Transitional Housing: A pilot study of its impact on housing sustainability and health outcomes of people living with HIV/AIDS in Ottawa, Ontario

John Gordon Home
London Regional AIDS Hospice

RESEARCH TEAM

Principal Investigators
Dr. Amrita Ahluwalia, Nominated P.I
Dr. Jeffrey Aguinaldo, P.I

Co-Investigators
Keith Hambly, Co-investigator
Jay Koornstra, Co-investigator
Bruce Rankin, Co-Investigator
Kay Roesslein, Co-Investigator
Allan Klusacek, Co-investigator

Peer Research Assistants
Atiba Lopez (Toronto)
Stephanie Smith (Ottawa-Intake)
Lynne Cioppa (Ottawa-Exit)
Colin Rowley (London)

PARTNERSHIP

- Fife House Foundation
- Bruce House, Ottawa
- John Gordon Home, London
- LOFT Community Services/McEwan Housing and Support Services
- Community Member
- Wilfrid Laurier University

FUNDING & SUPPORT

Funded By:

Canadian Institutes of Health Research (CIHR)

Support: We acknowledge the support received from Ontario HIV Treatment Network (OHTN)

Why Housing?

Housing is a structural intervention that can decrease the risk of HIV transmission as well as improves 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.

A significant barrier to housing for many PHAs is the lack of support services required to manage the diverse needs of PHAs.

A continuum of housing options is needed to best support PHAs through the varying life circumstances.

While academic research generally assumes permanent housing as the measure of success, practice shows that homelessness to housing sustainability can be a challenge unless intermediary housing options and services are in place.

What is Transitional Housing?

- 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.

- Only three agencies provide supported transitional housing specifically for people living with HIV/AIDS (PHAs) in Ontario.

  - Fife House, Toronto (11 units)
  - Bruce House, Ottawa (7 units)
  - John Gordon Home, London (8 units)

Fife House-Transitional Housing Program

John Gordon Home-Transitional Housing Program

Bruce House – Transitional Housing Program

OBJECTIVES

Study Objectives:

- 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.

Presentation Objectives:

This presentation pertains specifically to the findings from Ottawa (Bruce House)

- Identify the specific needs and concerns expressed by HIV positive individuals who sought shelter in Bruce House Transitional Housing
- To develop recommendations to strengthen the supports for people accessing the transitional housing program

ETHICS & METHODOLOGY

Ethics Approval Received From:

- University of Toronto
- Wilfrid Laurier University

Multi-Site, Community-Based Qualitative Study

Participant Recruitment: Three transitional housing agencies for PHAs in Ontario:

- Fife House Foundation (Toronto),
- Bruce House (Ottawa), and
- John Gordon Home (London)

Sample and Data Collection

- Time Frame: 0-12 Months
- 47 in-depth Interviews : Phase-I (Entry)-25 Phase-II (Exit)-22
- Two Peer Research Assistants (PRAs) were trained in qualitative data collection methods and interviewing skills.
- Qualitative data were analyzed using thematic analysis

PARTICIPANT DEMOGRAPHICS

	Fife House	Bruce House	John Gordon Home	Total
Number of participants (Intake)	14	8	3	25
Age (in years)	Average: 42 years Range: 26-62	Average: 49 years Range: 35-62	Average: 47 years Range: 43-55	Average: 46 years Range: 26-62
Gender	Male: 11 Female: 3	Male: 6 Female: 2	Male: 2 Female: 1	Male: 19 Female: 6
Refugee Status	5	0	0	5

Data Collection and Analysis (Ottawa)

- Of the Twenty-Five participants recruited for the study, eight participants were recruited from Ottawa.
- Two interviews, at Entry and Exit were conducted with each participant (15 interviews).

  Entry: 8 interviews

  Exit: 7 interviews (two had not exited the program at the time of the last interview)

- This presentation focuses on data collected from HIV positive participants who sought shelter in Bruce House Transitional Housing in Ottawa, Ontario.

Identifying the issues in Bruce House transitional housing for PHAs

FINDINGS

SUMMARY OF 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
- The majority of participants shared that they struggle with substance use, and have accessed substance use programs in the past
- 75% of participants had either been hospitalized or accessed emergency healthcare one time or more, six months prior to the study
- Only 25% of participants required emergency medical services while living at Bruce House

Challenges & Barriers

Bruce House participants experienced unique challenges and barriers coming into the Transitional Housing Project

Such barriers and challenges included:

- Experiences of intersecting oppressions (e.g. unstable housing, poverty)
- Physical and mental health challenges
- Approach to Substance Use & Rehabilitation
- Access to family/community
- Access to healthcare system
- Access to suitable and sustainable housing
- Reintegration after incarceration
- Obtaining support within empowerment model

Past Housing Experiences

Residence	1	2	3	4	5	6	7	8
Street		7 months				Unknown		
Shelter	1 night			Nearly 2 years		2 years	unknown	
Rented Room			3 years	3 months				
Apartment Rental	2 years	Unknown duration			Long period			10 years
Hospital		3-5 times per week			3 months	3 months		3 months
Hospice		5 days				Frequent in past year		
Incarceration				45 days, 3rd time			In and out over 20 years	
Halfway House							Short period	
Living With Sibling/friend	For 2 weeks before Bruce House		Short periods					2 years

Challenges & Barriers: Experiences of Intersecting Oppressions

The lived experiences of the participants directly impacted their physical and emotional well-being, which in turn contributed to their housing experiences.

Upon entering the Transitional Housing Project at Bruce House, participants expressed feelings of uncertainty and fatigue related to the struggle of everyday living amidst the intersection of poverty, homelessness, and illness:

"Well, I had a three bedroom apartment and I kept it up by myself for two years and I had roommates come and go, come and go. It finally got too much for me to keep up for myself, so I ended up in the shelter…I just couldn't pay the rent anymore."

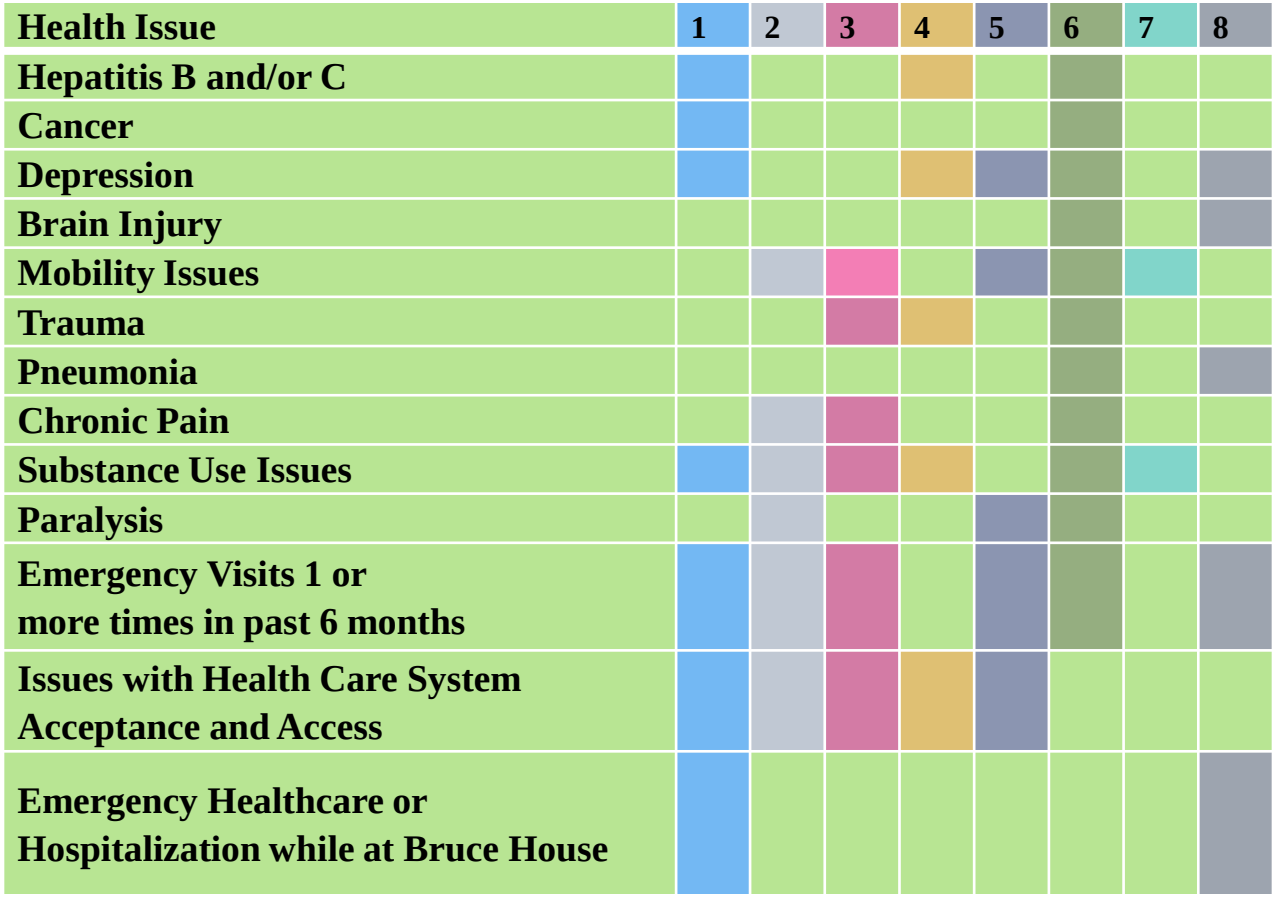
"I panhandled for everything…I panhandled all day."

"When I first arrived, I didn't really have a life. I thought I was dead…I thought it was over, I didn't see any future, I didn't see any new beginnings. I was really at a loss, I was devastated, I was in turmoil. 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."

"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."

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.



Challenges & Barriers: Approach to Substance Use & Rehabilitation

The majority of participants identified having substance use issues. Most participants had accessed some form of substance use program (harm-reduction or abstinence-based program), reportedly with the similar outcome of continuing to use substances.

There were a number of challenges around the ability to engage fully in abstinence-based or harm reduction programs, those being:

- maintaining motivation
- The suitability of the programs to address issues outside of substance use
- Returning to triggering environments and communities where substance use is common

Ambivalence towards substance use/addiction programs is clearly expressed:

"…as far as addiction programs, I've been programmed out, you know. I think dealing with the issue as to why [I] use [is] going to stabilize me more than going to another program. Going to another program is going to be like the same old information over and over again. I feel stagnant there, I feel like I'm in the cesspool, whereas dealing with the underlying issues as to the 'why's'…I think that's going to help more. Finding out who I am and what I'm about [is] gonna help me more."

Challenges & Barriers: Access to Family/Community

Access to family and community was reportedly restricted by:

- **The perception of non-reciprocation of family/community members**
- **Historical and childhood trauma and abuse**
- **Lack of participant desire to reconnect with family/community**

However, 63% identified access to family/community as one of their short-term or long-term goals.

During his stay at Bruce House, a participant who ultimately reconnected with his brother on a weekly basis shared the following:

"…thirty years ago, my family asked me to leave and never come back. They gave me money…and [had] no contact for several years…My brother…I was trying to contact him …[and] they thought I was dead…So every Friday night I have one conversation with one brother…The thing they don't realize is the importance of what family was to me."

Most participants indicated that they work to avoid certain friendships from their past associated with substance use.

Challenges & Barriers: Healthcare System Acceptance & Access

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.

“Last time I went to emergency, I had blood coming out of my ear. I was so sore, I was in tears. They took my information, sent me somewhere else, they took my information, sent me somewhere else, asked me the same questions. Seven people in six hours and the seventh person said ‘Hi mister, what can we do for you today?’ I just about had…they had to take me out with a security guard, I was so mad. I was like ‘what do you mean, what am I here for? Did six people not tell you why I’m here?’”

“I tell you I’m tired, you give me antidepressants. I tell you it doesn’t work, you give me more antidepressants. You’re not listening to me. He doesn’t pay attention.”

"I don't know-my legs just, they're numb, like if I bend down I can't get up, I can't go down stairs or up stairs. I gotta get another doctor, he didn't even tell me what's wrong with them and that, he don't care, he's just a pill-pusher“

Challenges & Barriers: Accessing Suitable and Sustainable Housing

Of the six participants who left the Transitional Housing Program at Bruce House, only one was able to access subsidized, supportive housing.

Participants expressed optimism regarding the possibility of obtaining subsidized, independent or supportive housing at the outset of the study, but this was not largely realized due to waitlists, bureaucracy, interpersonal issues between staff and tenants or health reasons.

Referring to the priority housing criteria which stipulates that eligibility is reliant on the applicant being terminally ill, one participant who was taken off the priority housing list after moving into Bruce House expressed his displeasure with the social housing system:

"I sobered up and you don't want to give me an apartment? You want me to be a fucked-up mess before you give me an apartment? That's how you take care of your building? That's the good way to do it?"

Challenges & Barriers: Reintegration after Incarceration

Experiences of incarceration and/or homelessness created barriers and challenges in effective resettlement within a community setting.

Reconciling between two housing institutions (prison and transitional housing program) proved to be a structural barrier for many participants:

"…a lot of us, because of the way we were raised and stuff, we look at the staff as guards, you know. We don't associate with them as, on our level 'cause they're babysitters', is what I call them…"

"I'm scared 'cause I still see them as jail guards, you know what I mean? – but they're not! That's what I can't think you know, I gotta stop, but that's my criminal mind [talking] to me. They're there to help me, they're there to give me love. Why am I afraid? I got fears that are they going to judge me. They're not, that's me – I'm fucked up, so much jail."

"Well…I come from the streets mostly. It's just…it's been hard, it's been really hard actually. [It is hard to] live with a lot of people, to abide rules, this and that…it's been a hard experience."

Challenges & Barriers: Obtaining Support within the Empowerment Model

The delivery of services within transitional housing is based in the empowerment model. This model assumes that people have the power within to affect changes in their lives, and workers in this program engage with people with this in mind.

The empowerment model is experienced differently among participants, ranging from fostering independence to dependence. One participant notes that he perceives the interactions with staff as disempowering:

"They don't do nothing for you there. They give you a phone number, that's all Bruce House does, the staff there. Nobody ever came in and did anything or talked to us. None of that's happened. The staff don't do squat, they don't know nothing when you ask them something. "Oh let's look it up."

Findings are indicative that the understanding and application of the empowerment model lacks consistency. Reflecting this, one participant relates how support approaches created dependence:

“I’m used to now having my groceries bought [and] my medicine given to me. I’m not even sure what type of pills I’m on, because they give me all my medicine.”

However, some participants benefitted from the empowerment model:

“…I was able to gradually uh put things together to where I’m feeling more comfortable with myself than I was because at the start [because] I was really lost.”

Challenges & Barriers: Community Living

Living in a community setting with substance use and mental health issues was difficult for some participants.

"It's a matter of being on my own, that was my main issue, to finally be alone. Being at Bruce House I wasn't alone. I wasn't comfortable with the dinner table [and] the crowds…everybody just locks themselves in their rooms and then we're forced to sit at the table. We're all coming down off drugs and we're all coming up off something and we're all fucked up and we're sober, [then we] have to sit in a group."

"Just I…I'm a loner. I like to be on my own. It's time to move on. I did my time here you know. That's the way I look at it anyway, you know."

Successes

Successes: Assistance with Medication Adherence & Linkages to Healthcare

- **The majority of participants shared that the assistance with medication management provided by Bruce House was integral in their recovery.**

- **All participants shared that they were able to attend scheduled appointments while living at Bruce House.**

- **One participant expressed gratitude at how swiftly he was able to access an HIV specialist through Bruce House, however, he shared that it was much more difficult for himself and staff to access services for diabetes during his stay:**

  "It seemed to be the major, major fight to get it all set up."

Successes: Family & Community Connections

Fifty percent of the participants expressed their wish to reconnect with estranged family members while at Bruce House, and some were able to develop closer ties with family during their time at Bruce House.

Reflecting on Transitional Housing Program's role with re-establishing family relationships, participants said:

"In fact…it's grown…like there's a lot more family activity and that that I didn't have before…I feel a lot better about myself."

"It gave me an opportunity to not prove to my family, but to show them that I'm trying to get my life back on track. I'm trying to live more positive, [to have] more social interaction. I'm trying to help myself so it's very good, very good…I'm very, very proud that I have a consistent relationship with my brother…"

Successes: Reintegration

THP acts as an intermediary step towards reintegration into society. This is reflected in these quotations:

"I need[ed] somewhere where I could tend to my medical needs, my disease and everything else and get so much stress out of my life. I'm able to relax, sit back and get back on track…My life was kind of all over the map, it's now sort of condensed [to the point] where it's controllable now, and it's no longer insane, all over the place [with] no direction…[it] is now starting to get more focus."

"Bruce House is transition. It's not rehab but it's helping me along the way to clean up and get my plans together while I've got a straight head…I'm trying to think of more positive ways as opposed to 'I'm not gonna get out of here'. Now I'm thinking when I get my place, 'I'm gonna need this, and I'm gonna be able to do that, and make this plan'. It's a lot easier to make plans here and set myself up for when I move."

Success: Addressing Isolation and Concerns around Safety

Participants felt that staff and tenant connection was integral to their education, coping and recovery:

"…before I was sort of a person that kept things to myself. At the house, you talk to staff about things, you talk to other people about things."

"And that was a I guess the most stressful point is, trying to deal with something that you didn't know anything about. I started getting comfort when I started learning and sat down and talk to people about it."

"It's a good place for me because it's a safe place. I'm away from the drug scene. And it's helped me because I'm going through grief over my son's death and certain things pop up and I can talk to somebody."

Conclusions

- Transitional housing facilitates the identification and access to services which address issues of emotional, physical and mental health.
- Transitional housing stability facilitates management of serious healthcare conditions.
- Access to transitional housing program significantly reduced the use of emergency healthcare
- Experiences of trauma or violence, long-term substance use and homelessness suggest that a client-centred approach benefits tenants in transitional housing
- Client-centered empowerment model used in transitional housing requires greater flexibility

Recommendations

- Develop community connections with pertinent agencies and healthcare providers and share evidence-based, up-to-date information about HIV/AIDS.
- Greater accessibility to and connections with mental health supports and holistic supports.
- Enhance staff capacity to advocate alongside tenants in critical situations when working with medical practitioners and social service providers.
- Advocate for fluid, client-centred service provision with a strong focus on intersectionality and awareness of interlocking oppressions.
- Provide staff with ongoing critical, anti-oppression training, as well as knowledge of chronic healthcare conditions, such as Acquired Brain Injury.
- Develop resources within transitional housing to assist tenants at different stages of engagement with substance use.
- Lobby the government to develop more housing options and reduce wait times to access subsidized housing (Tenants experienced structural barriers to accessing subsidized housing, and the majority moved from Transitional Housing into market-rent accommodation).

For further information:

Contact:

Jay Koornstra
Executive Director, Bruce House
Tel.: 613-729-0911 Ext 24
Email: jay@brucehouse.org

0r

Dr. Amrita Ahluwalia
Director of Research and Evaluation
Fife House Foundation
Tel: 416-205-9888 ext. 225
Email: aahluwalia@fifehouse.org

WILFRID LAURIER UNIVERSITY
John Gordon Home
London Regional AIDS Hospice
Supportive housing and compassionate care
BRUCE HOUSE
Logement avec services de soutien et soins humanitaires
LOFT
FIFE HOUSE
HOPE HELP HOME