

Evaluation of the Housing Support Worker Initiative –

BACKGROUND DOCUMENTS

05/03/2014

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This document contains the background reports from an evaluation of the Housing Support Worker Initiative conducted between April and December 2013.

METHODOLOGY

The method used for this evaluation included both primary and secondary research to collect qualitative and quantitative data.

INTERNAL DOCUMENT REVIEW

Background documentation was reviewed to provide the context for the evaluation. Documents for the review were provided by the client. These documents included:

- Existing reports
- Intake forms and other questionnaires used to gather information about clients with all identifiers removed
- Housing Support Worker job descriptions
- Financial information including in-kind supports

Analysis of internal documents was also used to produce a demographic profile of clients. As part of the administration of the Housing Support Worker Initiative, housing support workers complete interviews with clients at regular intervals; intake, six months, 12 months and two years. For this evaluation, data collected from clients during intake and subsequent interviews between 2012 and 2013 was entered to provide a demographic snapshot of clients who accessed the program. It was not possible to use the follow-up interviews to determine trends and outcomes because the sample was too small to be able to analyze data for each interview period. For that reason only the data from intake interviews has been included in the analysis below. Note however that this data is limited to the intake forms and primary data provided to the evaluators and does not necessarily reflect total intake for this time period.

This data analysis presented challenges both in terms of data entry and analysis. At this time, each agency has its own process to collect and use this data. Limited data was available in electronic formats. The majority of the participant interview data is collected and stored in paper files, which makes the data challenging to access and analyze. Also, not all agencies collect the same data. This is important to note when looking at the responses below as not all data would have been available for all individuals. It is also possible that some individuals have been counted more than once. This would be possible in situations where individuals accessed services at more than one of the participating agencies and if multiple copies of the same intake form were submitted in error.

Due to the small number of intake forms included from some agencies and the inclusion of potentially identifying information, data is only presented at the Initiative level. This data does not include clients from Tawaak Housing or the Mi'kmaq Friendship Centre as it was unavailable or incompatible with the time period covered by this analysis. Additionally, data on self-assessed quality of life measures is not included in the analysis below although it is appended for reference. Data on quality of life measures were only collected by three agencies and, in some cases, only available for 32 individuals. The value of this type of data is limited for a number of reasons. First, it would need to be collected at multiple points in time so that any changes could be observed at the individual level. At this point, there is not enough longitudinal data to allow for that type of analysis. Second, satisfaction measures are not particularly reliable because they relate more to an individual's expectations than to any sort of standard

quality of life indicator¹. This is an especially critical concern for such a marginalized population whose expectations would be very low, both in regards to the needs that they have and the way that their needs have been and could be met given their life experiences. Satisfaction surveys provide little evidence of whether a service is actually responding to the needs of the individuals in concern. Given the small number of responses, the inability at this stage to measure change over time, and the challenges interpreting responses to the questions, this data has been excluded.

LITERATURE REVIEW

The HSW initiative is described as one that is driven by a Housing First philosophy. Therefore, a literature review was conducted to better understand the principles behind a Housing First approach and to identify best practices related to housing services and supports. The review sought to answer the following questions:

- How is Housing First defined across jurisdictions?
 - What is the research supporting the use of a Housing First approach?
- What best practices have been identified for providing housing services and supports for individuals who are homeless or at risk of being homeless?
 - What strategies have been identified as best practices for working with specific demographic groups?

This review was used to support findings and recommendations. The complete literature review report is appended.

STAKEHOLDER QUESTIONNAIRE

A short questionnaire was used to gather quantitative and qualitative information from participating agencies, housing support workers, other service providers and key stakeholders. Questionnaires were completed online during August and September 2013. The list of individuals who received the questionnaire was developed based on information provided by the participating agencies and HSWs. 69 individuals were sent the link to the online questionnaire. A total of 37 responses were received.

It is important to note when looking at the responses to each question that not all individuals may have responded to all questions, therefore the total number of responses varies. For open ended questions, key themes are identified and supported by specific comments where possible. Where specific comments are included identifying details may have been removed. This data was used to support findings and recommendations. Please note that the responses are not differentiated but are all labeled stakeholder. There were two few numbers in each category

¹For more on this see Sitzia, J. & Wood, N. (1997). Patient satisfaction: A review of issues and concepts. *Social Science & Medicine* 45(12), 1829-1843 and van Teijlingen, E.R., Hundley, V., Rennie, A.M., Graham, W. & Fitzmaurice, A. (2003). Maternity satisfaction studies and their limitations: What is must still be best. *Birth* 30(2), 75-82.

to break down the categories to provide data just for staff, versus stakeholders. All are considered stakeholders. The complete stakeholder questionnaire report is appended.

STAFF, PARTICIPANT AND STAKEHOLDER INTERVIEWS

A total of 12 staff from all of the participating agencies, including Housing Support Workers, were interviewed to gather qualitative data. Interviews were completed by phone and in-person. Notes were taken, but the interviews were not audio-recorded.

In addition to the staff interviews and to supplement the data collected via the questionnaire, four stakeholders representing different sectors were also interviewed by phone.

A total of 20 service users were interviewed. Each agency was asked to provide a purposeful sample of service users representing a range of experiences and demographic profiles. All selected service users completed a short pre-questionnaire. Interviewees were selected by the consultants based on questionnaire results. All service users who completed the pre-questionnaire and / or interview received an honorarium (eg. a \$20 gift card for groceries). Interviews were completed in-person or by phone depending on the preferences and availability of clients. All interviews were designed to provide a more fulsome understanding of the strengths, successes, opportunities and learning to date from the initiative. Throughout this report findings are supported by specific comments.

Where specific comments are included identifying details may have been removed. Comments are either as participant, meaning somebody who received service from an or as a stakeholder, which could include a staff or external partner.

MOST SIGNIFICANT CHANGE STORIES

“Significant change” stories were collected through the in-depth interviews with staff and clients. These were revised to remove certain identifying details and then used as the subject of a facilitated session with the HSW network, which included representatives from each agency and HSWs themselves. Through reading and reflection the Most Significant Change² stories were selected. These are incorporated throughout the report.

LOGIC MODEL

The logic model below was developed based on a half-day facilitated session with agencies engaged in the initiative and the Housing Support Workers. The logic model is meant to show how the Housing Support Worker Initiative intends to contribute to positive change. It provides a map of how the Initiative is understood to work and provided a framework for developing questions for the evaluation.

² More information about Most Significant Change stories can be found at <http://www.mande.co.uk/docs/MSCGuide.pdf>

What are you doing? (Activities)

- Administration (reporting, intake, meetings)
- Working with clients (developing life skills, crisis management, aftercare and maintenance)
- Coordination (with other internal programs, with outside agencies, with landlords and property managers, advocacy and addressing issues)

What are you trying to accomplish? (Objectives)

- To provide non-judgemental face-to-face support
- To use expertise to assist clients in navigating the system of available services and supports and addressing systemic issues
- To meet clients' rights to safe and secure housing

What can we measure? What can we see? (Outputs)

- Clients' self-assessed improvement in quality of life
- Clients' self-assessed increased sense of community
- Clients' self-assessed increased sense of hope
- Reduction in clients use of emergency health services
- Increase in clients' access to a family doctor
- Clients' self-assessed increased health
- Clients' achievement of stated goals
- Clients' increased independent living skills
- Total # of individuals housed
- Increased efficiency and ease of referrals
- Clients' increased length of stay in a dwelling
- Decreased client contact with the criminal justice system
- Clients make connections with education programs
- Reduction in clients' drug / alcohol use
- Clients paying bills
- Clients' increased access to family / family reunification

What are the immediate changes? (Short Term Outcomes)

- Strong partnerships exist across agencies / services resulting in increased trust, increased coordination and increased efficiency
- Increased stability in the lives of clients
- Increased expertise and a shared knowledge based among Housing Support Workers and partnering agencies resulting in increased accountability and greater consistency of service

What are the ultimate changes? (Long Term Outcomes)

- Increase in the number of individuals safely and securely housed in HRM
- Increased awareness among government, service providers and general public of the reality of homelessness and systemic issues
- Changes in practice and policy to better meet the needs of those experiencing or at risk of experiencing homelessness
- Decreased burden on the emergency shelter system



Risks

- Increases in rent
- Insufficient Income Assistance rates
- Stigma around homelessness, addiction, and mental health which has a negative impact on housing options
- Limited resources (internal)
- Long wait lists for required services and supports



Assumptions

- Housing is a right
- Some people need support
- The system of available services and supports is difficult to navigate

EVALUATION QUESTIONS

This evaluation was designed to address the following key questions:

- What has worked well in terms of the implementation, process, and activities undertaken to date? What could be improved?
- How successful has the initiative been in contributing to the achievement of the stated outputs / outcomes?

DEMOGRAPHIC PROFILE OF CLIENTS

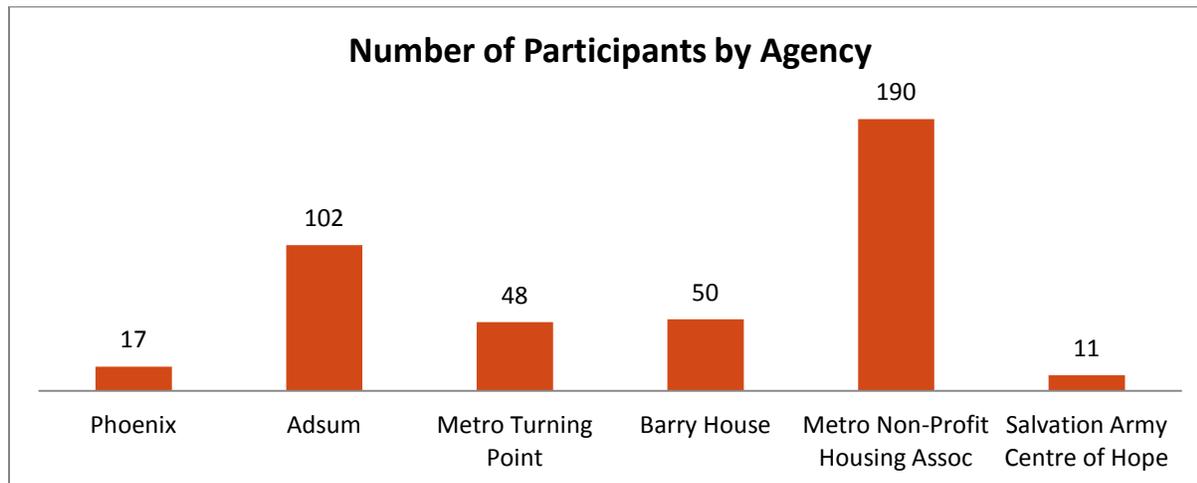
Data for inclusion in this analysis was provided by the participating agencies. This profile is based on data collected from clients during intake between 2012 and 2013. It does not include the total number of program intakes to date, only the primary client files provided to the evaluators at the time of the evaluation. A previous report prepared by the HSW Initiative agencies indicated HSW's had helped 591 men, women, youth and children into secure stable housing, but had served 1170 individuals between April 1st, 2012 and March 31st, 2013. To put these numbers in some context: there were 1,860 individuals who stayed in shelters in HRM in 2012.³

The data in this evaluation also does not include intake data for clients from Tawaak Housing or the Mi'kmaq Friendship Centre as it was unavailable or incompatible with the time period covered by this analysis. In the report prepared by the HSW agencies, the Mi'kmaq Friendship centre reported serving 138 clients with 89 clients supported to find secure and stable housing. In the same report, Tawaak Housing reported serving 212 people and 80 clients to find secure and stable housing.

CLIENTS BY AGENCY

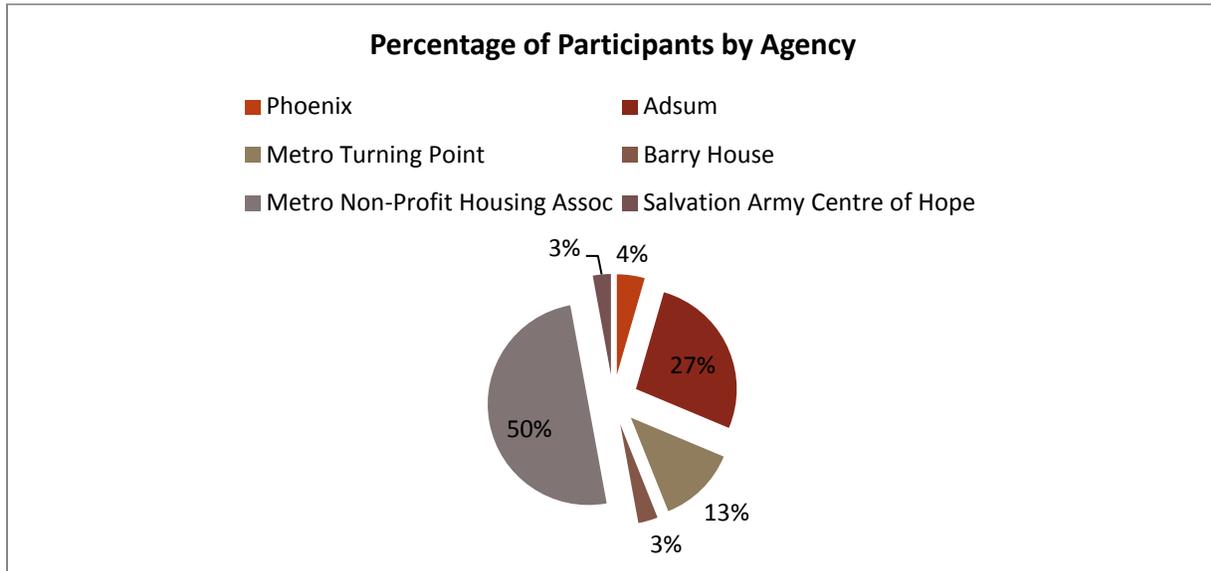
For the purpose of this evaluation, intake data was provided for a total of 418 individuals. Not all data is available for all clients so totals vary across each question.

Figure 1 Client intake interview data



³ The Affordable Housing Association of Nova Scotia, 2013 Report on Housing and Homelessness in HRM (AHANS, November 2013). <http://www.ahans.ca/2013ReportHousingHomelessnessHRM.pdf>

Figure 2 Client intake interview data



CLIENTS BY ETHNICITY

Information on ethnicity was provided for 129 individuals. The majority of clients identified themselves as Caucasian. In the 2006 Census, 4% of Haligonians identified as African Nova Scotian and just over 1% as Aboriginal. These populations have been found, however, to be significantly over-represented in the homeless population. For example, in 2011, each population accounted for 15% of the sample interviewed for the Health and Homelessness in Halifax report.⁴ Based on the intake data used to complete this profile, individuals identifying as Aboriginal make up 8% of HSWs clients and individuals identifying as African Canadian make up 9%. It is also important to note that this data does not include clients of the two organizations working specifically with Aboriginal populations.

⁴ Nova Scotia Housing and Homelessness Network, Health and Homelessness in Halifax (NSHHN, 2012). www.nshousingnetwork.org/HEALTH_REPORT_2012.pdf

Figure 3 Client intake interview data

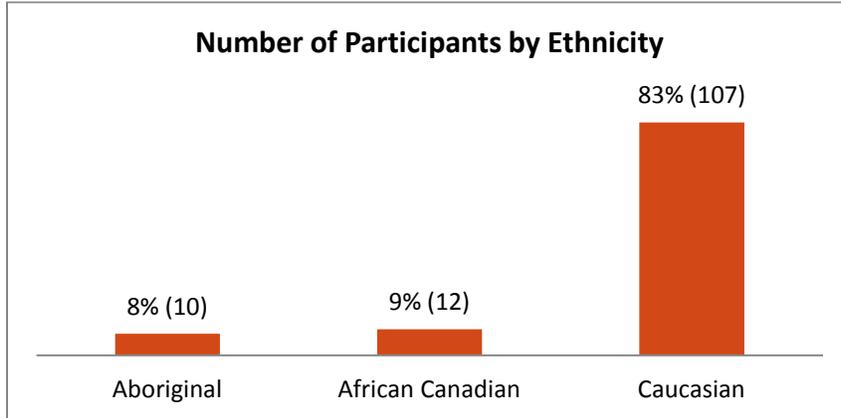
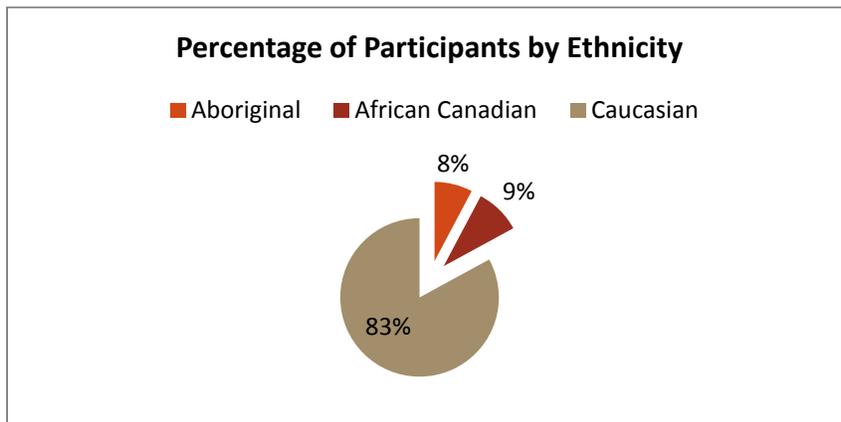


Figure 4 Client intake interview data



CLIENTS BY AGE

Age group data was available for 359 individuals. Clients are fairly evenly divided across all age groups. Almost all clients are between the ages of 20 and 54 years. Clients range in age from 17 years to 79 years. In Canada, almost half of the homeless population are males between the ages of 25 and 55 and youth (between 16 and 25) make up about 20% of the homelessness population (Gaetz, Donaldson, Richter, & Gulliver, 2013). Persons 65 and older have been found to comprise just over 1.7 percent of shelter users.

Figure 5 Client intake interview data

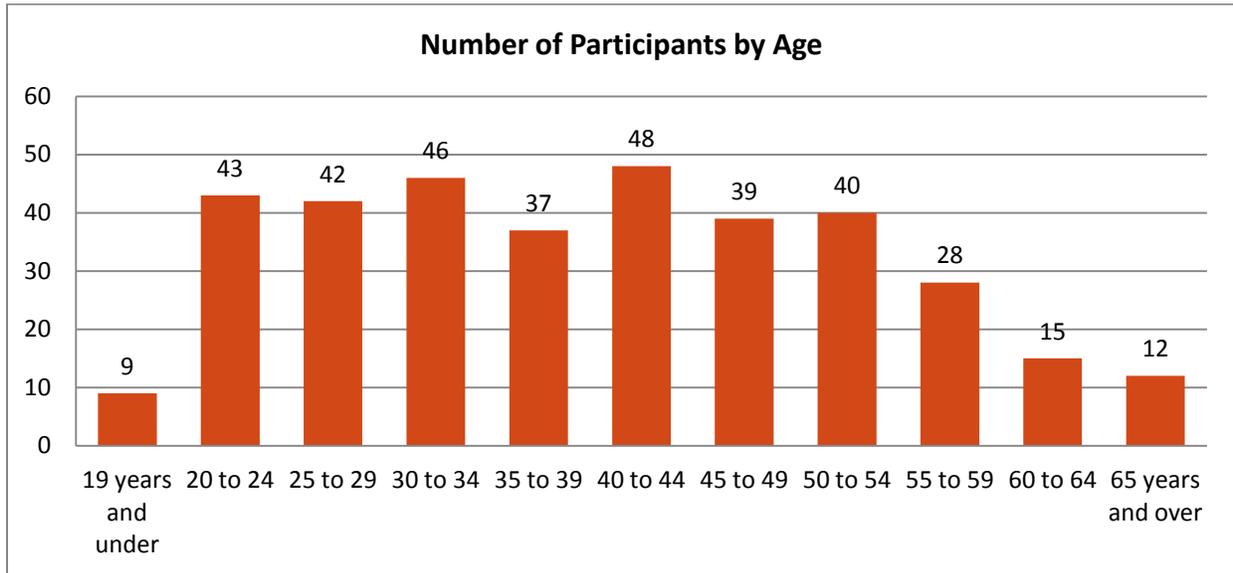
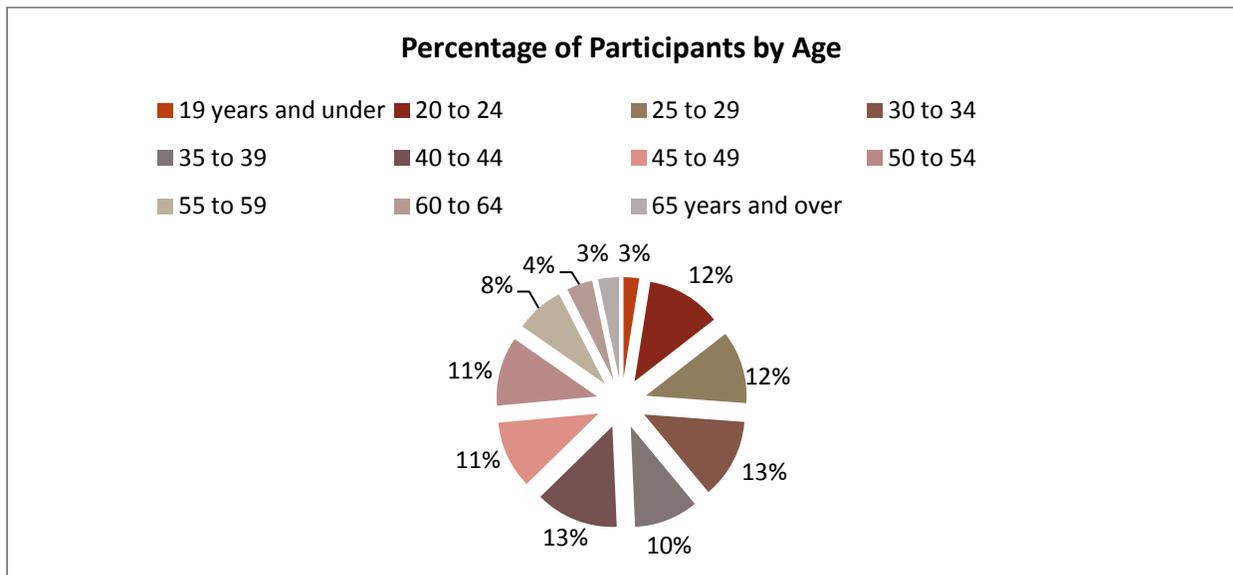


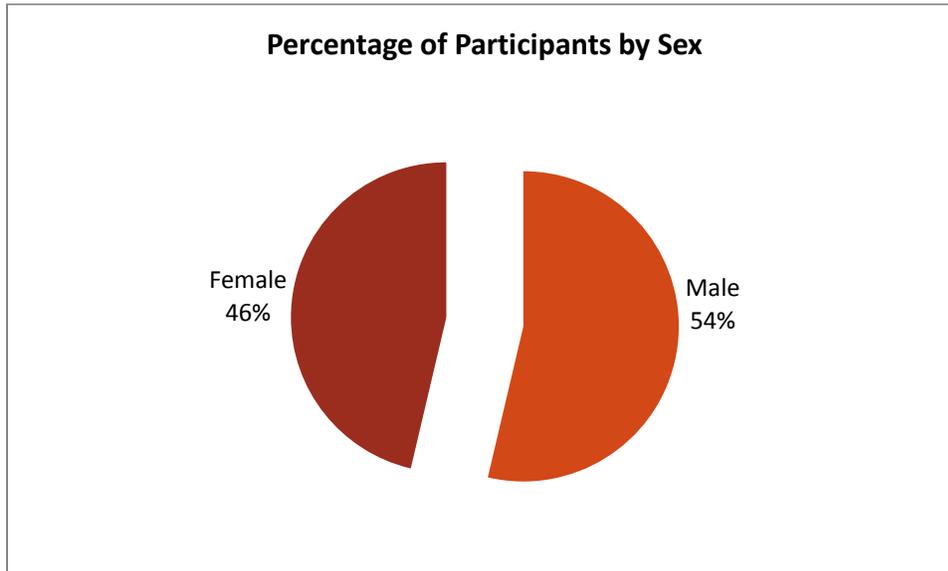
Figure 6 Client intake interview data



CLIENTS BY SEX

There are similar numbers of men (197) and women (170) among clients.

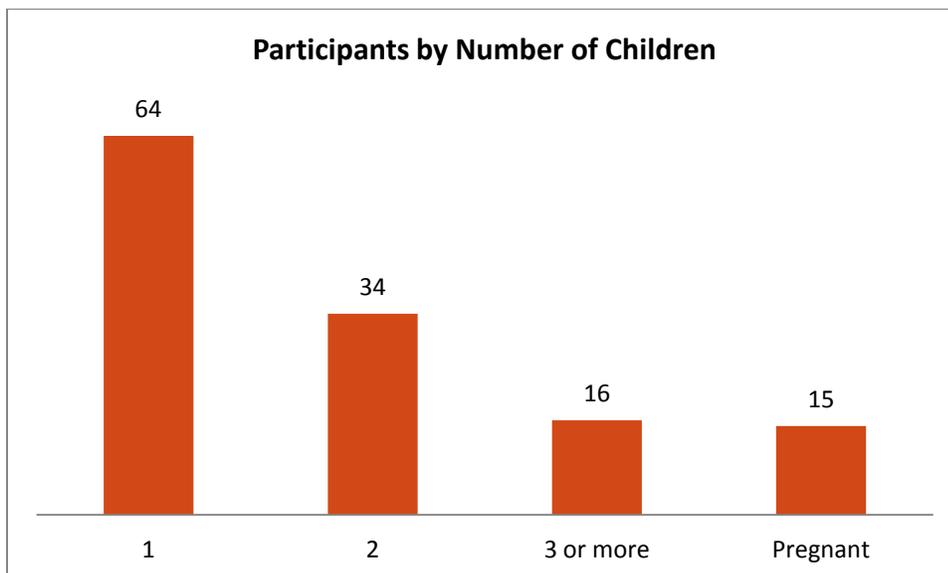
Figure 7 Client intake interview data



CLIENTS BY NUMBER OF CHILDREN

Many individuals working with the HSWs have children. This information was provided for 169 individuals. Half of those clients with children have one.

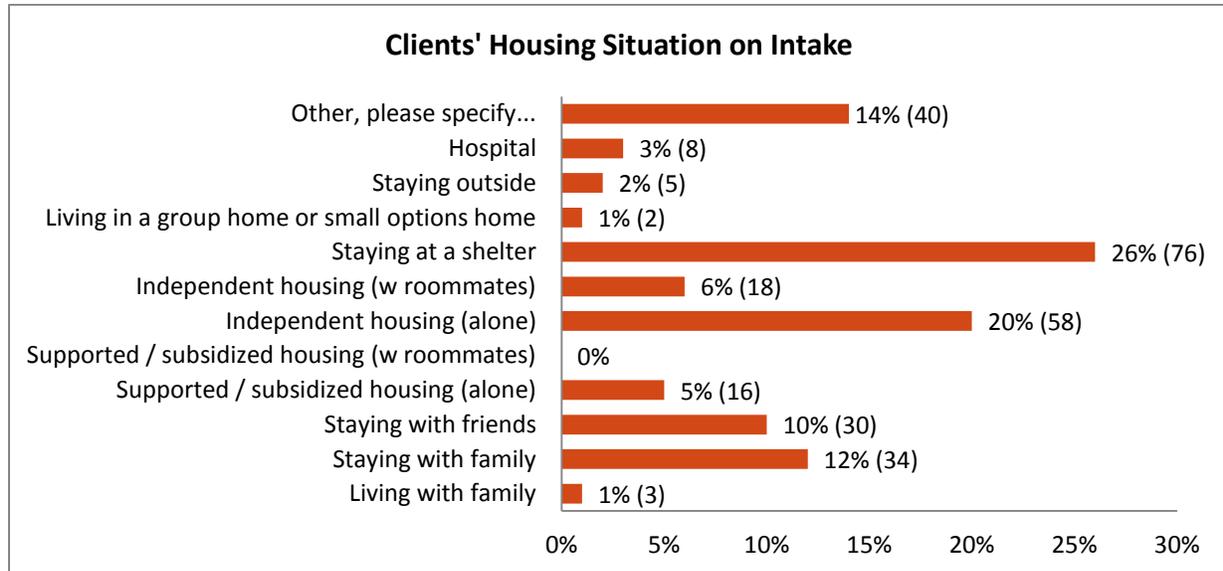
Figure 8 Client intake interview data



CURRENT HOUSING SITUATION

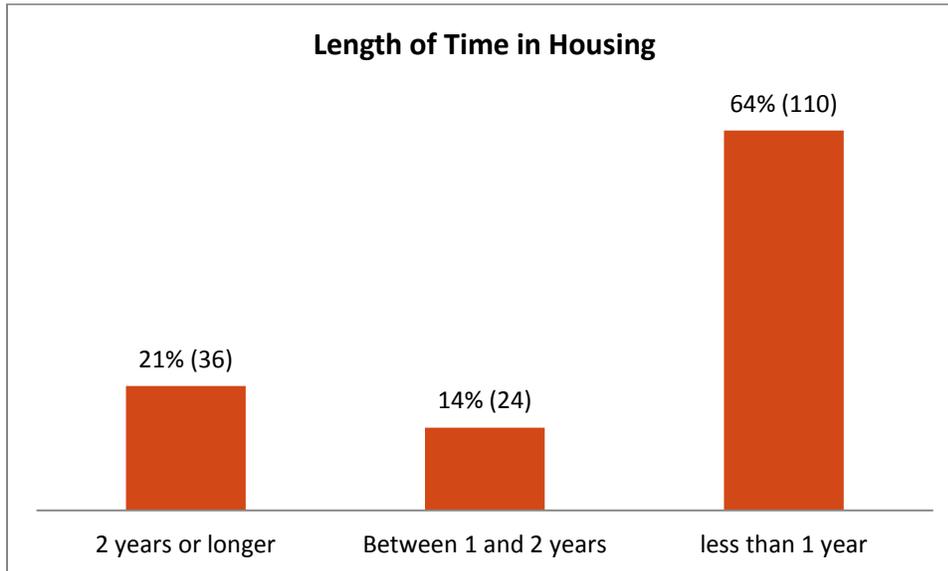
Current housing information was provided for 291 individuals. More than one-quarter of clients were staying at a shelter when they completed their intake interview with the HSW. 20% were already living alone in independent housing at intake. 'Other' responses included individuals using multiple housing strategies (for example, staying with friends and family as well as using shelters or sleeping outside) and a number of individuals were living in halfway houses.

Figure 9 Client intake interview data



Of those who were housed (170), most had been housed for less than one year.

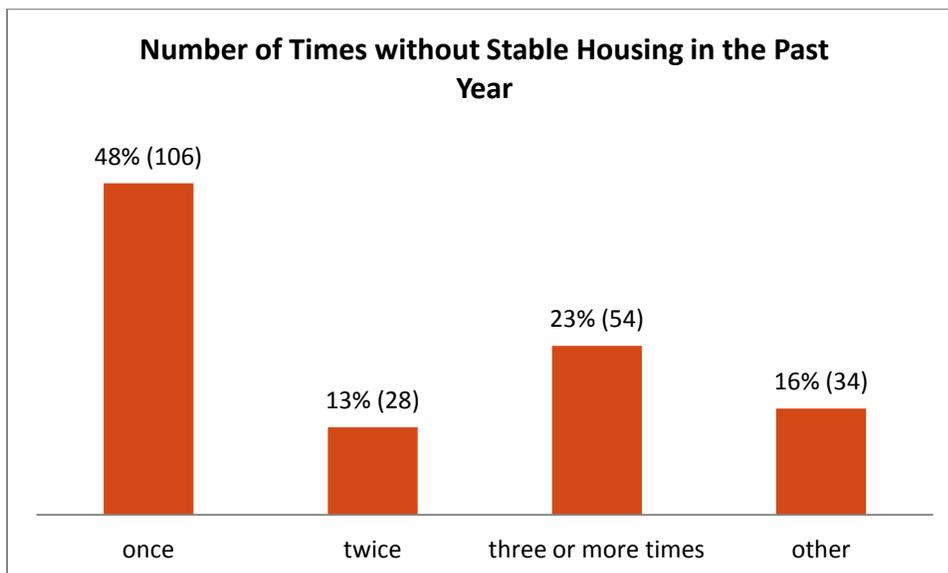
Figure 10 Client intake interview data



HOUSING INSECURITY

Of the 222 individuals for whom data was available, just under half reported being without stable housing once in the past year. 23% reported they were without stable housing three or more times in the past year.

Figure 11 Client intake interview data

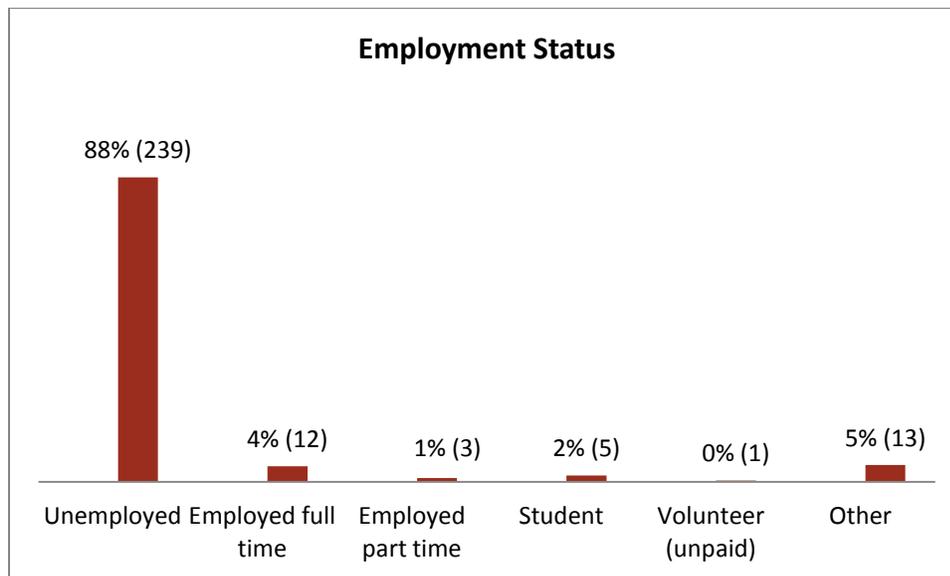


Many responses of 'other' indicated that housing instability was normal and had been constant over the year.

EMPLOYMENT STATUS

Employment status data was available for 273 individuals.

Figure 12 Client intake interview data

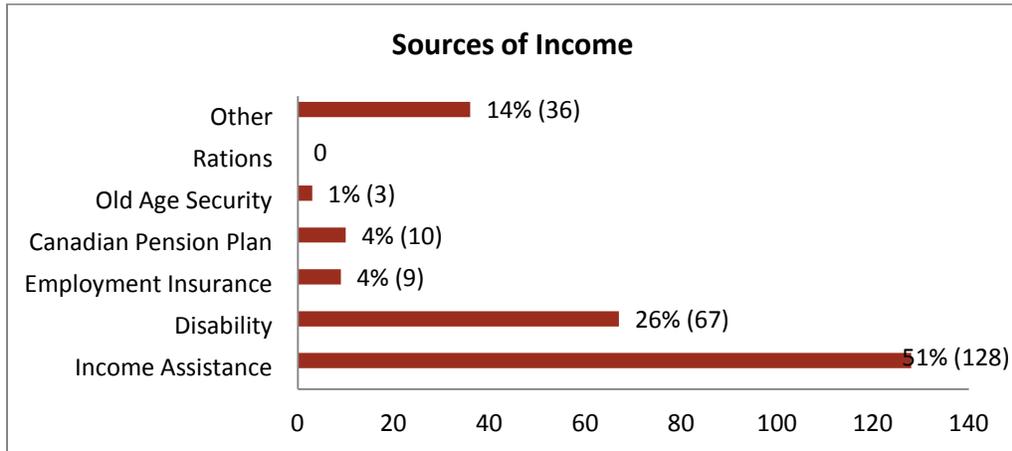


Almost all clients, 88%, were unemployed. The majority of those who provided an 'other' response indicated they were retired.

SOURCES OF INCOME

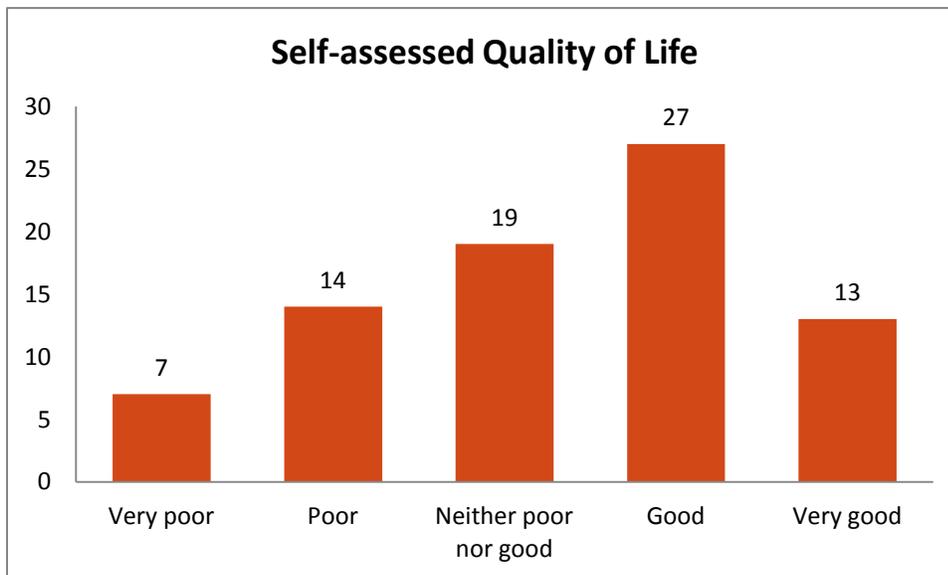
Information on income sources was available for 253 individuals. Most clients working with HSWs are in receipt of Income Assistance. Responses of 'other' included combinations of the income sources below as well as pensions, and other government transfers including the Canadian Child Tax Benefit.

Figure 13 Client intake interview data

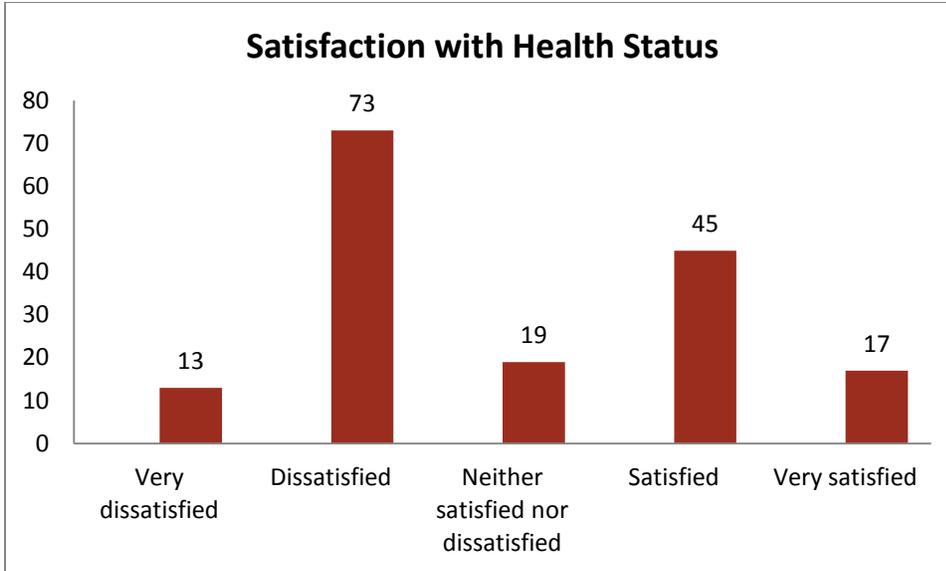


SELF-ASSESSED QUALITY OF LIFE MEASURES

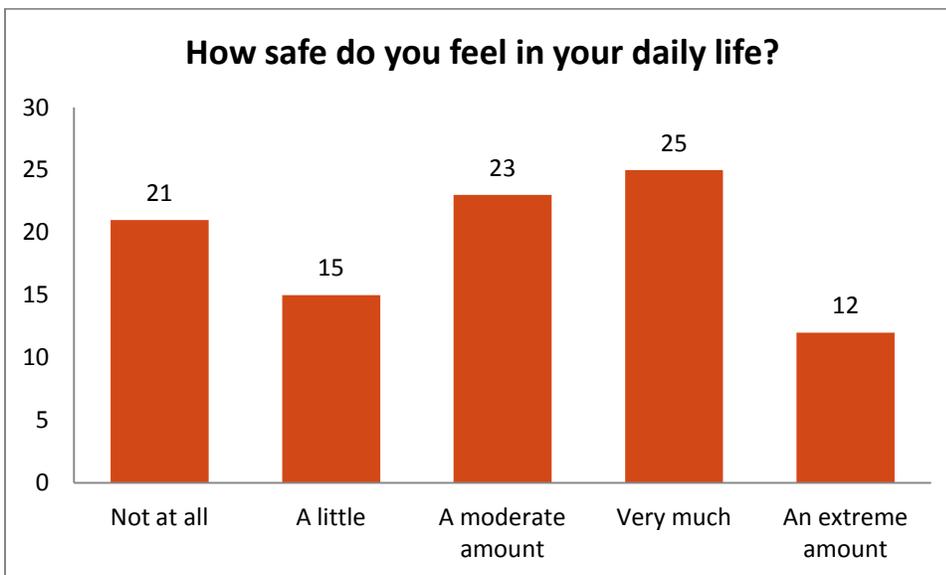
Data on quality of life measures was only available on a small sample of clients from three agencies.



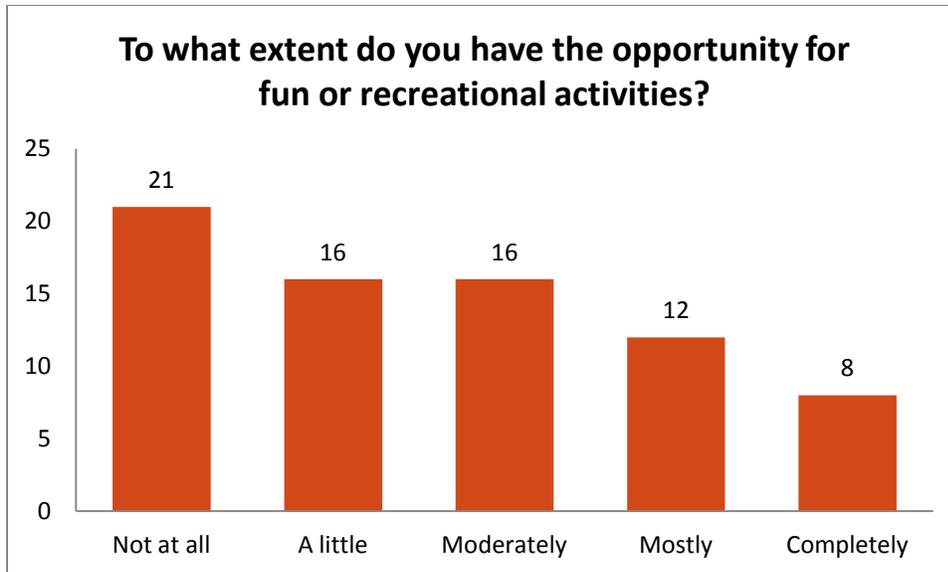
Half of clients rated their own quality of life as good or very good.



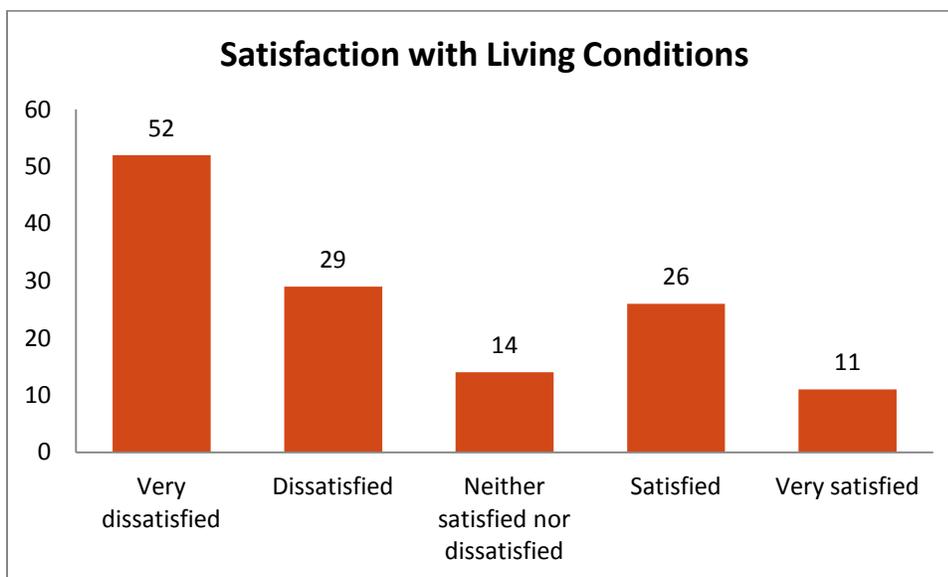
51% of clients were dissatisfied or very dissatisfied with their health status.



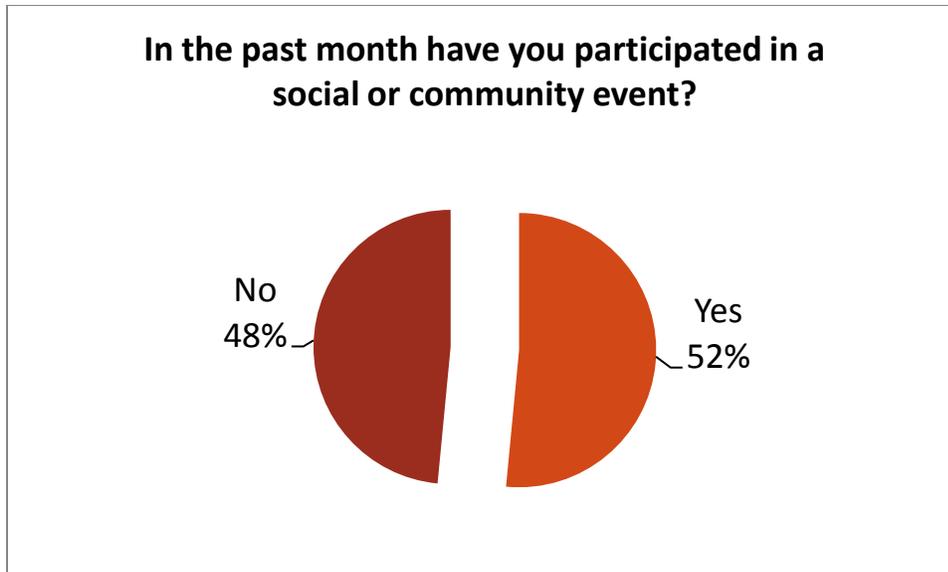
Clients' opinions about their personal safety varied considerably.



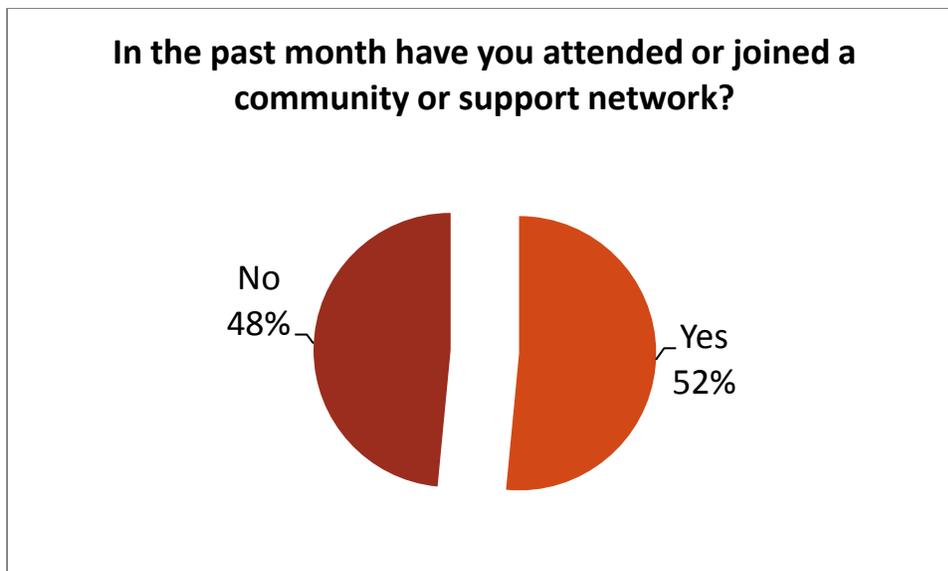
29% of clients who responded indicated they do not have opportunities for fun or recreational activities.



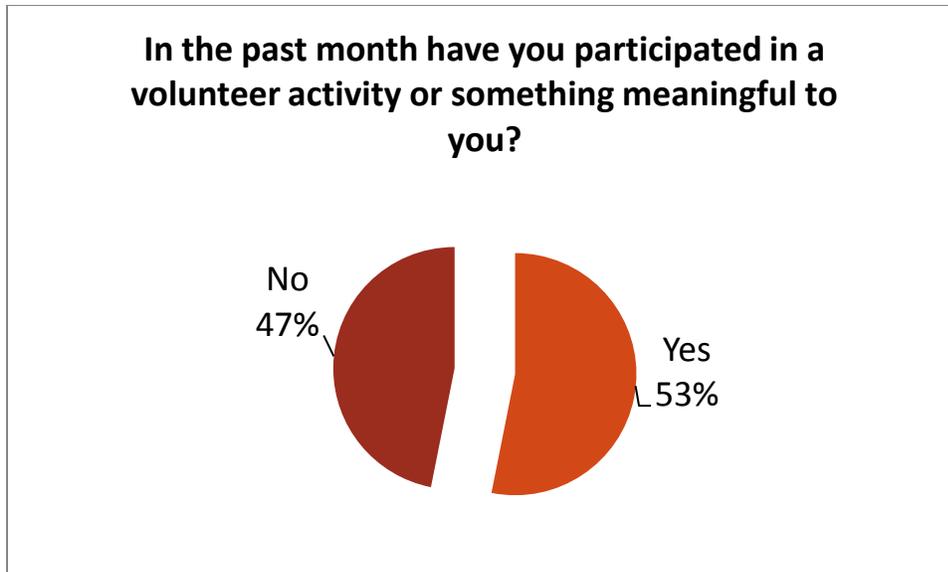
59% of clients who responded said they were dissatisfied or very dissatisfied with their living conditions.



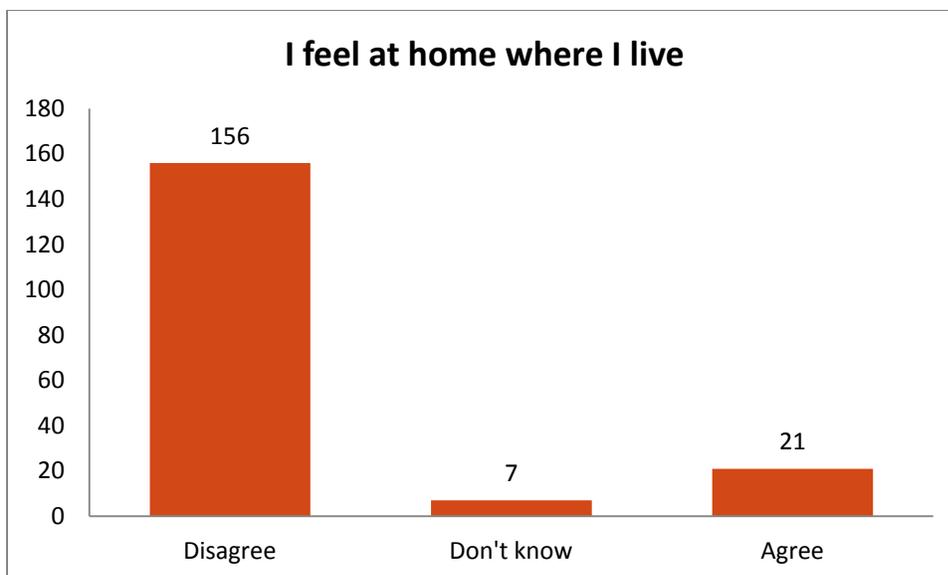
Clients were asked if they had participated in a social or community event in the past month. Responses were only available for 33 clients.



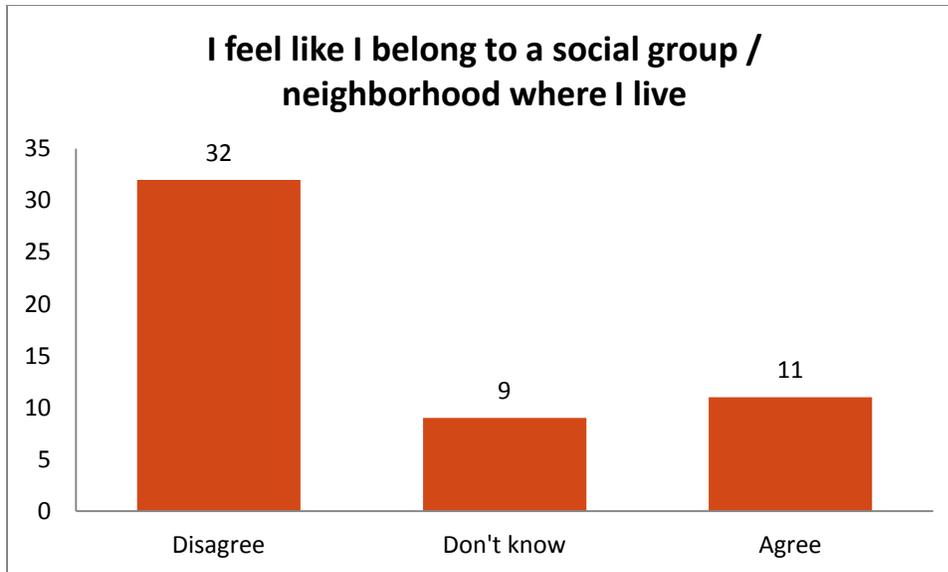
Clients were asked if they had attended or joined a community or support network in the past month. Responses were only available for 33 clients.



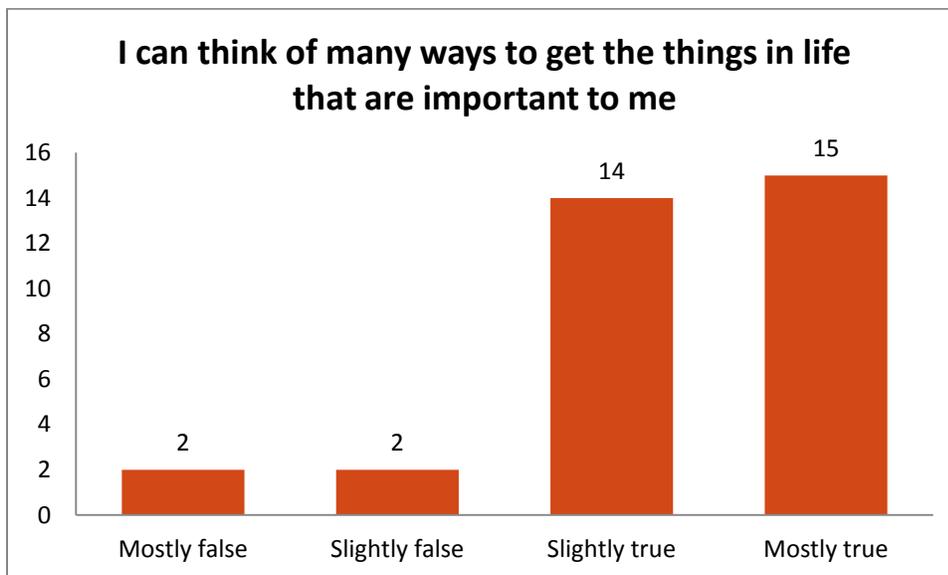
Clients were asked if they had participated in a volunteer activity or something meaningful in the past month. Responses were only available for 32 clients.



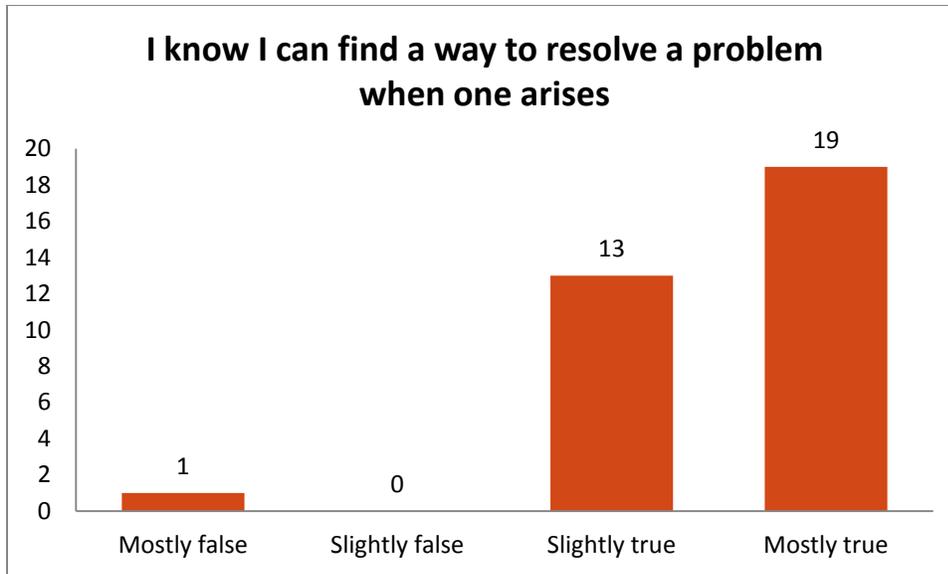
Most clients do not feel at home where they live.



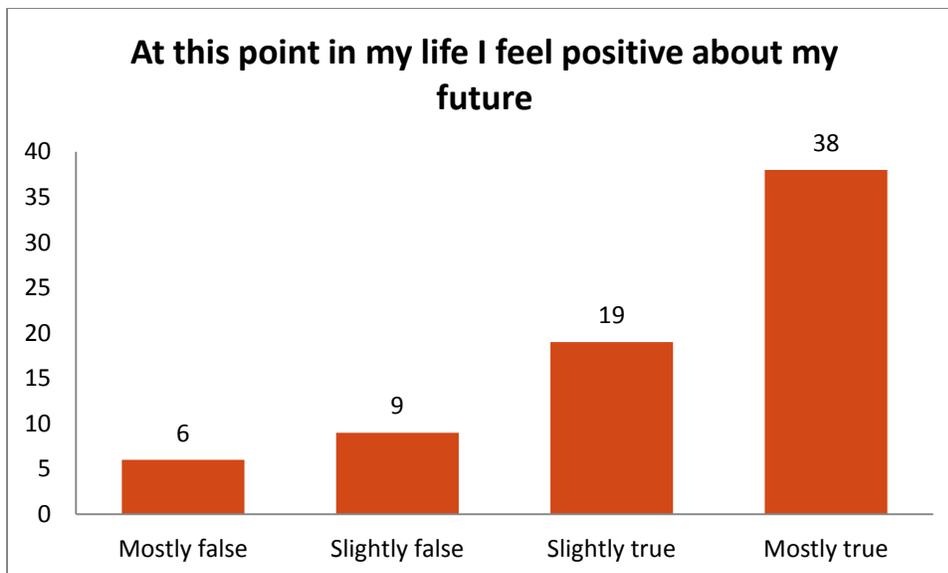
Most clients do not feel they belong to a social group or neighbourhood where they live.



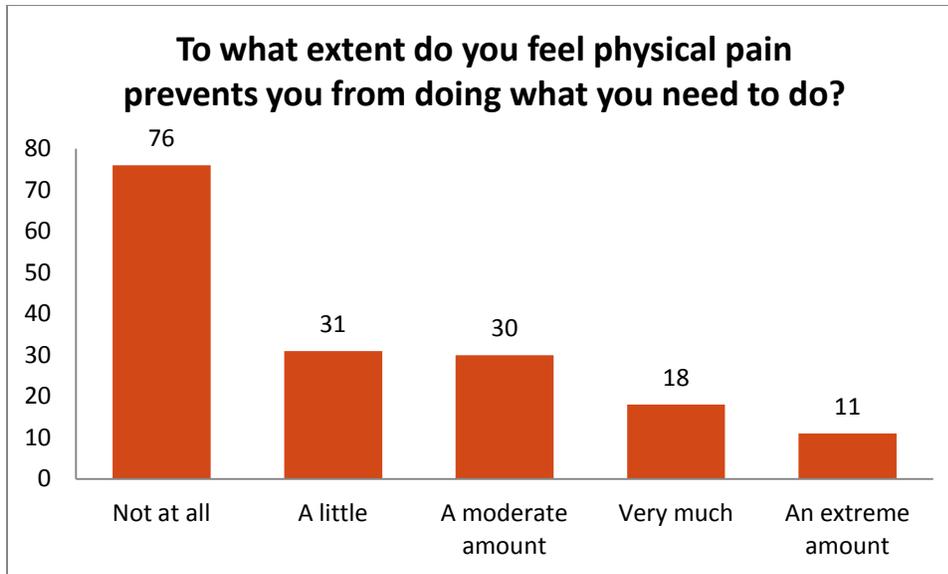
Almost all clients who responded to this question agreed they could think of many ways to get the things in life that are important to them.



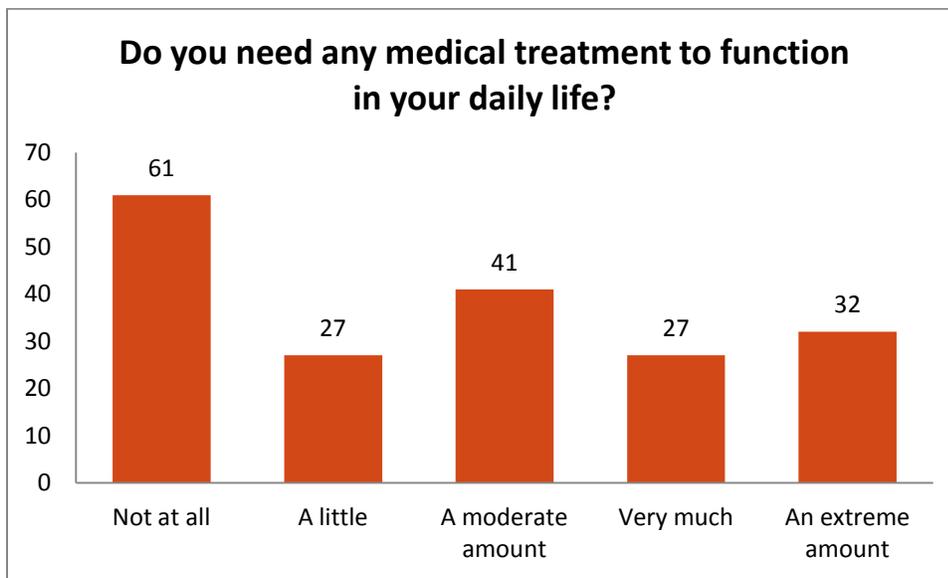
Almost all clients who responded to this question agreed they could find a way to resolve a problem when one arises.



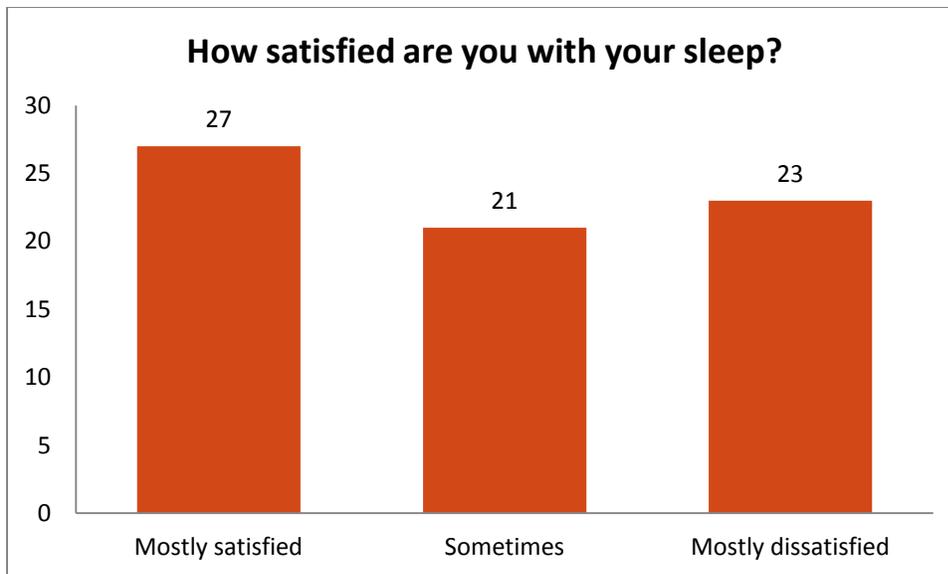
Almost all clients who responded to this question agreed they felt positive about their future.



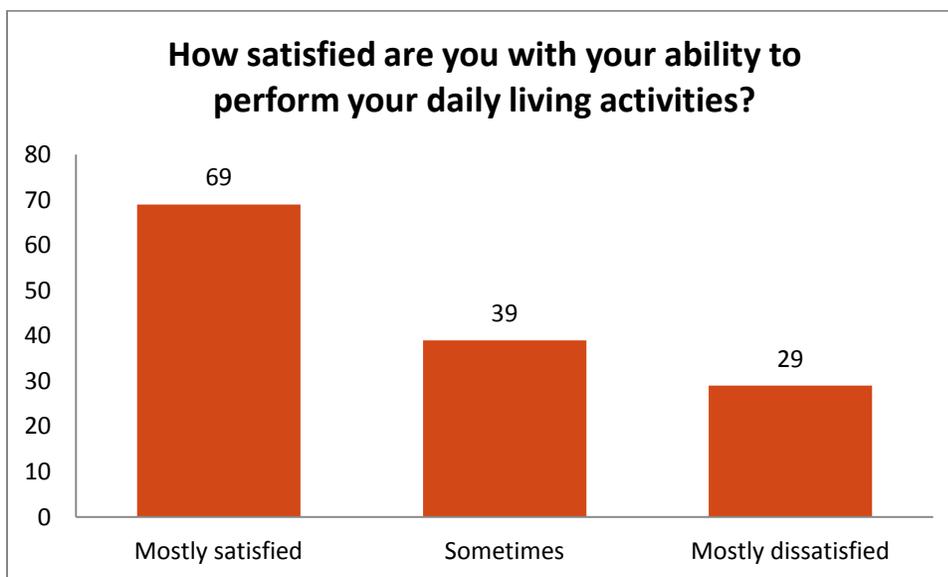
Physical pain is not an issue for more than 45% of clients.



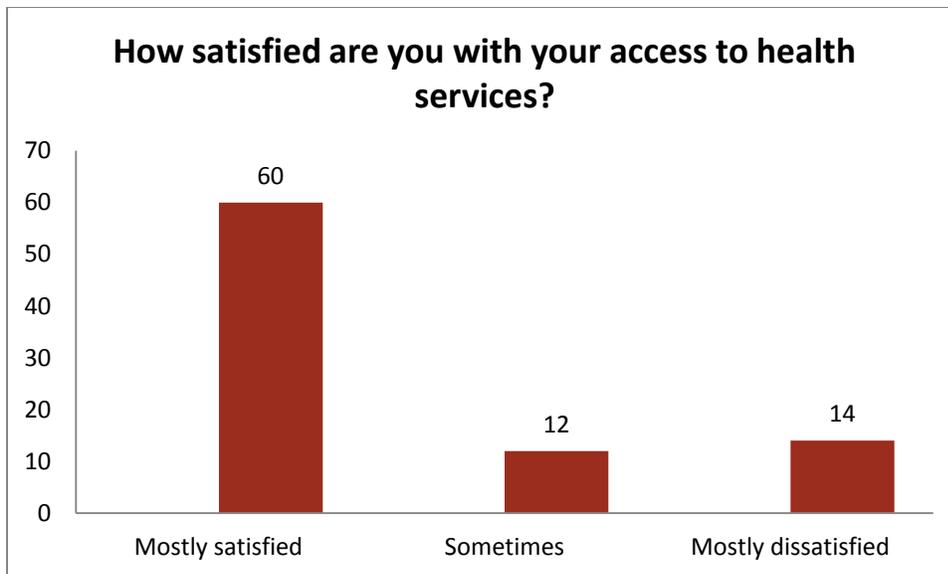
67% of clients who responded to this question indicated they require some level of medical treatment to function in their daily lives.



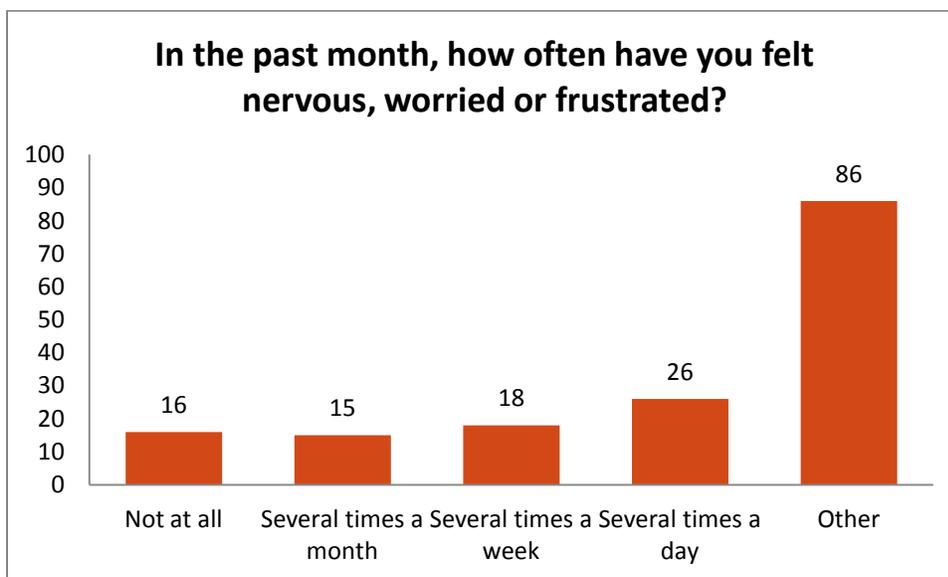
Clients' assessments of their satisfaction with their own sleep are varied.



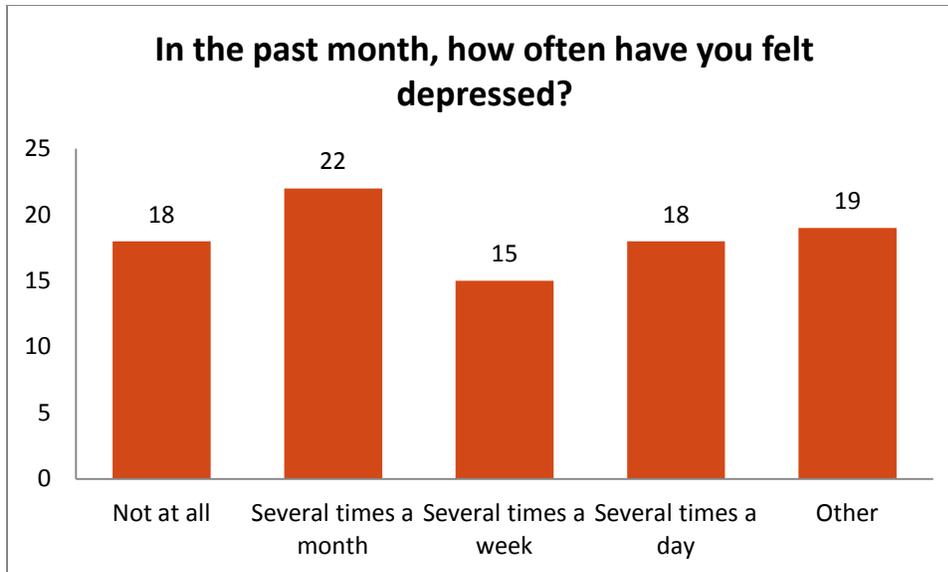
Half of the clients who responded to this question indicate they are mostly satisfied with their ability to perform daily living activities.



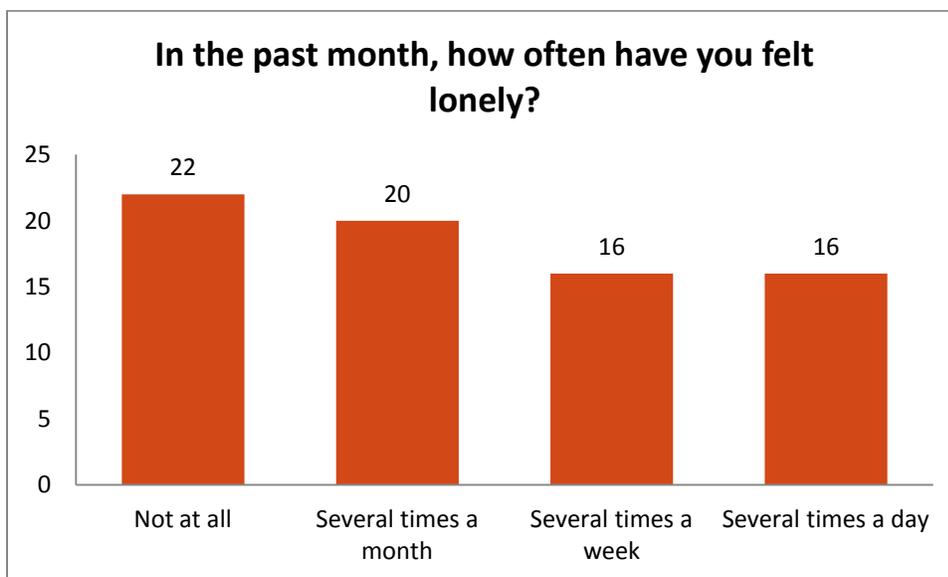
Most clients who responded to this question are satisfied with their access to health services.



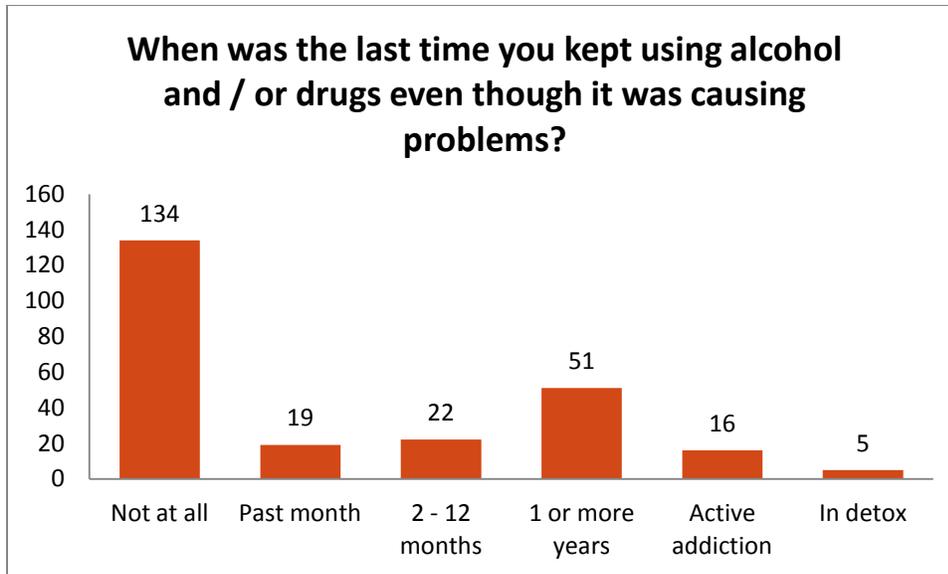
'Other' responses are notes related to specific diagnoses of anxiety disorders, depression, ADHD and other mental health issues.



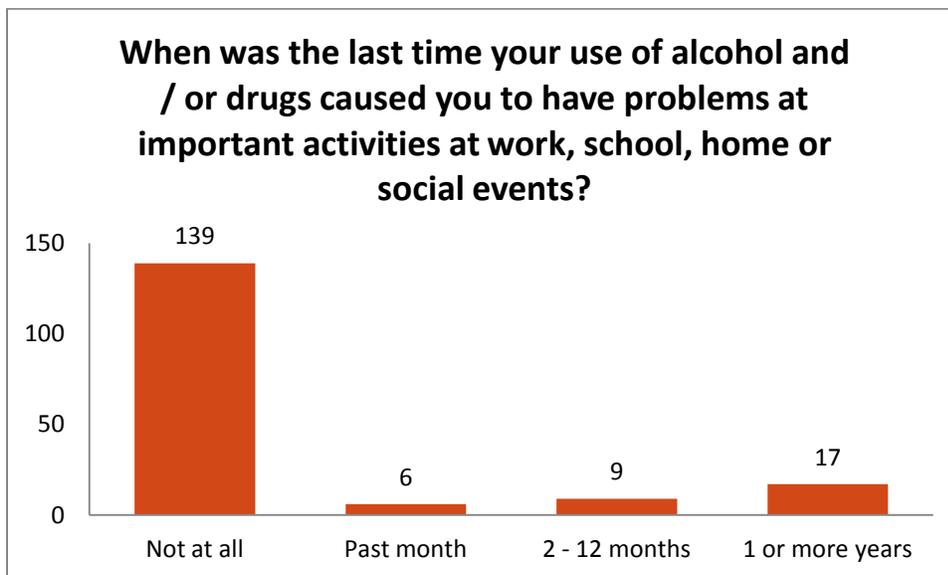
'Other' responses relate to specific diagnoses of depression and other mental illnesses.



Clients' experiences of loneliness are varied.



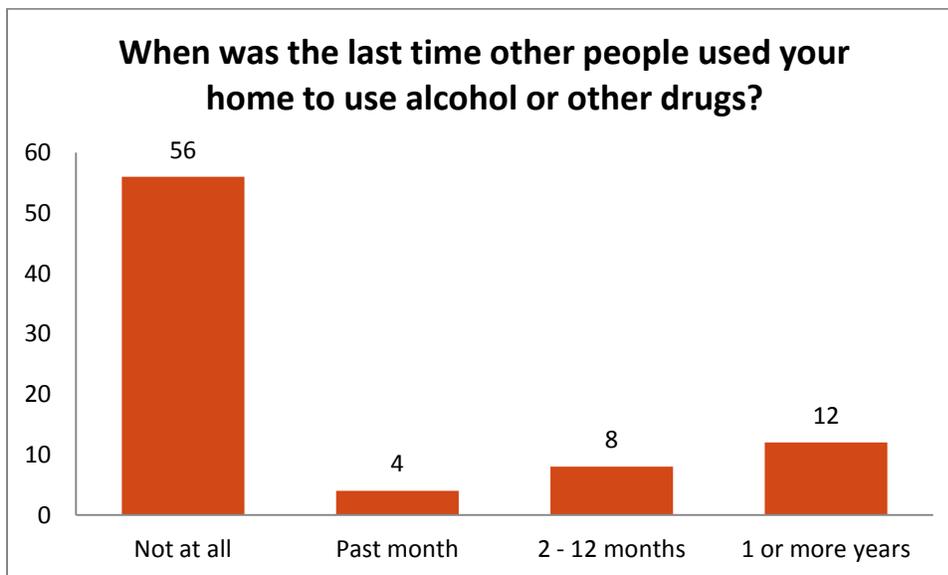
More than 50% of clients indicated alcohol and drugs were not at all a problem.



More than 50% of clients indicated alcohol and drugs were not at all a problem at work, school, home or social events.



More than 50% of clients indicated alcohol and drugs have not caused them to have problems with the law.



Most clients who responded to this question indicated their homes were not being used by other people to use alcohol and drugs.



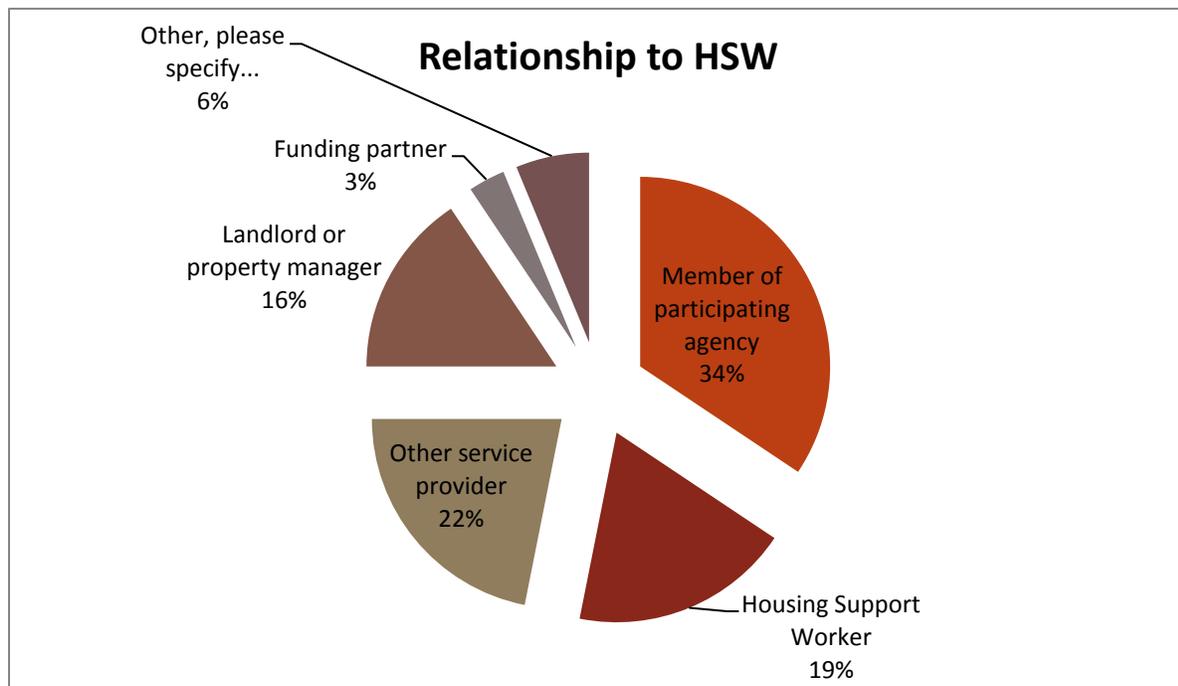
Most clients who responded to this question indicated that having a safe place to live had no impact on their frequency of use of alcohol or drugs.

STAKEHOLDER QUESTIONNAIRE REPORT

A short questionnaire was used to gather quantitative information from participating agencies, housing support workers (HSW), other service providers and key stakeholders. Questionnaires were completed online in August and September 2013. The list of individuals who received the questionnaire was developed based on information provided by the participating agencies and housing support workers. 69 individuals were sent the link to the online questionnaire. A total of 37 responses were received.

It is important to note when looking at the responses to each question that not all individuals may have responded to all questions so the total number of responses varies. For open ended questions, key themes are identified and supported by specific comments (in alphabetical order) where possible. Where specific comments are included identifying details may have been removed.

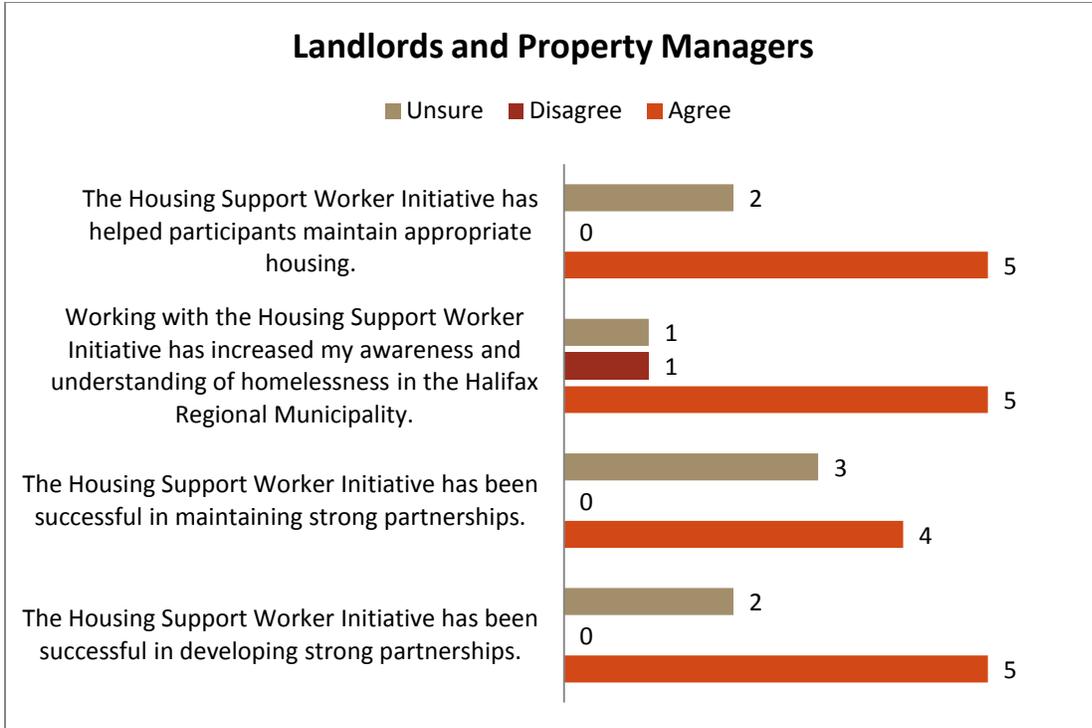
RELATIONSHIP TO THE HSW INITIATIVE



The majority of individuals who responded to the questionnaire were members of participating agencies (11), HSWs (6) and other service providers (7). Five landlords or property managers responded to the questionnaire.

LANDLORDS AND PROPERTY MANAGERS

Landlords and property managers were asked to rate their level of agreement with a number of statements.

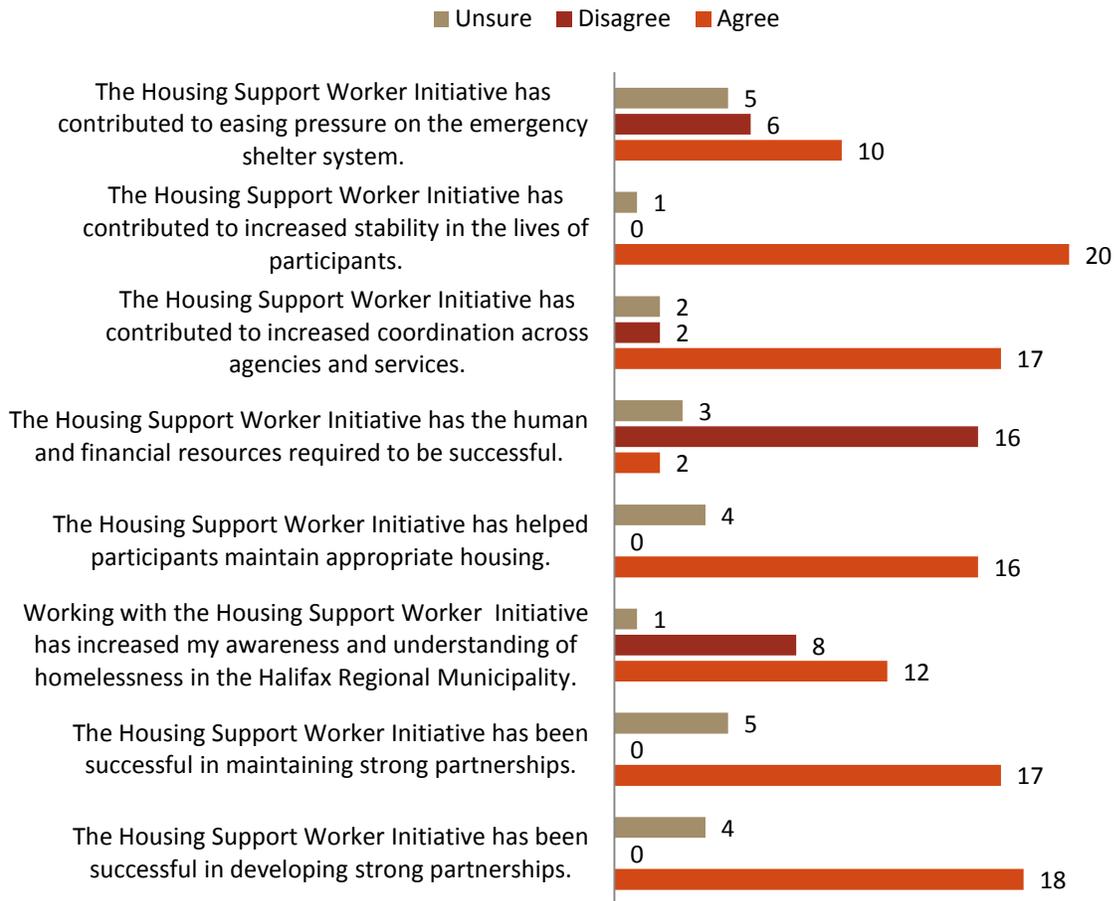


The majority of landlord and property managers who responded to the questionnaire agreed with the statements provided. Among some landlords and property managers there is some uncertainty about the impact the HSW initiative has had.

PARTICIPATING AGENCIES, HSWs AND OTHER SERVICE PROVIDERS

Participating agencies, HSWs and other service providers were asked to rate their level of agreement with a number of statements.

Participating Agencies, HSWs and Other Service Providers



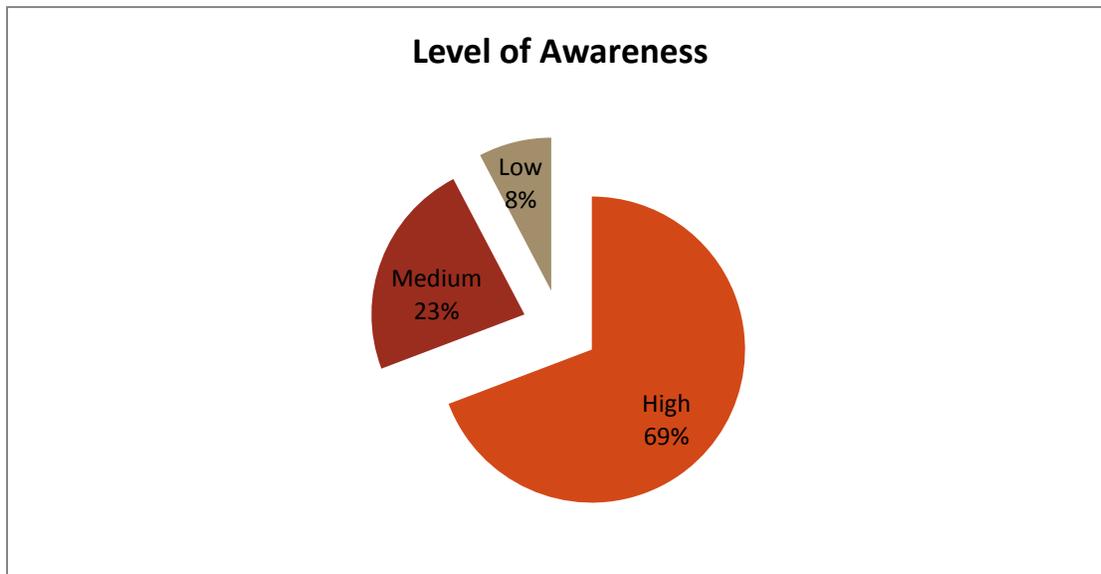
Most of the participating agencies, HSWs and other service providers who responded to the questionnaire agree the Initiative has:

- Contributed to increased stability in the lives of clients;
- Been successful in developing strong partnerships;
- Been successful in maintaining strong partnerships;
- Contributed to increased coordination across agencies and services; and
- Helped clients maintain appropriate housing.

Most of these individuals disagree that the HSW Initiative has the human and financial resources required to be successful.

AWARENESS OF THE WORK OF THE HSW INITIATIVE

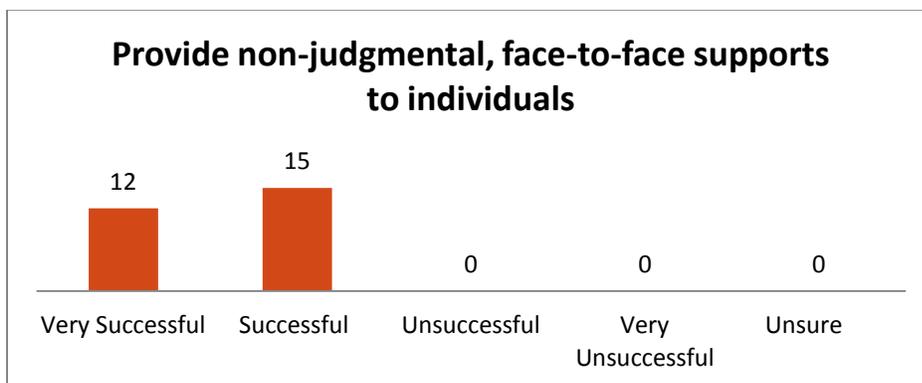
All groups were asked to rate their awareness of the work of the HSW Initiative.



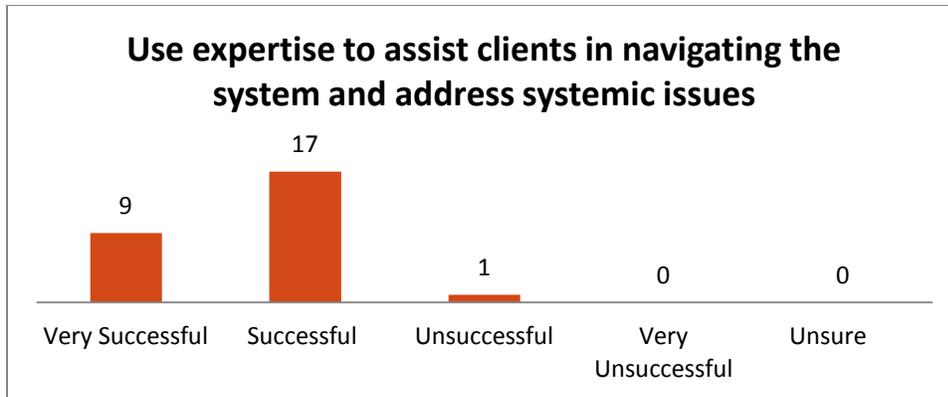
The majority of individuals rated their awareness as high. This is likely in part because the majority of respondents were members of participating agencies or HSWs. However, only two individuals rated their level of awareness as low.

SUCCESS IN MEETING OBJECTIVES

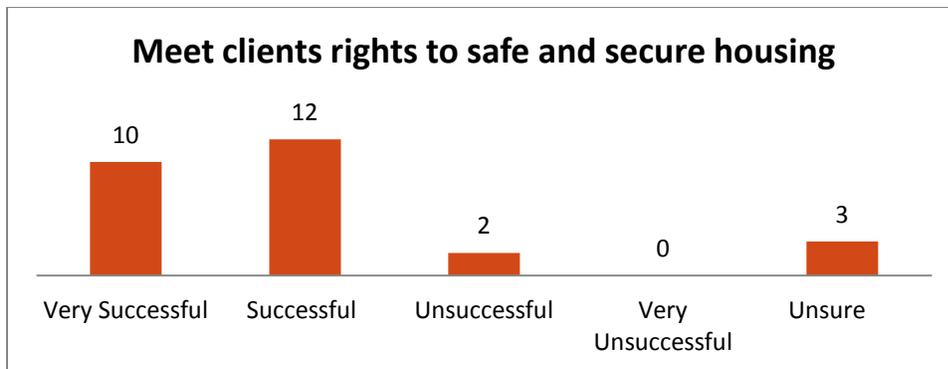
Respondents were asked to rate how successful they thought the HSW Initiative had been in meeting its objectives.



All individuals thought the Initiative had been successful or very successful in providing non-judgmental, face-to-face supports.



The majority of individuals thought the Initiative had been successful or very successful in assisting clients in navigating the system and addressing systemic issues.



The majority of individuals thought the Initiative had been successful or very successful in meeting clients' rights to safe and secure housing.

STRENGTHS

Individuals were asked to identify one thing about the HSW Initiative they thought was working really well. Many people indicated that having the HSWs available to focus on the need for housing and to offer supports that meet the diverse needs of clients were the key strengths of the initiative.

Ability to help clients find, secure and maintain housing

- Ability to advocate for clients to assist with securing housing
- Assisting clients with identification, navigation, and presentation to potential landlords
- Providing resources that encourage and support individuals to experience success living independently
- Securing housing for tenants
- Successful in housing individuals.
- Taking the lead on the search for housing search and monitoring clients post-housing frees other service providers to collaborate on other pieces of a holistic plan

- The ability to provide continued support to the client in acquiring housing
- The Housing Support Worker Initiative has been able to help hard to house individuals find and maintain housing as well build independent living skills
- People are being housed and staying housed due to the long term support we can provide

Ability to build relationships with clients

- Supportive relationships between worker and clients
- The Housing Support Workers possess well developed interpersonal skills, allowing for the development of quick rapport with clients
- Their friendliness and eagerness to go the extra mile with even the complex cases

Ability to build relationships and share information across agencies and organizations

- Having a HSW has increased the level of partnerships with landlords and property management companies.
- HSW's are able to communicate information across agencies to share experiences
- HSWs' strong relationships with landlords/superintendents has been of great benefit to program clients
- I like the way all the HSWs meet and discuss important issues regarding clients and barriers

Ability to meet the diverse and complex needs of clients

- Aftercare programs which support clients after they are housed, decreasing the amount of repeat referrals
- Flexible support that is located where the clients are
- HSWs are a great support to clients who need help finding housing
- It has made it possible for people who are not accessing shelter support or whose shelter support has been suspended to continue to access housing support
- The availability of HSWs to people in crisis about housing
- The great need historically has been follow up with clients. The HSWs have provided this service and it has increased stability, safety and security for the target population they service.

AREAS FOR IMPROVEMENT

Individuals were asked to describe how the initiative could be improved. Many individuals identified the need for increased resources and improved collaboration as areas for improvement.

Increased stock of affordable housing

- The Initiative needs to be supported with the development of adequate, safe and affordable housing stock
- There is a need for more affordable housing within HRM

Improved inter-agency communication and collaboration

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- Collaboration with other participating agencies
- HSWs are not always immediately accessible and there can be a delay in receiving important information. Perhaps when the worker knows they are going to be unavailable they can allow other colleagues access to their caseload so information could be made available in a more timely fashion.
- Increased collaboration and investment across all community partners
- Increased communication with social workers and some housing companies would be an asset
- More coordination between workers at different agencies to be more efficient in utilizing landlords, communicating, etc
- My sense is the organizations do not meet or work together
- The lack of guidelines and policies for the program make it difficult to understand processes and decisions

Increased human and financial resources

- Increased resources/ increased access to funding, subsidies, affordable housing so we can secure safe and secure housing for persons and families who are without housing
- Increased wages for HSW's
- More human / financial resources for eviction prevention
- More resources to give HSWs funds to bridge gaps in support (for moving charges, for example, or bus tickets, baby sitting so women can view apartments, etc.)
- Need more workers – HSWs have high case loads and there is not enough support for more complex cases
- Secure funding
- The amount of work that can be accomplished in 40 hours/wk is maxed out and there are still so many clients/potential clients who could use support
- We need more eviction prevention supports- when clients are housed it can be difficult to maintain housing when circumstances change
- When there is an issue with the tenant/client in the unit it is difficult for the support worker to do much to resolve it – when they are trying to secure the apartment they are there but when things go wrong they are not as readily available to assist

Increased availability of services for individuals with mental health and addictions issues

- Issues re: mental health and addictions continue to permeate our collective work and we are still working to examine best ways to engage our program clients with existing systems
- More services for individuals with mental health and addictions that are responsive, mobile and flexible
- The program would serve clients more fully if there were more resources in the community (not in offices), especially mental health supports - something like MOSH but particularly focussed on mental health

Improved access to subsidies

- More access to subsidies
- Equal accessibility to shelter subsidies
- The subsidy process is very long and hinders the ability to house people in a timely manner

ADDITIONAL COMMENTS

Individuals were invited to provide other comments regarding the HSW Initiative.

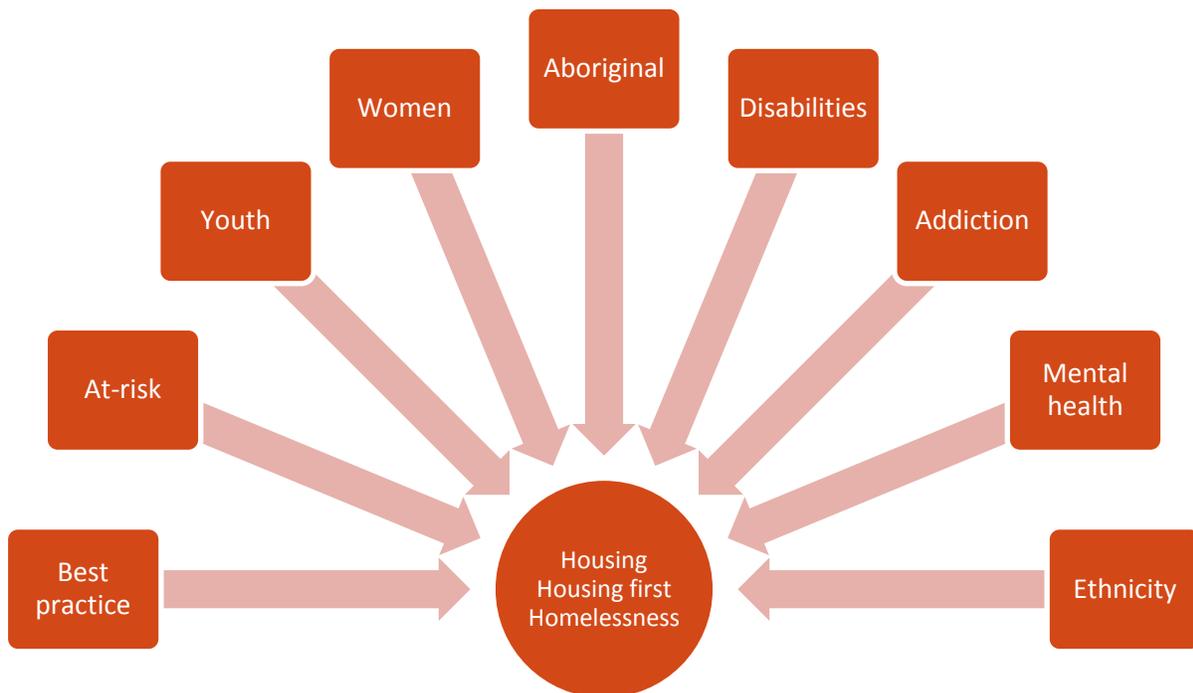
- As a landlord we would probably not accept a number of the clients that are brought to us but knowing they have "support" allows us to take a chance on someone we would not have normally. Sometimes that gives a false sense as there is only so much a support worker can do.
- Caseload is a huge challenge in moving forward. A lack of affordable and appropriate housing for clients is a challenge. There is a lot of red tape when assisting a client to move out. It is difficult to ascertain how and what agencies are tracking in terms of statistics.
- I am very grateful for the Housing Support worker initiative as it is one area that I don't have to worry about with my clients as I am confident it is being taken care of. As well it frees me up to do work in other areas such as addictions or mental health.
- I believe that the money now being spent is well invested, but further financial resources and greater collaborative work would potentially allow us to increase the size and scope of who might be able to benefit from this initiative – perhaps allow us to work with more entrenched and hard to house shelter users.
- Instead of hiring housing support workers put the funds into the development of adequate, safe and affordable housing stock in Nova Scotia.
- It would be helpful to have community reports about successes or lists of resources for others in the community to access
- Some focus on housing supply (increasing appropriate supply) would make the HSW roles more effective.
- The HSW is a very valued service by landlords
- The HSWs are a wonderful bunch and have made my job experience so much more fulfilling knowing so many people care about homelessness and poverty.
- The Initiative needs more funding and more workers.
- The lack of sufficient units of affordable housing in Halifax impacts the initiative's outputs. This is a critical issue not captured in a review and not related to the quality of work carried out by the HSWs.
- The program has been a success to date. I believe that the initiative is meeting its targets and mandate.
- This has been a very important development as a large number of clients have many barriers to housing. They now have a focused service provider who deals with this issue and connects them to other services they may require to obtain secure housing.
- This program is a fantastic initiative and should continue, as it assists many vulnerable people who get stuck in the shelter system.
- We love the program but would like increased resources, for us and for other agencies such as MOSH, so that deeper support could be available.
- While this initiative is great and appreciated, it is not addressing the actual problem - unrealistic shelter rates.

LITERATURE REVIEW REPORT

A literature review was conducted to better understand the principles behind a Housing First approach and to identify best practices related to housing services and supports. The review sought to answer the following questions:

- How is Housing First defined across jurisdictions?
 - What is the research supporting the use of a Housing First approach?
- What best practices have been identified for providing housing services and supports for individuals who are homeless or at risk of being homeless?
 - What strategies have been identified as best practices for working with specific demographic groups?

The following search terms were used:



HOW IS HOUSING FIRST DEFINED?

'Housing First' is a specific approach to addressing homelessness developed and implemented by Pathways to Housing, a program that provides services for homeless adults with severe mental illness in New York. The main feature of the Housing First approach that differentiates it from other models is that housing is provided immediately, based on client choice, with minimal entry requirements. The idea is that, once individuals have safe, secure housing they are better positioned to begin to address other challenges they may have. The Housing First approach is established in contrast to a housing ready approach which starts with treatment and / or intensive service provision and support and moves through a number of less intensive support options providing permanent housing when the individual is seen to be 'ready' (Schiff 2000).

A report by the U.S. Department of Housing and Urban Development defines the key features of the Housing First approach as:

- Direct placement of homeless individuals into permanent housing;
- Supportive services made available but not required; and
- Ongoing case management (Pearson 2007).

In Canada, the Mental Health Commission has adopted the Housing First approach for its At Home / Chez Soi project launched in 2009. The Commission defines Housing First as:

- Providing immediate access to permanent, independent housing options through rent subsidies and mental health supports;
- Providing access to housing that is not conditional on housing readiness or engagement in treatment beyond regular visits by a support team and case manager;
- Providing treatment and support that are voluntary, individualized, culturally appropriate, and not tied to a particular housing option or location;
- Offering clients a choice of housing options; and
- Requiring clients to pay a portion (less than 30%) of their income for housing.

Housing First programs operate on the principles of harm reduction and the importance of social integration. Harm reduction means the policies, supports and services provided aim to reduce the risk to the individual associated with substance use and addiction without requiring absolute sobriety. Rather than focusing on the prevention of drug use, practices are focused on the prevention of the adverse health, social and economic consequences of the use of drugs (Gaetz 2013, International Harm Reduction Association 2010).

The focus on social and community integration is related to research that identifies social support networks and social environments among the determinants of health (Public Health Agency of Canada 2011). Social isolation is often linked to poor health and wellness outcomes. Housing people in communities and helping them become integrated into those communities through meaningful activities is intended to reduce social isolation and increase housing stability (Gaetz 2013).

WHAT IS THE RESEARCH SUPPORTING THE USE OF A HOUSING FIRST APPROACH?

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Although the Housing First model is relatively new there is some evidence regarding the effectiveness of this approach. However, this data is limited. In his article for Homelessness Hub in 2012 Gaetz pointed out that the majority of evidence has come from Pathways to Housing, a single program based in New York. Much of the existing data is in the form of case studies produced internally by agencies operating Housing First programs.

The Housing First literature is formative and largely based on qualitative, mixed method and comparative research associated with the *Pathways to Housing* project in New York City (Kertesz et al., 2009). Housing First literature in Canada is restricted to the findings of Raine and Marcellins (n.d.) Toronto report entitled *What Housing First Means for People – Results of Streets to Homes 2007 Post-Occupancy Research*.

(Bodor et al. 2011)

The At Home / Chez Soi program undertaken by the Mental Health Commission of Canada is the first large scale Housing First project in Canada to be producing evaluation data which may provide more insight into the effectiveness of this approach.

Within the existing evidence there seems to be agreement that Housing First approaches can be effective in meeting the needs of homeless individuals, long – term shelter dwellers and those with mental illness. Studies point to preliminary evidence of:

- Increased housing stability;
- Reduced use of emergency services;
- Improved health outcomes;
- Reduced involvement with the criminal justice system; and
- Improved quality of life including social and community engagement (Gaetz 2013, Palermo et al. 2006, Mental Health Commission 2012).

Some literature suggests a housing ready model may be more appropriate for individuals who have a history of conflict with the law and substance abuse issues (Schiff 2000). Bodor et al. point out the foundation of the Housing First discussion excludes an aboriginal world view:

There is no Housing First literature that explores the disproportionate representation of Indigenous persons in the research design or findings...Housing is also noted as a promising fundamental building block for ontological security marked by “constancy, daily routines, privacy and having a secure base for identity construction” (Padgett, 2007, p. 1925). Both treatment first and Housing First models derive from a Western world view aimed at integrating individuals and families into the mainstream economic, political, social and cultural milieu. (Bodor et al. 2011)

It is also important to note that Gaetz raises a number of questions that have not yet been answered in the existing literature:

- How can programs adopting a Housing First model ensure the key principles are upheld as the model is adapted to fit community realities?
- What is the relationship between Housing First programs and the existing supply of affordable housing? Can Housing First be effective without a concurrent investment in affordable housing?

- Can a Housing First model meet the needs of diverse populations?
- How long are Housing First programs expected to provide services to an individual and how are these services funded?
- How do we ensure people have enough income to meet their basic needs after they pay rent? (Gaetz 2013)

BEST PRACTICES FOR PROVIDING HOUSING SERVICES AND SUPPORTS

Based on the experiences of agencies working with Housing First programming some core principles or elements of success have been identified. These include:

- Providing a continuum of housing and support services to address homelessness;
- Making a range of housing options available for individuals to choose from;
- Ensuring services are flexible and client-centered;
- Identifying and removing barriers to accessing services;
- Employing qualified staff who are well trained and client-focused;
- Providing opportunities for clients to participate in social activities;
- Establishing collaborative partnerships across sectors, agencies and service providers;
- Securing stable, ongoing funding;
- Engaging in ongoing monitoring and evaluation to ensure quality and effectiveness;
- Identifying clear program goals;
- Having strong leadership and an effective organizational structure;
- Developing organizational capacity to work with individuals with multiple needs;
- Providing intensive case management with 24 hour availability;
- Maintaining caseloads at a ratio of 1:20-25;
- Ensuring case managers are supported by relevant health care professionals;
- Engaging clients and former clients in program planning and service delivery;
- Providing services focused on the specific needs of diverse population groups including Aboriginal peoples and women;
- Providing services to meet the range of client needs including mental health services, addiction services, and independent living skills;
- Having access to a supply of appropriate, permanent housing;
- Developing strong working relationships with landlords and property managers; and
- Maintaining effective data management systems (City Spaces Consulting Ltd. 2008, Burt 2004, Patterson 2008, Gaetz et al. eds 2013, Mental Health Commission 2012, Pearson 2007).

WHAT STRATEGIES HAVE BEEN IDENTIFIED AS BEST PRACTICES FOR WORKING WITH SPECIFIC DEMOGRAPHIC GROUPS?

When using a Housing First approach it is important to note that adaptations may need to be made in order to meet the needs of specific population groups. For example, in research on transitional housing for women in

Calgary it was found that clients identified the community of women and safety of transitional housing as important parts of the support provided. This suggests that an immediate move from homelessness to independent living may not meet the needs of some women, particularly those with histories of trauma (Walsh 2011).

Homes for Women recently made the following recommendations for ensuring Housing First initiatives meet the needs of homeless women and girls:

- Existing programs for homeless women not lose funding in order to implement Housing First programs
- A gender analysis of the Housing First approach be conducted prior to implementation and the approach adjusted accordingly
- Entry criteria for Housing First programs reflect women and girls experience of homelessness
- Shelters for abused women be connected to Housing First programs
- Women-only and girl-only spaces be included in Housing First programs
- Housing First programs meet the needs of families including access to quality child care and housing close to schools
- Recognize that Housing First programs will not be appropriate for everyone, particularly for survivors of violence who may need additional security or in areas where a shortage of housing is a barrier to success
- Addressing homelessness requires attention to income support programs, minimum wage policies and affordable housing stock (2013)

A 2006 review of research on the relationship between family violence and homelessness also identified policies and practices shown to improve outcomes for individuals experiencing homelessness. These include:

- access to quality child care;
- early intervention in cases of child abuse and neglect;
- improved effectiveness of the foster care system;
- spousal violence legislation that facilitates the removal of the abusive partner from the home;
- the availability of both short-term emergency shelter and subsidized housing for victims of violence;
- the availability of shelters designed to accommodate the needs of older adults, including the needs of a couple who may be escaping abuse together;
- services and facilities to serve homeless people that are sensitive to the realities and consequences of family violence;
- services that are culturally appropriate; and
- the availability of adequate, long-term, affordable housing options (National Clearinghouse on Family Violence).

With regards to Aboriginal groups, Bodor et al. argue that:

Existing models of housing support services that combine intervention with the provision of safe, affordable, and appropriate housing often do not adequately deal with core needs associated with the negative consequences of colonization, including the intergenerational trauma from Residential Schools, the Sixties Scoop, and other hallmarks of systemic marginalization and oppression of Aboriginal peoples in

Canada. The Housing First model, due to its client-centred and harm reduction approaches, is evolving towards adoption of a decolonization process in the way it is delivered.

(2011)

In order to ensure programming meet the needs of Aboriginal groups Bodor et al. recommend interventions be holistic and include:

- Indigenous and non-Indigenous life-skills training;
- Opportunities to connect with mentors;
- Ongoing partnerships with other Aboriginal organizations; and
- Opportunities for peer mentoring (2011).

Stergiopoulos et al. also suggest that, “[a]dapting Housing First with anti-racism/anti-oppression principles offers a promising approach to serving the diverse needs of homeless people from ethno-racial groups and strengthening the service systems developed to support them” (2012). They further recommend that agencies ensure:

- Services are provided in physical spaces which are inclusive and welcoming of ethno-racial communities;
- Programming provided are linguistic and culturally appropriate;
- Oppression and mental health are addressed concurrently; and
- Families and peers are involved in the recovery process (2012).

For youth who have experienced homelessness along with mental health and addiction a Housing First approach may not be particularly well suited. Forchuck et al. found in their Ontario-based study that not all clients were comfortable with the independence the Housing First model provides (2013). They suggest the inclusion of life and living skills development may make the model more acceptable to youth (ibid.).

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