Housing First

Understanding How Housing First Can Help to End Homelessness in Hamilton

Canadian Homelessness Research Network

Part 1

Setting the Stage

Part 1a

State of Homelessness in Canada: 2013

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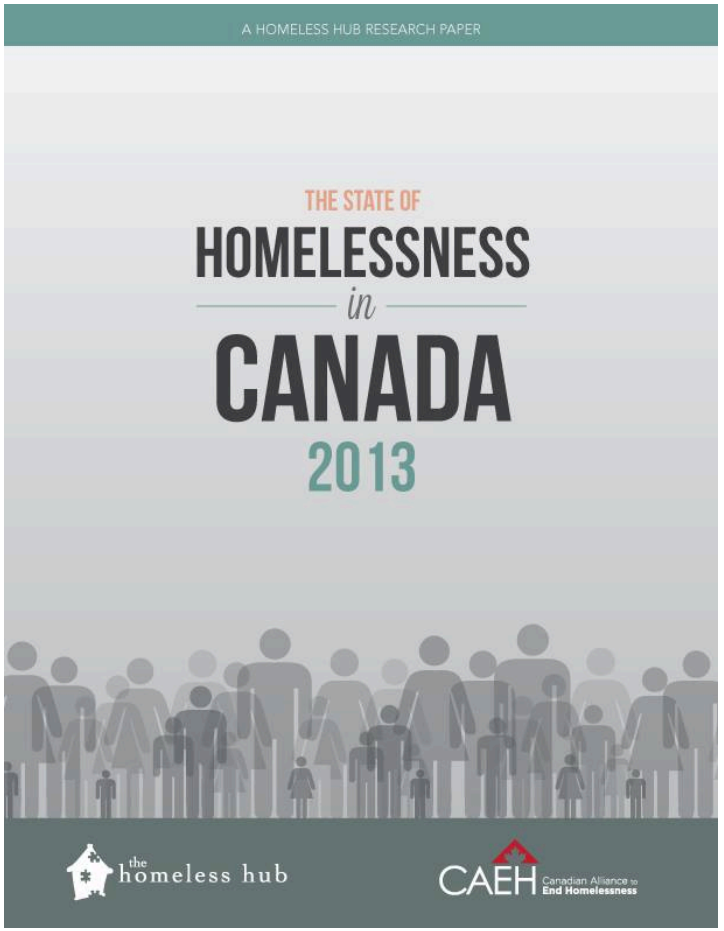
Canada's first national report card on homelessness was released on June 19th 2013 by the Canadian Homelessness Research Network and the Canadian Alliance to End Homelessness.



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Part 1b

The Real Cost of Homelessness

What Do We Know About Costs?

What Do We Know About Costs?

Part 2

What Is Housing First?

Part 2a

History

History of Housing First

- The roots of Housing First in Canada go back to at least the 1970s.
- At that time, Houselink, in Toronto, developed an approach to working with people with mental health and/or addictions issues where the provision of housing was considered a priority.

History of Housing First

The term ‘Housing First’ originated in Los Angeles with the “Beyond Shelter” program but was popularized through Sam Tsemberis’ work with Pathways to Housing in NYC, which was established in 1992.

History of Housing First

According to Pathways to Housing, “The Housing First model is simple: provide housing first, and then combine that housing with supportive treatment services in the areas of mental and physical health, substance abuse, education, and employment.”

History of Housing First

Pathways, as a model, informed many future developments in Housing First.

- Targets homeless people with mental health and addictions issues.
- Stemmed from realization that for people struggling with these issues, prolonged experiences of homelessness made matters worse.
- Clients are identified through two intake streams; either through street outreach or discharge planning from hospitals.

History of Housing First

- Clients discuss the type of housing they want (and where) and the type of supports they will need.
- Working with private landlords and using a scattered site model, clients are offered accommodation.

The importance of choice is emphasized in this quote by Sam Tsembaris:

> "It is not specialized housing, it is ordinary housing. What makes it different and what makes it effective is that people are also provided with lots of good services […] For people who have spent years excluded, in group homes, hospitals, jails, shelters, and other large public service settings, having a place of their own, their own home, has a huge appeal."

History of Housing First

- Clients are provided with rental supplements, with the goal being that they pay no more than 30% of their income on rent.
- Basic furnishings and supplies are provided, in order to help the person get set up.
- The only conditions to participation are that people be willing to participate in a money management program whereby their rent is paid directly to a landlord and that they agree to at least two staff visits per month.
- Many clients are provided with intensive case management to help them get established, and many receive support from Assertive Community Treatment (ACT) teams on a weekly basis. The team typically includes a nurse, psychiatrist, addictions specialist, employment counselor and a peer.

Part 2b

Defining Housing First

Definition of Housing First

‘Housing First’ is an approach to ending homelessness that centers on quickly providing homeless people with housing and **then** providing additional services as needed.

Housing First as Philosophy

- **A guiding principle** for an organization or community that prioritizes getting people into housing with supports to follow.
- The belief that **all people deserve housing**, and that people who are homeless will do better and recover more effectively if they are first provided with housing.
- It can underlie the work that an agency does, or that of a whole community. It can inform how outreach is conducted, or the mandate of an emergency shelter.
- It can become a foundational philosophy that underlies integrated systems approaches to ending homeless, including ‘ten-year plans’ and ‘systems of care’, where every service and program element is guided by the principles of the model, and all the different parts of the system work towards that goal.

Housing First as Program

- As a program can take many different forms. A HF program is an operationalized service or set of activities provided by an agency or government body directed towards the goal of Housing First. As Housing First grows in popularity it is applied in new ways and in different contexts, resulting in a broad range of program models.

- While some programs are designed specifically to meet the needs of people with acute mental health or addictions problems, others focus more broadly on anyone who is homeless. Could reflect need of clients (i.e. those without serious mental health/addictions challenges) or it may reflect differences in the availability of mainstream services and supports.

- Different program models may offer different kinds of supports (for instance, not all programs provide rent supplements), and for different lengths of time.

- Some programs follow the Pathways model and offer intensive supports to address mental health/addictions needs whereas others offer less supports. This has been called “Housing First Light” or in Europe “Housing Led”.

- Kind of housing available may also differ substantially between programs (i.e. private-sector, scattered site versus social housing projects of shared accommodation blocks or congregate models of housing).

Principles of Housing First

The basic underlying principle of Housing First is that people are better able to move forward with their lives if they are first housed. This is as true for homeless people and those with mental health and addictions issues as it is for anyone.

Principles of Housing First

Immediate access to permanent housing with no housing readiness requirements. Housing First involves providing clients with assistance in finding and obtaining safe, secure and permanent housing as quickly as possible. Key to the Housing First philosophy is that individuals and families are not required to first demonstrate that they are 'ready' for housing. Housing is not conditional on sobriety or abstinence. Program participation is also voluntary.

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

Principles of Housing First

Consumer choice and self-determination. Housing First is a rights-based, client-centred approach that emphasizes client choice in terms of housing and supports.

- Housing - Clients are able to exercise some choice regarding the location and type of housing they receive (e.g. neighbourhood, congregate setting, scattered site, etc.). Choice may be constrained by local availability and affordability.
- Supports – Clients have choices in terms of what services they receive, and when to start using services.

Principles of Housing First

Recovery orientation. Housing First practice is not simply focused on meeting basic client needs, but on supporting recovery. A recovery orientation focuses on individual well-being, and ensures that clients have access to a range of supports that enable them to nurture and maintain social, recreational, educational, occupational and vocational activities.

For those with addictions challenges, a recovery orientation also means access to 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.

Principles of Housing First

Individualized and client-driven supports. A client-driven approach recognizes that individuals are unique, and so are their needs. Once housed, some people will need minimum supports while other people will need supports for the rest of their lives (this could range from case management to assertive community treatment). Individuals should be provided with "a range of treatment and support services that are voluntary, individualized, culturally-appropriate, and portable (e.g. in mental health, substance use, physical health, employment, education)" (Goering et al., 2012:12). Supports may address housing stability, health and mental health needs, and life skills.

- Income supports and rent supplements are often an important part of providing client-driven supports. If clients do not have the necessary income to support their housing, their tenancy, health and well-being may be at risk. Rent supplements should ensure that individuals do not pay more than 30% of their income on rent.
- It is important to remember that a central philosophy of Housing First is that people have access to the supports they need, if they choose. Access to housing is not conditional upon accepting a particular kind of service.

Principles of Housing First

Social and community integration. Part of the Housing First strategy is to help people integrate into their community and this requires socially supportive engagement and the opportunity to participate in meaningful activities. If people are housed and become or remain socially isolated, the stability of their housing may be compromised. Key features of social and community integration include:

- Separation of housing and supports (except in the case of supportive housing)
- Housing models that do not stigmatize or isolate clients. This is one reason why scattered site approaches are preferred.
- Opportunities for social and cultural engagement are supported through employment, vocational and recreational activities.

Principles of Housing First

While all Housing First programs ideally share these critical elements, there is considerable variation in how the model is applied, based on population served, resource availability, and other factors related to the local context. There is no 'one size fits all' approach to Housing First.

A good example . . .

- Funded by the Mental Health Commission of Canada (MHCC)
- Solidified Housing First as a paradigm-shifting approach to homelessness in Canada.
- Government of Canada provided $110 million for the pilot project, which is a significant single investment that highlights the degree to which Housing First is emerging as a priority.

The projects in Moncton, Montreal, Toronto, Winnipeg and Vancouver were designed to enhance understanding of the opportunities and challenges to implementation when working with specific sub-populations, including Aboriginal people, newcomers, youth, etc.

- The study used a randomized trial design in which individuals could choose between the Housing First option or ‘treatment as usual’.

- 2,149 people participated in the study

- 81.5% of those were absolutely homeless at the time (the rest were precariously housed).

The funding prioritized research and evaluation, so that At Home/Chez Soi has emerged as the world's largest and most in-depth evidence-based exploration of the effectiveness of Housing First.

Housing Stability:

- Over 900 individuals from our shelters and on our streets who have not been well served by our current approach are now housed in adequate, affordable and suitable settings.
- 86% of participants remain in their first or second unit (as of August 2012).
- At 12 months those in the Housing First intervention had spent an average of 73% of their time in stable housing.
- In contrast, those in treatment as usual (TAU) spend only 30% of their time in stable housing.

- Goering et al., 2012:6

Reduction in Service Usage (Housing First vs TAU group):

- 7,497 fewer nights in institutions (largely residential addiction treatment).
- 42,078 fewer nights in shelters.
- 6,904 fewer nights in transitional housing or group homes.
- 732 fewer emergency department visits.
- 460 fewer police detentions.
- 1,260 fewer outpatient visits.
- 34,178 fewer drop-in centre visits.

Event - Home/Chez Soi in Toronto: Lessons Learned in Service Provision

- **At Home/Chez Soi Research Demonstration Project**

- **Friday, 29 November 2013 from 10:00 AM to 3:00 PM**
  - **Registration deadline is Nov 15th**

- Do you work in the area of housing, homelessness, or mental health? Are you interested in learning more about the future of Housing First and the experiences of service providers in the At Home/Chez Soi project here in Toronto? Then join us for a free & interactive full-day workshop

- Agenda - -
  - 10 am: Introduction & Panel Presentation
  - 12 pm: Free lunch provided
  - 1 pm: Breakout session
  - 2 pm: Q+A & Wrap-Up

Part 3

Successes

Housing First

Does It Work?

Housing First

HPS Commitment

Federal Economic Action Plan 2013

- Provides for five years of renewed funding for the homelessness partnering strategy (HPS)
- A strong emphasis on “housing-first”
- $119 million per year for five years
- Increases the funding cycle of HPS from three to five years
- Addressing homelessness will now include more direction by the federal government
- Approx. 60 communities across the country are supported by HPS funds
- 80% of the funding goes to Canada’s 10 biggest cities

Housing First
Does It Work?

Housing First has a positive impact on housing stability.

- Many studies have found that people who participate in Housing First programs, even those with high needs and/or who are chronically homeless, generally tend to remain housed after a year (though they may move from one house to another).
  - Tsembaris and Eisenberg (2000) demonstrated that 90% of the people involved in the Pathways program remained housed after five years.
  - In Toronto, a review of Streets to Homes showed that 87% of program participants remained housed (City of Toronto, 2009).

Housing First
Does It Work?

Housing First reduces unnecessary emergency visits and hospitalizations.

- Homelessness produces a range of worsening health outcomes and leads to lengthy and costly increases in hospitalization and emergency room visits.
- Decrease in use of emergency and inpatient services is accompanied by increases in use of community outpatient services that are better able to meet client needs and prevent unnecessary or lengthy hospitalizations.
- Frees up necessary health care resources of others who need them.

Housing First
Does It Work?

Housing First improves health, mental health and addictions symptoms

- Homelessness can exacerbate mental health and addictions issues.
- Housing First reduces the risk of assault and trauma
- Helps to stabilize individuals with such problems.
- HF reduces the need to access services in an emergency
- HF enhances the possibility of more effective health care case management and continuity of care.

Housing First
Does It Work?

Housing First reduces involvement with police and criminal justice

- There is a clear relationship between homelessness, involvement with the police.
- Housing stability may decrease criminal involvement.
- It certainly reduces the likelihood of street-based interactions between people who are homeless and the police.

Housing First
Does It Work?

Housing First improves quality of life

- Improvements in health outcomes (including enhanced food security)
- Key goal of Housing First is to enhance social and community engagement.
- Research demonstrates improvements in community integration for most individuals, but for significant minority, the adaptation to housing can also incur challenges that can complicate integration process (shelter dependency).

Part 4

Housing First book

the homeless hub

Housing First in Canada: Supporting Communities to End Homelessness

- Housing First framework
- 8 Case Studies
- Essential Lessons for Planning and Implementation

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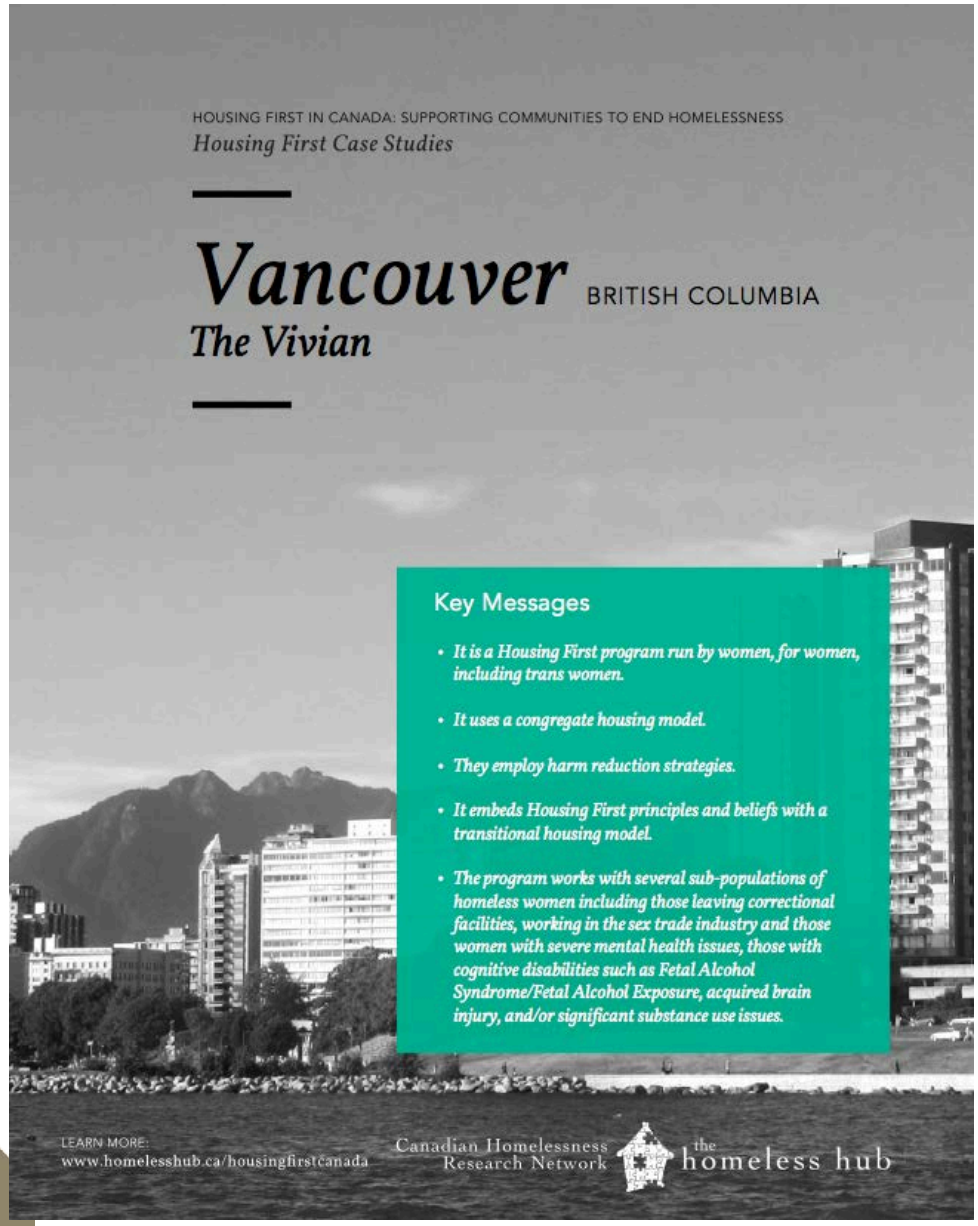
Part 5

The Vivian

The Vivian – Case Study



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The Vivian – Case Study

- The Vivian: a harm reduction based, minimal barrier housing provider for women in Vancouver's Downtown East Side (DTES).
- Started because Leslie Remund, manager of Triage Shelter, the local co-ed shelter for people experiencing homelessness, noticed that men were staying up to 30 days in the shelter and connecting with other services that supported them in transitioning out of homelessness. Women, however, were continually falling through the cracks; they did not stay as long at the shelter and were not getting connected to support services.
- Part of the problem was a lack of transitional housing that provided a community of care for women and a lack of appropriate supports available to address the unique problems the women of the DTES faced.

The Vivian – Case Study

- The central concept shared with community members in Vancouver was that women in the DTES were chronically under-served but could be housed, given the right opportunities and support.
- It was also important to educate the community about the broader social benefits of supporting vulnerable women rather than ignoring them.
  - The Vivian's staff members recognized that sex work, drug use and chaotic behaviours were often survival strategies and by not supporting women in the situations that called for these survival strategies, problems were far more likely to arise.

The Vivian – Case Study

- Vivian staff connected with neighbours by holding community meetings to discuss concerns and develop solutions.
- Community members learned that by providing a safe place for women to address their needs and situations, many common concerns would also be addressed; drug paraphernalia left on the streets would reduce and the sex trade was less likely to occur outside their doors.
- The Vivian developed a “Good Neighbour Policy” that requires all residents to sign a Neighbouring Agreement. The terms of this agreement were negotiated with neighbours in order to ensure that women staying at The Vivian were committed to maintaining good relationships with the community.

The Vivian – Case Study

- Extensive planning included identifying a philosophy of practice that was relational-based and client-centered.
- An old Single Room Occupancy (SRO) hotel with 24 rooms was purchased with the funding and was renovated to create an open concept space.
  - The building was intentionally small in order to create a welcoming, personable and trusting environment for the women.
- High staffing levels were important to ensure that the women would feel safe and supported at all times. A minimum of two female staff would be available 24 hours per day. These support workers manage a caseload and coordinate services with a variety of partners depending upon the individual resident's needs. They also provide on-site safety and security.

The Vivian – Case Study

Chosen staff would be required to demonstrate understanding and tolerance of the issues faced by the women in the program.

"Vivian staff members do not blame women for the choices they have been forced to make, rather they hold society and the hegemonic system of privilege and oppression, which continues to exist in a very pervasive form, accountable for the abuses and injustices suffered by Aboriginal women, women of colour, women living in extreme poverty and trans women in our culture. The women who come to the Vivian are the victims of colonization, sexism and oppression which have played out in residential schools, foster care and the criminal justice system. Many of the Vivian clients are Aboriginal women who have experienced first-hand the violence and trauma wrought by the colonial enterprise."

(Wave Consulting, 2010, p.2)

The Vivian – Case Study

The Vivian is based on the following principles:

- It is the fundamental belief of The Vivian program and the RainCity organization that the first step to stability and improved health is appropriate, safe housing.
- The program has adopted a philosophy that does not require prospective tenants to achieve a predetermined measure of “housing readiness” before moving in.
- The program is essentially a harm reduction approach in that its first goal is to provide a safe refuge that helps mitigate the effects of living a high-risk street lifestyle. There is no abstinence required in order to access housing, although women are supported to address addictions issues if they choose.

The Vivian – Case Study

Women in the Vivian program are supported to:

- Set and work towards attaining goals
- Access harm reduction supplies and information
- Self-advocate
- Access safe, stable housing
- Have opportunities to improve their overall health

The Vivian – Case Study

Eligibility

The Vivian works to support the most vulnerable and hard-to-house women in the community. The minimum age is 19 and the average age is 38. Primary consideration is given to:

- Women who have a long history homelessness and/or an inability to sustain housing
- Women who work in the sex trade
- Women who use drugs
- Women who are particularly vulnerable to violence and exploitation and/or have a history of violence themselves
- Women who have multiple barriers to housing such as mental illness, physical health issues, experience of transphobia and trauma
- Women who exhibit behaviours that result in their being hard to house
- Women who have been marginalized by systemic oppression

The Vivian – Case Study

The Vivian maintains a database of client information in order to:

- Provide workers with a tool to document their work (in accordance with the requirements of the health records legislation);
- Assist all workers in using a client-centered, goal-oriented approach to working with clients;
- Ensure maximum continuity of care information between Vivian workers and other service providers;
- Note patterns that might suggest the need for other services or approaches;
- Provide statistics about the program for the on-going development and accountability of the RainCity organization; and
- Provide statistics for the development of new RainCity programs.

The Vivian – Case Study

Since the program opened in 2004, 124 women have been resident at The Vivian. From April 2009 – March 2013, 31 women have moved into The Vivian while 29 have moved out. Of those who have been discharged from the program:

- 45% of residents were homeless or living on the streets when they entered the program however no residents were discharged to the streets. 10% were discharged to live with relatives or friends.
- 3% of residents came from subsidized housing while 28% were discharged to subsidized housing.
- 6% of residents were living in supported housing at entry while 24% were discharged to supportive housing.
- 20% of residents were living in shelters before entering the program and 17% were discharged to shelters.
- 20% came from unsupported SROs while 4% were discharged to SROs.
- 6% of residents came from tertiary care and hospitals while 16% were discharged to such facilities (including 6% discharged to drug and alcohol treatment).

The Vivian – Case Study

Reason for leaving the program:

- 50% of residents were discharged to a decreased level of care.
- 24% of residents were discharged to an increased level of care.
- 17% or residents were evicted.
- 6% of residents were discharged to hospital.
- 3% of residents were discharged to the same level of care.

The Vivian – Case Study

Length of Stay:

- 21% of residents stayed less than 6 months.
- 18% of residents stayed 7-12 months.
- 34% of residents stayed 13-24 months.
- 3% of residents stayed 25-36 months.
- 10% of residents stayed 37-48 months.
- 6% of residents stayed 49-60 months.
- 6% of residents stayed 61-72 months.

Useful Video Links

Home Is Where It Starts (City of Toronto)
https://www.youtube.com/watch?v=XZC6hZ4QzJQ&feature+youtube_gdata_player

Framing Housing First (Calgary Homeless Foundation)
http://vimeo.com/61351160

Sam Tsemberis (TEDxMosesBrownSchool)
http://www.youtube.com/watch?v=HsFHV-McdPo&feature=youtube_gdata_player

Questions?

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