

The Core Principles of HF4Y

1. A Right to Housing with No Preconditions
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2. Youth Choice, Youth Voice, and Self-determination
↓
3. Positive Youth Development and Wellness orientation
↓
4. Individualized, Client-driven Supports with no Time Limits
↓
5. Social Inclusion and Community Integration

Core principles are important because they provide a guide for planning and delivering a strategy, service, or intervention. Core principles also become a standard against which program fidelity can be assessed. The HF4Y model is designed to address questions of safety and appropriateness of services and supports based on a young person's age and level of cognitive, social, and physical development. These services should be delivered in a manner that supports youth choice and reflects the diversity of the population being served.

The core principles of HF4Y are designed to meet the distinct needs of developing adolescents and young adults. This is based on an understanding that youth homelessness is distinct from adult homelessness, both in terms of its causes and conditions, as well as the solutions. The model and corresponding principles are embedded in a human rights perspective that embraces positive youth development.

1. A right to housing with no preconditions

Youth homelessness exists because of the denial of the basic human rights of young people. HF4Y involves providing young people with assistance to obtain safe, secure, and permanent housing that meets their needs as quickly as possible. Practically, this means that policies, laws, and strategies aimed at youth homelessness must recognize international human rights obligations¹, and be grounded in a human rights framework that informs all stages of development, implementation, and evaluation.

For youth, housing must be safe, affordable, and appropriate, according to the needs and abilities of developing adolescents and young adults. The location of housing should not impede young people from accessing the services, supports, and resources they need.

NO PRECONDITIONS

The key to the Housing First philosophy is that individuals and families are not required to first demonstrate that they are “ready” for housing. At the same time, housing is not conditional on sobriety or abstinence. For young people with addictions, a recovery orientation also means providing a harm reduction environment. Harm reduction aims to reduce the risks and harmful effects associated with substance use and addictive behaviours for the individual, the community, and society as a whole, without requiring abstinence. However, as part of the spectrum of choices that underlies both Housing First and harm reduction, people may desire and choose “abstinence only” housing.

This approach runs in contrast to what has been the orthodoxy of “treatment first” approaches where people experiencing homelessness are placed in emergency services and must address certain personal issues (e.g., addictions and mental health) prior to being deemed “ready” for housing (having received access to health care or treatment).

1. International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Rights of the Child (CRC) and the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD).

HOUSING AND SUPPORTS ARE SEPARATED

Immediate access to safe, affordable, and appropriate housing and supports without preconditions is particularly crucial for young people in order to divert them from long stays in emergency shelters. The separation of housing from supports means that young people are not required to accept supports or to participate in programming (e.g., attending school) as a condition of obtaining or retaining their housing. This also means that when support ends, young people do not have to leave their accommodation. It is permanent for as long as they choose to live there. In a scattered-site housing context, supports are portable. If someone loses their housing or tenancy, they are not discharged from the program. The offer of support is tied to the individual, not their housing, and young people should be assisted in finding new housing.

The separation of housing and supports also refers to situations in which services, particularly mental health and clinical services, are not located in the housing or living environment of the individual.²

HF4Y providers adopt a “zero discharge into homelessness” perspective and practice, which means a young person’s behaviours and actions should not lead to a permanent loss of housing. If the youth loses their housing and is required to access a shelter, the caseworker must actively engage the young person in finding alternative housing. The important point is that in a HF4Y model caseworkers strive to do whatever it takes to address the behavioural issues that lead to eviction or a loss of housing. These events should be treated as “learning opportunities,” and every effort should be made to help the young person find a more appropriate housing option.

A right to housing with no preconditions means that housing and supports are separated. In other words, access to housing cannot be defined by conditions such as participation in programming where non-compliance leads to a loss of, or a denial of, access to housing.

2. In some contexts (such as in Canada) the range of housing options open to young people may include different models of housing that come with some conditions. These can only be considered part of a HF4Y program if the young person: a) has real options and makes an informed decision to participate in the program, b) remains a client of HF4Y while in the program, and c) has a clear pathway to permanent housing if the young person exits or graduates from the program.

2. Youth choice, youth voice, and self-determination

As a rights-based, client-centred approach, HF4Y emphasizes youth choice regarding housing and supports. Choices are best made when young people have been provided with enough information to make an informed decision on the appropriate options available to them. In supporting youth choice, one also needs to consider age and cognitive functioning (e.g., FASD, developmental delays, and/or brain injury) and how this may impact decision-making. Complexities may constrain choices available to youth, which is acceptable as long as the available options provide youth with the opportunity to choose their preferred course of action.

“Youth voice” means that the ideas, opinions, and knowledge of young people must be respected and contribute to all aspects of the program. In other words, young people should be actively involved in the design and evaluation of local HF4Y programs and have the opportunity to provide ongoing and regular feedback on the supports they are receiving and what program improvements can be made. Youth voice can be supported through a variety of activities, such as satisfaction surveys, youth advisory councils, or youth presence at staff meetings and board meetings.

The concept of self-determination acknowledges that young people should be in control of their own lives and be encouraged to make decisions and learn from them. For some youth, this will be difficult and uncomfortable, as they have had little opportunity to make their own decisions. In these situations, choices can be presented and explored with the youth, while still allowing them to choose the direction.

Youth choice does not mean “Do whatever you want.” Instead, it means “Here are the options available that fit within the criteria of HF4Y, the pros and cons of each, what is recommended given your circumstances, etc. What do you think you would like to do and how can we help you get there?”

LIMITS OF CHOICE

When we use the language of “choice,” we understand that no individual has free and complete choice to do whatever they want; this would not be true for anyone in society. It is important to explain this and provide examples to young people so they are not misled in what is meant by choice. Young people should be supported in making choices in order to be able to learn from their mistakes.

Participation in a HF4Y program does come with two conditions:

1. Young people must agree to a weekly visit or contact with a caseworker.
2. If young people have an income source, they are expected to contribute up to 30% to the cost of rent.

Young people in the early stages of adolescence or who may be living with cognitive impairments (e.g., brain injury, developmental delays, and/or FASD), may find it difficult to make decisions on their own. In these cases, options and choices may need to be negotiated to guide young people to make decisions that are feasible and reasonable, both short- and long-term.





3. Positive youth development and wellness orientation

Within the established Housing First model, practice is not simply focused on meeting basic client needs but on supporting recovery. This is central to the Pathways model and [At Home/ Chez Soi](#). For youth, a recovery orientation is not only embedded in an understanding of child and youth development but must also account for the fact that many young people who wind up homeless have experienced trauma. Research consistently shows that a majority of street affected youth come from homes where there were high levels of physical, sexual, and emotional abuse, interpersonal violence and assault, parental neglect, and exposure to domestic violence, etc. (Gaetz & O’Grady, 2002; Karabanow, 2004; Rew et al., 2001; Tyler & Bersani, 2008; Van den Bree et al., 2009). Moreover, once on the streets, young people are often exposed to high levels of violence (Gaetz et al., 2010) and sexual exploitation. Such traumatic experiences can impair cognitive development, decision-making, and undermine the ability of young people to form attachments.

A recovery orientation focuses on individual wellness, which includes providing housing and minimal supports to build assets, confidence, health, and resilience of young people. This can be achieved by ensuring young people have opportunities to participate in a range of recreational, educational, occupational, and vocational activities. Some organizations deliver these supports through existing programs and services, while others rely on community partners to deliver these services in the areas ranging from education/employment, healthy sexuality, counselling, medical, and mental health.

The HF4Y model employs a “positive youth development” orientation, a strengths-based approach that focuses not just on risk and vulnerability but also youth’s assets. A positive youth development approach:

- Identifies the youth’s personal strengths in order to build self-esteem and a positive sense of self
- Works to improve the youth’s communication and problem-solving skills
- Enhances and builds natural supports, including family relationships
- Assists the youth in personal goal setting
- Helps the youth to access educational opportunities and identify personal interests.

Adopting a positive youth development approach has important implications for practice. The program model and case management supports must incorporate an understanding of

the physical, cognitive, emotional, and social needs of developing adolescents. It must build on the strengths, talents, and dreams of young people and work towards enhancing protective factors and resilience. Importantly, a positive youth development orientation means that young people may need to be supported for a number of years. The HF4Y program asserts that young people cannot be rushed to assume the responsibilities of an independent adult. Instead, supports should be made available for as long as it takes for the young person to develop the skills, confidence, and financial stability necessary to achieve independence.

TRAUMA-INFORMED CARE

Because many young people are exposed to traumatic events (e.g., physical, mental, emotional abuse, etc.) either prior to becoming homeless or once they are on the streets (e.g., exploitation and criminal victimization), a HF4Y program and organization must adopt a culture of trauma-informed care. The experience of trauma can impact cognitive development, decision-making, how people respond to stress, the regulation of aggression and anger, as well as motivation. A trauma-informed approach means that everything the HF4Y program or system does is based on an acknowledgement of the existence of trauma, and that recovery and support must be part of how we work with young people.

Trauma-informed care involves the implementation of principles, policies, and procedures to increase safety and prevent re-traumatization in the context of service access, but does not necessarily address experiences of trauma directly through treatment intervention (Kirst et al. 2017; Elliott et al. 2005; Fallot and Harris 2005). For example, organizations can apply a trauma-informed care approach by training staff on trauma and involving clients in decision-making with regards to treatment, services, and supports they identify in order to create a collaborative and safe environment for recovery. If one of our key goals for young people is wellness, then HF4Y supports must attend to helping young people recover through identifying the source of trauma, developing strategies for regulating emotions and controlling stress and anxiety, and helping young people feel they have control of their lives. Addressing trauma can take time, and in many cases, must precede active and ongoing participation in other program goals and activities such as education, employment, and social development.

The focus of HF4Y, then, is not merely a successful transition to independent living, but on supporting a healthy transition to adulthood. This means supports must also focus deeply on enhancing physical and emotional wellness and addressing personal safety.

Accommodation and supports must be designed and implemented in recognition of the developmental needs and challenges of youth, as well as foster and enable a transition to adulthood and wellness based on a positive strengths-based approach.

4. Individualized and client-driven supports with no time limits

A client-driven approach recognizes that young people are unique and so are their needs. Once housed, some young people will need few, if any, supports, while others will need supports for the rest of their lives. This could range from Intensive Case Management to Assertive Community Treatment, depending on the needs of the population being served and the resources available to the organization. Young people should be provided with “a range of treatment and support services that are voluntary, individualized, culturally-appropriate, portable, and on-going (e.g., in mental health, substance use, physical health, employment, education)” (Goering et al., 2012:12). Supports may address housing stability, mental and physical health needs, education, financial literacy, labour market attachment, and life skills.

ACTIVE ENGAGEMENT WITHOUT COERCION

It is important to remember that the central philosophy of Housing First is that people have access to the supports they need, as they choose. Acknowledging young people have choice does not mean that case management supports must be avoided. The notion of active engagement without coercion is an “assertive, though very importantly not aggressive way of working with Housing First users” (Pleace, 2016:34). In practice, this may look like:

- **Supports are flexible in terms of time frames.** Providing supports for one, two, or in more rare cases, up to three years, may be required, especially for young people under 18 and/or those who have experienced trauma or who have more complicated developmental, mental health, and disability challenges.
- **The needs of young people will evolve over time, so the nature and range of supports must be adaptable.** Individualized plans of care will need to take account of developmental changes, capabilities and capacities, maturity and level of independence, and they should be updated regularly in consultation with young people.
- **What the worker thinks and the young person needs or wants are not always the same thing.** Caseworkers should use Motivational Interviewing techniques and the Stages of Change model when working with young people to explore key life domains and set goals.

- **It may take a long time to build a trusting relationship with a young person, but very little will be accomplished without it.** This can take on a variety of forms, such as sitting with a young person or listening to them talk about their life. These investments of time will not only build trust but also create a sense of safety for them to think about what they want to achieve in their life.
- **Young people should be encouraged to focus on positive change and be given opportunities to learn from their mistakes.** Providing them with a clear understanding that making mistakes are a part of all our lives and the consequence is not discharge from the program.
- **Use a harm reduction approach when dealing with substance use and addictions.** This includes having honest and frank conversations about the possible affects that substances may have on one's life.
- **Young people experiencing trauma or challenging conditions may find it difficult to engage with programming and/or supports.** Caseworkers must be patient, supportive, and relentless in their pursuit to help young people. In these moments, case management activities are even more important, as every interaction with a young person is a new opportunity to build important life skills and help them along their journey to well-being.

5. Social inclusion and community integration

Many young people who are homeless or unstably housed experience social exclusion – a term that describes the circumstances and experiences of persons who are shut out, fully or partially, from many of the social, economic, political, and cultural institutions and practices of society. If youth are housed and become or remain socially isolated, the stability of their housing may be compromised.

The HF4Y model is intended to promote social inclusion by helping young people build upon their strengths, skills, and relationships to enable them to fully integrate in their community and engage with school and the labour market. This means creating supportive opportunities for social engagement that are designed to help young people explore hobbies, personal interests, and participate in other meaningful activities. Within a HF4Y context, this can be particularly difficult and challenging work.

Key areas include:

- **Housing models that do not stigmatize or isolate youth:** The housing needs of young people will evolve over time. Those who work with youth experiencing homelessness regularly remark that loneliness and isolation – particularly for younger teens – are constant concerns that can affect successful reintegration in their community.
- **Opportunities for social, cultural, and spiritual engagement:** These are intended to develop positive social relationships and enhance social inclusion, particularly for Indigenous, racialized, LGBTQ2S, newcomer youth, and other communities and identity groups that may experience enhanced social isolation or exclusion.
- **Proactively seeking out natural supports:** From intake through to program delivery, caseworkers should proactively help youth identify their support network, including any relationships they wish to build or repair with family members, however defined.³ This is an ongoing process that needs to be directed by the goals and desires of the young person. Though many young people leave home because of family conflict, their family and community supports will continue to be important as they progress into adolescence and adulthood. Emphasis should be placed on helping young people repair relationships and establish comfortable boundaries with family members in order to build a network of support they can rely on throughout their life.

3. We say this acknowledging that there is no single type of family structure, and that even those young people who have left home because of adverse childhood experiences may have strong and healthy relations with some family members.

- **Opportunities for engagement in meaningful activities** through education, employment, vocational, spiritual, cultural, and recreational activities.
- **Connections to relevant professional supports:** At intake, asking youth about their professional supports (e.g., doctor, dentist, therapist, social worker, etc.) they have in place or have a desire to be (re)connected to is important. When family and other natural supports are strained or non-existent, many young people will benefit from a positive relationship with a professional, one that will remain a support beyond their time in the program, and someone who may be able to act as bridge to strengthen familial relations at some point in the future.