“I’ve learned how to survive, but not how to live”: Needs and Services in Transitional Housing Programs in Ontario for PHAs

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Project Background & Objectives

Transitional housing is an intermediate step between emergency crisis shelter and permanent housing and assists individuals move toward greater autonomy and self-sufficiency thereby increasing the likelihood of housing stability. Only three agencies provide supported transitional housing specifically for people living with HIV/AIDS (PHAs) in Ontario. This pilot research study aims to generate preliminary findings on housing-readiness, service use, and changing support needs of PHAs.

We report initial findings of the study to identify key support services PHAs have accessed in transitional housing that potentially encourages housing readiness. We detail the range of support services accessed by participants and the needs these services fulfilled.

Methods and Participant Demographics

This study employed a purposive sampling strategy. Qualitative data were collected through in-depth interviews with 25 residents of the transitional housing programs at Fife House, Bruce House and John Gordon Home. Interviews were conducted by Peer Research Assistants (PRAs). Our analysis of these data are best characterized as thematic analysis.

Participant Demographics

	Fife House	Bruce House	John Gordon Home	Total
Number of Participants (Intake)	14	8	3	25
Age (in years)	Avg: 42 Range: 26-62	Avg: 49 Range: 35-62	Avg: 47 Range: 43-55	Avg: 46 Range: 26-62
Gender	Male: 11 Female: 3	Male: 6 Female: 2	Male: 2 Female: 1	Male: 19 Female: 6

Findings

Participants entered into transitional housing with a variety of needs with regards to health care, financial support and assistance with activities of daily living. Although connected with a variety of services from various ASOs, participants reported the use and benefits of three key supports provided by transitional housing programmes: management of HIV (and other) drug therapies, assistance with appointments, and support through service referral.

Management of HIV (and Other) Drug Therapies

Participants reported improvements with adherence to HIV and other drug therapies while in transitional housing: *‘my medication is working out quite well,’ ‘my medications are in order,’ ’I think it’s almost under control now, it’s better.’*

Participants expressed considerable difficulties maintaining drug therapies prior to residency in transitional housing and linked improvements with medication adherence due to ‘med-reminders’ and other supports provided in transitional housing:

‘I got my medication organised yesterday, so that took a week here but before, it was a mess’,

‘(the transitional house) dispense(s) my medicine’, ‘…the House kinda helps ya, reminds ya, you know,’ ‘…so somebody giving me my tablets every morning and, at bed time… like night time.’

The difficulties with medication adherence were exacerbated, in part, by strict requirements for multiple drug therapies. Several participants expressed exasperation in managing what was, to them, an unmanageable medication routine.

‘I’ll tell ya, it’s a pain in the ass when you get 17 bottles of all with different expiration dates… and you’re trying to fill your stupid little pill containers and it’s, it’s, it’s like, it’s hours of work. And it’s frustrating and maddening. And you make mistakes… And sometimes you forget if you take them and then sometimes you make mistakes when you’re filling them up and, and then you realise that three days later, you haven’t been taking something cause you thought it looked like the other one and it’s nice that someone else would do that.’

Assistance with Appointments

Being HIV positive and on social assistance sometimes necessitates an array of appointments. Participants expressed difficulties managing the sheer number of appointments. Support from transitional housing was key to overcoming these difficulties. Transitional housing assisted participants maintain scheduled appointments through reminder calls or through assistance with appointment making/scheduling.

‘All of my morning appointments, I kept missing all of them, until I sat down one day and figured out that this is a problem… so, it was when I came out and let Fife House know, that morning appointments won’t work… so they actually helped me make like a general call to places that I mostly need to go to frequently… getting my doctor to give me a continuous afternoon or evening appointments, instead of early hour appointments. So, that really helped. So I was able to keep going, keep being on track with all these ‘exciting’ activities going on in these different agencies, because staff from transitional housing program would normally give me a reminder call, knock on my door (and) they tell me, ‘hey, you know, this appointment’ which is really, really helpful.’

Support Through Service Referrals

Many residents entered into transitional housing having already accessed a breadth of health care and social services, both HIV and non-HIV related. Nevertheless, transitional housing staff made residents aware of a range of supports and services otherwise unknown to residents.

‘Without the THP staff, it probably wouldn’t have been possible to get those information because as a newcomer, you know, very new person in country, having these, you know, health complications, issues and all that, sometimes, or many times, you know we don’t feel like talking to somebody, or in the mood to, you know, really say what you feel or what you’re going through at that time and all that but the staffs are always there. Like, they let you know a bunch of things, within those bunch of things there is definitely one or two or more that would best fit the situation one is going through at that time. You say, ‘ok, this one is useful for me know, it’s more practical, I’ll take this services,’ so that’s basically what is been happening.’

Conclusion

- Initial findings from the study suggest transitional housing programmes do provide foundational skills in managing daily living (with HIV and other health concerns).
- Transitional housing provides a safe space for residents to stabilise and manage fundamental HIV and non-HIV health care needs.
- Supports from transitional housing promotes better utilisation and greater access to health and social services.
- Benefits that accrue from transitional housing supports lay the groundwork for transformative changes in the lives of residents upon which other core competencies can be developed for residents to live independently in permanent housing.

Recommendations

- Given the core skills transitional housing provides, increasing the number of transitional housing units, is a viable option for greater housing readiness for PHAs who lack these skills.
- Advocacy skills building for residents should continue to be a key component of case management.
- Staff professional development should include regular updates about new programs and services, in the health-care, social services and AIDS service organizations.

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