Chapter 1.1

Transitional Housing Models in Canada: Options and Outcomes

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There is a growing recognition that some adults, youth, and families who have experienced homelessness need support as well as housing to stabilize their lives. Histories of abusive treatment, residential instability, addictions, and mental health issues add to the trauma of homelessness itself. Transitional housing is intended to offer a supportive living environment, opportunities, and tools for skill development, and promote the development of community among residents. These can be critical in enabling people to participate in employment or training programs, enrol in educational facilities, address addiction or mental health issues, and ultimately move to independent living in the larger community.

Examination of the transitional housing model is timely. Since December 1999, several federal programs — Supporting Communities Partnership Initiative (SCPI), Shelter Enhancement Program (SEP), and Residential Rehabilitation Assistance Program (RRAP) — have funded new transitional housing projects for people who are homeless or at risk of homelessness, including Aboriginal people, youth, women, men, families, and people with health problems or severe mental illness and addictions. These programs add to the unknown number of transitional housing programs serving similar populations across the country.

Although the transitional housing concept is increasingly being applied to help people "exit" homelessness, there is no single program model. Just as those affected by homelessness are a heterogeneous lot, transitional housing projects vary widely in the groups served, the goals adopted, the types and levels of services provided, and the outcomes expected.

What is Transitional Housing?

Transitional housing is an intermediate step between emergency crisis service and long-term permanent housing. It is more long-term, service-intensive, and private than emergency shelters, yet remains limited to stays of between three months and three years (Barrow & Zimmer, 1999). It is intended for people who need some degree of structure, support, supervision, and skill building to move from homelessness into stable, permanent housing. It provides an intermediate step for people who need a safe, supportive place where they can overcome trauma, begin to address the issues that cause homelessness or kept them homeless, and begin to rebuild their support network (Nesselbuch, 1998).

Transitional housing programs are usually building-specific and offer residents less private space than permanent housing (Sprague, 1991b). Building form and living arrangements range from dormitories to shared rooms with common facilities, single-room-occupancy hotels, dedicated apartment buildings, and scattered-site apartments.

The services, which are provided on-site or through community partners, typically include case management and range from alcohol and drug abuse treatment to financial counselling and employment services. Some provide specialized services for childcare, domestic violence counselling, and services for HIV/AIDS patients (Burt et al., 1999). As residents become stabilized, the program is expected to help them find permanent housing (Burt et al., 2002).

Programs tend to cluster at the ends of a continuum, from service-intensive facilities with rigorous expectations of residents (i.e., high demand) to programs with flexible requirements and optional services (i.e., low demand). Low-demand transitional housing programs are designed for chronically homeless individuals and added to outreach or drop-in

services; high-demand programs are designed for families and individuals with multiple problems (Barrow & Zimmer, 1999).

The distinction between emergency shelter services and transitional housing may become blurred when shelter stays lengthen. For example, there is currently no standard length of stay in Toronto shelters, and it is not uncommon for families to stay up to one year. Shelters are becoming "more specialized and flexible to meet new needs within the homeless population" (City of Toronto, 2002, p. 4).

Transitional housing resembles supportive housing. Novac and Quance (1998) distinguish transitional from supportive housing only in terms of length of residency — supportive housing is permanent. Both models encompass a combination of housing and support service provision that varies in terms of housing form, type and level of support services, target population, and relationship between the housing provider and the support service provider, if different. They differ in that transitional housing is a stage in a progression from which residents are expected to "graduate" to more independent or "normal" housing (Barrow & Zimmer, 1999). There is also an assumption that some kind of personal change will occur. Another difference is that supportive housing residents commonly have full tenure rights. Residents of transitional housing are expected to vacate when they have completed the program and can be "dis-enrolled" (evicted) at any point if they violate the program's rules or do not fulfil its expectations. It is typical to require residents to agree to a contractual requirement to work towards particular goals during their stay (Sprague, 1991b).

The distinction between transitional housing and residential treatment programs of recovery and rehabilitation is also murky, in part because of the prevalence of severe mental illness and substance abuse among the visibly homeless (Barrow & Zimmer, 1999). Other terms used for transitional housing include second-stage or bridge housing and service-enriched housing. Sprague (1991a) uses the term *lifeboats* to describe transitional housing projects designed for lone-mother-led families, many of them homeless because of family violence. In Canada, the term "second-stage housing" is applied to transitional housing for women who have come from family violence shelters. Although similar in many respects, this type of transitional housing is not considered here.

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Who Does Transitional Housing Serve?

The need for transitional housing for people in certain circumstances is not new. Victims of crises or family violence, substance abusers, persons with chronic medical problems, immigrant populations, and deinstitutionalized persons of all ages have traditionally required transitional housing on the road to independent community living. Halfway houses, independent living programs, and homes for unwed mothers are all familiar examples of transitional programs (Sprague, 1991b).

People who benefit from the longer time frame and targeted services provided by transitional housing include those who:

- are recovering from traumas such as domestic violence or extended homelessness;
- have a background of multi-generational poverty and do not have a kinship network or role models to support their move to self-sufficiency;
- are emancipated youth or younger adults coming out of institutions or having little or no independent living experience;
- are in need of education and job skills in order to obtain an income level sufficient to afford housing; or
- have other on-going service needs such as mental health problems, drug or alcohol treatment, or HIV/AIDS (Nesselbuch, 1998, p. 2).

Sprague (1991b) has identified additional groups who are assisted by transitional housing that provides peer support, life skills training, or extensive supervision:

- young mothers and pregnant teenagers;
- physically or mentally disabled persons;
- those leaving prison;
- immigrants.

The first major survey of transitional housing programs in the United States showed most serve more than a single group. Of those that specialize, most serve people with mental health or addiction problems; the other major groups in descending order of frequency are abused women, families, youth, and people with HIV/AIDS (Burt et al., 1999).

Transitional housing is considered more appropriate for some groups than others. People in recovery from substance abuse was the

group most frequently named by service providers as needing the transitional environment, to keep them from returning to neighbourhoods and acquaintances where they would have trouble avoiding drugs and alcohol. U.S. policy and funding programs have favoured the provision of transitional housing for homeless families, but families are increasingly being placed in permanent housing units coupled with supportive services until their crisis has passed (Burt et al., 2002).

Burt et al. (2002, p. 41) characterize transitional housing programs as "interim placement for persons who are not ready or do not have access to permanent housing." Achieving "housing readiness" implies individual change in behaviour or circumstances; this is the essence of transitional housing. But to what extent do transitional housing programs temporarily house people who simply lack access to permanent housing? This question reveals the core debate on the transitional housing model.

A Model under Debate

Transitional housing has operated for more than two decades in the United States and continues to be developed for this purpose, but some communities are reconsidering the importance, role, and appropriate clients of transitional housing and prefer to offer permanent housing with transitional support services (Burt et al., 2002). Communities with very low vacancy rates and little affordable housing tend to place a higher priority on the need for transitional housing. In other words, increased reliance on transitional housing can be an outcome of insufficient affordable housing units (Nesselbuch, 1998).

As a remedy for homelessness, transitional housing is controversial. While proponents consider it the best way to ensure that homeless families and individuals get services that enable them to attain and sustain self-sufficiency as well as permanent housing, critics view it as stigmatizing and a drain on resources better used for permanent housing (Barrow & Zimmer, 1999). Placing the emphasis on transitional support services rather than temporary housing appears to resolve much of the criticism.

Many concerns raised by critics are addressed in newer models of transitional housing that help people access permanent housing and provide support services to enhance stability and self-sufficiency. Based

on experience thus far, these new models seem to provide an effective way to assist people in the transition from homelessness without putting them in an institutional living environment (Nesselbuch, 1998, p. 5).

Reviewing strategies used in European countries, Harvey (1999) distinguished three models of homeless resettlement strategies:

- normalization, which moves people directly into normal housing;
- tiered, which provides one or more stages before moving to normal housing; and
- staircase of transition, a series of stages, with sanctions in progress toward normal housing.

The normalization model downplays personal problems among homeless people and stands in opposition to the model of transitional housing. In Germany, most participants have adapted to their new environments with little or no difficulty; only a minority of residents required occasional intensive crisis support.

The tiered model assumes that transitional housing is necessary for some homeless people. Scattered-site supervised apartments are used for a few months up to two years before participants move to permanent housing. In Vienna, 84 percent of the participants achieved residential stability and 30 percent obtained employment (the local unemployment rate was low at the time).

A typical staircase process includes an assessment stage in a shelter, followed by two stages of transitional housing (e.g., six months in a "training" apartment, then one year in an ordinary apartment), and finally, a move to a regular apartment with full tenancy rights. At each step, the level of support services decreases and the level of tenancy rights increases. Tenants who have difficulties or cause problems may be "demoted." Social workers may enter units for inspections (e.g., drug testing), and programs may include mandatory work plans. The outcomes for participants have been mixed. Many homeless people stay stuck at the bottom of the ladder. Others remain stuck near the top, still subject to contractual agreements with private-sector landlords who are reluctant to relinquish control by granting them full rights. Levels of homelessness were not reduced in the Swedish cities that adopted the staircase system.

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Harvey argues for the normalization model (which he believes may be the most effective in reducing institutionalization) and against the staircase model (which tackles the management issues of capacity for independent living, "difficult" tenants, and anti-social behaviour, but is intrusive). He concedes that the tiered model is the most common and can be effective, especially when employment status can be improved.

What Harvey calls the tiered model best approximates the North American model of transitional housing. Each of the re-settlement models provides participants with permanent housing on program completion. While all transitional housing programs in North America provide participants with assistance in locating and obtaining permanent housing on program completion, they do not all provide affordable, permanent housing; this would appear to be a key distinction in success rates.

Program Objectives

The objective of transitional housing is to provide people with the structure and support they need to address critical issues necessary to maintain permanent housing and achieve self-sufficiency. At a minimum, "graduates" are not expected to use a shelter or become homeless again.

Transitional housing programs nonetheless vary considerably in their demands and expectations of participants, according to the subgroups targeted for services, the way barriers to stable housing are conceived and approached, and the guiding philosophy about how to overcome those barriers (Barrow & Zimmer, 1999).

Some programs are flexible about what participants should do or accomplish during their stay. Some low-demand programs designed to get chronically homeless people off the street initially focus on attracting participants and then only gradually encourage them to alter their behaviour, such as improving hygiene and accepting health care services. For example, a major objective of one such program is to re-engage clients with the mental health system (Blankertz et al., 1992). Others have a core of activities in which participation is mandatory. Caseworkers may also establish individualized or tailored goals for participants.

In many programs, participants are required to:
- open a savings account and initiate a savings plan;

- request a copy of their credit report as soon as they enter the program;
- participate in education, job training, or employment services;
- for clients with mental health disabilities, receive mental health services as recommended by a mental health professional;
- for clients in recovery, participate in drug and alcohol programs (Nesselbuch, 1998).

Programs for families usually try to promote better parenting. Some family programs even have objectives specifically for children. A transitional housing program for families in Calgary includes two objectives for children: to improve their school performance and diminish their involvement with the law (Datta & Cairns, 2002).

Family reunification may be a program objective. An innovative transitional housing project in New York City is designed to reunite children with their mentally ill homeless parents after lengthy separations (Emerson-Davis, 2000).

Strengthening social networks and improving community connection may be included in program objectives. A Canadian program for refugee families was designed to increase the size of families' community social networks and reduce their sense of isolation (Wiltshire, 1993).

This range of objectives has implications for evaluation; to the extent that objectives differ, programs cannot be compared with one other. Since all programs aim to improve housing status, that aspect is comparable, although it may be measured in different ways.

Indicators of Success

Not surprisingly, since the predominant or underlying goal of transitional housing is to increase economic self-sufficiency, the most commonly applied indicators of participants' success are:

- stable residency, once permanent housing is provided;
- greater reliance on employment earnings, rather than income support programs;
- increased income from employment or benefit programs.

What constitutes stable residency or "exit" from homelessness? Researchers have applied different definitions of "housing success" to evaluate the outcomes of transitional housing programs. In many stud-

ies, achieving stable residency simply means not using a shelter again. Frequently, this determination is made when residents leave a program. Few evaluations have attempted to determine former residents' housing situation beyond a follow-up period of 12 months, so long-term housing stability has rarely been defined or measured.

Wearne and Johnson (2002) argue that ultimately the type of accommodation secured on leaving transitional housing is the best measure of a program's success, with long-term housing generally regarded as the best possible outcome. But what qualifies as "long-term housing"? And what constitutes adequate housing? Griggs and Johnson (2002) cite an Australian study of transitional housing in which 10 percent of the residents moved to trailer parks or hotels and argue that this should not be considered an adequate housing outcome.

Griggs and Johnson (2002) also question the validity of conventional exit data (i.e., no recurrent use of the homeless service system and the housing outcome immediately following service intervention) as adequate measures for evaluating transitional housing programs. They recommend an objective hierarchy of housing outcomes; the measurement of non-housing related outcomes, such as improved health; and the use of longer-term outcome measures, especially as homelessness tends to reflect a state of long-term housing instability.

Stern (1994) notes the lack of clear operational, and thereby measurable, definitions of terms such as "adequate housing" and comments that while some housing options are obviously desirable, such as a family renting or owning an apartment, other options are not as clearly desirable. Dordick (2002) discounted the outcomes of one program because most of the participants ended up moving in with family or friends. To press the point, Stern (1994) asks: would moving into an overcrowded house with relatives, while potentially permanent, be acceptable?

Fischer (2000) considers this an acceptable solution, at least for certain groups, and provided the situation is not overcrowded. Since not everyone can establish an independent household, he argues that moving in with family or friends was the best possible outcome for some of the young mothers in the transitional housing project he studied. He concluded that transitional housing served as a temporary, yet stable, environment from which the young mothers could mend or build rela-

tionships that could sustain them in future. However, he overlooks the question of family violence within the context of outcomes.

When a meta-evaluation of about 500 transitional housing programs reported that the number of former residents that left to live with friends or family almost doubled (from 12 to 21 percent), Matulef et al. (1995) admitted that this outcome could be interpreted either positively (reunification of children and parents) or negatively (could involve overcrowding, domestic violence, or indicate lack of economic independence).

To measure improvements in financial independence, researchers have generally relied on indicators such as employment, job training, and upgrading education credentials. In most cases, these are presented as dichotomous (i.e., yes/no) variables.

Depending on the client group and their personal situation, other indicators related to changes in behaviour or skills have been formulated (e.g., abstinence for the alcohol- and drug-dependent, learning English or French for refugees, leaving prostitution for young sex-trade workers). In one study of transitional housing for homeless veterans with psychiatric disabilities, the indicators of success were defined as maintaining sobriety or stability and continuing to work without rehospitalization for the duration of the study (Huffman, 1993). For a transitional housing program for families, the measures included performance of various tasks: cooking regular meals, sending kids to school, washing clothes regularly, keeping house clean, paying bills, keeping appointments with others, having more stable relationships, and having feelings of greater control in their lives (Rice, 1987). Datta and Cairns (2002) used indicators of psychological well-being (self-confidence and self-respect), social skills (healthy relationships), and household management (budgeting skills). Other indicators used in evaluation of supportive housing include reduced admissions to hospital and crisis centres, and reduced number of days of impatient care (e.g., Hawthorne, 1994).

Many characteristics that may be valuable in avoiding homelessness are not easily quantified, such as self-esteem, job skills, access to resources, community involvement, increased physical well-being, and happiness (Stern, 1994). In some programs, individualized goals are negotiated between worker and participant; these may be highly specific,

such as learning particular parenting skills. Goal Attainment Scales using mutually determined indicators are sometimes used to track change.

In some cases, the path to success is paved with many small steps. One low-demand respite residence in Toronto serves chronically home-less women who are considered non-compliant and treatment-resistant. Several "soft" indicators of progress were derived from data collected during the program's first two years of operation:

- the first cohort of residents gradually reversed their pattern of sleep-ing during the day (an adaptation to avoid attacks at night when sleeping rough) to sleeping at night;
- residents' relationships with each other and with staff improved;
- residents awareness of behavioural and spatial boundaries in-creased;
- residents' involvement in the development of rules increased.

Slight improvements in the residents' behaviour, appearance, and physical health were recorded. After two years of operation, two out of fifteen residents had established households in self-contained apart-ments, and two returned to living on the street. Some of the other resi-dents made modest gains toward independence (Novac, Brown, & Gal-lant, 1999).

Transitional housing programs have been developed on the as-sumption that the services provided during the transition period will equip homeless individuals and families to maintain residential stability after they move on. Only long-term outcome research can test the vari-ous assumptions, for instance, that clinical and life skills services will enable individuals and families to weather the kinds of events and crises that previously resulted in homelessness and thus will contribute to residential stability (Barrow & Zimmer, 1999).

Program Outcomes: Canadian Research

Program evaluation of homeless services is not a high research priority in Canada, despite its apparent usefulness for effective program design and implementation, user satisfaction, and responsiveness to clients' needs. A review of 70 homelessness studies conducted within or about the Greater Vancouver Regional District categorized only eight as

evaluative; the majority consisted of environmental scans and needs assessments (Quantz & Frankish, 2002).

Barrow and Zimmer's (1999) synthesis of the U.S. literature on transitional housing points to a lack of research on program outcomes and effectiveness, especially compared with the extensive documentation of service providers' experience and knowledge. Even the latter type of documentation is sparse for transitional housing programs in Canada.

Studies of transitional housing projects in Canada are rare. Only two evaluative studies have been conducted on projects for families.

Rice (1987) evaluated a two-year transitional housing program for multi-problem, poor families who lacked the skills and knowledge to cope with the demands of daily living. This included families with a history of bad debts; an inability to pay rent on time; a record of abusive behaviour towards neighbours, property, and family members; and those considered "poor risks" by landlords.

The researchers followed the progress of 25 families who entered the program. Staff expected the families to stay for two years, but only one family did so. At first, weekly meetings were mandatory and focused on life skills (i.e., child rearing, money management, nutrition, maintenance, and communication); these evolved into discussions of common issues and were eventually replaced by individual meetings with staff. Families resisted periodic evaluation and feared eviction for violation of expectations of unit maintenance and childcare. A more traditional form of casework intervention evolved as clients withdrew and reacted with resistance to the structured programming.

On average, the families that stayed longer demonstrated more improvement in their skills. Of the 25 families, eight improved their level of functioning, ten stabilized their ability to function, and seven were worse off. Those with the least severe problems benefited most. Although the families were promised priority for permanent subsidized housing after completion of the program, this did not occur. Only one family moved into subsidized housing after staying in the program for 16 months. Rice concluded that participation in programs should not be mandatory, and families should be provided with permanent housing and transitional support services that are withdrawn over time.

Wiltshire (1993) conducted a qualitative evaluation of a short-lived, innovative transitional housing project for government-sponsored refugees or refugee claimants identified as needing extra settlement support. Eleven households were placed either in townhouses within a multicultural housing co-op or in apartments in a residential area, all managed by the same organization, for up to one year. Family group meetings were initially offered every two weeks and attendance was voluntary. Earlier support sessions focused on discussing common problems and sharing information were better received than later workshop sessions on permanent housing and employment.

Based on interviews with 18 individuals (program participants, staff, and board members) and a group interview with six volunteers, Wiltshire determined that the families appreciated the quality of housing provided and the support they received, especially practical assistance, such as opportunities to practice speaking English, and a lessened sense of isolation and alienation.

The program succeeded in integrating the families in their neighbourhood community, especially those in the housing co-operative. In fact, the families resisted leaving their homes and the social networks they had developed in the co-operative or neighbourhood and the schools their children attended. The families housed in the co-operative were eventually allowed to become permanent co-operative members, in the process removing the housing stock from the program's resources.

Wiltshire suggested that displacement after one year did not meet the needs of the newcomer families and that a more suitable model would be a brief program of several weeks or permanent housing placement with support services that wane as program participants are integrated into Canadian society. She concluded that the transitional housing concept may have contravened the goal of settlement because refugees benefit from establishing a permanent household and informal support system as soon as possible.

In fact, this is true of all families. Based on a review of studies, Barrow and Zimmer (1999) found that scattered-site models of transitional housing that "convert" to subsidized permanent housing are a cost effective approach to helping families exit homelessness without the disruption of support networks that facility-based approaches may entail.

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U.S. Research

It is U.S. government policy to provide funds for supportive and transitional housing with the goal of reducing homelessness. A survey of program directors of 360 transitional housing projects funded under the Transitional Housing Program found that 40 percent of clients overall obtained housing and a source of income when they left the program. Families and couples without mental health or addiction problems were most likely to succeed (United States General Accounting Office, 1991).

A national evaluation of about 500 transitional housing programs was conducted in the mid-1990s and provided more detail on the clients and program outcomes (Matulef et al., 1995). As the funding program targeted families and persons with disabilities, this influenced the characteristics of the groups served. Forty-three percent of the participant households were families with dependent children. More than one-quarter of the projects were intended to assist the severely mentally ill or substance abusers. Ten percent primarily assisted battered women. The proportion of projects assisting other target groups was small, but included runaway or abandoned youth, veterans, pregnant women, dually diagnosed, developmentally disabled, elderly, and ex-offenders.

Virtually all of the projects offered case management, which included needs assessment upon entry, periodic reassessment and progress monitoring, group meetings, and resident enrolment in community-based service programs. Most also provided housing location services, training in household management, prevocational training, and vocational counselling. Fewer than half offered prenatal care, medication monitoring, detoxification, English as a second language, physical therapy, sheltered workshops, or Parents Anonymous.

Matulef et al. (1995) concluded that the Transitional Housing Program had achieved its goal of helping residents achieve self-sufficiency and find independent living situations. Overall, 57 percent of participants who entered a program completed it. Of those who completed programs, 70 percent moved on to stable housing, some with rent subsidies, and most without services. This outcome varied by sub-group, ranging from 90 percent for families to 41 percent for abused women. Of those who withdrew from the program early or were dismissed, less

than one-third entered stable housing. This difference in outcomes suggests that participation in transitional housing programs increased residents' odds of obtaining stable housing; however, the reliance on data from project sponsors and service providers (some of whom did not have detailed records), lack of data on long-term outcomes, and the lack of a control group comparison limits the conclusions that can be drawn.

Twice as many of the participants were employed part- or full-time by the end of the program (38 percent) or engaged in education and training (14 percent) than when they began. A small percentage (11 percent) had increased their monthly income and reduced their reliance on income support programs. This was not the case in projects serving abused women, among whom employment status remained unchanged.

Barrow and Soto (1996) conducted one of the very few studies that have incorporated a comparison group in the research design. They evaluated six transitional housing programs serving distinctive but overlapping segments of the street homeless population. Outcomes for a sample of 113 individuals were compared to those for a matched control group who received similar non-residential services (i.e., money management, entitlements, physical and mental health care, substance abuse, legal, and family), but not transitional housing. At program exit, 62 percent of the residents went on to some form of longer-term housing (usually to an apartment or room of their own; in some cases to live with family or friends) and remained housed at the three-month follow-up point. This outcome was significantly better than that of the control group in shelters — 35 percent of them were housed after a period of receiving similar non-residential services.

Transitional programs for homeless individuals with severe mental illness frequently emphasize clinical outcomes and include post-program moves to supportive housing and specialized residential care. For example, Blankertz et al. (1992) reported that more than three-quarters of the residents took their medication regularly; virtually all were receiving income assistance and other help; and two-thirds had no psychiatric crises while in residence. Almost one-third moved to board and care sites; one-quarter attained independent living; and about one-tenth went to specialized care centres, back to family, or to other mental health facilities, respectively.

Interpretation of results across programs is difficult, given high rates of attrition. For example, Murray et al. (1997) reported that 92 percent of residents who completed a transitional residential program maintained their housing one year after discharge. However, more than half of the sample of 228 individuals failed to complete the program.

Assessment of Resident Characteristics and Outcomes

No single characteristic of residents assessed so far has distinguished individuals' odds of success. Barrow and Soto (1996, 2000) found no relationship between housing outcomes and characteristics such as gender, age, psychiatric disability or addiction, ethnicity, length of time homeless, main means of support, sleeping place, and pre-baseline services. However, a particular constellation of characteristics was associated with negative outcomes. Those who left or were discharged without placement tended to be women, were in their forties, had the most severe psychiatric diagnoses, and were actively abusing substances when admitted to the program. Hawthorne et al. (1994) also determined that various socio-demographic and clinical factors, including diagnosis, age, gender, number of previous hospital or crisis centre admissions, employment and living situation, and length of stay, were not related to successful treatment outcomes.

Low-Demand vs. High-Demand Housing

Barrow and Zimmer (1999) found that adding low-demand transitional housing programs to outreach or drop-in services for homeless individuals improved their likelihood of obtaining permanent housing. High-demand or highly structured facilities which double as treatment programs for people with severe mental illness and/or addictions appear to improve housing and clinical outcomes for participants who complete the programs. Such programs, however, have extremely high attrition rates and are not an effective route out of homelessness for most people.

How Appropriate is Transitional Housing for Families?

There is considerable disagreement on the appropriateness of transitional housing for families. Based on the results of a survey of 40 women

living in transitional housing projects (mostly second-stage housing) in Canada, Wekerle (1988) concluded that while the primary goal of offering residents a respite and services to assist them in becoming independent was met, the risk of housing insecurity and homelessness remained. She argued that the transitional housing model was a stop-gap measure that delays rather than resolves the long-term housing problems of these hard-to-house women.

Twiss (1993) argued that transitional housing is more appropriate for the deinstitutionalized, the mentally ill, and those with substance abuse problems than for families, especially if the housing form is group home arrangements.

An early study by Phillips et al. (1988) reported that within a few months, families had lost the gains they had made during residency in a transitional housing program. Most (71 percent) of the parents who completed a three-month program for homeless families improved their parenting skills, but on follow-up three and six months later, the progress families had made was lost, and their housing facilities had deteriorated (e.g., there was no furniture).

Yet certain families have been more successful in becoming rehoused than other groups in transitional housing programs. An evaluation of U.S. transitional housing programs by Matulef et al. (1995) showed that, of those who completed their programs, families were more successful in securing permanent housing than those with severe mental illness (74 percent), addictions (67 percent), or abused women (61 percent). Since these categories are not mutually exclusive, this result can be interpreted to mean that families without problems of severe mental illness, addictions, or recent family violence are more likely to be successful than families or individuals with these problems.

An essential element in stabilizing families is the provision of housing subsidies. Shlay (1993) followed two cohorts of families for more than a year after they completed a two-year transitional housing program. The families were selected for likelihood of success. They had been screened for chemical dependency, perceived motivation to achieve economic independence, and potential for becoming trained for the labour market or employed. The program graduates maintained their residential stability after receiving housing subsidy vouchers, and both adults

and children exhibited positive changes in their lives. The families, how-ever, did not become economically self-sufficient as indicated by com-plete independence from income maintenance programs (Shlay, 1994).

The largest evaluation of transitional housing for homeless families, conducted by Rog et al. (1995), showed a similar result. Data on some 1,670 homeless families in nine cities found considerable housing stabil-ity over time among families who received housing subsidy vouchers, with 91 percent using them after 12 months and 75 percent after 30 months, but little difference in families' increased self-sufficiency.

Even homeless families with very complex problems have become residentially stable with the provision of permanent subsidized housing and short-term support services. In a large study of services-enriched housing programs for chronically homeless families in nine U.S. cities, a high proportion of the 781 mothers experienced childhood risk factors, were poorly educated, had health problems, had experienced domestic abuse, and were alcohol and drug dependent (Rog et al., 1995). Despite these problems, 88 percent remained housed 18 months after they had been given housing subsidies and received at least four months of sup-port services.

Families have achieved housing stability, especially when provided with affordable housing, but not the other main outcome frequently ex-pected of transitional housing — financial independence. Gerstel et al. (1996) argue that transitional housing programs fail to help families be-come financially self-sufficient because support services, although help-ful to some residents, is not effective in re-housing participants unless the fundamental shortfall between income and housing costs is ad-dressed. Moreover, the social and physical isolation caused by transi-tional housing programs separates individuals from their support net-works and thereby undermines useful contacts and collaborative strategies of mutual assistance, especially those related to employment and informal housing resources.

Fogel (1997) has challenged the premises of high-demand programs, asking how they can promote self-sufficiency when they require resi-dents to adhere to rules on parenting chores, living mates, eating times, entertainment, sleeping and waking times, smoking locations, visitors, mail, medication, money use, overnights, and limitations on bedroom

space. Gerstel et al. (1996) also criticized the constraints on residents' daily activities, calling them a form of incarceration for families. They noted prohibitions against in-room visits by outsiders, curfews for adults as well as children, and limitations on the amount of time that residents could spend away from the housing, and found that some programs offered residents no opportunity for collective or collaborative decision making.

A small-scale study by Dunlap and Fogel (1998) underscored the difficulties families face. A year after completing a transitional housing program, some families were on the verge of homelessness again (e.g., living in a motel, moving from place to place). Most parents were insecurely employed in low-wage jobs with minimal benefits, and all required public assistance to meet their basic needs. Even two years later, the families were only beginning to attain economic self-sufficiency.

Given the challenges of raising children while living in poverty or on low incomes, it is unreasonable to expect all families to become financially independent, but the evidence suggests that they can maintain permanent housing if it is affordable, and that permanent housing with transitional support services is more effective than transitional housing. Whether this is also the case for individuals cannot be answered with the limited research conducted to date.

Research Gaps

Major gaps limit our ability to assess the effectiveness of transitional housing as a means of addressing homelessness in Canada.

The lack of rigorous research on outcomes makes it difficult to evaluate effectiveness

The knowledge base for transitional housing practice and research is still too limited to ascertain which practices and program models are most effective in helping formerly homeless people to stay adequately housed. Published studies frequently lack control or comparison groups. "To assess the effectiveness of transitional housing requires research designs that control for other factors that may influence outcomes while compar-

ing transitional housing programs to policy-relevant alternatives" (Barrow & Zimmer, 1999, p. 4).

Case management is a common program component, but its connection to outcomes is not known

Case management is the factor most often cited by program directors as contributing to client success (Datta & Cairns, 2002; Matulef et al., 1995). However, how it does so is unclear. We lack studies that would clarify the effects of various styles of case management and to determine which aspects of case management or its elements may be fundamental requirements for resident success.

The long-term effects of transitional housing are unknown

We lack sufficient data on whether people maintain their housing over the long term. The challenge is to devise valid indicators and outcome measures of the long-term success or failure of housing assistance programs and of specific service practices and designs (Griggs & Johnson, 2002).

Conclusions

Transitional housing is an intermediate step between emergency crisis service and long-term permanent housing, the objective of which is to establish residency stability. It combines short-term housing and support services, which vary in type and degree of flexibility, for people who are not "ready" for permanent housing; or, to its critics, for people who simply lack access to housing.

Transitional housing programs are more effective than services alone

Short-term provision of housing is more effective in ending homelessness than services alone, although the evidence is limited. A comparison study of participants in transitional programs for the street homeless in New York City found that close to two-thirds of the experimental group members, who were provided with temporary housing as well as access to support services, were living in permanent housing three months after leaving the program, compared to only one-third of the comparison

group members who had received the same level of services but were not provided with temporary housing (Barrow & Soto, 1996).

There is evidence of short-term success in improving housing status

Virtually all evaluative studies of transitional housing have demonstrated some degree of post-program improvement in housing status and a significant reduction in the number of residents who return to a state of homelessness on exiting the program. Overall, about half of participants go on to permanent housing; a much higher proportion obtain housing among those who complete their programs (Barrow & Zimmer, 1999). Some transitional housing projects have provided subsidized housing or housing subsidies for their graduates; not surprisingly, these projects have higher rates of success in achieving permanent housing.

All programs offer assistance in locating and obtaining housing, but not necessarily housing that is affordable or desirable to participants. Some programs that encourage chronically homeless people with severe mental illness to accept moves to supportive housing have met resistance from residents who would prefer conventional private-sector rentals, even though such accommodation is generally unaffordable to them (Barrow & Soto, 2000). It is unknown whether improvements in housing status are maintained over the long term, but the small number of studies that have followed former residents, usually for up to twelve months, have shown only a small degree of drop-off in housing status during that relatively brief time.

Only modest improvements in financial independence are achieved

Improvements in financial and employment status have been modest, especially among families. A variety of other changes in behaviour, acquisition of skills, or health status have been reported. Whether transitional housing is the best means of promoting such change is unknown.

Canadian experience and research is limited and calls into question the appropriateness of the model for families

Transitional housing is a relatively new model of service provision in Canada. Consequently, documentation of existing projects is scarce, and

evaluative studies even more so. In part, this is because service providers lack the funding and other resources to conduct program evaluation. Both Rice (1987) and Wiltshire (1993) concluded their respective studies of a transitional housing project by questioning the appropriateness of the transitional housing concept for families and suggested that permanent (subsidized) housing with transitional support services best promotes stable social connections and neighbourhood supports.

Permanent housing and community services are critical to the success of transitional housing

There is a broad consensus that transitional housing can be an effective component of the range of resources required to prevent homelessness only if adequate permanent housing and supportive community-based services are also available (Barrow & Zimmer, 1999; Nesselbuch, 1998).

There are important Canadian–U.S. differences in transitional housing

It appears that the Canadian experience of transitional housing projects differs in some respects from that in the United States. There are fewer projects for families versus individuals in Canada, likely due to the higher costs of housing and support service provision for families, and, until recently, the lack of government funding to develop transitional housing or to target programs for homeless families. There may be more projects, proportionately, for single youth – if so, it is unclear why. There may be a higher proportion of flexible programs that focus on access to services rather than individual change in behaviour.

Key indicators of this distinction are eligibility criteria, the extent and rigidity of rules and restrictions, and the basis for involuntary program discharges. Programs that focus on behavioural change or treatment usually require applicants to demonstrate motivation and mandate participation in daily program activities. Programs that focus on access to services are more flexible about program compliance, more forgiving, and less structured. Some conduct outreach to entice those estranged from the service system to enter a program and only gradually encourage any change in individual behaviour.

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