. This paper examines factors affecting the evolution and growth of Housing First from the perspectives of those who have been directly involved in practice, policy, and research. It reports on findings from qualitative interviews with 27 Housing First experts from the United States, Canada, and Europe. The analysis of these interviews found that, from the perspectives of these participants, the evolution of Housing First has been shaped by the differing contexts in which it was introduced, and by particular policy decisions. These differences may be linked to variability in perceptions of the future prospects of Housing First.*

❯ **Keywords_** *Housing First, Serious Mental Illness, Homelessness, Housing*

Introduction

Emerging in the early 1990s, Housing First (HF) challenged prevailing assumptions that people who had experienced serious mental illness and long-term homelessness could not be stably housed without first addressing their mental illnesses, substance use problems, or rehabilitation needs. Drawing from newer and emerging concepts of mental health recovery, psychosocial rehabilitation, harm reduction, and supported housing, Pathways to Housing in New York (i.e., the Pathways model) emphasised housing as a right by providing a rent subsidy with minimal preconditions to access scattered, independent apartments, along with wraparound intensive, individualised supports (Tsemberis, 2010).

Following landmark research that demonstrated compelling housing outcomes (Padgett et al., 2006; Tsemberis and Eisenberg, 2000; Tsemberis et al., 2004), HF became the focus of attention from the United States Interagency Council on Homelessness (Kertesz et al., 2009; Padgett et al., 2016). Subsequently, HF was adopted as a key pillar and the preferred approach in efforts to reduce homelessness in the United States. In Canada, the At Home/Chez Soi national research demonstration project strengthened the evidence for HF, while also demonstrating flexibility in its implementation across five Canadian cities (Aubry et al., 2015; 2016; Goering et al., 2014; Stergiopoulos et al., 2019). HF was supported as an intervention for reducing homelessness in the national Canadian Homelessness Partnering Strategy from 2014 to 2019 (ESDC, 2018; Gaetz and Buchnea, 2023; Nelson, et al., 2020).

The adoption of HF by the Department of Veterans Affairs (VA) in the United States represented a continued evolution of the Pathways model. In 2012, the VA mandated that HF be used as the guiding model for its Housing and Urban Development–Veterans Affairs Supportive Housing (HUD-VASH) programmes (O'Connell and Rosenheck, 2018). A naturalistic demonstration project of 177 veterans experiencing homelessness showed that HF yielded significant reductions in time to housing placement and higher housing retention rates compared to the traditional HUD-VASH model (Montgomery et al., 2013). Despite some fidelity challenges in the implementation of HF by the VA (Kertesz et al., 2017), its use was credited with decreases in veteran homelessness at the national level. Between 2012 and 2022, veteran homelessness in the United States decreased approximately 45% (de Sousa et al., 2022). However, this increase has also been attributed to an overall decrease in the number of veterans (O'Flaherty, 2019). Notably, there remains little evidence that individually targeted interventions, on their own, can reduce homelessness in the aggregate (O'Flaherty, 2019; 2023).

The widespread interest in HF was not restricted to North America. Notably, Finland had independently developed its own HF approach to eliminate long-term homelessness (Allen et al., 2020; Juhila et al., 2022). In contrast to the Pathways model,

Finland's approach involved systems-level transformation, with the conversion of emergency shelters into housing and the development of a sufficient supply of social housing (Kaakinen and Turunen, 2021). Since 2008, homelessness has declined from slightly above 8 000 people to approximately 3 700 in Finland as of 2022 (The Housing Finance and Development Centre of Finland, 2023).

Across Europe, a number of HF programmes have been developed and implemented. Many of these programmes have shown good fidelity with the Pathways model (Greenwood et al., 2018) and European research has demonstrated positive housing outcomes that are similar to those in North America (Aubry et al., 2021; Busch-Geertsema, 2014). A French trial, Un chez soi d'abord, which had a similar design to the Canadian demonstration project, also generated rigorous evidence of long-term effectiveness up to four years, including some improvements in mental health status and quality of life that were higher among HF participants than the standard care group (Loubière et al., 2022).

The research completed over the past three decades in North America and Europe has led to HF being recognised as a best practice approach for stably housing people with serious mental illness and who have experienced long-term homelessness (Pottie et al., 2020). Despite its successes and widespread adoption, it may be at a crossroads. Although HF is still a prominent approach, it has been met with notable criticism from several perspectives. The sources of contention are varied. Some of the concerns are about its appropriateness for people with severe addictions or its application of harm reduction approaches (e.g., Kertesz et al., 2009; Schiff et al., 2019; Westermeyer et al., 2015), while others point to limited outcomes beyond housing stability (e.g., Kertesz and Johnson, 2017; Mcnaughton and Atherton, 2017). A number of commentators have identified the various ways in which HF can be defined or implemented (e.g., Baker and Evans, 2016; Kertesz and Johnson, 2017; Schiff and Schiff, 2014; Lancione et al., 2018; McNaughton and Atherton, 2017). Others have complained that the intervention is, at its root, a neoliberal response to homelessness, and susceptible to being used to justify sweeping people who are homeless from the streets (e.g., Baker and Evans, 2016; Klodawsky, 2009). HF has also received criticism from more right-wing commentators who argue that HF in the United States has been a policy failure, not producing the expected cost savings or reductions to homelessness, and not addressing the purported person level drivers of homelessness such as job loss, domestic violence, and more significantly, drug addiction and mental illness (e.g., Eide, 2020; Rufo, 2021a; 2021b).

Dissecting some of these arguments, Pleace (2021) noted that there is a propensity for evidence to be used selectively, if not deliberately misrepresented, and conclusions to be overdrawn for the purpose of shifting policy away from HF. Whatever their validity, these criticisms may be fostering misunderstandings about HF that

are having an insidious effect on policy development and implementation, espe-
cially in North America. For example, the mandate of HF was removed from
Canada's national housing policy in 2019 (Gaetz and Buchnea, 2023). The continued
evolution of HF may also be adding more confusion about what is HF and the extent
to which the intervention's strong evidence base is applicable to the array of models
and approaches that are now being labelled HF under its expansive umbrella.
These issues may prevent the scaling-up of a best practice intervention for people
with serious mental illness experiencing long-term homelessness, or worse, lead
to the development of programmes labelled as HF that have no adherence to the
core principles and are ineffective.

The current study aimed to take stock of the status of HF from the perspectives of
those who have played important roles in its evolution in North America and Europe
through their work as practitioners, researchers, evaluators, and policymakers.
Achieving an understanding of how HF experts perceive the intervention will help
to create more clarity on HF and identify key research and policy issues that need
to be addressed moving forward. Specifically, in this paper, the following three
questions were addressed:

1. What are HF experts' experiences and perceptions of the development and
    evolution of HF?

2. What are HF experts' understanding of the definition or meaning of HF?

3. What are HF experts' perceptions of the future of HF?

Methods

Sample, recruitment, and procedure

The sample included 27 people who had professional experiences with HF, drawn
from Europe (*n*=11), Canada (*n*=9), and the United States (*n*=7). Participants from
Europe included three from England, two from Spain, one each from Scotland,
Ireland, France, Finland, and Germany, and one person representing a pan-Euro-
pean organisation supporting HF. We used a purposive sampling strategy based
on region (Europe, Canada, and the United States) and type of involvement with HF
(researcher or evaluator, policymaker, and practitioner), with integration of snowball
sampling. To identify a sample for recruitment we relied on our own knowledge of
the field of HF and the general field of housing for serious mental illness to develop
an initial list of potential participants. In the United States, this list consisted of
individuals who played key roles in the development or research of the Pathways
model, had been involved in federal policy development on HF, or led research or
the development of HF programmes not related to the Pathways model, such as in

the VA or cities outside of New York. In Canada, we identified individuals who had key roles in the At Home/Chez Soi study as researchers, programme developers, or trainers, had been involved in HF knowledge dissemination, or had developed and/or administered HF programmes unaffiliated with the At Home/Chez Soi study. For Europe, we began by identifying individuals from a variety of countries with HF programmes who had conducted research or were known to have roles in HF training, programme or policy development, or knowledge dissemination. We then asked individuals in the United States, Canada, and Europe to identify others who they considered HF experts who could be contacted for this study. New names, primarily from Europe, were added to our list. We note that the particular sampling approach in our study, focusing on those with investment in HF, and in North America on the Pathways model and the At Home/Chez Soi study, may limit our findings on its evolution.

In most cases, contact information for our participants was publically available via websites or were known to the authors. Occasionally, we contacted organisations requesting to speak to those knowledgeable about their HF programmes. All individuals we contacted agreed to participate in the study except in four cases where our emails were not returned. We used semi-structured interviews that began by asking participants the length and nature of their involvement with HF. We then asked about their initial impressions of HF, how they believe HF has changed or evolved in their experience, the significant achievements of HF, notable misunderstandings of HF, the greatest challenges or limitations of HF, and what they believed the future of HF held. Interviews were conducted virtually by the two authors from June 2021 to February 2022. All participants provided verbal consent prior to the start of the interview, and the study was reviewed and approved by the Research Ethics Board at the University of Ottawa.

Analysis

Interviews were audio-recorded and transcribed verbatim. Each transcript was then verified for accuracy. We used a pragmatic approach to data analysis informed by Miles et al. (2019). The analysis involved developing an initial start list of codes based on the interview protocol and a reading of two interviews. The start list included broad descriptive codes based on the interview questions. One coder applied the coding scheme to an initial set of interviews in NVivo, developing sub-codes as necessary within the larger codes. These coded interviews were then reviewed by a second coder to ensure accuracy and consistency. The first coder then coded the remaining interviews, with two other coders verifying the coding for accuracy and consistency. Discrepancies among coders throughout data analysis were resolved through discussion.

A second cycle of coding was initiated to identify major themes in the interviews and make comparisons across regions (Canada, United States, and Europe). This involved one coder writing summaries of participants' responses to the major interview questions. The summaries were reviewed by two other coders to ensure accuracy and completeness. In reviewing these summaries, the team observed regional differences among participants in their accounts of how HF evolved, how they defined the term, and their views on its future. These differences were further investigated by re-examining the coded transcripts, and writing cross-case comparisons, at the regional level.

Throughout the review process, the team members wrote and shared memos exploring themes as they were identified in the interviews and during the coding process, and questions to further explore in the data analysis.

Findings

A total of 26 interviews were conducted with 27 participants. Of the seven participants from the United States, two described involvement stretching back to the 1990s, with most having had their first experiences with HF from 2001 to 2010. Four of the seven had experience working at Pathways HF as practitioners and/or researchers. Others had experience as researchers, practitioners, or policymakers. Of the nine participants from Canada, seven had experience with HF via the At Home/Chez Soi study, with most having been members of the research team, and two with involvement as HF trainers. Two described experience as administrators in organisations offering HF programmes, and one in policy and knowledge mobilisation. In Europe, the majority of participants described experience as researchers, with six describing experience in training, programme funding, advocacy, policy, or knowledge mobilisation.

The findings presented below focus on the participants' perceptions of the evolution of HF, its definitions and meaning, and its future. Whereas there is overlap in their views, there were some notable variations that can be attributed to regional differences in the nature and timing of their exposure to HF. Despite the great regional variability among the European participants, there were important similarities in contrast to the perspectives of the American and Canadian participants. In addition to factors, such as the timing of exposure to HF, European perspectives were shaped not only by Pathways HF, but also by a national initiative from Finland, and the support of the European Housing First Hub, co-founded by the European Federation of National Organisations Working with the Homeless (FEANTSA) and the Finnish Y Foundation.

Context of the introduction and adoption of Housing First

Participants described the different contexts in which HF was introduced in their regions. In the United States, HF was described as a response to the burgeoning homelessness crisis, and the knitting together of various currents of thought and practices in community mental health. The recovery movement, the psychiatric consumer/survivor movement, principles of self-determination and choice, psychiatric rehabilitation, and supported housing were cited as key influences on the formation of HF. Equally important in the development and growth of HF was the context in which it was developed. One participant, for example, described the local homelessness crisis in New York as important to the support the programme gained:

> The context was mayor [of New York] Ed Koch,… like many mayors, trying to make an impact on homelessness. A 62 year old woman had died…. It was late fall, early winter, the temperature dropped…. And Ed Koch had to do something.

Other important influences were the demands of the state mental health system and Medicaid, which increased administrative demands on the programme, as well as the adoption of particular practices. One participant suggested, for example, that Assertive Community Treatment (ACT) became part of the Pathways approach due to such demands:

> … New York State said, "Hey, we're going to do Assertive Community Treatment and we're going to tie our funding to the specific things that we think drive its effectiveness." So they took it like quite literally, and built it into their like payment structure… and it became institutionalised in a way where you had to do it in a certain way, or, you know you weren't going to get paid.

Another participant described how increasing administrative demands conflicted with the individualised support approach advocated by Pathways HF:

> The agency is kind of in this middle ground of trying to make sure they have a sustainable programme model that's fundable and also honouring this very individualised, creative, flexible practice approach. And that I think seeing Housing First shift from having a lot of flexibility, 'cause their funding mechanism was quite flexible in the beginning, to having many more restrictions on them and seeing how frontline providers tried to develop work arounds to juggle both of those mandates has always been something very interesting to me.

Some who encountered HF as it evolved were sceptical of its practice of directly housing people with serious mental illness and histories of long-term homelessness in private market housing with no preconditions: "My reaction to it was initial great scepticism because I had thought that people had to demonstrate a certain level of housing worthiness." Nonetheless, there was an openness to the programme

because of the people who were involved; the guiding principles and values; and experiences from observing, researching, or working in the programme. Another participant said:

> I think, you know, what appealed to me was that there was a system that existed that didn't work very well, and there was a new way and a paradigm shift of thinking about it, and it seemed to work really well and the principles of that paradigm shift really stood out to me.

Canadian participants were intrigued by the research evidence coming from the Pathways HF programme, though some also expressed disbelief. Though some housing programmes with similar approaches preceded HF in Canada, they lacked the same research evidence, or were lacking in key programme elements, such as intensive individualised supports or rent supplements. The various programme elements and concepts weaved into Pathways HF, such as supported housing, recovery, individual choice, and harm reduction, were known to attentive Canadian audiences, and resonated with the values and perspectives of participants.

> Well, I thought what Sam [Tsemberis] did well, that was particularly innovative, was he took up a bunch of sort of innovative trends, and he was able to package them into this Pathways model..… I thought, you know, like that's brilliant. You glued together a lot of bona fide approaches.

Another located her enthusiasm for HF in its promise of serving people who were homeless but who were poorly served, or unserved: "So, some of them is because they really need an independent apartment. Some is because that was the only model that would take them no matter what… People that nobody else would have, Housing First would take, and this is what attracted me to the model, because my patients, nobody would take them." Largely, the Canadian participants did not express much concern for the clarity of the programme model. Rather, these participants, many of whom were involved with the At Home/Chez Soi project, were welcoming of the opportunity to implement and study the programme in the Canadian context.

According to participants, Europe had a different starting point for HF. Most notably, it had two approaches from which to learn and build.

> There are two origins of Housing First. There is an American origin, which is the official origin on which we have relied quite a bit, in particular in relation to recovery… And then we met with the European Federation of National Organisations, working with the Housing First Hub in Helsinki and we realised that there was another lineage of the programme that was in place and that we could work with. (Translated from French)

Although the Pathways programme impressed participants with its research evidence, they described resistance in the homeless sector in Europe, owing in part to the American origins: "Some were outright negative. Most were silent. Some were a bit sceptical, et cetera." In addition to its American origin, the unenthusiastic reception among some was due to perceptions that Pathways HF did not contribute much that was new. Across Europe, there was, generally, a strong social housing sector, portable support, and the use of harm reduction approaches.

> These things were reasonably developed [in the U.K.] by the early 90s. They started providing floating support to people that had their own social housing tenancy because the law gave them the social housing tenancy…. the logical policy response was to send a worker to them. So, those services started to appear on a quite haphazard, sometimes quite thinly resourced basis, but it made sense to those social landlords because it stopped problems like nuisance, antisocial behavior, rent arrears. Housing First really starts to appear on the radar about 2010 in the U.K., at which point this stuff's been running for 30 years.

This view was echoed by a participant:

> They argued we have talked about housing for homeless people for 30 years. This is in many aspects already practiced in Germany. It's not called Housing First, but we are doing all these campaigns.… So there was for a long time quite a resistance of this, and national organisations of NGOs saying that this is new for other European countries, but not for Germany, which I don't agree with that.

HF's main contribution, however, was in the intensity of the support offered to tenants, its duration, and its focus on recovery: "The real difference to be honest in terms of practice in the U.K. compared to the Housing First model was the caseloads.… And duration, because there had always been the logic… that the response to homelessness was time limited."

Importantly, however, there was a more systems oriented from Finland that shared elements of the Pathways HF approach, but which differed in key ways. This includes the use of single-site or congregate housing in which formerly homeless people may live in a number of units in a single building rather than apartment units that are scattered throughout a city.

> I think it's also interesting to know that Finland is actually doing Housing First, before it was labeled Housing First. It also took a little bit of time to convince the Finns that fixing what they do as Housing First in a European context was useful… Like one of the early actions they took was to convert shelters into congregate Housing First,…. and that's of course, interesting for the homeless sector.….. Thinking pragmatically of how you can involve them.

When comparing the different approaches to HF, this participant offered:

> I think it's more in the way it is pitched. I think Pathways to Housing was pitched as a final product, that you could use, and the Housing First in Europe was pitched as a policy in development. And so it allowed a little bit more pragmatism….I think we were probably more open to say, well, there is stuff that we don't know.

Thus, the participants described three different introductions to HF. Whereas the participants from the United States described their experiences with an emerging programme model, the Canadian participants described their experience with a more developed approach, grounded in promising research evidence and built on concepts and practices with which they had some familiarity. The European participants described a context in which some of these practices were already present, but with two different approaches from which they could build.

The development and evolution of Housing First

In addition to differences in the introduction of HF, the participants also described different experiences of both bottom-up and top-down influences that shaped how HF evolved. In the United States, despite the emerging research evidence from the Pathways programme, the uptake of HF outside of New York was slow. Some pointed to the development of a HF programme in Seattle that represented, in some key respects, a deviation from HF Pathways.

> The biggest thing that happened was… when Seattle kind of redefined Housing First to single-site rather than scatter-site. And you know, there's no Housing First term, copyright, or anything. So they called it Housing First and they practiced a lot of the Housing First philosophy of low threshold, client choice. All of those things. But it didn't follow the scatter-site.

A bigger risk of deviations from the Pathways model came with the endorsement of HF as a preferred response to homelessness by the Federal Government in the United States. At first, the support of the Federal Government was encouraging:

> Then there was another culture shift in 2003-2004, where the federal government reactivated the United States Interagency Council and they appointed this guy, Philip Mangano, as the head of that council, and he was an advocate for ending homelessness.… He said, "We're going to abolish homelessness and we're going to do it using this thing called Housing First."

This endorsement, however, then led to federal policy prioritising HF to the exclusion of other possible responses.

> Here in the States anyway, if you apply for [Housing and Urban Development] money, there's a box now that says 'Are you doing Housing First?' So, you could be a shelter. You could be a food programme. You could be anything. But if you want HUD money, you better say you're doing Housing First.

As this participant continued, there was no guidance provided about what counts as HF: "Housing First is not defined by the Government. The Government has given no criteria for fidelity other than some very vague notions, and there's no follow-up of, 'Are you actually doing it?'" Another participant characterised this development as a policy failure, stating that "the status quo started calling themselves Housing First, which meant that they had no idea what Housing First was. They knew the money was going to it. So they started calling everything that they were doing Housing First, even if they were doing the old school ideas."

This top-down mandate was perceived as tarnishing HF's reputation when funded programmes did not produce the expected outcomes: "That starts to eat away at Housing First, because there are many, many failures around the country of things that call themselves Housing First, that weren't Housing First." These developments also created confusion about what HF is: "what I hear when I talk to service providers and local policy folks is that they consider interventions such as rapid rehousing to be considered Housing First, and they use that term as sort of an umbrella to describe any sort of intervention that focuses on placing people in housing."

Canada experienced a rather rapid increase in HF programmes related to two developments, both of which were more top-down introductions of HF, rather than an organic evolution. The At Home/Chez Soi study promoted HF that had fidelity to Pathways HF, but with flexibility in light of different local contexts:

> … there's recognition that, you know, you don't have a uniform programme, you have a general set of principles. And the principles provide some broad parameters for what the programme should look like, but not necessarily the specifics. So, I think we've seen the adaptations.

The participants were in agreement that the At Home/Chez Soi study represented the introduction of high quality HF programmes, with fidelity to the Pathways model, despite local adaptations. The second factor that led to the more rapid expansion of HF programmes in Canada was the Government of Canada's endorsement of HF, beginning with encouragement of its use in the *Homelessness Partnering Strategy* of 2007, and then more strongly mandating its use in the renewal of the strategy in 2015 (Gaetz and Buchnea, 2023; Trainor et al., 2017). For one participant, this development was seen positively:

So, at the end of At Home/Chez Soi the federal government was looking as to what to do… And you know they in the end decided that they were gonna call the programmes they funded Housing First and that 65% of the money that came from the federal government into those programmes was going to be dedicated to Housing First. That's pretty significant. I think that's a big policy win.

For another participant, however, the emphasis on HF yielded pessimism about the potential for success, in the absence of other complementary preventive interventions and systemic change. Still for others, the rapid expansion of HF came at the expense of programme fidelity and quality:

And both in terms of how much rent supplement was there and therefore what could be accessed, but also in terms of defining housing so any housing became good enough.… And the other, of course, is the rigour and the skill of the team, of the clinical team… And, and so that also sort of felt let's go cheap. Let any organisation do it, and they can do something, but it's, it's not the same thing as providing comprehensive healthcare.

Much like in the United States, participants from Canada were frustrated by government actions that did not provide clear guidelines on programme elements, and did not place HF within a complement of policy and programmatic responses, leading to confusion and resistance to HF.

According to participants from Europe, there was a mix of both top-down and bottom-up efforts in support of HF. Whereas in Finland and France there were examples of national government support for HF, in other jurisdictions the development owed more to the initiative of local non-governmental organisations (NGOs): "I think what you have to understand is that in Europe, in most countries in Europe, the homeless service provision, the actual policies for homeless people are delivered by NGOs almost entirely." Another participant, speaking about the growth of HF in the U.K., said:

It's becoming much more mainstream. I mean part of that, it was very much a grassroots movement directed by the homelessness sector itself.… First of all, local government started to get persuaded. And once, say in London, one London borough saw it working, they, other London boroughs said, "Oh, that's that looks interesting. What are you doing there?" And it spread that way.

At the same time, support and guidance for the development of HF was provided by the Housing First Europe Hub, launched as a partnership between FEANTSA and the Finnish Y Foundation:

> We set up the Housing First Hub, probably about six or seven years ago, or the idea at least is, is that old. And since then, like the sector has changed, and it's not only due to the work of FEANTSA or the Housing First Hub, but I think we have managed to sort of get the homeless sector a stick in the delivery of Housing First, and I think that's important.

With the support of a pan-European resource, along with local initiatives across several countries, HF experienced a slow, but steady, growth. The participants described this growth as, on the one hand, influenced by the Pathways model, and with a commitment to the principles of HF and to high-quality programming, but also with more openness to adaptations:

> I think that there has been a trend that people have created different adaptations, like Housing First for youths, Housing First for families, Housing First for women, but they now think it's only one Housing First approach. It's a general concept and philosophy. And, you'll have to adapt these things to target groups… I think that we have contributed more to this general, general movement of Housing First, as you would say.

At the same time, others with a stronger commitment to the Pathways model have questioned the extent of these adaptations, particularly with respect to the use of congregate housing:

> The Finnish model has co-opted Housing First and made it normative to agree that there is something called congregate Housing First.… what they do is they put a cap on the possibilities of Housing First in terms of recovery and destigmatising homeless people.

Despite the influence of the Finnish model, and owing to the largely grassroots approach of local agencies launching their own HF programmes, the systems-level change characteristic of the Finnish approach has not been replicated. As a number of participants have emphasised, HF has often been a series of projects, with many jurisdictions requiring their own pilot programmes:

> At the moment we still have the problem that…. it's still pilot project here, pilot project there. City of Leipzig wants to know if it works in their city. City of Bremen wants to know if it works in their city. And in Cologne there will be a new project showing if in Cologne it might work.

Meaning and definition of Housing First

Across all participants, there was agreement on the importance of adherence to the core principles of HF, and that programmes should be of high quality. This was prominent among North American participants where there were perceived threats to the meaning of HF due to national funding for HF programmes that bore uncertain

relationships to Pathways HF. However, HF in its early days in the United States was an evolving model. For one participant, the lack of clarity was an early problem in the dissemination of the approach:

> … even in the beginning there was starting to be talk about fidelity and, you know, lots of people were saying "Well, how do we define it exactly? What is it? We all know the name, you know, it's all in the name. But, how is it actually implemented?"

Another participant agreed that the concept was easy to grasp, but that many missed the critical elements of the approach:

> I think that the programme is quick to understand but very difficult to operate quickly. And I think that the reason that it's been disseminated so widely is that the core principles are general enough that people can easily adopt them to their context…. everyone is able to focus, especially on the first two principles of like choice and separation of housing and services…. But it has missed the mark of the origin of the programme and which was all about helping people with mental illness have a better life.… most people have interpreted the programme as a homelessness ending programme rather than a recovery programme.

Notably, for most U.S. participants, many of whom had some involvement with Pathways HF, their view remained strongly tied to this particular model and tended to evaluate the quality of HF initiatives in terms of their resemblance to the Pathways model.

Canadian perspectives were similar, perhaps owing to the number of participants who were involved with the At Home/Chez Soi study. For these participants, the HF approach was well understood with a focus on a key set of general principles that can be implemented with some flexibility. As one participant stated: "Not to mutate it in such a direction that becomes a different sort of animal, but really to make it something that's just more relevant to the particular group with whom you're working." Similar to the experience in the United States, national strategies to address homelessness led to funded programmes that did have fidelity to Pathways HF, leading to confusion:

> … as Housing First was, became more and more, I guess, a favored approach by various governments, what happened was that everyone then decided to say that they are doing Housing First. And so to some extent, the term actually kind of began to lose its meaning.

Nonetheless, some participants still argued for a view of HF, not in opposition to or separate from other elements of the housing or community mental health systems, but as a partner. Moreover, some participants argued for a less categorical view of programmes as either HF or not HF. Instead, one participant advocated seeing HF

along a continuum: "I mean I'm a big fan of the whole fidelity thing and, you know, what's in and what's out, kind of to help you discern what you're doing. But I'm starting to think of that along this continuum." Another participant spoke of the importance of a continuum view so that programmes could see where they were in terms of fidelity and identify those programme elements they could work to implement to achieve higher fidelity and improved outcomes:

> People feel like, for example, if I don't have access to psychiatric services well then I can't do Housing First. Where at least from my perspective I would say no, I don't think that means you can't do Housing First especially if your programme believes that psychiatric services are important and essential and that you're doing whatever you can within your power to try to build that into your service delivery.

Among some European participants, there was a greater openness to innovation and experimentation in HF. It was clear that the focus for a number of participants was on fidelity to principles rather than a programme model. Some expressed great enthusiasm for adapting the model for different populations:

> What does Housing First do? Right. So it gives a homeless person an independent tenancy, gives them the support they need, in whatever way they need for as long as they need, without making them jump through a whole lot of hoops to get there..…. What about that wouldn't work for everybody, and yet people go, "No, Housing First, it's its only for complex cases."

Another participant expressed concern that a strict adherence to fidelity and the evidence base would be limiting:

> I think one of the problems with Housing First is that it's so well evidenced that it is put in a box. So, this is the specific cohort it is for, and it's never more than 15-20% of the homeless population… there is no evidence base for it to say it's for anybody else than that.

Others, though, adopted a more conservative view, worrying about how the increasing popularity of HF might lead to challenges:

> I worry about dilution and drift of the model in order to appease multiple different kinds of forces. The forces… of the NGOs that are bought into congregate housing, and they don't want to reconfigure their services. The challenges involved in negotiating with governments that can't or won't supply adequate housing and so you have to capitulate to that and find compromises that are just not, you know for me, they're not acceptable.

Another echoed about the challenges around promoting fidelity to HF principles:

> And I think that, you know, from some of the critics of Housing First, there is that sense of, "Where's the evidence to directly relate fidelity to tenancy sustainment?"… And, you know, there's I think there's almost a sense that you're, you're in a bit of a cult if you're, you know advocate for really high fidelity Housing First.

Thus, in this section we see differing levels of tolerance for flexibility in the definition of HF, with participants in the United States, largely tied to the Pathways model, and Canadian participants still tied to the model, but with openness to flexibility in its implementation. In Europe, some participants pushed to see HF from a more expansive perspective, though with some concerned about the implications of doing so.

Perceptions of the Future of HF

There were notable differences among the regions in perceptions of the future of HF. Whereas North American participants tended to have more pessimistic views, attributable to their perceptions of the muddled and confused view of HF, participants in Europe held more cautiously optimistic views. Among U.S. participants, some expressed the need to disconnect HF from broader discussions about ending homelessness:

> … the group of people who are homeless that we're serving is only 15, 20, 30 percent of a population. So if you want to end homelessness, let's not talk about Housing First. Let's talk about Housing First as a programme that ends homelessness for people with mental health and addiction problems. We want to talk about ending homelessness big time, let's talk about housing as a basic human right.

Another participant was concerned that HF had acquired a negative perception, such that it was perhaps not the time to continue to push it forward:

> … there's part of me that feels like, yeah, probably at some point Housing First needs to go away, right?… I mean, it's like if you think of it in like branding terms, it's like a good brand… but could it also become like, you know Critical Race Theory where it becomes this lightning rod where actually it doesn't serve any good anymore.

Another participant wanted to still push HF forward, but with more of a grassroots approach, rather than attached to a broad policy movement:

> … it's just so clear how far we have to go from really helping society understand how it is possible to house and, you know, support these folks and that political will just isn't there. So, I would just love to see Housing First continue to push the envelope on that and, and get us to a point where, the practice is so ubiquitous and we have enough funding for it and everything that we're really living the dream of what Housing First.

Other U.S. participants were focused on practical challenges. Some discussed the importance of ensuring that HF practice could better support people with diverse racial and gender identities, or support people as they age-in-place. Another participant pointed to opportunities to build on lessons from the COVID-19 pandemic, seeing it as a pivot point based on the demonstrated success of a number of communities in moving large numbers of people off the streets and into hotels.

Some Canadian participants expressed frustration and pessimism when considering the future of HF.

> Well, I'm a little bit pessimistic in Canada… So, Canada seemed to make a move forward after At Home and I think now we're, now we're kind of stuck.… It seems like we were on a roll and like we've lost some momentum.

Some worried about regression toward older style approaches to managing homelessness, rather than trying to end it. For another participant, there was a perception of regression toward congregate housing due to the availability of earmarked government funding. For another participant, the loss of momentum for HF in Canada was contrasted with misplaced priorities, such as 10-year plans to end homelessness, by-name waitlists[1], and tiny homes: "… it's this wishful thinking and if we use by-name lists, you know, data is going to drive the change. That kind of thing and data is important, right? But there's an old saying from Newfoundland that nobody ever grew taller by being measured."

Canadian participants also pointed to specific practice and policy developments as issues to be confronted in the future. These included housing specialists attached to HF programmes, expanding harm reduction practices, working toward broadening outcomes from HF programmes, developing appropriate assessment measures, adapting HF for different populations, investing in and integrating HF in social housing, and investing in homelessness prevention.

In contrast, European participants tended to be more optimistic about the future of HF. One pointed to synergistic actions by the European Housing First Hub, and local efforts:

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[1]　By-Name lists are lists of all known people experiencing homelessness in a community (CAEH, 2021).

> … my hope is that European dynamics will help to sustain the national dynamics. And I think in most countries will see growth, but it will be slow.… and also if you look at Finland, they in all honesty,… it took them 20, 25 years to get to, like, basically, functional zero… So, I think the time dimension is important, and I think it's something that we repeat and repeat to say, well, you cannot do it in a political mandate. It will take 10 15, 20 years, and I think if we can get that message and linked with the European dynamic, maybe we'll get there, but I might be wrong.

In the U.K., the outlook was also positive:

> It's accelerating for the reasons we've talked about, which is it's attractive to commissioners. It's attractive to policymakers. It's attractive to the homelessness sector itself because they're in a context where they're having to constantly justify and bid for resources. So they want it to work.… Local authorities are attracted to it because it's a better return on investment for [people with] complex needs. Central government's attracted to it for the same reason. And they're all attracted to it, because it means fewer people in a very distressed state on the street.

A few participants also expressed reservations due to changing governments and shifting funding priorities: "I mean, for us in England it does feel on a bit of a knife edge at the moment. And it really does feel like it could go, you know, full throttle and people will really embrace it, or it could really start to fizzle out." One participant credited the success in growth to the slower, more grassroots development of HF:

> The processes of winning hearts and minds, we're just bumping people off that weddedness to the treatment first philosophy… I would say that's, that's probably been a really key achievement and getting buy-in at central government level.

As in Canada and the United States, European participants also identified more specific improvements to HF that were needed, including adapting HF to other populations without straying from key principles, preparing for challenges that may come from increases in refugees and the climate crisis, improving outcomes from HF around social isolation, and continuing to emphasise the importance of housing-led systems.

Discussion

This study's findings suggest that the introduction and growth of HF in these regions has been different and that these differences are consequential for how HF is perceived, and its future. The United States and Canada saw rapid growth in HF due to government policies, and this growth sowed some confusion and disappointment. Whereas HF remains a robust intervention in both countries, study participants were uncertain about its future, focusing on how to position the intervention as a response to the homelessness crisis or on narrower improvements to the intervention. In both countries, participants were more likely to tie their view of HF to the foundational Pathways HF programme, with a recognition of the importance of adapting the approach to local contexts.

Despite the important differences in the European countries from which participants were sampled, there were some commonalities in experiences and perceptions of HF. This can be attributable to a number of factors. First, a number of the countries had some elements that were congruent with HF already in place, such as housing as a right, and harm reduction. Europeans also had access to an alternative HF approach, as well as a pan-European resource on which to rely. Further, most European participants described a slower, steadier development of HF, with a greater openness to experimentation. Despite this flexibility, the implementation of HF in Europe has shown good fidelity with the Pathways model (Greenwood, et al., 2018). Finally, in contrast to North America, the steady growth of HF was largely without national mandates. Whereas this has led to some frustration over the numerous evaluations of small pilot programmes, there is a greater sense of optimism that HF will continue its steady growth across the continent.

There was a general consensus among participants from all regions about the key principles of HF. Despite regional differences in experiences with HF, and varying perspectives on the extent to which HF can be used with different homeless populations, it was clear that study participants were evaluating the same intervention and had concerns over lower-quality programmes claiming to be HF. For those who are involved in HF research, evaluation, service delivery, training, and advocacy, there is little confusion, and the Pathways programme and Finnish system approaches are distinguishable. Further, there is an appreciation of the need for local adaptation, which does not render the term HF meaningless. The findings from this study suggest, nonetheless, that interventions that address such significant, complex, and inherently political issues as long-term homelessness are susceptible to misunderstanding and distortion when translated carelessly into policy. Despite the emergent evidence base in the United States, and the salient examples of high quality HF programmes in the At Home/Chez Soi programmes in

Canada, there was evident risk of the intervention being misinterpreted, and key elements being ignored by policymakers seeking simple solutions to pressing social problems (Pleace, 2021).

As we have noted, HF has been the focus of criticism. This is perhaps inevitable owing to its innovativeness, presenting an implicit challenge to existing practices, particularly in North America. Moreover, mental health and homelessness services are routinely underfunded and new practices risk drawing funding from established services, which can lead to resistance and backlash. National policies favouring HF are likely also sources of resistance. First, the focus on a programmatic response to homelessness without sufficient definition or guidelines, and without funding for complementary interventions such as prevention, was certain to create both confusion and suspicion. Second, government policies themselves are the focus of suspicion from those mistrustful of government intentions and goals. Notably, homelessness is an inherently political issue, frequently overlaid with moralising sentiment and entrenched perspectives on the value of individual level versus structural explanations. In its emphasis on housing as a right and the removal of barriers to housing, it appears that HF has reanimated assumptions of the unworthiness of people who are homeless for help; a view that many working in this field would have wished, if not assumed, had died out.

In terms of limitations to the current study, whereas the findings reflect the perspectives of the 27 participants, they do not represent an in-depth study of the implementation of HF. The findings provide suggestions for how implementation of HF has unfolded and its consequences, but, in the absence of a more thorough investigation, cannot be taken as full and verified accounts. Second, the findings in this study are tied to its sampling strategy. Most participants from the United States had some involvement with the Pathways programme, and most Canadian participants had involvement with the At Home/Chez Soi study. Moreover, our sampling of participants from Europe included few participants from each country. Greater sampling within the European countries may have led to a more nuanced understanding of regional differences in HF evolution. Additionally, a more diverse sampling of researchers, practitioners, and policymakers across the three countries, particularly those who hold greater scepticism about HF, would likely have produced different understandings of HF and its perceived challenges. Relatedly, experts from outside Europe and North America, and in particular from Australia and New Zealand, were not sampled. The development of HF in these countries warrants more examination.

Conclusion

HF is an evidence-based practice for ensuring that people with serious mental illness who have experienced long-term homelessness can become stably housed (Pottie et al., 2020). With the homelessness crisis worsening internationally, there are increasing calls upon governments to take action. The story of HF, as told by these participants, suggests that there are risks and opportunities for evidence-based practices when they are adopted in the context of pressing social problems. Clear definitions and criteria may prevent an established programme being reinterpreted in terms of a range of lower qualitative options. However, governments eager to appear ready to take action are under no obligation to follow the evidence, and ensure that public funds are well-invested in effective programmes. Despite the challenges experienced in North America, it is clear that HF remains a viable, replicable, and effective option for governments to consider. Whereas it cannot address the whole of the homelessness crisis, it remains one to be reinvigorated in North America, and to be further developed in Europe.

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