

Transitional Housing: A pilot study of its impact on housing sustainability and health outcomes of people living with HIV/AIDS at Bruce House



May 2014

Introduction

Transitional housing is 'an intermediate step between emergency crisis shelter and permanent housing', and assists individuals to move toward greater autonomy and self-sufficiency thereby increasing the likelihood of housing stability.

Housing is a structural intervention that can decrease the risk of HIV transmission as well as improve health outcomes amongst people living with HIV/AIDS (PHAs). Positive Spaces Healthy Places (2005-2011) study found that 42% of PHAs experience homelessness at least once in their lifetime.

The research objectives are:

- ✚ To identify the factors (individual and structural) associated with 'housing readiness' of PHAs in the transitional housing program.
- ✚ To better understand the practices and services of transitional housing.
- ✚ To explore the experiences and change in support needs and support structure of PHAs from intake into transitional housing to being successfully housed.

These findings represent data from a qualitative, longitudinal study conducted at Bruce House in Ottawa, Ontario. The research questions sought to identify the factors (individual and structural) associated with 'housing readiness' of PHAs in the transitional housing program, to better understand the practices and services of transitional housing, and to explore the experiences and change in support needs and support structure of PHAs from intake into transitional housing to being successfully housed.

Eight participants were recruited from Bruce House, and two interviews, at Entry and Exit, were conducted with each participant. Fifteen interviews were conducted throughout this study.



Findings

- Most participants had been diagnosed with some form of mental health issue in their lives (depression, bi-polar disorder, dementia, anxiety, anger-management issues, substance use and abuse).
- 75% participants identified having substance use issues

Challenges & Barriers: Physical and Mental Health Issues

Participants in this study reported being affected by various physical and mental health issues which created barriers and challenges to accessing or maintaining housing.

Health Issue	1	2	3	4	5	6	7	8
Hepatitis B and/or C								
Cancer								
Depression								
Brain Injury								
Mobility Issues								
Trauma								
Pneumonia								
Chronic Pain								
Substance Use Issues								
Paralysis								
Emergency Visits 1 or more times in past 6 months								
Issues Accessing Healthcare								
Emergency Healthcare or Hospitalization while at Bruce House								

Prior to living at Bruce House, 75% of participants required emergency healthcare or hospitalization 1 or more times within a six month period

75% of participants did not require emergency medical services while living in transitional housing

While all participants were able to access emergency healthcare, 63% of participants experienced issues with healthcare professionals

100% of participants

reported that they had been able to access and attend scheduled appointments with health care and social service professionals

- 100% of participants requiring assistance with HIV medication were able to maintain adherence with the assistance of the transitional housing program

Other findings

- Participant's short-term goals are focused on getting their own subsidized, independent apartments, but 88% of participants experienced different barriers to achieving this.
- Greater housing instability contributed to substance use, and negatively impacted physical and mental health
- Participants were affected by multiple physical and mental health issues, and used their time at Bruce House for necessary rehabilitation

Challenges & Barriers

Bruce House participants experienced unique challenges and barriers coming into the Transitional Housing Project including, but not limited to, the following:

Experiences of intersecting oppressions (eg. unstable housing, poverty)



"I basically lived in my chair...I didn't know what was going to happen one day to the next in my life. And I still go through bouts of that."

"My health was getting worse and worse and worse...so to be able to get the rest and relaxation, the nutrients, get things back on track and focus on my health requirements was what I really needed."

Note: This chart represents the housing conditions of all participants ranging from 10 years up to one day before living in Bruce House Transitional Housing Program

- ✚ Physical and mental health issues created barriers and challenges to accessing or maintaining housing for participants
- ✚ Housing environment is a critical variable in substance use/relapse for participants
- ✚ Limited support systems and connection to family and community
- ✚ Participants experienced issues accessing emergency healthcare related to long wait-times, lack of professional understanding or empathy, lack of follow-up regarding serious health concerns, and lack of knowledge transfer from professional to patient
- ✚ Lack of supportive housing after the transitional housing program ends creates a barrier for discharged tenants to actualize independent housing goals
- ✚ Experiences of incarceration and/or homelessness created barriers and challenges in effective resettlement within a community setting
- ✚ The findings suggest that participants may have the expectation that staff provide services for tenants, and not necessarily with tenants, while other tenants experience issues with dependency

Conclusions	Recommendations
<p>Transitional housing facilitates the identification and access to services which address issues of emotional, physical and mental health.</p>	<p>Develop community connections with pertinent agencies and healthcare providers and share evidence-based, up-to-date information about HIV/AIDS.</p>
<p>Transitional housing stability facilitates management of serious healthcare conditions.</p>	<p>Greater accessibility to and connections with mental health supports and holistic supports.</p>
<p>Access to transitional housing program significantly reduced the use of emergency healthcare.</p>	<p>Enhance staff capacity to advocate alongside tenants in critical situations when working with medical practitioners and social service providers.</p>
<p>Experiences of trauma or violence, long-term substance use and homelessness suggest that a client-centred approach benefits tenants in transitional housing.</p>	<p>Advocate for fluid, client-centred service provision with a strong focus on intersectionality and awareness of interlocking oppressions.</p>
<p>Empowerment approaches to working with tenants must come from a client-centred framework, as the empowerment approach observed in the healthcare system and social services creates disempowerment and oppression.</p>	<p>Enhance staff capacity to advocate alongside tenants in critical situations when working with medical practitioners and social service providers.</p>
<p>Experiences of trauma, violence, long-term substance use and homelessness suggest that a client-centred approach benefits tenants in transitional housing.</p>	<p>Provide staff with ongoing critical, anti-oppression training, and knowledge of chronic healthcare conditions, such as Acquired Brain Injury (25% of participants were affected).</p>
<p>The client-centred empowerment model used in transitional housing requires greater flexibility.</p>	<p>Develop resources within transitional housing to assist tenants at different stages of engagement with substance use.</p>