

Stable housing, stable substance use? Evaluation of two 'Housing First' programs for homeless individuals

Elizabeth Whittaker¹ & Lucinda Burns¹

¹ National Drug and Alcohol Research Centre, UNSW, Sydney, NSW, Australia

Background and aims: Australian and international evidence highlights the heightened prevalence of substance use disorders in homeless populations. In recent years, adaptations of the Housing First initiative, whereby chronically homeless individuals are provided long-term housing with support, have been implemented across Australia. Two such adaptations include scatter-site (private rental apartments; SS) and congregate site (apartments in the one building; CS) models. There is currently limited Australian evidence on the effect that these variations of Housing First programs have on client outcomes. The primary aim of this study is to undertake a longitudinal evaluation of two adaptations of the Housing First model (one SS and one CS) in relation to clients' housing and health outcomes, specifically substance use patterns and service utilisation.

Methods: Longitudinal mixed-methods design comparing health and service utilisation outcome measures at baseline and 12 months post-baseline.

Results: A recruitment rate of 66% was achieved at baseline for both programs, of which 79% were successfully followed-up at 12 months post-baseline. Clients in both models did not differ significantly on demographics, homelessness history or proportion with a substance use disorder. However, at baseline a significantly higher proportion of clients in the CS model had an anxiety disorder (67% vs. 34%) and had recently injected (42% vs. 19%) than the SS model. Findings over time showed that whilst injecting behaviour reduced in the SS model (19% to 11%), it remained unchanged in the CS model. Decreasing trends were observed for all justice system outcomes in the SS model, however, overall increases were found for the CS model.

Conclusions: A number of factors distinguished outcomes in the two Housing First models. Clients entering the CS model appeared to be injecting drugs more often, suggesting high rates of illicit drug dependence. Furthermore, those who were injecting in the CS model were the primary drivers for increased justice system contact.

Implications of the research: While both programs house clients with complex needs, the analysis of client outcomes may hold important considerations for future housing policy decisions, as it will identify the health outcomes and government costs incurred by the housed individuals.

Target audience: Health professionals, law enforcement and housing policy makers.