

# BUILDING STABILITY

## A Housing First Program for Men in Hamilton Summary Report, April 2014



Our study aims to understand the outcomes and experiences associated with participation in the Transitions to Home (T2H) program in Hamilton, Ontario.

Established in 2010, T2H helps men experiencing long-term shelter use and homelessness acquire and maintain safe, affordable and long-term housing in the community. T2H follows the Housing First model, an evidence-based approach to addressing homelessness. Researchers have suggested there is a need to understand the impacts of Housing First in different communities and populations. Our study was designed to respond to the need for a locally based evaluation of Housing First in Hamilton.

### STUDY DESIGN & METHODS

In the early stages of this research, an advisory committee was struck to draw on the knowledge of various stakeholders, including members of McMaster University, Wesley Urban Ministries, the McMaster Community Poverty Initiative, the City of Hamilton, and the Transitions to Home program. The research was approved by McMaster's Research Ethics Board and was conducted in accordance with its ethical guidelines.

We used a mixed methods research design. To understand the statistical outcomes associated with T2H program participation, the City of Hamilton provided us with summary tables of shelter demographics and shelter use data for T2H and non-T2H participants from the Homeless Individuals and Families Information System (HIFIS) database. We also analyzed data from the T2H COTS database (a case management tracking tool used to generate basic program statistics). The supplied data were cleaned to remove missing and ambiguous cases and converted from Excel spreadsheets to STATA for analysis.

### HOUSING FIRST

Housing First programs help those experiencing long-term shelter use and homelessness get quick access to housing, assistance with social and community connections, and access to individualized support, including help with recovery. There is no requirement that participants access treatment or abstain from substance use in order to maintain their housing. In Hamilton, Housing First services for women are offered by Supporting Our Sisters (SOS) and for men by Transitions to Home (T2H), a partnership between Hamilton's emergency shelter providers and Wesley Urban Ministries.

### T2H FACTS

YEAR ESTABLISHED: 2010  
PARTICIPANTS (Dec. 2013): 160  
"GRADS" (Dec. 2013): 174

REFERRALS COME FROM:  
Men's shelters 57%  
Wesley Programs 32%  
Other 11%

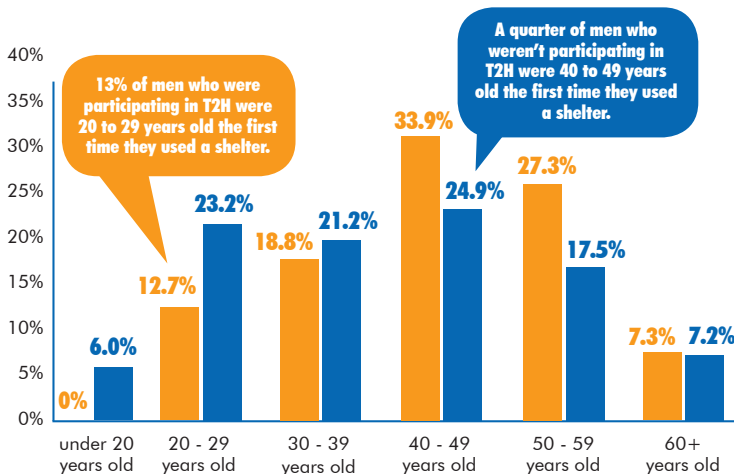
In order to gain a comprehensive understanding of participants' experiences with the T2H program, we interviewed five senior social services managers from a variety of different organizations and 10 members of T2H's case management team. We also interviewed 16 T2H participants and 10 people who qualified for enrollment in the program but weren't actively engaged with it. Notes were taken on site during all interviews and some of the interviews were audio recorded and transcribed. The notes and transcripts were uploaded into NVivo for thematic analysis.

## POPULATION & SAMPLE CHARACTERISTICS

### Are they the same age when they visit a Hamilton shelter for the first time?

Information in the HIFIS database told us that men using shelters in Hamilton were, on average, 39.6 years old when they visited a Hamilton shelter for the first time. As the graph below shows, men participating in the T2H program were older than those who weren't participating in T2H when they first visited a shelter in Hamilton—on average, 4.7 years older. The men enrolled in T2H that we interviewed were also older, on average, than men who weren't in T2H: 51 years old versus 43 years old.

### AGE OF MEN PARTICIPATING IN T2H VERSUS MEN WHO AREN'T IN T2H THE FIRST TIME THEY USED A SHELTER



SOURCE: HIFIS Database. Analysis conducted by the City of Hamilton.

### Is their shelter use different?

The data from HIFIS show that the T2H program is engaging the population it's meant to reach: men who have experienced long-term and repeated shelter use. Since January 2010, for example, T2H participants had spent an average of 176 nights in a Hamilton shelter and

had an average of 17 separate stays. This compares to non-participants, who had an average of 48 nights in a Hamilton shelter and 6 separate stays since January 2010.

### What are their areas of need?

We used the Multnomah Community Ability Survey to assess areas of need for the 26 men we interviewed. This survey asks participants about their health and functioning. Results from the 16 interviewees who were participating in T2H were relatively similar to the 10 men we interviewed who weren't part of T2H. Responses from the T2H participants indicated slightly higher levels of self-reported social skills and physical and mental health. Interestingly, responses from our interviewees who were participating in T2H also indicated lower levels of life adaptation skills and more frequent participation in maladaptive behaviour. Generally speaking, both groups' responses indicated moderate levels of ability.

## STUDY FINDINGS

### A history of trauma

The majority of participants interviewed had experienced some form of childhood trauma. Individual experiences varied greatly and included childhood mental health concerns and youth suicide attempts, experiences of physical, sexual, and emotional abuse, trauma resulting from living with a substance dependent caregiver, childhood or youth institutionalization, experiences of housing instability and extreme poverty, expulsion from high school, adoption or placement in the foster care system, and leaving home at an early age. For some participants, experiences of trauma were multifaceted.

**“** Me and my mom—we're getting along now, like she's good now. But when I was younger... she just treated me different. Like everybody in the neighbourhood kind of seen it...how my brothers would get all the stuff and I would get like nothing...My mom would always like she'd get mad at me, like you remind me of him [his biological father], you're just as crazy as him and like flip out on me...Nobody else had to go to church in my family but she made me go to church 'cause she wanted to get the evil out of me...I got kicked out of one high school, expelled when I was at the other high school...and kicked out of every school in Ontario. Then I went to my friend's, my friend's car, I lived in his driveway for a bit. Then his mom found out I was staying in the car and she let me live with her for a bit.

*- T2H participant*

Early exposure to trauma or youth placement in unstable environments appeared to have a lasting impact on all participants' ability to independently secure and maintain a stable home environment.

**Some people are afraid to be stable because they have never been stable before and chaos is comfortable for them. They think "I better boot a hole in the window to get things back on track" ... [T]ake a guy who's been in a system with people his whole life, then you put him all alone in his own unit and he can't deal with living alone and you bring over the wrong people, chaos happens, then the super's calling, etc. If all you know is chaos, you think you can't survive if things are going well because you've never known things to be going well.**

*- case manager*

### Health & substance use

Many of the respondents interviewed for this study experienced difficulties with physical health, mental health, and substance use, regardless of whether or not they were actively enrolled in the T2H program. Some of the common physical health problems experienced included diabetes and hypertension, chronic pain, back and musculoskeletal injuries, opiate withdrawal, and seizures. Individuals expressed that some of these ailments developed or worsened with age. Others noted that physical pain and injuries occurred at work, resulting in long-term unemployment, and continued to worsen. Accidents were also associated with pain stemming from injuries.

Mental health and substance use were problematic for many of the participants in this study. The range of mental health concerns captured was quite broad and included many diagnoses, from situational depression to schizophrenia. Some of the individuals had experienced mental health concerns since childhood. Histories of drug and alcohol consumption were present in both participant groups in this study. Despite chronic histories of substance use and mental health concerns, some individuals reported successfully beginning treatment and employing harm reduction strategies to minimize the impact of mental health and addictions on daily life.

### Pathways into homelessness & experiences of shelter use

The situations surrounding loss of tenancy or permanent residence captured in this study were quite diverse. Some of the situations captured included marital or relationship breakdown, economic hardship, injury resulting in job loss, inability to maintain a familial home after parental death, excessive spending on drugs, alcohol, hotel rooms, and the sex trade, incarceration and subsequent enrollment in

halfway houses, and inability to manage physical or mental health concerns. The responses to experiences of housing loss were quite diverse and represent the level of diversity in needs experienced by these individuals.

### Barriers to recruitment & engagement

In interviewing men who had qualified for the T2H program but had not accessed it, we asked respondents why they had not connected with the program. The majority of respondents indicated that they had not heard of the program or were not aware of the supports that T2H offers. Others had heard about the program through their informal networks and were unsure of how to connect with a worker or were working with a different service provider. One participant was unsure of whether or not he had met with a case manager from T2H, as he had accessed a large variety of supports.

Our key informant and case manager interviews indicated that engaging clients has been an ongoing struggle. Views varied significantly, depending on the organization, making barriers to engagement a very complex issue to discuss. Obtaining program funding in the social services is often a very competitive endeavor. This resulted in competition among different programs and service providers. Miscommunication among agencies may also result in missed opportunities to appropriately engage with clients. Interviewees expressed the broad sentiment that more engagement and client outreach is needed to connect with all homeless individuals.

**The funding system is created in a way that everyone is so worried that their agency isn't going to be needed anymore that they compete for funding. All of our services are needed; we are all strong in different ways. Instead of making it a competition, we can work together to draw on each of our strengths. We can build teams built on strengths. If we could get funding where people aren't so worried about their own jobs and agencies I think you would find more willingness to collaborate because you are not threatened and worried about duplication of what you are doing and getting your funding. Then we wouldn't be trying to do everything.**

*- case manager*

### Housing status

Our findings indicate that use of emergency shelters declined for T2H participants after they enrolled in the program.

Only 16% of T2H participants recruited in 2010 spent zero nights in a Hamilton shelter in 2010. This increased to 42.7% in 2011 and 64.0% in 2012, with a slight dip to



/// I was 13 years old and my parents left and I turned the gas stove on without lighting it up and I was just sitting on the chair and just waiting for the gas. And then...20 minutes later I changed my mind so I shut it off, opened the window...A month later my best friend killed himself the same way. We were like 13 years old...My parents knew that when he died that they talked to me. They said, you know, what if you have any problems, you can always come to us and talk about it. And don't deal with it like that. But to me it was like, don't talk to anybody...All my life you kind of was thinking that you, maybe you...want to kill yourself but I, on one hand, you know that you will not have to deal with it if you are dead, everything is gone for you. And that's it. It's over with. But my parents were still alive and it would hurt them...I was hanging around, hanging around and then I know when my mom died, I was, like, oh. //

- T2H participant

56.0% in 2013. For T2H participants recruited in 2011, 15.6% had no shelter stays in 2011, a percentage that increased to 43.8% in 2012 and 65.6% in 2013. Only 9.5% of T2H participants recruited in 2012 spent zero nights in a Hamilton shelter. This increased to 66.7% in 2013.

We found that 74.4% of active T2H participants are residing in permanent, single unit rental accommodations. When individuals recruited in 2013—who had less time to work with the program—were removed from this sample, the percentage of individuals residing in permanent housing rose to 84.2%.

### CURRENT HOUSING STATUS OF MEN PARTICIPATING IN T2H BY YEAR THEY ENROLLED IN THE PROGRAM

	2010 (65 men)	2011 (32 men)	2012 (23 men)	2013 (40 men)
<b>Remained homeless</b>	2%	0%	0%	0%
<b>Moved to temporary housing</b>	12%	19%	17%	53%
<b>Moved to permanent housing</b>	<b>86%</b>	<b>81%</b>	<b>83%</b>	<b>45%</b>
<b>Unknown</b>	0%	0%	0%	1%

### Experiences with housing

All of the T2H participants who were involved in this study were housed. We asked each individual questions about his housing and perceptions of housing stability and instability. Generally speaking, the participants were happy that they had obtained their own housing units. They often spoke of the enjoyment, feelings of relief, and safety they experienced from being able to close and lock their doors, and sit at home and watch television.

**// You're on the fringes of everything, not just society, everything...no social insurance number, no present resident address, none of the ID you need to get any kinda quality help, healthcare, whatever it be, you still need a spot. And you need a spot where you can lock the door. So that you can start piecing this back together...your ID, relationships, getting a hold of yourself. And if you have a spot that you can say, 'I'm not letting anybody in my spot today,' that promotes some sort of stability...you got your dog house, right, some people call it a man cave, whatever it be, but it's yours. It's a place to start and it's only you that can screw it up.**

*- T2H participant*

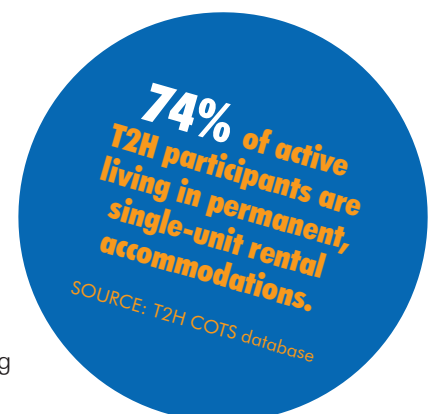
The T2H participants who were involved in this study appeared to experience fewer barriers in accessing housing than those who were not engaged with the program. Concerns of men who weren't enrolled in T2H included a lack of affordable housing, inability to provide landlords with references and first and last month's rent, confusion surrounding where to look for housing, and a lack of clean and pest-free or appropriate rental housing. Many of the individuals interviewed for this study—both men who were part of T2H and those who weren't—experienced problems with housing quality and pest management, in particular bed bugs. The key difference was that T2H participants can access pest management support and education. For example, program participants are able to request a free bed bug cover from the program. Case managers assist clients in preparation for pest spraying and the housing worker supplies landlords with advice for dealing with bed bugs. Despite this, bed bugs continue to be a persistent problem in downtown Hamilton and some T2H participants have had problems stemming from the presence of these pests.

### Program supports & services

All T2H participants we interviewed were happy with the case management support that they received, and many referred to their individual case managers as “strengths” associated with the program. Case managers were able to assist T2H participants with finding stable housing and supported them with many other concerns as they worked toward rebuilding stable lives.

The only concern surrounding case management that was expressed by a participant was related to succession planning. Some participants become very connected to their case managers. This may present problems when a worker takes vacation, moves on to a new position, or takes time off for maternity or sick leave. Participants usually have some exposure to the other case management staff. However, this exposure may be limited or very informal, resulting in barriers to engaging in a trusting relationship when clients are moved to other workers' case loads.

Wesley employs a full-time recreation specialist and a full-time addictions counselor to work with T2H participants. Recreation programs include gym programming, swimming, a winter bowling and summer baseball league, weekly drop-in lunches, summer outdoor programming, cooking classes, breakfast groups, skating,





“ [My worker], she’s my guardian angel, yeah. She’s like, I always say to her in a nice way, not in a, you know that she’s like my baby sister that I never had. But she’s my guardian angel. [My worker] used to come in to the [shelter], and then one day I started talking with her and then we started talking about different things and whatnot. And I got myself out of there and I was renting a furnished apartment. But then I started going downhill again and isolating and I wasn’t taking my meds properly. And then I had a hospitalization, bad psychosis and I lost my place and I ended up back at the shelter. And that’s when...she said, ‘Well listen, why don’t you try this?’ And then I did. I’ve been there now two years three months. Now it hasn’t been a perfect ride by no means but, nevertheless, I’ve had a lot of push and a lot of support. ”

- T2H participant

and movie days. Addictions supports are tailored to the individual needs of each participant and are often focused on harm reduction. However, participants may choose to work toward abstinence and supports and referrals are provided for assistance with cessation. Those who access these services tend to do so for support with alcohol, drug, and nicotine use.

Recreation and addictions programming are optional. Our analysis of the T2H COTS data indicates that over 176 participants have accessed some form of recreational programming during their tenures in the program and 85 participants have accessed addictions support.

The total hours of therapeutic recreation provided by the program between January 1st, 2010 and December 20th, 2013 was 2,667 with an average of 15.15 hours spent with each participant. An addictions counselor provided 1,035 hours of support, with an average of 12.18 hours spent with each participant.

Participants we interviewed who did regularly participate in recreational programming found it to be quite beneficial. They discussed forming social relationships through programming, using activities as a way to fill their time and assist with mental health and addictions concerns, and using recreation as a way to improve their overall health and wellbeing. Participants reported positive experiences with accessing varying levels of addictions support.

**Ideas for improvement**

Each T2H participant we interviewed was asked what he thought would improve the program. The responses to this question were quite diverse. Some participants were unable to think of recommendations, whereas others provided multiple suggestions. Some of these included assistance with accessing healthy food, additional support groups, access to a clinical psychologist, resources for starting cooperative work projects, and increasing resources to provide faster access to independent apartment units.

Many of the case managers suggested that the program and its workers be provided with additional supports and resources. One case manager suggested expanding the clinical team to include other specialized workers to assist individuals with medical concerns. She also suggested that having supports on-site was important to this population, as they are often unable or unwilling to access other supports within the community. Other workers suggested expanding the program’s capacity by providing more housing allowances to quickly house T2H participants in independent units across the city.

**RECOMMENDATIONS**

Our findings indicate that the T2H program has had success in stabilizing tenancies and improving outcomes for its clients. We also discovered areas for improvement.

- 1 We recommend the continued use of a Housing First model to actively house the long-term male homeless population in Hamilton.
- 2 There is a need to increase program resources, including communication technology, bus passes, and literature about the program for potential clients. A small proportion of total referrals (9 men) were on a waiting list for the program, suggesting a slight need for increased program capacity.
- 3 More creative forms of engagement may be necessary to recruit and maintain contact with those who are not active in the program, for example, providing a specialized worker who is specifically responsible for implementing best practices for engagement with this population.
- 4 There is a general need to continue to find ways to overcome organizational divides. The City of Hamilton has begun to work towards this by establishing shelter standards and its Hamilton Emergency Shelter Integration and Coordination Committee (HESICC). However, we suggest that all of Hamilton’s men’s housing services providers continue to work together, in tandem with the City of Hamilton, to find ways to problem solve, share resources, and break down organizational barriers.
- 5 Our data indicate that there is a need to increase the number of housing allowances available and to continue to work with landlords to house program participants. The T2H COTS data indicate that a high percentage of recently recruited 2013 participants are residing in temporary housing. This may be a result of participants’ placements in shared accommodations while they wait for a housing allowance and single unit to become available.
- 6 We suggest that T2H continue to build positive relationships with landlords to secure additional leasing capacity for the program. This includes publicizing program benefits for landlords.
- 7 T2H clients are slightly older than the general shelter use population in Hamilton. Additional research is required to determine whether this is because those who experience long-term homelessness tend to be older. It could also mean that younger men are not frequently engaging with the program. T2H is currently not mandated to work with youth. However, focused engagement with men in their late 20s and early 30s may improve access to T2H for younger men.
- 8 Some members of the T2H team had envisioned the creation of a single-site Housing First building, containing independent apartment units as well as shared program space where case management supports could be provided at the request of clients. We recommend that any move toward the creation of a single-site building include strict adherence to Housing First principles. This will assist in maintaining the key principles of the program.



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Our interviews with case managers indicate that program participants may become attached to their particular service worker, suggesting the need to find innovative ways to engage participants with secondary workers who can become familiar with the clients' needs and build trusting relationships.

10

The majority of the men we interviewed had experienced some form of trauma in early life. Additionally, our interviews suggest that with increased exposure, individuals begin to normalize shelter life. Participants can access a social worker through the City of Hamilton but there is a waiting list for this service and there is a need for additional counseling, adjustment and community reintegration supports.

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The experiences of the men in this study illustrate a strong connection between childhood and youth trauma and subsequent experiences of housing instability. In order to move from reacting to homelessness to preventing it, funders and service providers should continue to work toward supporting low-income and high-risk families so children and youth experience greater stability.

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Our research suggests that the condition of some of the housing stock in downtown Hamilton requires improvement. Greater emphasis needs to be placed on engaging with all levels of government and potential landlords to increase appropriate, affordable housing stock by building, renovating, or allocating existing units as affordable. Many participants, regardless of whether they were in the program, had experienced issues with or were concerned about pest control. The T2H program provides participants with supports with this but additional education and resources to assist both landlords, tenants, and all residents in Hamilton may prove useful in pest control.

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The widespread use of Housing First models in North America is relatively new, so little is known about what happens to participants once they achieve and maintain stability for prolonged periods of time. In order to assess the value of this model, additional research should focus specifically on understanding the experiences of "graduates" of Hamilton's program, who are able access supports on an as-needed basis.

This research was conducted by the Collaboratory for Research on Urban Neighbourhoods, Community Health and Housing at McMaster University. It was funded by the Government of Canada's Homelessness Partnering Strategy. The opinions and interpretations in this publication are those of the author and do not necessarily reflect those of the Government of Canada. The research was funded in part by the Ontario Ministry of Health and Long-Term Care. The views expressed are those of the researchers, not the Government of Ontario, or the Ministry of Health and Long-Term Care.

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