

# The ALIVE National Centre IMPLEMENTATION BRIEF



## IMPLEMENTATION BRIEF 2025 SERIES

### Implementing Housing First in Australia

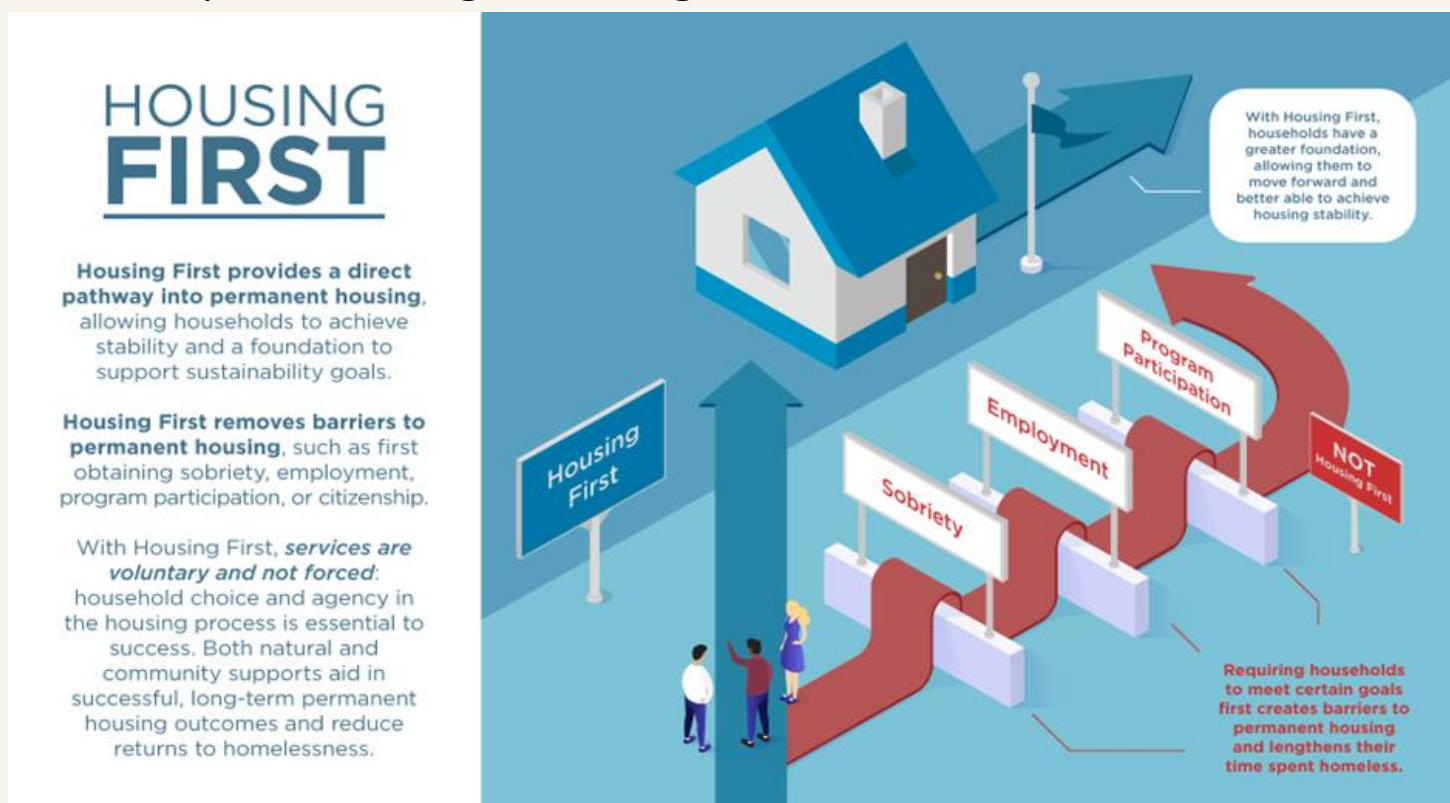


Image : [Housing First process](#)

Housing is a human right that often people living with serious mental health issues (MHI) may have difficulty in realising. Lack of housing or precarious housing contributes to people not meeting recovery goals and flourishing in their lives. [The Royal Commission](#) into Victoria's Mental Health System (2021) recognised the need for safe, appropriate, secure and supported housing for people living with serious MHI. The Commission recommended the need to address the intersection of mental health and homelessness by ensuring stable housing and necessary support services are available. To reduce homelessness and improve the lives of people living with severe MHI, the Australian [Productivity Commission Mental Health Inquiry report \(2020\)](#) emphasized the need for improved integration between mental health services and housing providers. They noted that homelessness services in Australia supporting people with MHI lacked the capacity to find and maintain housing for people. Housing First (HF) is a global approach developed as a response to the need for housing and support to individuals who have faced enduring homelessness [1]. HF offers unconditional and secure housing [1] and does not require consumers to transition from one service to another before they can access permanent housing. Based on HF programs internationally, Australia adopted the [Housing First Principles](#) to create a locally relevant framework for tackling homelessness nationally and provide guidelines for staff training and program design. Initially developed for people with long-term and enduring homelessness, HF was extended to people who had serious MHI and were homeless [2].



The ALIVE National Centre  
for Mental Health  
Research Translation

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Research confirms that HF enables people to secure and maintain stable housing, leading to improvements in physical health, mental health, employment, and overall well-being [3]. However, Killaspy et al. 2022 proposed that in the mental health context permanent secure and safe housing may be an essential basis but not enough for people to achieve a range of recovery outcomes. People accessing HF may require programs that offer more support or opportunities to address social isolation and loneliness. For some, on-site services and communal spaces are preferred [4]. Killaspy et al. 2016 suggested that while the HF model significantly improves quality of life, autonomy, and satisfaction among participants, and can be cost-effective in the long term by reducing the need for emergency services, it also presents challenges. These include high initial implementation costs, the complexity of integrating various support services, and concerns about the long-term sustainability of funding and resources.

## Research evidence regarding implementation

The Doorway Model in Victoria, Australia adopted some of the HF principles and provides support to precariously housed people with serious and persistent health issues (SPMIs). While the support is time-limited to 18 months, tenancy continues even though the support ends and has a strong focus on building sustainable community connections. An evaluation found that while days spent in secure housing for the Doorway group was greater than the treatment as usual (TAU) group, so too were the costs [3]. The Adelaide Zero Project report suggested that implementation of HF programs requires strong collaboration between various stakeholders, including government agencies, non-profits, and community organizations [6]. Insufficient funding and resources can hinder the scalability and sustainability of HF programs. Bureaucratic hurdles, lack of coordination, stigma and discrimination against people experiencing homelessness and limited availability of affordable housing options are other barriers [7]. Supported housing programs effectively end homelessness for those who access them but lack the scale to reduce it population-wide. Broader implementation could likely achieve this [8]

## Lived experience perspectives

HF residents have described how having control over your home is associated with positive outcomes [9]. Valuable insights can be gained by exploring resident experiences during the early adjustment phase of a HF program. These insights can also help with program design and implementation strategies [10].

***"I am now like everybody else - I have my own place, on equal terms, on equal footing. I have an address. I have a home to go to in the evening. I can cook my own meals, I'm not different. I may have a mental illness, but I can lead a normal life."***  
(Doorway Participant provided by Wellways with permission)

## Scalability targets

Scalability refers to the implementation of research evidence. Achieving the necessary implementation of HF scalability efforts requires multi-faceted and considered social policy, willing services and the culture of organisations all working in tandem. Thus, for HF to effectively support people with MHI, work should focus on scaling up, scaling out and scaling deep. (<https://go.unimelb.edu.au/h98p>).



## Implementation guidelines

Housing is a priority to action. There is a need to integrate housing into holistic care delivery, reimagine sustainable and safe housing solutions, and address the impacts of housing insecurity on mental health and well-being (The ALIVE National Centre for Mental Health research Translation, 2023) .

Action is needed to ensure that HF programs target the best suited/appropriate population who will benefit from any long-term positive outcomes. To meet Australia's human rights obligations HF needs to be scaled-up with the challenges discussed above taken into account in policy and implementation.

<b>Systems level e.g., policy makers, government structure.</b>	<ul style="list-style-type: none"><li>• Government policy makers need to appreciate the multifaceted nature of homelessness and its links to mental health challenges, poverty, availability of affordable housing, income support, and family violence</li><li>• Support and supply of affordable housing needs to be addressed to enable broad implementation of HF programs</li><li>• Policy makers, housing authorities, and social services departments have to be supportive of the HF models being implemented to enable continuity and stability [6]</li></ul>
<b>Community level</b>	<ul style="list-style-type: none"><li>• HF core principles need to be understood and adhered to.</li><li>• Sustainable local funding and community programs are crucial for HF, ensuring long-term support, housing access, and service coordination [7]</li><li>• Funding and resource support for provision of essential services such as shelter, food, healthcare, and advocacy [6]</li><li>• The involvement of private property owners who would rent out potential homes</li></ul>
<b>Service level</b>	<ul style="list-style-type: none"><li>• Identification of target populations and how they can be engaged with HF</li><li>• A coordinated approach among various service providers including primary health, mental health, housing services and generic support services [6] For example, <a href="#">Homelessness Australia</a> has trainers who can provide training in HF principles at no cost</li><li>• Integrate peer support and other lived experience workers who can play a valuable role in supporting service users [10]</li><li>• Provision of <a href="#">training</a> in <a href="#">Housing First principles</a> for service providers</li></ul>
<b>Individual Level</b>	<ul style="list-style-type: none"><li>• Respecting and supporting people's self- determination and making their own choices regarding type of housing and utilization of support services [7]</li><li>• Enabling person-centered care coordination</li><li>• An unconditional approach to entry and continuity in the HF program</li></ul>

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