CALGARY HOMELESS FOUNDATION & UNIVERSITY OF CALGARY, FACULTY OF SOCIAL WORK

Permanent Supportive Housing for Families with Multiple Needs

A Report to Employment and Social Development Canada

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Table of Contents

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Executive Summary

In response to the continued growth of family homelessness, communities across Canada are developing family-centered interventions to end homelessness and help families achieve residential stability. In Calgary, there is concern for the growing number of families entering into homelessness with Calgary's two emergency shelters consistently at capacity. Families experiencing homelessness face a range of structural barriers, personal risk factors, and triggering events. While the experience of family homelessness is distinct from that of singles, the typologies of shelter users may be comparable. That is to say not all families who fall into homelessness are considered to be high acuity or require an intensive level of support to be rehoused. However, anecdotal evidence in Calgary in 2011 raised the concern that there were a group of families for whom permanently ending their homelessness was challenged due to lack of appropriate services. These families exhibited multiple, and complex challenges and a greater duration of time in the shelter system. This exploratory research developed in response to local concerns and sought to devise recommendations for the development of a model of Permanent Supportive Housing to support high acuity families with multiple shelter stays.

This study includes an environmental scan of existing models of supportive housing, a literature review of family homelessness and risk factors, qualitative interview data from 36 heads-of-household experiencing past or present homelessness, survey data from 27 service providers working with homeless families, and an analysis of statistical information from two emergency shelters and six housing programs currently available to families in Calgary.

By targeting families with repeat or lengthy shelter stays, this study aimed to gain additional insight on families with complex needs, for whom it is likely that affordable housing alone would not be a sufficient intervention and where additional and longer-term supports would be needed. This data is intended to be used for a permanent supportive housing model with wrap-around supports for families, creating a tailor-made intervention for the specific needs of this cohort.

Participants in the study indicated that stressors such as inadequate income, inaccessible or unaffordable housing, substance use, discrimination or racism, family violence, lack of supports or information about services, and physical or mental health concerns all contributed to their

experiences of homelessness. Across all families, a housing crisis was at the center of their homelessness. Further, the experience of homelessness brought with it a fear of disclosure of the associated challenges related to family cohesion and parenting, due to the potential for child welfare involvement. Given the link between child welfare involvement and experience of homelessness later in adulthood, it is crucial to understand how best to support families experiencing homelessness to maintain their family structure and to address the root causes of their homelessness so as to not produce the next generation of homelessness.

Among the perceived facilitators for families exiting homelessness were supportive staff providing case management and referrals, a respect for the pursuit of autonomy and independence, addressing the needs of their children (from child care to intensive counselling), improved awareness of available community supports, and cultural supports and spiritual practices. Fundamentally, underpinning all of these supports was the need for affordable housing and adequate income. Participants were clear, however, that sufficient housing and income alone would still leave significant gaps in their family's needs. These, in turn, needed to be filled by supportive, flexible, appropriate and accessible programming and supports.

Introduction

This multi-method research study examines the barriers and facilitators to service utilization and residential stability among homeless families in Calgary. Specifically, this research sought to better understand the housing and support needs of families with repeated episodes of homelessness along with multiple barriers to residential stability. The capacity to adequately respond to the needs of this particular subgroup of homeless families was identified to the research team by the Calgary Family Sector[1] in 2010 where it was identified that families with repeated episodes of homelessness or those who experience long term homelessness are particularly difficult to support due to the complexity, and in some cases, chronicity of their homelessness.

Research indicates that a small portion of homeless families, with multiple episodes of homelessness, exhibit greater degrees of extreme poverty, higher rates of substance use and mental illness and higher rates of interactions with child welfare systems. These families are considered to be complex, with multiple barriers to residential stability and are distinct from families who fall into homelessness temporarily and require fewer services to stabilize. The question faced by the Calgary community was, how many families in Calgary experience multiple episodes of homelessness and how is housing stabilization and recovery achieved with this particular population?

While many families benefit from the support provided through short-term supportive housing, transitional housing or emergency shelter, some families will require the continued stability and supports provided through a Permanent Supportive Housing (PSH) model. PSH models have been proven a successful intervention in many jurisdictions supporting chronically homeless singles and recently have been adapted to need the needs of chronically homeless families (LaFrance Associates, 2004). The aim of this project is to contribute evidence to the needs of homeless families and to support the development of promising practice in delivering PSH.

Understanding the unique housing and support needs of high acuity homeless families and developing a corresponding model of supportive housing can significantly improve outcomes for families by stabilizing their housing through collaborative, wrap around supports, and ultimately

[1] Calgary Family Sector is a subcommittee of the Calgary Action Committee on Housing and Homelessness

preventing both future episodes of homelessness. The development of promising practices to support families with major barriers to residential stability will be instrumental to address the growing numbers of families experiencing multiple episodes of homelessness and prevent the risk of multigenerational homelessness among youth and children.

The research team utilized a multi-method approach including a synthesize of research on family homelessness, an environmental scan of models of supportive housing for families across North America, 36 individual qualitative interviews with heads of households of families who were experiencing, or had previously experienced homelessness as well as 27 service providers working with homeless families in Calgary. The interviews were supplemented with analysis of data from Calgary's Homeless Management Information System (HMIS) on two emergency shelters and six Housing First (HF) programs in 2012-2013 to better understand the ecology of homeless families as well as the trajectories into and out of homelessness. Developing a local knowledge base will allow for tailored interventions within Calgary's System of Care ensuring appropriate, effective and sustainable interventions contextualized within the experiences of families who experience multiple episodes of homelessness.

Methodology

In Calgary, permanent housing options for high acuity families are scarce. Understanding the unique support needs for homeless or at risk families and then developing evidence based interventions can significantly improve outcomes for both chronically and episodically homeless families. The goal is to create stabilized housing and supports to prevent future episodes of homelessness. This research will provide a framework from which to understand the needs of homeless families, their pathways into homelessness, service utilization, as well as identify gaps in service use and delivery in Calgary.

This project aims to develop clearly articulated recommendations for the development of a PSH model for homeless families with multiple barriers to residential stability.

The following objectives informed the design of this study:

1) Create a framework to assess the needs of homeless families with children including their pathways into homelessness, support needs and identify system gaps in Calgary's System of Care
2) Identify housing and support needs of families who experience multiple episodes of homelessness to articulate barriers and facilitators to residential stability
3) Better understand challenges faced by the Calgary Family Sector in supporting long-term homeless families with complex needs and high interactions with other systems including child welfare
4) Recommend key programmatic features for a PSH model for this population

The following research questions informed the research process:

1) What are the primary issues that chronically and episodically homeless families face?
2) What types of supports are necessary to ensure complex homeless families achieve housing stabilization?
3) What programs and supports currently exist in Calgary that can be enhanced to create a PSH model?
4) What are the key components necessary in our local context to develop, implement and maintain a PSH model for homeless families?
5) What PSH models currently exist in other jurisdictions and how is their effectiveness being measured?

The report utilized multi-method approach to data collection, which included an environmental scan and literature review, data from the Calgary HMIS, qualitative interviews and surveys.

A Research Advisory Committee assisted with overseeing the project and providing feedback and recommendations throughout the research project, including assistance recruiting families and service providers for participation in interviews and surveys. The Committee included management and leadership from local emergency shelters and Housing First programs and committed to assist with disseminating research findings and work collaboratively to consider opportunities within the community to implement key learnings.

Data Collection

1) Environmental Scan and Literature Review: An international scan of 29 Family Housing PSH models was conducted and 111 sources were reviewed for the literature review.
2) Interviews: Approximately 1 hour, semi-structured, face to face, qualitative interviews with 36 adults from families who were currently, or had previously experienced homelessness.
3) Surveys: Twenty-seven service providers participated in the survey to identify gaps in Calgary's system of care and solicit recommendations for PSH supports.
4) HMIS Analysis: Data was analyzed from two emergency shelters (N: 93 families) and six HF programs (N: 165 families) in 2012-2013

Recruitment and Sampling

This study utilized convenience and snowball sampling to recruit survey and interview participants. The Research Advisory Committee identified agency staff, case managers or service providers, who the research team could contact, inform of the study and request assistance with recruitment. Participants were recruited from emergency shelters, supportive housing and HF programs, as well as transitional housing programs for women and children fleeing violence.

A member of the research team contacted family serving agencies in Calgary informing them of the study. If they were interested in assisting with recruitment, a recruitment poster was emailed or delivered to them. The service provider was requested to post the notice at their organization or hand it to adult members of eligible families. Agency staff was provided with background information on the purpose of the study and eligibility requirements. Families who were interested in participating in the research were asked to contact the research team directly.

Additional participants were recruited via snowball sampling, whereby participants who knew about the project informed their peers of the opportunity to participate and provided them with the contact information for the research team. The research team did not directly contact participants identified through snowball techniques.

When adult members of families contacted the research team, the researcher described the study to them, ensured eligibility based on our previously described definitions of family and

homelessness. If the participant was interested and eligible, the research assistant arranged an interview time/date/location that was convenient for the participant. Prior to the onset of the interview, the adult member of the family provided written informed consent. Participants were provided a $25 cash honorarium.

Study participants included 36 adults from families who were experiencing homelessness. Families were defined as at least one adult and one minor child (age 0-18) who identified as a family. This definition included women who were pregnant or a parent whose child had been in their direct care within the previous 12 months or was expected to return to their direct care within 12 months at the time of the interview.

The Research Advisory Committee utilized their network of contacts to identify agency staff, case managers or service providers from programs in Calgary who serve families to participate in a survey on PSH for homeless families. Survey participants included 27 service providers. A member of the research team contacted the identified service providers by phone or e-mail and provided a description of the project, an invitation to participate and contact information of the research team. If interested in participating, the member of the research team arranged the informed consent process and survey to be completed through e-mail or the online program Survey Monkey.

Interview Participants

In total, 36 head of households participated in interviews. Forty-seven percent of participants identified as Aboriginal and 36% identified as Caucasian. At the time of the interviews, 58% were at emergency and 78% had their children living with them, however 39% had involvement with child welfare services. Participants had on average 2.7 children with a range from 1-7 children. Three participants were pregnant at the time of the interview; 33% were married or common law partner; 19% were separated or divorced and 36% were single. Seventy percent of the participants were unemployed and the main sources of income identified by households included Child Tax and Support (52%), Assured Income for the Severely Handicapped (AISH) (11%), partner's income (19%) and employment (15%).

Data Analysis

Interviews with heads of household were audio recorded and transcribed verbatim. Transcripts were coded by researchers into conceptual clusters based on the research questions, using a conventional content analysis approach (Hseih & Shannon, 2005). A phenomenological framework was applied to the coding process whereby the research team sought to describe the phenomenon of family homelessness from the perspectives of families themselves and service providers (Baker, Wuest, & Stern, 2006).

Content was organized based on a coding structure structured as follows:

- Risk Factors: income and expenses, housing, relationships, physical and mental health and substance use
- Protective factors: informal supports, income, formal supports, and sources of information
- Emotional and personal impact of experiences of homelessness: impact on children, mental health and addictions, criminal justice system, resources, shelter conditions, the presence of hope and planning for the future
- Accessing systems and services: eligibility and expectations of services, means of contacting or accessing services, family relationships with service providers, systems navigation, successful/unsuccessful services
- Barriers to exiting homelessness: income/financial support, housing, supports, and relationships
- Facilitators for exiting homelessness: housing, non-housing supports, personal/professional development, relationships
- Maintaining residential stability: barriers and facilitators including income, legal, mental health and addictions, physical health and access to medical services, children, food and clothing, recreation and exercise, housing and shelter, transportation, service providers and programs, recovery from domestic violence, mending broken family relationships

Literature Review

Family homelessness has been identified as the fastest growing subgroup within an increasingly diverse homeless population (Bassuk, 2010). Calgary's most recent Point-in-time Count conducted in January 2014 enumerated 209 families identified as homeless, an increase of 30.6%

compared to January 2012 (Calgary Homeless Foundation [CHF], 2014). Once considered to be a condition afflicting single men, homelessness is now a national crisis growing at an astronomical rate and disproportionately impacting certain subpopulations including youth, Aboriginal people, recent immigrants, veterans, Lesbian, Gay, Bisexual, Transgendered, Questioning (LGBTQ) individuals and families (Hwang & Frankish, 2009; Pauly, Jackson, Wynn-Williams, & Stiles, 2012; Tutty et al., 2011). The growth in the rates of homelessness, as well as a diversified demographic composition among individuals and families experiencing homelessness, has been attributed to important social and economic policy shifts in the 1980's and 90's (Gaetz, 2010; Lyon-Callo, 2004). This shift corresponded with process of deinstitutionalization, cutbacks in social assistance, the hollowing of the social safety nets, and the termination of affordable housing spending (Benzies, Rutherford, Walsh, Nelson, & Rook, 2008; Lyon-Callo, 2004; Morrell-Bellai, Boydell, & Goering, 2000; Rows & Wolch, 1990).

Recognizing the heterogenic nature of today's homeless population, research has tended to focus on subgroups rather than the population as a whole (Tutty et al., 2011). Examining the needs of particular subgroups, including risk factors, barriers to service utilization and pathways out of homelessness is necessary in the development of effective program and policy responses to the complex condition of homelessness (Aubry, Klodawsky, & Coloumbe, 2012). A specific focus on particular populations has informed strategic responses to homelessness and aided in the production of tailored interventions that are contextualized in the unique experiences of different populations and position the responses within the socio-economic, political and historical context of our communities.

While there are unique pathways into homelessness for particular populations that put them at an increased risk of homelessness, several researchers have identified that a complex interplay of multi-faceted individual and systemic factors can lead to the onset of and duration of homelessness. The main determinants of homelessness are structural including: extreme poverty; interpersonal violence or conflict; and a lack of affordable housing (Lyon-Callo, 2004; Pauly et al., 2012; Tutty et al., 2009). Further, Frankish, Hwang and Quantz, (2005) insist that homelessness may not be *only* a housing problem, but it is *always* a housing problem.

The individual factors that have been attributed to increased risk of experiencing homelessness include: adverse childhood experiences; low education levels; young parenting; chronic health problems; lack of job skills; family breakdown or violence; mental health issues; trauma; substance abuse; and poor social support (Anderson, 1997; Benzies et al., 2008; Frankish, Hwang & Quantz, 2005; Pauly et al., 2012; Snow et al., 1994; Walsh et al., 2009).

Characteristics of Family Homelessness

There is a growing consensus that families experiencing homelessness are not homogenous and have various levels of need requiring diverse types and levels of intervention (Bassuk, 2010; Rog, 1999). Bassuk (2010) suggests that research still needs to "define the nature, duration, and intensity of services necessary to support particular sub groups of families and children" (p. 35). A wide range of factors have been reported to precipitate and maintain a family's homelessness, including poverty, mental illness poor health, substance use, limited job skills, residential instability, relationship breakdown, family violence and the disruption of social support systems (Kilmer, Cook, Crusto, Strater, & Haber, 2012; Park, Fertig, & Metraux, 2011; Randall, 2012). Furthermore, adversity related to the conditions of poverty impact a family's experience of homelessness, such as a lack of health care, inaccessible affordable housing, and insufficient income to provide basic necessities have been associated with higher rates of domestic violence, divorce, and substance abuse (Kilmer et al., 2012; Lee, 2011; Park et al., 2011). One study reports 50% to 70% of homeless families have experienced some form of violence within their household (Powell, 2012).

Experiences of homelessness for families are often the result of a combination of structural and personal factors described above, and a "trigger" or precipitating stressful life event. Triggering events may include relationship or family breakdown, interpersonal conflict with landlords or roommates, sudden injury or illness, loss of employment, or violence (Noble, 2014; Tutty et al., 2011). In the face of triggering events, families who lack social or structural supports and economic resources to cope with crises often lose their housing and become homelessness.

While the precipitating factors for homelessness among families are not drastically different than those associated with the onset of homelessness among the singles population, the presence of children does make the experience and necessary interventions for families unique.

Impact of Family Homelessness on Children

One of the reasons families are a particularly vulnerable sub-population that requires immediate and targeted interventions is the presence of children. There is robust evidence that demonstrates the pivotal role housing plays in positive childhood development (Aratani, 2009). Studies have reported that children with experiences of homelessness exhibit more mental health problems, more behavioral problems based on the Child Behavior Check List (CBCL), have poorer performance in school as compared to their housed peers, and children who have been exposed to violence and/or trauma display increased aggression, depression, anxiety, symptoms of PTSD and general mental health difficulties (Aratani, 2009). Unfortunately, many of the associated outcomes of housing instability for children, including brain development and school performance produce the risk factors for homelessness later in life, therefore contributing to multigenerational homelessness.

Families experiencing homelessness are also at risk for separation during their episode of homelessness for multiple reasons, including the inability of some emergency shelters to accommodate large families, services that do not allow males above a certain age threshold to stay in a facility (particularly in domestic violence shelters), or child apprehension by welfare services. In some situations, families may be reluctant to seek services or assistance for fear of child apprehension (Noble, 2014).

The experience of foster care or institutional placements for children is consistently correlated to youth homelessness. Studies estimate the number of homeless youth who have had involvement with child services to range between 21% and 68%. Given the relationship between family breakdown, foster care and experiences of youth and adult homelessness, it is paramount to ensure interventions are available to maintain family structure and achieve residential stability, to reduce the impact of multigenerational homelessness and adverse effects on children who experience homelessness.

Aboriginal Families

Homelessness among Aboriginal families is particularly concerning with roughly half of all families in emergency shelters in Calgary identifying as Aboriginal (Thurston, Milaney, Turner, & Coupal, 2012). Acquiring suitable and sustainable housing remains to be one of the primary concerns for Aboriginal people in Canada (Child and Youth Advocate, 2011). Among Aboriginal households, the level of core housing need is greater when compared to non-Aboriginal households. In addition, rental opportunities are limited, resulting in increased rates of multi-family and multigenerational households, leading to overcrowding, deteriorating housing conditions, and frequent migration to and from cities and reserves (Thurston et al., 2012). Aboriginal families migrating from reserve who are at imminent risk of homelessness may choose to relocate in Calgary as it is the only city in western Canada with an emergency shelter for families.

According to Aboriginal Affairs and Northern Development Canada there are approximately 45 First Nations living on 145 reserves in Alberta (Thurston et al., 2012). While Aboriginal communities' share some commonalities in experiences, they are diverse in their needs, beliefs and practices and availability of on-reserve supports. Further, the accessibility of appropriate supports in urban centers can be confusing and ineffective when structural issues create barriers. These include: a lack of services designed specifically to address the unique pathways into and out of homelessness for Aboriginal people; the effects of inter-generational trauma and impacts of colonization such as residential schools, and the removal of children from their homes, families and communities; and finally, government jurisdictional complexities of funding for services (Walsh, Krieg, Rutherford, & Bell, 2014).

Structural determinants and the colonial legacy continue to impact living conditions for Canadian urban and rural Aboriginal people. The cumulative impact of residential schools and the "sixties scoop" has impacted the familial structure of Aboriginal communities resulting in disproportionately high numbers of Aboriginal children in care of the government. In Alberta, for every 1,000 Aboriginal children, 67 of those children are in care compared to 3 for every 1,000 non-Aboriginal children. Having child intervention, histories of abuse and trauma, and familial conflict have all been identified as risk factors for homelessness later in life and these alarming statistics offer some insight into the overrepresentation of Aboriginal peoples among the homeless (Tutty et al., 2009).

Family Centered System of Care

For communities to adequately respond to growing numbers of families entering into homelessness, a coordinated System of Care with a wide range of support services is essential. A System of Care is an approach to ending homelessness that seeks to coordinate and integrate services in a purposeful way to maximize resources and efficiency (CHF, 2014). A System of Care is methodically designed to deliver a range of programs in a strategic and coordinated manner providing a range of programs that are tailored to meet the diverse needs of the community. As the literature reviewed demonstrated, family homelessness is multi-faceted and effects families (and family members) in different ways. It is therefore critical that a spectrum of programming is available to match the needs of families while using limited resources effectively. Homeless interventions for families should offer a diversity of support services with appropriate durations to help stabilize families, addressing their financial, safety and housing needs.

In Calgary, the System of Care was created through extensive community collaboration with Calgary's homeless serving sector as well as key system partners including corrections, health and child welfare services. The System of Care aids in the right matching of clients to services through common intake, assessments, referrals and service coordination to streamline access to timely and *appropriate* housing and support services (CHF, 2012). In Calgary, there are eight program models designed to meet the needs of individuals and families with varying levels of need and complexity. Providing a range of housing and support services with transparent and consistent processes for eligibility, assessment and intake processes helps the community to address current gaps, ensuring no one falls through the 'cracks'. Clear and consistent criteria for eligibility and a common assessment tool can reduce wait times for clients while promoting a "no wrong door policy".

The eight program types comprising Calgary's System of Care include:

- Housing Loss Prevention
- Rapid Re-Housing
- Coordinated Access and Assessment
- Emergency Shelter

- Supportive Housing
- Permanent Supportive Housing
- Graduated Rental Assistance Initiative
- Affordable Housing

While efforts have been made in Calgary to provide a spectrum of interventions to meet the diverse needs of homeless families, PSH for families was identified as a critical gap in Calgary's System of Care.

Permanent Supportive Housing

PSH is a model within a continuum of programs in Calgary's system that provides permanent housing options at a cost of 30% of annual income to individuals and families experiencing, or at risk, of homelessness (Wong, Hadley, Culhane, Poulin, & Davis, 2006). It provides housing as well as access to support services necessary to sustain housing and improve quality of life among clients. PSH has emerged as an evidence-based practice for the chronically homeless singles with complex needs with evaluative and longitudinal research demonstrating that housing stability and client outcomes improve when both housing and support services are immediately available.

PSH is now being implemented in jurisdictions as an approach to ending family homelessness by providing safe and stable housing and then appropriate supports to both parents and children to facilitate residential stability while promoting recovery and independence. Quickly moving families from homelessness into appropriate, supportive housing is imperative, as homelessness is a disruptive and traumatic experience that has long-term impacts on parents and children.

An environmental scan of 29 Family PSH models in North America suggests that a best practice PSH model for families has not yet emerged. A model would be considered 'best practice' when its effectiveness had been proved through rigorous scientific research, but also that it had been successfully replicated and produced better results than other approaches (Canadian Homelessness Research Network, 2013) Detailed information about the operations, building design or outcomes of PSH models is scarce and information that is available shows there is considerable variation in eligibility, types of support services, rent structures and length of stay.

The environmental scan has revealed some emergent themes across the PSH models that could provide some direction for the development of a PSH framework for families in Calgary.

There are relatively few examples of PSH initiatives for families in Canada. Although details are scare about the implementation, operation, or outcomes of these initiatives there is some potential learning from the approaches used in similar communities. There are two projects in Toronto, Ontario that provide PSH to families. Houselink provides families with a history of mental illness with support to live independently in self-contained and family units. As in the majority of PSH programs rent is geared towards family income, but tenants retain full rights and responsibilities through the Tenancy Act and support is provided by Houselink staff *in vivo* through agreement with the family. Families access Houselink PSH through a Coordinated Access to Supportive Housing (CASH) procedure, similar to Calgary's Coordinated Access and Assessment, which determines eligibility for 29 housing programs in Toronto. Similarly Accommodation, Information and Support Inc provides *in vivo* support from staff to help clients meet goals and transition to stable accommodation. It provides psycho-social rehabilitation for families recovering from mental illness and experiencing homelessness.

Nikhik Aboriginal Housing First, delivered by Bent Arrow and operated by Homeward Trust in Edmonton, Alberta, is another example of PSH for families. The program is targeted at Aboriginal individuals and families experiencing absolute and episodic homelessness with the objective of securing affordable, appropriate, permanent housing while providing intensive case management. The YWCA in Lethbridge, Alberta provides 37 single and double furnished rooms for women and children in place based residences, but services are provided by other community services, particularly Supportive Housing in Action. In Calgary, Discovery House uses a HF model to run a scattered site community housing program for families affected by domestic violence and homelessness. The program provides long-term stable market rental accommodation and has a two year accommodation limit. This program is not currently considered PSH and support is provided on an individualized and voluntary basis *in vivo* through a case manager as well as access to mental health, child and youth liaison and housing specialists. Metis Calgary Family Services Rainbow Lodge program, a congregate living program is currently Calgary's only model of PSH and is a relatively new program that was reclassified in 2012 from transitional to permanent housing.

PSH models are predominantly aimed at families that are considered to be high acuity. In the project reviewed, 13 targeted families where the head of household had a disability; 10 projects served families with mental health issues and/or substance use, and three specifically targeted families considered to be chronically or episodically homeless. Two projects catered to families leaving domestic violence and families with children in foster care. Four projects also specifically catered to women and their families. Six projects identify their model as Housing First and four models required a period of stabilization prior to entry to PSH, which is most often defined as 90 days clean and sober or in early recovery.

Information on rental contribution from families is limited. Housing was subsidized in seven models with a rental contribution predominantly dependent on the family income and set at 30% of income (five models). The length of time a family can stay in PSH also varies; four models offered indefinite stay; four have explicitly set time limits, ranging from 2 years to up to 15 years, or until the time when their youngest child reaches 18. Ongoing eligibility is most often attached to adherence to tenancy agreements.

Programs reviewed were predominantly placed based in dedicated residential building (18), although there were a small number (three) of scattered site programs as well as two cluster models. Among the dedicated buildings, a small number of programs operate mixed buildings for both singles and families.

Among programs that had information available regarding the building design, there was reference to the size of available units to accommodate larger families as well as families with physical disabilities. Among the larger agencies operating PSH programs, predominately State Departments, there are dedicated buildings to accommodate particular needs of families, including families where a head of household recently completed treatment, or families who had involvement with child welfare.

Among the few key and consistent features of PSH models for families is the provision of support services delivered through a case management model, many of which referenced developing individualized support plans for family members. A minority of models require participation in support programs (two). Primary objectives of services included aiding in the

self-reliance of families, focusing on tenancy stabilization (such as pre-tenancy, move in support and housing stabilization, tenant service liaison, eviction prevention assistance and budgeting), employment support (such as job placement, vocational skills, jobs readiness and training), childcare, as well as access to healthcare and education. Additional support services included addiction support, counseling, and safety planning for families that have experienced domestic violence. Furthermore, the majority of models provide support for children with educational services, school stabilization and after school enrichment activities.

While models for service delivery for families were not consistent across programs reviewed, most commonly support services were available in-vivo and located on site. For scattered site models, case management services were provided to families with the intention of brokering services to community or other homeless serving programs. Collaborations with both community and homeless services were identified as critical to service delivery.

While there is limited information available on evaluations on PSH programs for families, there are indications that families do achieve housing stability, reducing both shelter stays and interactions with child welfare authorities. Similarly to research on housing interventions for the single population, there is a small body of evidence suggesting the provision of supportive housing to families is cost effective. In an outcome evaluation study of the Cottage Housing Incorporated Serna Village program for homeless families in Sacramento, California, there was significant cost savings to the County child welfare system. The evaluation was based on a sample of 150 families, with 293 children who received housing and supports between 2002 and 2009, of which 71% of the children had involvement (previous or current) with child welfare systems. The child welfare costs of the sample prior to Serna Village were $1,313,262 compared to $295,632 after graduating the program. Total cost savings for the County child welfare system two to five years after graduation was calculated to be $1,017,630 (Lenz-Rashid, 2013).

Another evaluation of the Keeping Families Together pilot in New York conducted a cost offset analysis for 29 families and found a reduction in actual and potential use of foster care services by a total of 5,415 days over two years and a reduction of shelter stays by 13,703 days over the same two year period. Together, these reductions in foster care and emergency shelter represented a cost offset of $1,866,592, or $64,365 per family. Assuming a two-year per unit cost

of supportive housing of $66,552 for the program, the reductions in foster care and emergency shelter reductions alone offset 97% of the cost of housing and supports. This analysis does not account for reductions in other costly emergency public service systems (Corporation for Supportive Housing, 2005).

Aligned with findings in these program evaluations, cost savings have also been reported by the Ministry of Human Services in Alberta who estimate the annual cost to support families in housing to be $17,800 compared to $69,600 to 'manage' families in homelessness.

Because of the absence of sufficient evidence to create best practices for PSH for families, this study is best positioned to add to the body of evidence regarding the experiences of episodically and chronically homeless families, and identify themes and service models informed by the primary data collection undertaken in the study. In this way, the study contributes to the body of evidence around emerging or promising practices, and situates the findings in the unique context of the city of Calgary.

Interviews and HMIS Data

Interview findings are illustrated through the experiences of 36 families and 27 service providers who work with these families to navigate the system of care in Calgary. The stories of these families and their support workers are weaved together to share the experiences of parents and their children who have experienced homelessness as well as learnings and recommendations from the service providers who support them.

Quantitative data from Calgary's HMIS system is integrated throughout the presentation of findings to provide broader context to both the demographics of Calgary's homeless families as well as their pathways in and out of homelessness. Findings support existing research on family homelessness regarding the complexity of needs for families who experience multiple episodes of homelessness and have complex challenges to achieving residential stability including involvement with child protective services; experiences of family violence; mental health challenges for both parents and children; as well as structural challenges relating to poverty and exclusion, particularly among Aboriginal families.

Family Homelessness in Calgary

Access to safe, affordable housing was mentioned by all participants as a precipitator to homelessness and a major barrier to exiting homelessness. Adequate income support or employment was seen as a fundamental to maintaining rent payments; and frequently, stable housing was the means by which to achieve income support or employment. Income sufficiency was also related to the ability to pay for child care, take care of debt or medical expenses, pay utility bills or for a vehicle, and deal with incidental costs related to school or children's needs. Adequacy of housing was typically discussed as well including affordability, location, safety/condition of the home, over-crowding, sufficient size of rentals for large families, and challenges with landlords.

Data from Calgary's HMIS system indicates that for the majority of families, homelessness is a onetime experience. However, there is a smaller number of families falling into homelessness who require intensive supports to successfully exit homelessness.

In a sample of 165 families in HF programs in Calgary, 81% had only experienced one episode of homelessness, whereas 7% had experienced three or more. Administrative data from family emergency shelters however reveals a different pattern of shelter says. In a sample of 93 families at emergency shelter in the fourth quarter of 2012/13, 20% had stayed three or more times in the past year. This may suggest Housing First programs in Calgary are not currently targeting, or accepting families with repeat shelter stays into their program. A more recent analysis conducted assessing flow between Calgary's two emergency shelters revealed there is a small group of families moving between shelters and would be considered chronically homeless. This sample looked at 501 families between January 2012 and February 2014 where 8% were found to have stayed at both shelters during that time. It was also found from this data that 21% had utilized shelter two or more times during that period. This data suggests there is a small group of families who may require a PSH model to successfully exit homelessness.

When exploring precipitating factors identified by 93 families in emergency shelter leading them to shelter, 84% identified "inability to pay rent" as the primary reason for entering into shelter. The inability to pay rent may be correlated to high rates of migration to Calgary as 67% of

shelter intakes also indicated “relocation” as a primary reason for entering into shelter. A small portion, 3% indicated addiction was the primary reason for entering shelter.

Consistent with other research in the area of family homelessness, head of households will often utilize informal support networks to try and avoid bringing their children to shelter, often relying on family or friends and couch surfing until alternative housing can be secured. In the same sample of 93 families entering shelter, 50% entered into shelter from a couch surfing situation. However, 16% re-entered shelter directly from another shelter.

Family violence has been identified as a primary pathway into homelessness for families. However, robust data demonstrating the relationship between domestic violence and homelessness is lacking in Calgary as information is not openly shared between the homeless and domestic violence service providers. The discrepancy is apparent when comparing rate of domestic violence in emergency shelter compared to HF programs. At emergency shelter intake, 12% of families indicated fleeing violence, compared to 61% in HF programs. Furthermore, Calgary is not collecting information on the number of families entering into shelter from a domestic violence program. One other possible explanation for the variance in identifying exposure to domestic violence that was discussed by both family and service provider participants was a reluctance to disclose violence for fear of child welfare involvement.

The discrepancy may be a result of data from the shelters not specifically including domestic violence shelters stays and women entering into homeless serving shelter may be reluctant to disclose they are fleeing violence for fear of child welfare intervention.

Barriers and Facilitators to Exiting Homelessness and Achieving Residential Stability

Many of the support needs were reported as both barriers for some families and facilitators for others. For example, legal issues were a facilitator in a family that was finally receiving child support, and legal issues were a barrier for another family still fighting a custody battle. Likewise, income supports were cited as a support for some families who had begun to receive financial aid; others referred to the consistent battle with financial aid not being enough to afford living costs. The means by which to overcome challenges about income and affordability of housing were referred to as facilitators in residential stability as well, including budgeting skills,

education and training to improve employment, help with emergency costs, and landlords willing to negotiate payment plans for arrears without evictions.

Likewise, programming needs identified throughout the interviews were reiterated as being helpful or being needed to ensure housing was maintained. These services included: budgeting skills, education and training to improve employment opportunities, counselling support, addictions support, wellness programming, parenting support including programming and accessible daycare, tenant meetings and community linkages, access to transportation, and help with self-care and mental health challenges. Service providers and participants also stressed the lack of affordable childcare services. This acts as a major barrier for parents and limits the job opportunities available to them. The availability of on-site subsidized childcare services would enable homeless individuals to benefit from job opportunities while their children are in daycare. Participants related the policies regarding the maximum length of time allotted to stay in both emergency shelters and housing programs perpetuated feelings of instability and uncertainty for the family.

> *They say if I can't find a job they will stop giving me money in three months because this is the time period. I have to find a job. Which I feel like it's overwhelming because I have to deal with lots of things. I just run away from a jerk and I have no place, no family, and no friends. I have to start out and I have to find a place, what am I going to do with my 3 kids, where is the day care, what is the job… It's not like it's for someone who doesn't speak English as their first language. I feel so depressed*

> *Their policy is I can stay there three months and I have to move out. They have to you know get rid of us because there are many people that want to come too. So they say three weeks that I have to find place to move.*

Housing interventions for families with multiple barriers should remove definitive timeframes for families to be in programming as it creates additional barriers for families to fully recover from homelessness as they count down the weeks remaining in the program and fear returning to shelter.

Participating families were somewhat polarized on their perception of service availability. A smaller number of families were able to identify a fairly wide range of supports they were being

provided with, and staff being helpful in getting them anything they needed including furniture, clothing, food and other necessities.

> *Just the little things that I need. Like if I need pampers or milk or any resources or um, my daughter needed a stroller 'cuz the one I bought for her only lasted two months. She got me a new one. Just the little things that I need.*

Participants also identified how prevention measures could have been helpful when evaluating their past experiences, but where lack of access to information meant they did not access prevention services. Several participants spoke to the need for the provision of services for families before they arrived at an experience of homelessness.

> *That's what's the hardest. If you're not down in the dumps and they feel like oh you're coping, you're copasetic everything's all good, they're not gonna' help you. But the biggest thing I think that services can do is help prevent before that breaking straw. Where you're stealing for food or like stealing for survival. Don't wait till they're in that, you know, help them before they get to that. Like if I would have known about [prevention program] and if they helped families, single families before they get into the homelessness I'd still be in my three bedroom townhouse and they would help me. I would never have gone through this.*

Families frequently identified their challenges with staff members, including the perception of being treated unfairly or of being dismissed, staff not offering supports or not offering them consistently, and an inability to make complaints about staff members inappropriately using discretion or inconsistently enforcing shelter rules. There was also frustration from participants with staff understanding the challenges of being a homeless mother,

> *I mean you got most of the people [service providers] that are just single and don't have kids and are in there dealing with families that they don't really have a clue on what they're doing. They just talk on what to do but they don't have the life experience. Life experience is probably the best experience is the, probably the best experience you can get when it comes to dealing with families. Especially when dealing with families that have special needs*

The desire for staff to understand the life circumstances of families and provide services in a non-judgmental way was also highlighted,

> *We all didn't have that white picket fence and the, you know, we didn't have those rich parents, you know? We lived a life of violence and abuse, and drugs and alcohol. And when you're trying to run away from that, it is. It's really hard. 'Cause that's all you know. 'Cause that's all you really know. That's all I knew. I know there's more out there, but it's so many times you've been out of there, I just want to go out and get drunk and party and do some crack, you know? And I know that's not the right thing to do, but it's so easy to do it.*

While opinions about staff revealed both frustrations with staff having large caseloads and insufficient time or resources to appropriately serve families, many families indicated that key staff members had been fundamental for accessing services and other assistance. In particular, participants talked about staff members who advocated particularly hard for them or went above and beyond the scope of their job to ensure help was available.

> *[The staffer] who I went and seen at the beginning when I first got signed up for it, she really pushed to help us get in here. So like I, I thank her a lot. Like if she hadn't of pushed I don't think it would have been the same impact.*

One participant talked about her case worker's flexibility, consistent checking in and helping the participant maintain her independence while providing her with reinforcement as needed:

> *[My case worker] touches base at least once a week anyways just by text or whatever. See how we're doing and same sort of thing…help[s] keep track of where I'm at and you know if things are looking financially like things are looking a little scary…trying to head those things off at the pass…The real value right in the end, in the long run for me is just having somebody to strategize with…because I don't have [a support like a spouse] then just doing that alone, somebody I can go, 'this is the situation, this is where I'm going, this is where I've been, this is our finances.' And just brain storm with. It's been great. That…really what they do.*

Other participants indicated they desired frequent, in home visits from case workers,

> *I guess more um, like monthly visits, actual home visits would help for me. That's what we're working towards too. Once we're housed those will be needs that are addressed. But I think a lot of us, a lot of families need that. They're, they're taxed. At [shelter] right now there's not enough workers for all the families so they're doing the best they can but people are slipping through the cracks too.*

This was echoed by surveyed service providers, who indicated the need to ensure staff have sufficient support and training to successfully work with high acuity families. The main areas of training suggested by our survey participants (service providers) revolved around counselling, dealing with and understanding issues such as mental health, domestic violence, intergenerational trauma, addictions, depression and grief. There was an emphasis to be aware of, understand and know how to respond to cultural needs of certain families, particularly Aboriginal families.

> *Addressing historical and intergenerational trauma, whether through therapeutic group access, community building activities, recreation opportunities, interventions around addiction and child abuse that are positive - preventative, healing, strength-oriented - rather than punitive.*

Service providers also indicated staff need to be properly compensated, have access to therapy and flexibility in working hours and time off. Staff recognition and benefits was identified as a good way to maintain morale and keep staff engaged.

Families identified significant support needs for their children. Of support services for children, daycare (both access and affordability) was the most frequently mentioned.

> *Child care is huge I mean it's like more than rent…If your children are taken care of during the day you're fully capable of going out and getting a full time job and keeping it. So that would be it for me for sure*

Other supports included a need for better shelter environment for children (i.e. flexibility of rules, quiet spaces for homework etc.), supports within the school system (i.e. speech therapy, navigating after-school care or supervision for older children, challenges ensuring children have resources they need (i.e. loss of a bus pass, children growing out of clothing), and support for

other medical services (prescriptions). Support for counselling/therapy - both for children and for the entire family – was also consistently identified, as children had undergone trauma, change and stress during the experience of homelessness and needed help to recover. Counselling was linked to increasing the parent's ability to care effectively for the children and ensure they had a safe environment in which to stabilize and continue growing up (i.e. learning about red flags in terms of behavioral issues)

> *[Counselling] that would probably be the main thing that I would say is that we definitely need counseling into what has happened to me and my kids.*

> *So we want them to have little things like that, be able to go swimming at least twice a week. You know trying to have some kind of normalcy, normal little things in life you know. I don't want them to have memory of being here at the [shelter] you know. Even last year when we were away from [the shelter], they'd see the school bus. "Oh there's the church bus [that transports families to shelter]," they have that memory when they see, it's not a school bus, it's a church bus you know.*

Participants also identified a need to support children impacted by family violence,

> *It's not only the parents or, you know, the mom or the dad who experience this. It's the kids too, you know, that have endured – like living in family violence it takes its toll…He was very emotionally and verbally abusive… putting me down and saying things to me and – or yelling…and in my head I was like that was their dad and at least their parents were together you know. Stupidly, and then it just did more damage, and now she's really scared of loud noises, loud, even any kind of yelling or anything you know, she gets terrified. So it's like, I think kids really need, it's not only for parents or you know it's the kids too that we should really focus on. We as adults we know right from wrong, we learn right from wrong. But for them the little kids they don't know. They think that's what's right is to be treated like that the way they see their mom and dad being treated. So I think that's where we really gotta' work on is with the kids. Focus on the kids and teaching them that, that's not right, that's not how you're supposed to be treated or treat anybody. So then maybe they can start breaking the cycle of violence right, family violence.*

Some families identified the intersection of their children's needs as directly impacting their ability to cope or engage in activities likely to assist with their exit from homelessness.

> *I had to drop out last year because of the homelessness and everything…[because] I didn't have a stable home… [or] daycare for my son. So I had to drop out of school.*

Another participant identified that while she had been housed, she was able to maintain a job because her son was old enough to stay at home by himself; after losing that housing, she was unable to leave her child at the shelter during the day – "I can't leave him, not even for a minute."

One of the biggest sources of stress for a mother or family experiencing homelessness is that if they do not find a permanent place to live social services will take their child/children from them.

> *A lot of people are stuck they don't know where to go you know. It's really affecting the people, the children. The children are gonna' start getting apprehended because the parents are just feeling too depressed to look after them.*

One mother who was worried about apprehension of her children considered temporarily bringing them to their father,

> *Had our place [housing] for probably like four months, four months in [community]. Then I was getting evicted so I called the shelter back and then we're back in there. And then, we were there [shelter] for Christmas and I don't know, just we were in there like 4 times. My kids were getting tired of it and I felt like just taking my kids to their dad and just letting them live with their dad because I couldn't afford our rent and bills because when I left [my ex-husband] he got my Child Tax cut off.*

The relationship between homelessness and child welfare highlights the need for interventions so as to disrupt the cycle of child services involvement and prevent intergenerational homelessness. Providing the necessary supports to address the needs of children during the experience of homelessness must be an integral part of the system of care to ensure that this experience does not perpetuate into the next generation or act as barrier and negatively impact their development. This was confirmed by our interview findings, where mothers spoke to the perpetual fear of

disclosing some of their challenges they were experiencing for fear their worker may call child welfare. This may have included disclosing mental health conditions or concerns, and addictions or substance use challenges. Further, fear of disclosure may lead to situations where families present in programming with perceived minimal need, but over time and as trust and rapport with case managers is built, a higher acuity and more intense needs may emerge and the service provision plan and/or program placement may need to change.

For some families, the situation was complicated by the presence of family violence:

> *[Me becoming homeless] would have been last year of January 2012. Um, I just actually had given birth to my youngest child and um, there were some domestic issues between me and my spouse so I had gone to the women's shelter, came back to him after two days and then she [child] got apprehended obviously. I was told to leave the home or else my ex-spouse would get charged or I wouldn't get [child] back. So I ended up going back to the shelter.*

Family breakdown and strained relationships between parents and children is one outcome of the fear associated with the possibility of apprehension,

> *No [I do not visit my children on a regular basis], my two older children [who are staying with my sister] I haven't been visiting them for about a year now.*

Within our interview sample, 39% of families had involvement with child welfare services and within our HMIS analysis of 165 families in HF programs, 19% had involvement with child welfare.

Among Aboriginal families, the biggest supports identified were access to cultural programming and traditional spirituality including, Elder, sweats and healing circles as a way to build resiliency and hope. Participating in cultural practices and spiritual ceremonies was a source of strength for many Aboriginal families and provided them with a sense of community.

As noted by participants, cultural supports can help individuals and families move towards healthier lives.

> *We've always relied on our spirituality, which helped us. Which has helped us you know, and, in refocusing and seeing what you … really need to you know, when I was talking to [Elder] I told him you know, in this New Year I want to eliminate all alcohol out of my life you know. I want to eliminate it you know. Maybe that will help me much better you know.*

Developing culturally relevant solutions is imperative to create tailored interventions that respond to the needs of the Aboriginal community. Aboriginal families face a unique set of circumstances and interventions for Aboriginal families must be delivered through a culturally appropriate framework.

Perspectives from Service Providers

Service providers raised many of the same issues as families identified for themselves, when asked about reasons for family homelessness. Many service providers spoke of poverty-related challenges and the interplay between income and housing, including: change in rental situation (i.e. increase in rent, non-payment in rent, rental housing being sold, unavailability of affordable housing and rapid re-housing services), poverty (i.e. poor money management, intergenerational poverty, low-wage jobs, inadequacy of social assistance), the expenses of children/child care, and employment interruption/job loss. Also mentioned by service providers were migration status, physical health issues, addiction/substance use, and mental health challenges. Twelve service providers flagged the issue of domestic or family violence resulting in unsafe environment for the family/children.

The same themes contributing to a family's experience of homelessness were often echoed in the challenges service providers expressed in meeting the needs of homeless families. Most frequently identified was the challenge of housing affordability (both in affordable housing programs and in the market more generally) and housing appropriateness (the combination of rental costs and the need for suitable housing (i.e. enough bedrooms) for families with landlords willing to house families). Linked to this were challenges about waitlists, admission criteria and program availability, paperwork/forms/reporting requirements, stigma/discrimination in the housing market, lack of a streamlined referral process and referral information, and gaps in prevention services and or rapid rehousing:

> *Families are doing their best in an expensive housing market, bouncing around from place to place as they face evictions and again because they are not homeless there are no resources to help them locate housing or refer them to for rapid rehousing.*
>
> *[The] second largest challenge is people are coming to us, not yet homeless – but have exhausted all other community resources. There is nowhere else to refer families for help.*
>
> *Families who are not homeless, but at-risk, should not have to enter the shelter system in order to access the help they need. This is backwards, and prevention would overall cost the whole system and sector who serves homeless less.*

These insights from service providers demonstrate the importance of a robust System of Care that provides a spectrum of services designed to meet the needs of families where they are at, including intervening in crisis or triggering events prior to families coming to shelter. Throughout the surveys, service providers repeatedly identified prevention services as being paramount to help them serve families before they arrive in the shelter. One respondent identified that services were available for families once they did experience homelessness, but that services are not nearly as readily available for families on the brink of housing loss.

Service providers also flagged the complex and multi-faceted challenges facing some high-needs families entering the shelters. This includes pre-contemplative stages of change, an unwillingness or un-readiness to address root causes of homelessness, distrust of services because of institutional abuse, etc.

> *3 week stays at Domestic Violence shelters does not give mom enough time to find housing for her family - some have to move to other shelters or return to their abusers because there is nowhere else to go. Rents are high, incomes are low. Clients have many complex issues. At first glance, or at the initial meeting, mom presents one way but as we get to know her and her children, the complex needs / issues arise - addictions, mental health, physical health etc.*

Non-income housing supports were also mentioned by some services providers, including child care/respite care, income benefits, education (including job training), and financial literacy, mental health supports for adults and children, transit/transportation, cultural services for Aboriginal clients, translation services for immigrants/refugees.

> *There is a lack of services for homeless children, who make up the majority of the homeless family population and are at high risk for developmental delays, learning difficulties, physical and mental and health issues and other significant impacts.*

Non-income supports were also identified as being challenging to access, for many reasons: long wait lists, lack of clarity about eligibility, lack of information more generally (particularly where English is a second language) including advertisement, accessibility (i.e. only open during the week/during business hours), transportation to access services, misconception of services or lack of interest.

Service providers also identified a need for more staff training to adequately meet the needs of families with complex needs,

> *Most of all, staff need to understand how to build authentic helping relationships that are client centered and client directed, and how to treat families with a great deal of respect and sensitivity*

When asked if services and supports exist that families are not accessing or are having difficulty accessing, most service providers stated that yes, but only for a portion of homeless families. As one service provider stated, "Half and half…some maximize access while others are reluctant."

Systems level challenges for service delivery were also flagged, such as overlap of services, lack of communication between service providers, lack of education about systems (i.e. changes to Alberta Works criteria, immigration legislation), general red-tape/bureaucracy, unclear expectations of service providers,

Service providers directly identified solutions that correlated to the challenges they saw families facing when asked about what would help families access supports. Most frequently identified were housing related supports: transitional housing, increased availability of all types of units, rapid-rehousing, and rental subsidies. Their recommendations included: improved advertising/marketing/communication of services, and better coordination among services, child care supports, mobile mental health services, clearer application processes, and better follow-up supports. Service providers also identified the value of outreach workers and family advocates who can case manage with families on a specialized, individual basis. They spoke of strengths-based approaches that accounted for the unique needs of families in a holistic way, and the importance of continuity of care (including consistency of staff).

> *Networks should be developed to meet the unique needs of each family, which may draw on immigrant services, physical and mental health services, parent support services, child care providers, domestic violence services, financial education services, volunteers, the justice sector, youth services, and so on*

A Framework for Permanent Supportive Housing for Families

A wide range of factors have been reported to precipitate and maintain a family's homelessness, including poverty, mental illness (e.g., depression and substance abuse), poor health, limited job skills, residential instability, and the disruption of social support systems (Kilmer et al., 2012; Park, Fertig, & Metraux, 2011; Randall, 2012). Kilmer (2012) emphasizes that quite often, a lack of stable and affordable housing is a central distinguishing factor for those families experiencing homelessness when compared to those families who experience similar risk factors but also have stable housing. Due to the current housing market in Calgary with scarce affordable and appropriate rental market, there is immense pressure on family shelters system and family shelters are routinely at capacity. Interviews with homeless families, and the staff supporting them however revealed that housing is not the only kind of support that some families entering into homelessness require. While finding housing is one of the biggest stressors faced by the families interviewed, there were multiple other factors contributing to their recurring episodes of homelessness.

The presence of additional barriers to residential stability differentiated families that were experiencing a one-time or transitional episode of homelessness. For the majority of families who fall into homelessness, a one-time financial intervention produced stability for the long term (Culhane, 2008). Comparatively, the families that were focused on in this study – repeat and/or long-term shelter users – identified that affordable housing alone would not be sufficient to end their homelessness permanently. In some cases, the lack of supports and other services to ensure family stability meant that affordable housing would be sufficient only until another crisis or triggering event occurred, at which time the family may not have the supports to maintain their housing. This cohort of families expressed that while affordable housing would be their first and most paramount need, they would want and need additional supports in order to be successful.

It is important for communities to conceptualize PSH as part of the spectrum of services available to families as part of the larger system of care. A PSH model would not be necessary

for all homeless families and other interventions would be more appropriate to meet their needs. Calgary's System of Care is designed to provide the most appropriate intervention based on the needs of the family. In addition to PSH models, Calgary's System of Care includes housing loss prevention, rapid rehousing, and supportive housing. Housing loss prevention focuses on short term financial assistance and limited case management in order to prevent housing loss due to notice of eviction, overcrowding, expense increase, income loss, arrears, and inadequate conditions. Rapid rehousing provides targeted and time-limited financial assistance and support to low acuity families, in order to quickly exit shelter and obtain and sustain housing. Supportive housing provides case management and supports for families who are considered moderate to high acuity, who will be able to achieve housing stability and independence after a period of case management support. While there is no maximum length of stay in Supportive Housing programs, the supports are non-permanent as the goal is for the client to obtain the skills to live independently, at which point the client will transition out of the program and be linked with less intensive, community-based services or other supports as needed. Collectively, these intervention models provide a broad continuum of service models to serve the equally broad range of families that enter Calgary's System of Care.

There were numerous references to the need for prevention services through the literature review as well as interviews with homeless families and staff. Particularly, from the perspective of homeless families there was strong commentary on the how early intervention measures that sustained them in their housing would have preventative many adverse experiences associated with becoming absolutely homeless and entering into the emergency shelter system. While prevention has traditionally been considered as a method employed to 'close the front door to homelessness' and prevent families from ever becoming homeless, there is an important role prevention can play in the lives of homeless families with multiple and complex needs as they transition into a PSH program. Calgary, like many communities across Canada has a tight rental market with high average rental rates. If a family who is deemed eligible for PSH programming is housed in the community (potentially in an existing HF program), but considered at imminent risk of losing that housing, assistance from prevention programs to sustain their housing can be very valuable as the family goes through the intake process of the PSH program and thus preventing a shelter (re)entry. Such practices reduce the demand on the emergency shelter

system and improve flow through the entire system of care. The best case scenario is to reduce the number of families re-entering the shelter system.

As indicated in the literature review, poverty and lack of affordable housing is the primary contributor to homelessness. However, local research findings from interviews revealed there is a segment of homeless families in the shelter system that will require a greater level of services and for a longer duration in order to permanently end their homelessness. Identifying the risk factors to residential stability and the distinguishing features for this cohort will assist communities to effectively target families for this model of intervention.

Based on a review of existing research as well as analysis of interviews and HMIS data the research team identified the following barriers associated with obtaining and maintaining housing among families who would be considered to require a model of PSH:

- Adverse childhood experiences including physical and sexual abuse, neglect, and history of child welfare involvement
- Low education levels (less than high school) and lack of job skills
- Chronic health problems for parent(s) and or child(ren)
- Family breakdown or domestic violence
- Single parent family
- Presence of mental health
- Trauma
- Substance abuse
- Credit problems that preclude obtaining housing
- Poor social support

PSH programs for families should work collaboratively with homeless services and mainstream system partners to ensure appropriate targeting and families identified as greatest risk for long term homelessness and child welfare involvement/apprehension are triaged into the program. Based on the environmental scan and review of PSH models in other jurisdictions, community coordination and collaboration among various sectors was indicated as instrumental in successful program outcomes among families. Examples of programs that are likely to identify families who would benefit form a PSH program include:

- Emergency shelter
- Women fleeing violence shelters

- Child welfare
- Legal aid offices
- Community Resource Centers
- Community housing programs

Both families and service providers interviewed revealed there was hesitancy to be completely transparent during their first interactions with agencies for fear of child welfare involvement as well as judgments from service providers. Families exhibiting complex barriers to residential stability may therefore be enrolled in less intensive programming, such as Rapid Re-housing or Housing Loss Prevention programs. Intake workers in PSH programs should then ensure partnerships and collaborations with all family serving programs and implement processes to ensure smooth transitions should a family require a program transfer into a PSH model.

Implementing sustainable interventions requires a right matching of services based on client need and acuity through a coordinated system (in Calgary this is done through Coordinated Access and Assessment) by targeting effectively and ensuring intensive supportive programs, like PSH, are directed towards families who exhibit multiple barriers to residential stability and have the most complex needs. Resources are often limited in communities and thus ensuring the right matching of services and processes for triaging are critical. Elements affecting a program's ability to target efficiently, identifying through Calgary's research to produce its System Planning Framework include:

1) Systems sharing information through a single unifying data system, such as HMIS, that allows for the tracking of clients across different systems as well as the monitoring of key performance indicators to evaluate the success of interventions
2) A coordinated system controlling the eligibility process which includes agreed upon criteria and common assessments through a centralized intake.

Information sharing and a unified data system set the stage for a coordinated system of care and effective targeting. Through an HMIS system, service providers are better able to understand the journey of families through the homelessness system, identifying families who have accessed multiple emergency shelters and/or housing programs and the duration of time they have spent in the homeless system. Equally important, a unified, open data system means families are not

required to re-tell their story at every agency they are accessing, an experience that can be traumatizing. Furthermore, a shared data system creates opportunities for electronic referrals with client information meaning a family's eligibility can be determined at various programs without requiring the family to physically go to an agency. This practice is perhaps more critical for families as a number of families interviewed indicated it was an incredibly frustrating experience to travel to all quadrants of the city with young children and no vehicle.

A coordinated entry point into the homeless serving system also promotes the right matching of services through the use of a standardized assessment tool. The implementation of such a tool allows communities to assess the level of need for families in a consistent way and identify the most appropriate program that is equipped to meet their needs. An important consideration in the assessment of families however, is the developing of trusting relationships to capture, as adequately as possible, the totality of their needs. To reiterate, it was indicated that families do withhold pertinent information and thus assessments should be completed with someone who has a pre-existing relationship, or may need to be re-administered once a relationship is developed.

Similarly to best practice guidelines for other homeless serving programs, supportive housing advocates for client-centered services that allow for the "mix and match" of services according to individual/children/family needs. Case managers should work with families to address the immediate factors impacting residential stability (i.e. affordable housing) and then work collaboratively with the family to create a plan to address additional areas, identified from both the perspective of the family and case worker, which may include health care needs, child care, employment training or mental health supports. A critical feature of the case planning will be efforts to strengthen the resiliency of the family.

An important area for consideration in the operations of a PSH model is the length of time families are allowed to stay in the program. Consistent with other research on homeless families, time limited supports is often problematic as it does not alleviate the stress of the homeless episode and forces families into another precarious situation. Offering a PSH program that is truly client centered will allow for the families to define the pace of recovery and self-determination regarding when they are ready to leave the program. Evaluative research on rapid rehousing program models for homeless families that offer time limited subsidies have demonstrated this challenge and participants. These notions were reinforced by participants in

this study who discussed their stress associated with short term programming and what would happen to their family when the supports ended.

Ensuring families have had adequate amount of time to address the contributing factors that led to their homelessness will minimize the likelihood of another homeless episode. Additionally, frequent moves for families can disrupt school for children and threaten the social capital of families as they are geographically relocated away from social support networks.

The model of case management utilized in the program should adopt a strength based approach that fosters independence and healthy coping mechanisms for families. Case workers in a PSH model can use an assessment tool to help families with goal planning, as well as assist in the evaluation to determine when families are ready to leave the program. While PSH programming is not time limited, families may not require lifelong supports, and after a period of intensive support are able to live independently in the community. Families may however require ongoing financial assistance and should be connected to Income Supports or other affordable housing initiatives.

A number of service providers identified a need for more support professionally and personally to improve their capacity to work with high acuity families, which included flexible schedules, time off or training, counselling, or other psychological and emotional supports.

Identified training needs from the perspective of service providers to improve service delivery for high needs families, included:

- Improved understanding of family dynamics, including parenting challenges
- Better understanding of mental health issues, including: addictions and FASD (mentioned most frequently), domestic violence, PTSD, depression, grief, intergenerational trauma, and general mental health awareness
- Case management skills such as: basic counselling skills, motivational interviewing, use of screening and other assessment tools, holistic assessments of situations, client-centered relationships, conflict resolution, knowledge about other community resources/family programming, cultural awareness, bureaucratic knowledge (i.e. Residential Tenancy Act, Child and Family Services), suicide prevention, drug awareness, and mental health first aid.

Staff also identified their needs related to their own well-being, including: improved wages, ongoing opportunities for professional development and training, opportunities to debrief difficult situations (with other staff or formally with mental health workers) a recognition of the difficulty of their work, positive supervision and team building, safe working environment (including the opportunity to provide feedback and voice concerns), and health benefits (including counselling services for staff). Most commonly mentioned was the need for adequate respite time such as mental health days, more sick time and more vacation time, and most frequently stated, increased opportunities for self-care.

Based on interviews with service providers and review of research to support homeless families, staff should be cross trained in homeless supports/services and community supports/services including:

- public benefits and income supports (eligibility and application processes)
- Calgary's System of Care (knowledgeable of additional interventions and support programs)
- Child Services
- family mediation services
- employment and vocational training centres
- domestic violence services
- legal aid and legal advocacy services
- education services for parent(s) and child(ren)

Both families and service providers identified the importance of access to affordable and appropriate housing (particularly for large families and people with disabilities), as well as income sufficiency which are often key contributors to homelessness. Service providers also emphasized the importance of workers assessing the needs of families holistically and case managing families on a specialized and individualized basis. Although families were positive about the influence of current programming to help ensure housing stabilization, they identified significant support needs for children particularly in terms of flexible programming that met the needs of children as well as families, affordable childcare, and counseling for families with complex needs such as trauma, mental health issues or domestic violence. A PSH model using

Assertive Community Treatment would enable support from a multi-disciplinary team to provide intensive and ongoing support *in vivo* so that it could be delivered in a consistent manner (CHF, 2014a)

Furthermore, some families identified that current policies in the System of Care, which place a maximum time limit on shelter and housing stay, exacerbated a sense of instability for them. Finding a permanent place to live was particularly pertinent, as a key source of stress for families was the fear that their children would be taken away if they were unable to attain permanent accommodation. In fact families that were interviewed (and identified as episodic or chronically homeless) had higher levels of involvement with child welfare than homeless families from across HMIS database. Providing a PSH model for families with no maximum time limits could help to reduce this pressure and potentially help to disrupt child welfare involvement and in the longer term prevent intergenerational homelessness.

In terms of the model of PSH recommended for Calgary as a result of research findings and consultation with family service providers, a place based housing model is recommended. However, for families who are housed in the private market, PSH supports can be provided through the form of intensive case management through a scattered site model. Families may also have additional needs and/or preferences that would make relocating to a place-based PSH program problematic including proximity to children's school, family doctor, etc. In these cases a scattered site model with wrap around supports would be most appropriate.

Specific considerations for the development of a model of place-based PSH in Calgary for families with multiple barriers to residential stability, based on primary data from Calgary as well as existing research in the area of family homelessness, should include the following:

1. A rent structure such as rent-geared-to-income that ensures families are able to pursue opportunities to improve their economic standing (i.e. education or employment), and to make sure rent remains affordable as the family's situation changes (i.e. if a child is returned to the parents care)
2. 24/7 onsite supportive staff to help families address crises as they arise, including illness, emergencies, or conflicts.

3. Multi-bedroom apartment units for large families, as well as multi-generational families. This is particularly important when considering the needs of Aboriginal families and culturally specific understandings of the family unit. One woman interviewed in this study for example had seven children with her and had been at the shelter consecutively for almost one year.
4. Custom finishing and infrastructure to accommodate families with parents and/or children with physical disabilities as well as reduce the cost of damages and maintenance of the building. This was highlighted specifically by service providers currently operating scattered site Housing First programs.
5. Programming to address the child-care needs of families, including onsite day care
6. Physical health supports including visits from mobile health care teams and/or nurses and clinicians; also, including proactive and preventative health care measures such as education around nutrition, dental health etc.
7. Supports for pregnant and nursing mothers to ensure healthy development. This should incorporate a harm reduction approach, specifically for mothers who are drinking/using drugs during pregnancy.
8. Partnerships and referral access for children with physical and cognitive disabilities (e.g. mobility impairments, ADHD).
9. Mental health and trauma recovery supports, including one-on-one counselling/therapy as well as peer support groups for families facing similar challenges. Trauma recovery supports will be particularly vital for families who have experienced family violence.
10. Parenting supports, such as referrals to respite care, parent education sessions (i.e. managing difficult behaviours in children), and assistance with referrals to ensure day to day needs are met (i.e. clothing, food supports, furniture).
11. Counselling and advocacy including information and referrals to available community resources. Examples of community referrals may include legal services, debt reduction/budgeting; parenting classes, public benefits/income supports.
12. Recreational opportunities for parents and children, including on-site programming and assistance with pursuing community programming such as day camps.
13. Linkages to cultural supports for Aboriginal families including access to Elders and ceremonies.

14. Integration of Aboriginal worldviews into programming – this is particularly relevant regarding visitor policies as Aboriginal families may have additional, extended family members reside in their home (e.g. family visiting from reserve)
15. Transitional support both as families enter and exit the program/building
16. Supports for staff members to provide effective programming to families through strength based approach in a non-judgmental way, including ongoing training and professional development.
17. No maximum length of stay.

Calgary's System Planning Framework articulates the organization and mechanism for running housing and support programs as part of its System of Care. This framework is intended to support strategy implementation, planning and investment, and to ensure that the goals of the 10 Year Plan to End Homelessness are met. It aims to limit duplication within the system, ensure families are efficiently and appropriately supported at the right point in a continuum of care, as well as monitoring program functionality and assessing outcomes (CHF, 2014a).
The implementation and maintenance of the PSH framework, would align with the existing framework and address a critical gap in services for families

The System Planning Framework guides program development and modifications as a result of improved knowledge through data and research. In Calgary, program and client outcomes are monitored in HMIS through the use of Key Performance Indicators (KPI's).

The key performance indicators for housing programs are[2]:

1. Occupancy
2. Percentage of clients housed (compared to clients receiving case management services in homelessness)
3. Positive reasons for leaving
4. Exit destinations of those with positive reasons for leaving

[2] For more information on KPI's please see http://calgaryhomeless.com/assets/research/System-Planning-2014-Finaledited-in-May-2014.pdf

5. Proactive interaction with mainstream systems (measured by referrals to community supports)
6. Reduction in public system utilization (measures by interactions with EMS, emergency rooms and police)
7. Income at exit for those with positive reasons for leaving
8. Program retention and positive reason for leaving
9. Program defined

Ongoing monitoring and evaluation of KPI's allows for real time adjustments in program models and service deliveries to adapt to changing needs of families and continue addressing gaps in service. This process will be particularly important during the implementation of the PSH model in Calgary, particularly given the limited evidence currently available regarding PSH for families.

Conclusion

Developing effective interventions for family homelessness requires a strong local understanding of the needs of families in our community. This information also allows the community to ensure we are using limited resources in the most effective and efficient way possible. Further, the needs of families must be explored in a way that allows for a deep understanding of the complexities of their experience, their trajectories into and out of homelessness, and the ways they are currently being served and unserved.

Creating this knowledge based on the experiences and needs of these families will allow for the creation of tailored interventions within the community's System of Care. The System of Care offers a continuum of support services through the coordination of resources and services, and utilizes a common assessment framework to ensure families are being referred to the program and intervention that is most appropriate to meet their needs. Contextualizing interventions within the experiences of families who experience multiple episodes of homelessness, and have involvement in multiple mainstream systems, allows for community dialogue to address the fundamental question: what works well, for whom, and in what context? Once a responsive system of care is established, communities can enhance their capacity to provide interventions

through coordinated practices and policies to improve service access ensuring families are rapidly moving out of homelessness and remaining successfully housed.

The goal of the System of Care in Calgary for families is to ensure that multiple points of intervention and improved system flow are developed to serve families better, including interventions like prevention of housing loss for families at risk or who are couch surfing, to prevent them from entering the system, and rapidly rehousing families if they do enter the homeless serving system through tools such as referrals to affordable/subsidized housing or time-limited interventions for families. Rapidly rehousing families from homelessness is imperative as homelessness is a disruptive and traumatic experience that can impact families in multiple ways: increased exposure to child welfare, strained relationships, increased health problems (physical, spiritual and mental) for children and parents; hindered child development, limited privacy, and school instability. These tools will be most appropriate for families with the social supports, life skills, and who exhibit challenges that can be address through short term, low and mid-intensity intervention, after which and through which they can be transitioned back to the market.

However, the data in this study demonstrates that in the community of Calgary, there is a relatively small cohort of complex families who may require a PSH model to successfully exit homelessness. PSH is an approach to ending family homelessness by providing safe housing first, and then appropriate supports to parents and children to facilitate residential stability while promoting recovery and independence. There are some practices and approaches that have emerged from the environmental scan which could help to guide an approach in Calgary. Key themes that emerged from the environmental scan were the prevalence of residential units (as opposed to scattered site models) with an emphasis on appropriately sized and accessible units for large families or families with disabilities. A key feature of most models was case management approach that developed individualized support plans providing employment and tenancy support, as well support for families. The majority of models also provided support through an *in vivo* support model that most closely resembled Assertive Community Treatment.

Complex and multi-barrier families require both a more intensive and longer intervention than is currently offered in Calgary's System of Care, where this cohort of families demonstrate the greatest challenges to maintaining residential stability and have had multiple and/or long-term

experiences of homelessness. Research indicates that a small portion of homeless families, characterized as chronically homeless, exhibit greater degrees of extreme poverty, higher rates of substance use and mental illness, greater interactions with other systems (health, corrections and child welfare) and cycle in and out of homelessness. These families are considered to have complex needs and are distinct from families who fall into homelessness temporarily and require fewer services to successfully leave homelessness.

Establishing this intervention is an important next step in being responsive to the needs of the community. The right matching of services based on client need and acuity is done through effective targeting to ensure intensive support programs like PSH are directed toward families who exhibit multiple barriers to residential stability and have complex needs. Further, the critical importance of this intervention cannot be understated given the adverse effects of homelessness – and particularly cyclical/repeat or longer term shelter stays – on children and their development, and the potential for intergenerational impacts as well.

In Calgary, family homelessness continues to be stimulated by migrating families, such as Aboriginal families on and off reserve, as well as immigrants and people moving to Calgary for economic opportunities. There is limited literature on the needs of Aboriginal homeless families but our research identified some specific circumstances that should be accounted for, including cultural supports, accounting for multi-generational family structures, and culturally informed case management.

Once the intervention is established, communities can enhance their ability to provide effective services by coordinating practices and policies to improve service access and utilization. This intervention model will utilize data and performance monitoring indicators appropriate to evaluate family outcomes to evaluate the success of the program intervention and adjust models in real time. Further, it will partner with other systems that interact with complex families, such as health and child welfare, to ensure maximized use of resources and supports and reduced use of systems costs and adverse outcomes.

This study has established a conceptual design for programming. Dissemination of the project findings will utilize the Advisory Committee and the Family Sector, to assist with sector distribution to front-line and agency staff who serve and interact with homeless families. The

researchers will also host a community forum in the summer of 2014 to present the findings of the project and engage with the material to contribute to operationalizing next steps. This work will also be disseminated through Homeless Hub and other electronic distribution (i.e. research summaries, website postings) as well as journal publications. In October of 2013 the research team also presented preliminary research findings at the Canadian Alliance to End Homelessness Conference in Ottawa, Ontario.

Ultimately, this research points to both the acute need of a small cohort of families for a PSH intervention, and the specific experiences and needs of those families. The findings inform a program model for service delivery that is designed to account for the unique experiences and vulnerabilities of those families. Investing in this model will be a key addition to Calgary's System of Care, and it will bridge a gap for families for whom a more intensive intervention than what is currently available has been needed.

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