



Housing with Supports for Women after Second Stage Shelters

A Research Review of Best and Promising Practices

*Chris MacFarlane, PhD.
Director*

*Katie de Guerre, M.A.
Research Associate*

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The Poverty Reduction Coalition is a community collaborative, initiated and supported by United Way of Calgary and Area. We work together in the belief that poverty **can** be reduced in Calgary and that we have the human and capital resources to do it.

The Coalition was formed in 2004 to encourage and instigate thoughtful social innovation in government policies, in the provision of social services, in systems reform and within the business community.

The Poverty Reduction Coalition works with all levels of government, the business community, social service organizations and community members to address the systemic barriers and policies that prevent low-income individuals and families from moving beyond the cycle of poverty.

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Report Summary

This report provides guidelines for service design that are based on a review of “best practices” and “promising practices” in delivering supportive housing for women fleeing domestic violence and for families generally. “Best practices” refer to “strategies, activities, or approaches that have been shown through research and evaluation to be effective” (Collaborative Community Health Research Centre, 2002, p. 10). “Promising practices” are “programs for which the level of certainty from available evidence is too low to support generalizable conclusions, but for which there is some empirical basis for prediction that further research could support such conclusions.” (Collaborative Community Health Research Centre, 2002, p. 10)

The Poverty Reduction Coalition completed this report in an effort to offer a review of the literature evaluating the effectiveness of supportive housing models, identify common characteristics of successful models and provide recommendations concerning service delivery and evaluation strategies.

Given the paucity of research focusing on the effectiveness of support services for women fleeing domestic violence and for families generally, this report also examines supported housing models in relation to people with disabilities. The literature on this latter population is extensive and is based on progressive practices and values.

This report is organized into five sections:

Section I provides the introduction and background to the report. The definition of supportive housing is outlined. The objectives and limitations of this literature are described.

Section II outlines the strategy used to research the literature, including the terms utilized and the abstracts surveyed. Each article was also classified based on a hierarchy of scientific quality.

Section III summarizes the “best” and “promising” practices as articulated in the literature. Articles in this section addressing supportive housing for women fleeing domestic violence are summarized. Given the extensive history of supportive housing programs for people with disabilities, articles examining “best” and “promising” practices for these groups are also summarized.

Section IV provides a summary of how to access information on other transitional housing facilities for women fleeing domestic violence in Canada, as identified by the Canadian Public Health Association. This section refers to Appendix B, which provides a summary of services and innovative policies in 14 transitional housing facilities for women fleeing domestic violence across North America.

Section V articulates the conclusions and recommendations derived from this literature review.

This literature review on effective supportive housing models led to the following conclusions:

Elements of Effective Supportive Housing

Supportive housing for women fleeing domestic violence should:

- Make provisions for child-care services.
- Support employment and/or training activities; partner with others to deliver these services to ensure women obtain sustainable employment (i.e., full time, benefit package, living wage).
- Provide internet capabilities in apartments or in a computer room available to all residents to support the completion of homework by school-age children and give adults the opportunity to access email and websites pertaining to jobs, services and information.
- Provide “re-parenting” training; this training could be delivered through partnering community organizations.
- Provide access to counselling and/or access to a long-term outreach worker to provide instrumental and emotional support.
- Ensure access to recreational activities for women and their children.
- Foster social integration of families into their communities to support the development of natural informal support networks.
- Provide access to monetary support including fee subsidies for schools and daycares, vouchers for furniture, assistance with moving expenses, accessing child support payments, scholarships and government benefits.
- Address the affordable transportation issue through creative partnerships and accessing government subsidies.
- Establish a sliding scale for rent.
- Establish Individual Development Accounts (IDAs) for the family and for any youth in the family.
- Keep the rules and regulations to a minimum; have resident participation in establishing rules and have program participation be voluntary.
- Articulate the conditions under which a resident may be evicted.
- Support the family in establishing their own goals.
- Develop culturally competent supportive housing services.
- Develop a peer case management model, where women who have been former consumers of this service could act as service navigators and supportive guides.
- Develop an evaluation strategy that measures in-program outputs and long-term quality of life outcomes.

Section I: Report Background and Description

1.0. Introduction

The term supportive housing emerged in the late 1980s as an alternative to the residential services offered to people with disabilities (Rog, 2004). Since that time there has been increasing recognition of the need to integrate services with housing to help various groups achieve stability.

Over the years the interest in this type of housing model has resulted in the creation of a variety of terms used to describe the same model of housing (Cohen, Mulroy, Tull, White, and Crowley, 2004) including supportive housing, transitional housing, and service-enriched housing. For example, Nelson, Aubry, and LaFrance (2007), referencing Parkinson, Nelson, and Horgan (1999), observe that “supported housing programs have support staff who are external to the housing rather than onsite, have the support process controlled by the tenant, are oriented toward empowerment and recovery, use apartments as independent living settings, provide rent vouchers...and provide permanent housing.” (p.351) Barrow and Zimmer (1999) define transitional housing as entailing a focus on personal growth and development, tenure being contingent on participation in services and compliance with program rules. Alternatively, service-enriched housing has been defined as a simple, adaptable mechanism to provide housing linked to services to promote quality of life and improved social and economic well-being of residents, while encouraging community development, interaction, and interdependence (National Low Income Housing Coalition, 2002).

To avoid confusion, the term supportive housing as defined by Foster and Snowdon (2003) will be used in this report. Foster and Snowdon define permanent supportive housing as “safe and affordable long-term rental housing linked with flexible support services that are available when needed” (p. 1). They note that the difference between other affordable housing models and permanent supportive housing is the component of service provision, an integral element in ensuring those residents get the support they require to remain housed successfully.

According to Foster and Snowdon (2003), permanent supportive housing generally has the following characteristics:

- *It is affordable.* Affordable housing is generally defined as housing for which the occupant is paying no more than 30% of their gross household income, including utility costs.
- *It is permanent.* This means there are no specific time limits attached to residing in the unit. Like other renters, the tenant in permanent supportive housing can continue to live there as long as he or she pays the rent and meets the lease requirements.
- *Supportive services and ongoing support are available when needed.* The range of services is flexible and accessible. Services are customized to meet the needs of the tenants in each development. They include:
 - crisis intervention
 - health care
 - mental health care
 - job training and employment services
 - alcohol and drug treatment
 - life (independent) skills training
 - support to access resources in the neighbourhood and community
- *Participation in services and activities is voluntary.* Tenants are generally not required to use the available services as a condition of remaining in housing (p. 9).

The purpose of this report is to determine what factors contribute to an effective supportive housing service for women and their children who have fled domestic violence. An examination of the “best practices” and “promising practices” related to service delivery for this population and for other populations as deemed relevant informed the report’s recommendations.

The Poverty Reduction Coalition completed this report for any organization designing an affordable housing facility for women and children who are fleeing domestic violence.

1.1. Project Objectives

The objectives of this report are to:

- Review literature evaluating the effectiveness of supportive housing models
- Identify common characteristics of successful models
- Recommend service delivery, funding, and evaluation strategies

1.2. Report Limitations

The report provides a perspective on the topic of supportive housing models. It is based on a review of published and grey literature on supportive housing models primarily in North America.

The report is limited by the lack of literature on the effectiveness of supportive housing models. The literature tends to be populated with descriptive studies (e.g., Correia, 1999; Wong, Min, and Nemon, 2006). There are very few studies that involve outcome measures and even these are limited in the range of outcomes measured. There are also very few longitudinal studies.

The evaluative literature tends to reflect measures of resident and service provider satisfaction with the various program elements (e.g., Melbin, Sullivan, and Cain, 2003; Binder, 2004; Gorde, Helfrich, and Finlayson, 2004). Although resident satisfaction is a critical element to program engagement, its relationship to long-term program effectiveness has not been measured in the studies surveyed. Satisfaction measures alone do not lend themselves to discerning the critical components of a service for successful long-term outcomes. It is therefore difficult to determine the efficacy of various program elements including staff to resident ratios, qualifications of staff, and location of services.

Overall the review revealed a number of gaps in the supportive housing literature, in particular studies focusing on supportive housing for women and children fleeing domestic violence and for families generally. Further, although case management is mentioned in a number of studies as a key element of support, with the exception of the community assertive treatment model, and despite their widespread popularity, there has been a limited amount of research on the effectiveness of other models of case management (Winship, 2001).

Finally, no effort was made to contact the programs identified in this report or the researchers themselves to access recent developments in the programs and/or nuances of services that were not reported in the literature.

Section II: Search Strategy

2.0. Review of Literature

The purpose of this literature review is to determine if there is documented evidence demonstrating how supportive housing models are developed and managed to ensure the safety and development of residents. To this end a literature review was conducted, involving on-line database keyword searches, additional searches for other studies, screening of abstracts, assessing the methodological strength of the studies and integrating the findings.

The literature search process included the following major steps:

- Development of keywords and search strategies
- On-line searches of databases for potentially relevant articles
- Review of government departments and NGO websites and related links for additional studies and/or unpublished documents
- Screening of the abstracts to identify studies for more in-depth review
- Canvassing of selected academic experts, organizations and government departments for additional studies and/or unpublished documents

2.1. Search Terms

The research began utilizing Google and Google Scholar to find information on the topic. The keyword searches included: supports for affordable housing, support programs for individuals in affordable housing, supported housing programs for women fleeing domestic violence, supported housing programs for people with disabilities, supported housing programs for people with mental illnesses, supported housing programs for immigrants, supported housing approaches, supported housing programs, affordable housing support programs, and transitional housing.

These search terms were utilized to search Social Services Abstracts, Social Work Abstracts, [Sociological Abstracts \(via Cambridge Scientific Abstracts\)](#), [SocINDEX with Fulltext](#) and [PsycInfo](#). The results of this search are summarized in Appendix A.

2.2. Search Results

This literature review focused on 'best practices', and 'promising practices'.

- **Best practices** refer to "strategies, activities, or approaches that have been shown through research and evaluation to be effective" (Collaborative Community Health Research Centre, 2002, p. 10).
- **Promising practices** are "programs for which the level of certainty from available evidence is too low to support generalizable conclusions, but for which there is some empirical basis for prediction that further research could support such conclusions" (Collaborative Community Health Research Centre, 2002, p. 10).

Ninety-six articles were identified in the search. Of these articles, 84 were geographically situated within North America. Due to the lack of international articles, the North American literature was utilized for the review. Of the 84 articles, 45 were relevant to the project objectives. Twenty-seven of these articles were focused on supportive housing for women who experienced domestic violence and families in general, and 19 of these articles were focused on supportive housing for people with cognitive impairments, mental illness, and/or substance abuse. Of the 27 articles that focused on supportive housing for women who experienced domestic violence and families in general, four were evaluations based on outcomes, and 23 were evaluations based on perspectives of staff and clientele. Of the 19 articles focused on supportive housing for people with cognitive impairments, mental illness, and/or substance abuse, 15 were evaluations based on outcomes, and four were evaluations based on perspectives of staff and clientele.

2.3. Classification of Articles

Using a modified hierarchical typology to evaluate the quality of articles focusing on program effectiveness (Collaborative Community Health Research Centre, 2002), these articles were classified. This section provides a summary of the classification of these articles by this typology. The criterion for each level is as follows:

Level 1: The article is a **description of a program** that has been recognized publicly and has received awards, honours, or mentions.

Level 2: The program has appeared in a non-refereed professional publication, often referred to as '**grey-literature**' or a non-refereed journal.

Level 3: The program has appeared in a **peer reviewed journal**, or has undergone an extensive expert/peer consensus process.

Level 4: The program has undergone a **qualitative analysis**, or an expert/peer consensus process in the form of a qualitative analysis.

Level 5: Replications of the program have appeared in more than three professional journals.

Section III: Summary of Literature Review

3.0. Best Practice Studies: Effectiveness Based on Outcome Measures

3.0.1. Best Practice: Women Who Experienced Domestic Violence and for Families Generally

A summary of best practices for supportive housing for women who have experienced domestic violence and for families generally has been generated from the following four studies that were selected based on their empirically sound “best practices” of evaluations based on outcome measures.

Supportive Housing for Women who Experienced Domestic Violence and for Families Generally - Evaluations Based on Outcome Measures	Level of Scientific Quality
Winship (2001) summarizes the research that has been conducted on families experiencing homelessness and the limitations of this research for program evaluation.	4
Fischer (2000) provides an evaluation of a family-development centre transitional housing program.	4
Leticq, Anderson, and Koblinsky (1998) evaluate a comparison in the level of support lone mothers perceive between those living in emergency shelters and transitional housing, and low-income housed mothers.	4
Shlay (1993) evaluates the relationship between families in homelessness and housing and the current housing policies.	4

Housing outcomes are essential to any assessment of supportive housing program effectiveness. They can include short-term measures such as obtaining permanent independent housing, quality of housing obtained, and appropriate use of community-based services. Long-term measures might include tapping into levels and advancement in income, employment, education, parenting strategies, self-esteem, and social inclusion or embeddedness.

With a few exceptions there is a dearth of program effectiveness studies examining outcome measures focusing on supportive housing for families (Winship, 2001). The exceptions include a study completed by Leticq, Anderson and Koblinsky (1998). These researchers examined the outcome of social embeddedness, perceived availability of support and enacted support for women in different housing environments including emergency shelters, transitional supportive, doubled-up or housed. They found that emergency sheltered and transitionally housed mothers had significantly less weekly contact with friends and relatives, perceived fewer people they could count on in times of need, and received less help from their families than housed mothers.

The findings indicate that homeless families need to establish stronger linkages with other families and professional support staff. Efforts should be made to help mothers develop sustainable community ties. The importance of social support networks in assisting families in times of crisis has been well documented. Unfortunately, it is an aspect of supportive intervention that is often overlooked or undervalued by staff. Staff job descriptions do not reflect this aspect of intervention nor are staff adequately trained in facilitating the development of social support networks.

Shlay (1993) reviewed transitional housing programs for low-income families in Baltimore. She concluded that “graduates showed significant improvements in the direction of leading healthier, more productive and more stable lives” (p. 470). These transitional housing programs involved residents by encouraging them to establish their own goals with support from case managers, while offering educational, parenting, health care and employment support.

Finally, a review of the effectiveness of a 14-unit transitional housing program for young unmarried women (i.e., 17-26 years of age) who were homeless was completed by Fischer (2000). Women were homeless because they had been “put out” or because they chose to leave bad living situations. To qualify for and remain in the program the women had to be “motivated” and follow the rules. Fischer reports that:

Most (75-85%) women had no problems abiding by program rules regarding child care, cleanliness of resident apartment, and appropriate behaviour toward staff and other residents. More than half of the residents had difficulty meeting the requirements regarding other general behaviour (e.g., payment of rent and fulfillment of employment preparation requirements), overnight leave and curfews, and attendance at group sessions (p. 409).

The program offered subsidized day care, supports with enrolment in educational programs, work placements and life-skills and parenting training. Besides the one-year residency the site also provided one year of supportive aftercare.

The results indicated that 73% of the women were employed or in school or training at the one-year mark, although a significant number of women dropped out of the program before completion. On average, the working women had held their current job for nine months, were working full time and had an average gross monthly income from employment of \$1,200. Fischer notes that although these women were working they all had low paying jobs without benefits. He concludes that the type of training these women were receiving in the supportive housing program was not enough to lift them out of poverty.

Forty-three percent of the former residents reported not having access to subsidized rent. Fischer reported that the housing status of these residents must be considered in relation to both the availability of low-income housing and government vouchers. Determining program “success” will vary over time and be contextualized to the availability of affordable housing. For instance, in Calgary, with an almost non-existent rental vacancy rate and a reported average rent for a one-bedroom apartment being approximately \$878 a month, being housed may be a measure of success while in a different market being financially self-sufficient to pay market prices may be an appropriate outcome measure.

Since 100% of these women were qualified for various government subsidies upon program entry, the program staff strove to have them registered in appropriate subsidies. As a measure of the program’s success, approximately 80% of the women were receiving these government benefits when they left the program. The women’s financial situation also increased because of the program support they received in collecting financial support from the child’s father. Fifty percent of the women reported regular financial support at program exit point as opposed to only 14% at intake. Although access to these funds was important to these women and appropriate income for them, this income was still insufficient to help these women exit poverty. Adequate training and education toward full and sustained employment would be a critical feature of any program whose goal it is to lift women out of poverty.

Studies that examine outcome measures of success tend to focus on short-term measures, are not longitudinal, and do not measure elements related to each woman’s self-esteem, social connectedness, financial security, and independence.

Given the limited number of studies that focus on outcomes as a measure of program effectiveness in supportive housing for families it is difficult to make conclusive comments on “best practice” guidelines for this population. These programs tended to work with those individuals and families

determined to be “motivated”. This approach is antithetical to a “client centred” or “family centred” approach to programs. Given that motivation is a subjective characteristic and may actually represent other variables that are not being assessed (e.g., presence of clinical depression), using the criteria of “motivation” may in fact only screen out women and families who need significant support.

Strict rules were also enforced in these programs. The inability to adhere to these rules was a common reason for the departure of individuals from programs prior to completion. This reliance on rules is inconsistent with what other populations have identified as predictive outcome measures in providing supportive housing. It is also inconsistent with the desires of residents in supportive housing for women who have experienced domestic violence as reported in the “promising practices” section of this report. Further, the preference to work with “motivated” residents tends to also be inconsistent with the current approaches in other fields to provide supportive housing. Providing a safe and secure residence first and then providing individualized support has been viewed for some time as a more progressive and empowering strategy (Rapaport, 1985; Lovett, 1996). It is acknowledged that this approach to individualized and client-directed intervention and support is considerably easier to implement when individuals needing support are not congregated in one setting. The latter arrangement tends to provoke the need for rules and group structure.

In summary, supportive housing programs for women fleeing domestic violence and for families generally, that have demonstrated success based on their outcome measures, tend to have common characteristics. These characteristics are:

- focus on “motivated” residents
- structure and rules
- subsidized rental support
- parenting support
- educational and employment placement support
- assistance accessing government benefits and other financial supports
- child care
- support with the establishment of family goals
- development of informal supportive networks

3.0.2. Best Practice: Adults with Cognitive Impairments, Mental Illness, and/or Substance Abuse

For 25 years, supportive housing effectiveness, as measured by program outcomes, has been studied in services for people with disabilities. Therefore, we felt it was instructive to examine the elements of these programs as a strategy for informing “best practices” in providing supportive housing for women fleeing domestic violence and for families generally. This literature has examined the strengths of various support models, identified important elements in supportive housing and outlined strategies for evaluation of these models.

Supportive Housing for Cognitive Impairments, Mental Illness, and/or Substance Abuse - Evaluations Based on Outcomes	Level of Scientific Quality of the Article
Lakin and Stancliffe (2007) review current literature and changing status of residential supports for persons with intellectual and developmental disabilities.	5
Nelson, Aubry, and Lafrance (2007) review outcome evaluations of housing and support interventions for people with mental illness who have been homeless.	5
Wong, Nath, and Solomon (2007) examine patterns and correlates of group and organizational involvement among persons with psychiatric disabilities using cross-sectional, probability sample of 252 residents in supported independent housing.	4
Siegel, Samuels, Tang, Berg, Jones, Hopper (2006) examine outcomes in housing and clinical status of individuals with history of homelessness and severe mental illness in transitional housing facility versus community residences.	4
Padgett, Gulcur, and Tsemberis (2006) provide findings from the New York Housing Study that compares Housing First to treatment first for dually diagnosed homeless individuals.	5
Rog (2004) reviews evidence base for supported housing and describes principles for guiding implementation and delivery of supported housing.	4
Tsemberis, Gulcur, and Nakae (2004) provide longitudinal analysis of Housing First approach for dually diagnosed homeless individuals.	5
Gulcur, Stefanic, Shinn, Tsemberis, and Fischer (2003) compare Housing First to continuum of care approach for housing chronically homeless individuals with psychiatric disabilities and often substance abuse.	5
Tsemberis, Moran, Shinn, Asmussen, and Shern (2003) provide evaluation and comparison of Choices Unlimited and Pathways to Housing, both supported housing for dually diagnosed homeless individuals.	5
Kloos, Zimmerman, Scrimenti, and Crusto (2002) examine how relationships with landlords promote tenant stability and success in supported living.	4
Tsemberis and Eisenberg (2000) provide evaluation and comparison of New York-New York and Pathways to Housing, both of which are housing programs for homeless individuals.	5
Murray, Baier, North, Lato, and Eskew (1995) provide review of 228 former clients of transitional residential program for severely mentally ill people who are homeless to examine program results for completers and non-completers.	4
Curley (1994) examines psychosocial rehabilitation model of supported housing for people living with HIV/AIDS and neuropsychiatric disease along with other pre-existing disabilities.	4
Carling (1990) proposes operational definition of supportive housing, dilemmas involved in evaluating supported housing, and strategies for designing evaluation studies.	4
Ridgway and Zipple (1990) examine shift from residential housing to supported housing approaches.	4

Since the mid-1970s, the growing commitment to de-institutionalization, normalization and community living, which has been supported by legislative action, has resulted in a growing trend across North America to move away from institutional living to more community-based supportive living arrangements for people with disabilities (Lakin and Stancliffe, 2007; Rigway and Zipple, 1990). Initially, community living was based on a continuum model, in which the individuals would move from residence to residence as they acquired more skills and independence. Over time, service providers realized that this continuum model was counter-productive to residents achieving social integration. This model was discontinued in favour of a permanent housing model.

Recently, the literature focusing on housing models for men and women who have mental illness and/or substance abuses and who are also homeless has supported a Housing First model. That is, in opposition to the treatment first model which demands that individuals and families show motivation, skill acquisition, and sobriety (see Murray, Baier, North, Lato, and Eskew, 1995) the Housing First model is viewed as not only humane but good intervention practice (Tsemberis, Gulcur, and Nakae, 2004; Tsemberis, Moran, Shinn, Asmussen, and Shern 2003; Tsemberis and Eisenberg, 2000). For instance, Padgett, Gulcur and Tsemberis (2006) show in their study of 225 people with dual diagnoses of mental illness and substance abuse and who were homeless, that a treatment-first approach as opposed to a housing-first approach did not result in different levels of substance abuse between the two groups 48 months after the onset of treatment. Focusing on the substance abuse before securing a home for the individuals did not change the outcomes on substance abuse but it did keep individuals homeless for a longer period of time and thereby further contributed to a poor quality of life for these individuals.

A number of program elements have been shown to be critical in a supportive housing model for this population. Nelson, Aubry and LaFrance (2007) reviewed 16 controlled outcome evaluations of housing and support interventions for people with mental illness and found significant reductions in homelessness and hospitalization, as well as improvements in other outcomes (e.g., wellbeing). These programs provided permanent housing and support, and case management systems that are either assertive community treatment (ACT) or intensive case management (ICM). The best outcomes for housing stability were found for programs that combined housing and support, followed by ACT alone, while the weakest outcomes were found for ICM programs alone. A study conducted by Kloos, Zimmerman, Scrimenti and Crusto (2002) showed that intervention by support staff with landlords can promote tenants' stability and success in supported living. Furthermore, the work of Fisk and Frey (2002) highlights the importance of socialization with "hard to engage" individuals who are homeless. Their work supports the need for ICM and social activities for individuals to get and remain housed.

The importance of social support networks and community and group involvement as an element of supportive housing was examined by Wong, Nath and Solomon (2007). Summarizing the extensive literature on this topic they conclude:

Involvement in groups and organizations is considered an important determinant of the social and psychological outcomes among members of the general population. Community members belong to a myriad of organizations including faith-based communities, self-help or support groups, neighbourhood block associations, and interest-based and political organizations. Research in the disciplines of sociology and community psychology has ascertained that involvement in groups and organizations leads to several positive outcomes, including reduction in psychological distress, enhancement of subjective well-being, increased feelings of self-esteem, and the promotion of personal happiness and life satisfaction. At the neighbourhood and societal level, active participation in groups and organizations has been associated with higher levels of social and communal benefits and increased political participation (p. 151-152).

These researchers felt that people with mental illness may need assistance to identify opportunities in the community in which to become involved. This need for assistance in developing supportive networks is reflected in a study contrasting tenants in a supported living housing service to those in a community residence. Siegel, Samuels, Tang, Berg, Jones and Hopper (2006) found that tenants in supported housing reported greater housing satisfaction in terms of autonomy and economic viability than those in community residences; although some tenants in supported housing also reported greater feelings of isolation. The supported housing had on-site crisis services continuously available to tenants, on-site case managers and other additional services and amenities, such as a job training program, gym, and computer room. Use of these resources was voluntary. Tenants of community residences could only access these resources in the community. These findings have implications for staff knowledge and skill in assisting with the development of social networks and with assessing and supporting those with anxiety or depression.

Rog (2004) summarizes the Center for Mental Health Studies' Housing Initiative Steering Committee's publication of the eight elements of progressive supportive housing for people with mental illness, which is frequently used as a guideline in service development. These are: the individual owns housing or has a lease in their own name, housing and service agencies are legally and functionally separated, housing is integrated into the community, housing is affordable, services are voluntary, the individual has a choice of housing services, services are community-based, staff do not live-in, and crises services are available 24 hours a day, seven days a week.

Finally, a number of researchers examining the program effectiveness of supportive housing for people with disabilities provide some guidance regarding program evaluation. Carling (1990) proposed an operational definition of supportive housing and explored some of the dilemmas involved in evaluating supported housing. He makes a plea for the development of long-term appropriate evaluation strategies at the initial stages of the program. Curley (1994), in his examination of supported housing for people living with HIV/AIDS and neuropsychiatric disease along with other pre-existing disabilities, stresses the importance of measuring the sense of control and ultimately the person's sense of empowerment in determining whether the program has been successful. This is a somewhat larger criterion of success than those mentioned in the "best practice" literature for supportive housing for women fleeing domestic violence and families in general. This type of criteria, consistent with a rehabilitation model of case management, lends itself to a partnership or ally model of intervention, where decisions and goals are client-directed and staff-supported and there is less of an emphasis on rules and regulations for residents.

In summary, the program effectiveness studies of supportive housing for people with disabilities and/or substance abuse may shed some light on the program elements that are important in designing a similar service for women fleeing domestic violence. Rog's (2004) summary of key elements in a service is instructive and is not dissimilar from opinions given by staff and residents in the "promising practice" section of this report.

4.0. Promising Practice Studies: Effectiveness Based on Satisfaction Levels

4.0.1. Promising Practice: Women Who Experienced Domestic Violence and Other Families

There are significantly more studies that provide promising practices for supportive housing effectiveness based on the satisfaction levels and perspectives of staff and residents of supportive housing programs for families and women fleeing domestic violence. The following "best practices" have been selected from the 23 articles below.

Supportive Housing for Women Who Experienced Domestic Violence and Other Families - Evaluations Based on Perspectives of Staff and Clientele	Level of Scientific Quality
MacFarlane (2007) presents interviews with affordable housing directors and women receiving service.	2
Pruegger and Tanasescu (2007) examine housing issues of immigrants and refugees in Calgary.	2
Waegemakers Schiff (2007) examines family characteristics of families who are homeless, in most cases because of domestic violence.	4
Wayland (2007) examines needs of immigrants and refugees in Canada.	2
D'Addario, Hiebert, and Sherrell (2006) examine use of social networks in housing of immigrants and refugees in Vancouver.	4
Wong, Park, and Nemon (2006) compare organizational and service characteristics of emergency shelters, transitional and permanent supportive housing, and extent to which operationalization of these is based on continuum of care model.	4
Correia and Melbin (2005) interview 12 transitional housing units for women fleeing violence. Each unit had been operating for 3+ years.	4
Crandall (2005) examines Russian-speaking women's experiences with shelters and assessing housing supports.	4
Cohen, Mulroy, Tull, White, and Crowley (2004) review literature on relationship of housing to child wellbeing and introduce National Low Income Housing Coalition's principles for and typology of housing plus services.	4
Gorde, Helfrich, and Finlayson (2004) evaluate self-identified trauma symptoms and life skills needs of women who are victims of domestic violence and staff's perceptions of women's needs.	4
Baker, Cook, and Norris (2003) examine housing problems and homelessness after separation in 110 women who experienced domestic violence.	4
Melbin, Sullivan, and Cain (2003) explore perspectives of battered women and service providers regarding transitional housing services and support programs.	4
Sullivan (2003) examines perspectives of service providers and recipients on transitional housing practices and policies.	2
Binder (2002) explores in-depth interviews with parents who used a transitional housing program and were independent for 6 to 12 months.	4
George (2002) examines a needs-based model for settlement service delivery for newcomers.	4
Washington (2002) evaluates effectiveness of a transitional housing program for families 6 to 12 months after their graduation.	4
Wong and Solomon (2002) analyze factors involved to determine level of community integration in supported housing models.	4
Menard (2001) describes connections between domestic violence and housing issues and identifies policy and program recommendations.	3
Crook (2001) evaluates 3 transitional housing programs for homeless families based on level of bureaucracy and clients' responses to programs.	4
Correia (1999) examines innovative strategies to provide housing for women fleeing domestic violence.	2
Barrow and Zimmer (1998) review evolution of transitional housing, describing various approaches/models within continuum of services.	4
Canada Mortgage and Housing Corporation (1997) evaluates Next Step Programs Second-Stage Housing in Canada.	2
Young McChesney (1990) examines problem of families experiencing homelessness and looks at programs and policy options.	4

An extensive review of all transitional housing literature up to 1998 was completed by Barrow and Zimmer (1999). They concluded that child care was the most critical design feature that supports women coming into transitional residential treatment centers. They observed that the level of intervention provided to a family must be dependent upon the needs of the family. For example, low-demand target families who do not need intensive, specialized programming, might benefit from supportive services while high-demand target families may need specialized treatment and rehabilitation services. They recommended that a combination of housing, transitional and permanent apartments are co-located in the same building to accommodate the needs of those individuals reluctant to accept change.

Correia (1999) reviewed three programs that were offering supportive housing for women fleeing domestic violence. She identified innovative services that she felt contributed to the women's success. These included: the assignment of a direct service advocate who met weekly to assist the resident in setting goals related to job training and placement, child care and other family needs; financial training; a micro-enterprise development program for women; collaboratives with local substance abuse and mental health services; services including laundromat, child care, thrift store, gym, and learning centre located on-site, lounges on each floor and a commercial kitchen in the building; life-skills programs for children which include drug awareness, tutoring, G.E.D. instruction and job readiness; and finally, leadership development including support to become involved as a volunteer in the community. These innovative services are consistent with the classes that parents who were homeless identified as most helpful while in transitional supportive housing. Specifically, they reported benefiting from classes focused on budgeting, job training, and leadership skills and from staff networks because they were essential in helping the graduates find employment (Washington, 2001).

Melbin, Sullivan, and Cain (2003) examined six transitional supportive housing programs to determine the perspectives of women and service providers regarding guiding principles, eligibility issues, rules and regulations, safety protocols, and services. All programs had case management systems, counselling, support groups, safety planning, various forms of practical assistance including transport vouchers, telephones, referrals to other agencies, and limited advocacy. Additional services offered by some programs included discretionary funds to meet women's individual needs, workshops, recreational activities and partnerships with community agencies, businesses and/or housing resources.

Women in these programs reported disliking rules that were rigid and made them feel like this was not their home (e.g., weekly inspections for room cleanliness, no one else could watch their children in their apartment). Women's safety was paramount therefore all programs had a security system, rules prohibiting assailants from being on the property, and ongoing safety planning with staff. Many programs retained the apartment leases and utilities in the agency's name, rather than the women's names, which many women felt made it more difficult for their assailants to find them. Women, who viewed their advocates as empathic and flexible, versus patronizing and authoritarian, were happier. Women also suggested that a safe place away from the property where women could conveniently pick-up and drop off their children for their fathers would be helpful as well as secure playgrounds in apartment complexes, and the allowance of pets in some units.

Crook (2001) reported similar findings when examining the role of service bureaucracy and client satisfaction of residential services. He observed that "residential service organizations with relatively low bureaucracy, indigenous participatory leadership, and personalized, concrete and humane program approaches offered clients more positive experiences than other agency configurations." (p.37)

Reviewing the trauma symptoms and life skills needs of women fleeing domestic violence led staff in one study to conclude that these women "lacked skills in the areas of money management, seeking and obtaining employment, locating permanent housing, independently completing self-care and home management activities, managing stress, and parenting." (Gorde, Helfrich, and Finlayson, 2004, p. 691) Services addressing these issues may be warranted although Binder

(2004) reported that while residents appreciated the classes offered at the supportive housing complex, they also felt that the classes took away from their time to study and be with their children and the classes were sometimes unnecessary. Supportive housing programs will need to be sensitive to how, where and when to provide educational opportunities and training.

Waegemakers Schiff (2007) challenged the historical notions regarding the profiles of homeless families. It has been assumed that homeless families are female-headed with young children, and are homeless due to domestic violence and/or substance abuse. Waegemakers Schiff's results indicated a different profile for homeless families housed in an emergency shelter in Calgary. These families tended to be homeless due to the high rental market and under-funded migration costs absorbed by families in search of employment. She pointed out that many programs providing supportive services fail to take into account the "hidden from view" members of the immediate and extended family including unaccompanied children, youth, and dependent adults.

Correia and Melbin (2005) interviewed representatives from 12 transitional housing units for women fleeing violence. Each of the units had been operating for more than three years. Based on this survey they made a number of conclusions for new and emerging programs. A program as large as 30 or more families was seen as contributing to staff stress because of the demands on their time for both intervention programs and building maintenance. The diversity of the needs of the families requires an individualized approach therefore programs must consider the need to support women with complex issues including those with mental health and substance abuse issues.

A recent study in Calgary (MacFarlane, 2007) which involved interviews with four directors of affordable housing services and a focus group with women in a second stage shelter indicated a number of program elements that would be advantageous in a supportive housing service. The results of this study indicated that the women felt they would benefit from assistance with child care, education and training, access to recreational services, computer access, and instrumental and emotional support. The directors who were interviewed suggested that facilitating the involvement of women in their community and accessing the services already available there would be preferable to an agency developing their own services independent of the community.

Given the multicultural nature of most urban centres, including Calgary (Pruegger and Tanasescu, 2007) consideration needs to be given to the needs of immigrant women fleeing domestic violence (MacFarlane, 2007). "English is one of the key factors that empowers the abusers and isolates the women," (Sullivan, 2005, p. 934) therefore these women need service providers with the same language ability (Sullivan, 2005; Crandall, 2005). These women also need assistance with immigration, accessing English classes, securing employment, and accessing information regarding domestic violence situations (Crandall, 2005).

Based on these studies, there appears to be a number of common program elements that are preferred by staff and residents in supported housing programs for women fleeing domestic violence. These elements include:

- a safe and secure environment that reinforces home "ownership"
- access to affordable child care and child-focused services
- services that accommodate "hidden" members of the family including adolescent children and grandparents
- educational programs that are voluntary and flexible
- training that leads to sustainable employment and financial security
- flexible and individualized case management
- design and program features that promote the development of social inclusion and informal networks
- services that are culturally competent and linguistically appropriate

4.0.2. Promising Practice: People with Cognitive Impairments, Mental Illness and/or Substance Abuse

Although there were a significant number of studies identified in this literature search that focused on measuring program effectiveness using outcome measures of supportive housing services for people with cognitive impairments, mental illness and/or substance abuse, evaluations based on the perspectives of staff and clientele were limited. This may be a reflection of the greater scrutiny that community-based programs for these populations have had since their introduction in the early 1970s.

Supportive Housing for People with Cognitive Impairments, Mental Illness and/or Substance Abuse - Evaluations Based on Perspectives of Staff and Clientele	Level of Scientific Quality
Burt (2007) provides evaluation of Skid Row Collaborative, a supported housing facility for chronically homeless, multiply disabled adults.	4
Fisk and Frey (2002) examine Buddies project's use of employing people with psychiatric disabilities to participate in social activities with homeless persons with psychiatric disabilities as an important tool to engage them in mental health treatment and independent housing.	4
Yeich and Mowbray (1994) examine housing and supports preferences of consumers.	4
Ogilvie (1997) reviews literature on supported housing looking at definitions, influences shaping the approach, context, current research and findings, and issues that need to be addressed.	4

The evaluation of the Skid Row Collaborative (Burt, 2007), which was struck to remove people from the street who were chronically homeless, reported that there had been varying rates of success within the partnership. A number of services (e.g., substance abuse support) were not integrated into the program, despite people's perception that the collaborative would have benefited from their inclusion. Ogilvie (1997) found that consumers wanted services in acquiring housing, dealing with emotional upsets and financial matters, and assistance in making friends. Case managers reported that consumers were satisfied with their quality of life. Unfortunately, a direct assessment of the clients' perceptions of the services may have been more informative in this study.

Yeich and Mowbray (1994) surveyed 120 men and women to determine their preferences in housing. The most common responses concerning the kinds of support needed to live in housing were financial resources and home furnishings and supplies. Other responses included: mental health or drug treatment services, moral and emotional support, transportation, money management, and assistance with home maintenance. These residents also emphasised the need for privacy, stability and security, obtaining services from social service advocates and obtaining services from other professionals.

In summary, the consumers' satisfaction levels tend to vary depending on the service being evaluated. Generally, people with disabilities want supportive housing services that are similar to other populations. Issues of financial viability, safety, security, privacy, and independence are important, and having emotional and instrumental support from informal and formal support networks is critical. Finally, assistance with other living issues such as transportation and home maintenance is important to consumers.

Section IV: Transitional Housing for Women Fleeing Domestic Violence

One resource to identify transitional housing sites for women fleeing domestic violence in Canada is "Transition Houses and Shelters for Abused Women in Canada" (Public Health Agency of Canada, 2004), which lists all registered shelters and second stage housing in Canada. A summary of some of these facilities, and selected transitional housing facilities in the United States is provided in Appendix B.

In addition to the Public Health Agency of Canada document, there are a few search engines that list all women's shelters by province, and details of the most relevant sites are provided. A list of shelters (including emergency, and transitional) by provincial region can be found on shelternet.ca. This website is useful however it is not representative of all the shelters that are available in Canada. A list of all women's shelters by province is found on womensnet.ca. The provincial women's shelter website also has a listing of sites. Not all provinces have a provincial women's shelter website, but those that do appear to be fairly comprehensive and up-to-date.

From a cursory view of the transitional housing sites available to women fleeing domestic violence in Canada, several common characteristics can be identified. The transitional housing sites are small, ranging from a capacity of five to 42 individuals, with the majority housing less than 20. The programs range from a tenure of nine months to three years; only one program did not have a maximum tenure duration. The majority of transitional housing facilities appear to base their service provision on rules, which, based on the literature covered in this report, is consistent with other programs but contradicts consumer preferences. Finally, the number of transitional housing sites appears to be quite limited. The province that has the highest number seems to be Ontario, which can be attributed to a number of factors including population size, and the goal of the Canada-Ontario Affordable Housing Agreement which is to provide supportive housing for victims of domestic violence.

Section V: Conclusions and Recommendations

Providing a supportive housing environment for women and their children fleeing domestic violence is an important strategy in preventing the perpetuation of domestic violence and poverty. Given the extensive network of transitional housing for women and children in this situation, supportive housing may be the next model to be considered in a comprehensive strategy to ensure women and their children do not end up in poverty as a result of leaving an abusive environment. Based on the research reviewed in this report, a number of guidelines for the design and operation of a supportive housing program are proposed for consideration. The guidelines are grouped into two categories: services identified as “best” and “promising,” and the issues surrounding the provision of supportive housing services.

5.0 Services Identified as “Best” and “Promising” in Supportive Housing

5.0.1. Child Care

According to Barrow and Zimmer (1999) the provision of child-care services is critical in supporting families in housing. Child care, along with transportation, is an issue for lone parents seeking employment (Milaney, 2007). Because child-care space is at a premium in Calgary, an agency may consider allocating commercial space in their building to the development of a child-care centre. A partnership with Mount Royal College, similar to one established with the Bowness Montgomery Day Care Association would be advantageous. Child-care workers enrolled at Mount Royal College can complete their child-care diplomas while employed at a child-care centre. The implementation of this model addresses the needs of lone parents who reside in the residence by providing the child care they need to maintain their employment or training opportunities as well as presenting them with an opportunity to become employed and trained in the child-care industry. The idea of developing a business with and for the women is similar to the social enterprise developed in one of the housing services evaluated by Siegel, Samuels, Tang, Berg, Jones, and Hopper (2006).

5.0.2. Assistance with Educational Pursuits and/or Employment

Securing quality and affordable child-care spaces is integrally linked with other transition needs. The residents of the supportive housing site will need assistance obtaining employment and/or training if they are going to exit poverty and become financially stable (Correia and Melbin, 2005; Fischer, 2000; MacFarlane, 2007; Shlay, 1993; Siegel, Samuels, Tang, Berg, Jones, and Hopper, 2006). Securing employment will not be difficult, given the current job market in Calgary. Securing sustainable employment may prove to be more challenging for the women without adequate training and employment support. Sustainable employment involves benefits, permanency, and a living wage (i.e., \$12.00/hour). A partnership with Alberta Employment and Immigration, as well as one with SAIT, may be useful in facilitating good training and employment placements for these women. The Centre might consider developing a computer lab to support the completion of homework by school-aged children and give adults the opportunity to access email accounts and websites pertaining to jobs, services, and information.

5.0.3. Parenting Training

A number of studies indicated the importance of providing re-parenting training for women fleeing domestic violence and for homeless families generally (Fischer, 2000; Gorde, Helfrich, and Finlayson, 2004; MacFarlane, 2007; Shlay, 1993). Re-parenting is necessary to rebuild relationships based on a mutually respectful relationship in a violence-free home. Women and children face a number of challenges to their relationships with each other, both as a result of the past abusive context in which they lived and as a result of the pressures of establishing new living arrangements (e.g., child visitation, new schools, or work for the mother). The women interviewed in the MacFarlane study also expressed the need for assistance when working with the child welfare and justice systems to gain access to their children. Women fleeing domestic violence who use social services are more likely than others to have child welfare contact by virtue of reporting laws in Alberta and other provinces. The women reported a need for assistance locating child-care

facilities and schools, and support regarding their relationships with both. Assistance in learning how to “re-parent” their children was seen as very important and information and access to child care and summer camps was identified as a needed support by the directors who were interviewed. Establishing and maintaining good working relationships with Alberta Child and Family Services, and connecting with the Calgary Health Region, specifically their health, nutrition, and healthy living programs, was deemed helpful. These families need instrumental assistance in navigating the system to get the services they require.

5.0.4. Mental Health Counselling and Support

Consistent with the literature (Correia and Melbin, 2005; Gorde, Helfrich, and Finlayson, 2004; Yeich and Mowbray, 1994), women interviewed suggested that greater access to counselling in the first three to four months after leaving the second stage shelter was critical (MacFarlane, 2007). Although these graduates identified this service as counselling their description of what they actually wanted closely aligned with the job description of an outreach worker who could provide instrumental and occasional emotional support. The graduates agreed that after this initial period they needed very little if any support from a worker. The value of long-term follow up with the women is consistent with the observations of Fischer (2000).

5.0.5. Recreational Activities

Although not mentioned in the literature to date, the women surveyed by MacFarlane (2007) felt that access to recreational activities for their children and themselves was a critical component in their quality of life. Providing recreational supports has been an aspect of programming used in the Families First project in Edmonton. This three-year project, which involves the University of Alberta, service providers and Alberta Employment and Immigration, focuses on assisting families who have been chronic recipients of social assistance. The initial results have indicated that providing community-based recreational services and supports has been critical to the wellbeing of these families.

5.0.6. Development of Informal Supportive Networks

Ensuring the social embeddedness of the families was viewed as a critical, although frequently overlooked, element in providing supportive housing to women and families (Letiecq, Anderson, and Koblinsky, 1998; MacFarlane, 2007; Ogilvie, 1997; Wong, Nath, and Solomon, 2007). In order to ensure social integration, staff must be knowledgeable of the clubs, religious groups, and recreational services available in the immediate community so they can assist women and their children in their efforts to access and become involved with such community initiatives.

5.0.7. Financial Capacity

Families will need monetary support when making the transition to affordable housing. This includes fee subsidies for schools and child care, vouchers for furniture and assistance with moving expenses (MacFarlane, 2007). An affordable housing development may consider establishing a partnership with the Community Kitchen Program of Calgary so that each family's pantry is stocked appropriately while they are getting established. Families will also need ongoing support to pay bills such as utilities. The establishment of a scholarship to help women and children access schooling would be worthy of consideration.

Affordable transportation will be a large issue for these women. We have creative examples in Calgary where this has been addressed via car sharing. Arusha, a social service agency that focuses on community economic development schemes, has been instrumental in establishing these and other cost-saving strategies. A partnership between the housing provider and Arusha may result in a number of advantages for the women and their children.

5.0.8. Affordability

The question of what constitutes “affordable” needs to be clarified. One director interviewed by MacFarlane (2007) suggested that rent is set at the rate established by the provincial social assistance program. Unfortunately, these provincial rates are very low and may not cover the Centre’s operational costs. Another option is to use a sliding scale to calculate rent, an advantage of which is the provision of additional income for the agency without burdening individual families.

A third model for consideration is a combination of the two approaches with the addition of an Individual Development Account (IDA) component to the rent. Establish a sliding scale for all residents but when a resident’s rent is greater than that allocated by social assistance, establish a home ownership savings account for that resident. The money in this account could be matched by another source (e.g., private donor, foundation). This model provides the opportunity for residents to move toward financial independence and does not penalize them for increasing their income. It also provides the opportunity for families to move beyond supportive housing to market housing. Momentum, in Calgary, currently offers an IDA home savings program with a financial planning course for participants. The affordable housing provider may want to partner with Momentum to establish this for their residents.

5.0.9. Permanency

The second part of Foster and Snowdon’s definition of affordable supportive housing refers to the housing as “permanent”. Given the limited financial situation of many of the women who will potentially move into the residence and the current housing market in Calgary, the permanency of the housing for these women needs to be considered. Clarity regarding the conditions under which a resident may be evicted, conveyed through a signed contract, is essential. This clarity may also contribute to a sense of security for the individual resident and to others in the building.

5.0.10. Resident-Directed Support and Choice

The studies reviewing satisfaction levels were conclusive that residents do not want to be involved in a residential program that is rule-bound with mandatory programming. People want to be treated with respect and have their apartment viewed as their home. The ability to set their own goals with support from residential staff is critical. These goals would build on the family’s strengths.

5.0.11. Culturally Sensitive and Competent Services

Given Calgary’s diversity, it is imperative that a supportive housing program offer culturally competent services. Programs may consider partnerships with immigrant-serving agencies to facilitate this goal. Staff training may be required as well, and some apartments may need to be designed to accommodate dependent adults and older youth (Pruegger and Tanasescu, 2007; Waegemakers Schiff, 2007).

5.0.12. Providing and Coordinating Services

The added value of supportive housing over other housing models is the availability of services that assist the individual and/or family to become more self-reliant and integrated into their community. There are a few strategies for providing these services. The housing service could provide all the services themselves (Fischer, 2000; Foster and Snowdon, 2003). The strength of this strategy is that the resident is familiar and comfortable with the provider and the provider can control the quality of the services offered. The weakness of this approach is that the residents may become dependent upon the service provider and isolated from the general community.

A second strategy involves having all services provided by community-based organizations. The strength of this approach is in its ability to help develop the network of support for these families.

This approach also separates the role of the landlord from the role of the supporter, which some agencies have found to be helpful (Wong and Solomon, 2002).

Despite where the services are provided, and by whom, there is a need for the services to be identified and coordinated. Service navigation can be baffling, even for the seasoned professional. It would be advantageous for the family to be assigned a service coordinator from the onset of their residency and to have this relationship continue until the family is independent in the community.

The affordable housing provider might consider a model that is a compromise between the two positions. That is, have a coordinator on-site so that the women can easily assess information, guidance and support from someone they know and trust. This person would be responsible for providing the coordination of courses and/or information sessions that are offered by other agencies in the community. To facilitate this, the affordable housing provider might consider developing a peer case management model in which women who have been former consumers of the service could act as service navigators and coordinators. The rationale for this suggestion is two-fold: First, social service agencies are currently facing a crisis in staff recruitment and retention. Providing training to women who are interested in this type of career would address this issue and provide sustainable employment and transferable job skills. Second, these women understand the issues that a woman fleeing domestic violence is facing. With proper training and supervision these women could become a valuable asset to other women in similar situations. This type of peer service coordination has been demonstrated to be as effective as professional coordination, if the peers receive proper supervision, training, and support from professionals.

5.0.13. Evaluating the Supportive Housing Service

This review of the literature highlighted the lack of evaluation studies based on long-term outcome measures. We suggest that an affordable housing provider develop an evaluation strategy that will measure not only in-program outputs but also the long-term quality of life measures for women and their children.

Appendices

Appendix A – Search Summaries

The following tables summarize the search. Given the cross-referencing of the abstract this resulted in a total of 96 articles being identified.

Data Base: Social Services Abstracts

Search Terms	Resulting Articles
"supports for affordable housing"	0
"support programs for individuals in affordable housing"	0
"supported housing programs for women fleeing domestic violence"	0
"supported housing programs for people with disabilities"	0
"supported housing programs for people with mental illnesses"	0
"supported housing programs for immigrants"	0
"supported housing approaches"	3 of 3
"supported housing programs"	1 of 1
"affordable housing support programs"	0
"transitional housing"	9 of 31
"immigrants+housing+supports"	0 of 1
"immigrants+housing"	8 of 46
"housing+disabilities"	6 of 46

Data Base: Social Work Abstracts Plus

Search Terms	Resulting Articles
"supports for affordable housing"	0
"support programs for individuals in affordable housing"	0
"supported housing programs for women fleeing domestic violence"	0
"supported housing programs for people with disabilities"	0
"supported housing programs for people with mental illnesses"	0
"supported housing programs for immigrants"	0
"supported housing approaches"	0
"supported housing"	0 of 5
"affordable housing support programs"	0
"transitional housing"	7 of 13
"immigrants+housing+supports"	0
"immigrants+housing"	1 of 10
"housing+disabilities"	5 of 19

Data Base: Sociological Abstracts

Search Terms	Resulting Articles
"supports for affordable housing"	0
"support programs for individuals in affordable housing"	0
"supported housing programs for women fleeing domestic violence"	0
"supported housing programs for people with disabilities"	0
"supported housing programs for people with mental illnesses"	0
"supported housing programs for immigrants"	0
"supported housing approaches"	0
"supported housing"	1 of 18
"affordable housing support programs"	0
"transitional housing"	3 of 26

Data Base: SocIndex

Search Terms	Resulting Articles
"supports for affordable housing"	0
"support programs for individuals in affordable housing"	0
"supported housing programs for women fleeing domestic violence"	0
"supported housing programs for people with disabilities"	0
"supported housing programs for people with mental illnesses"	0
"supported housing programs for immigrants"	0
"supported housing approaches"	0
"supported housing programs"	0
"supported housing"	0 of 1
"transitional housing"	9 of 86
"immigrants+housing+supports"	0
"immigrants +transitional housing"	0
"immigrants +housing"	5 of 104
"housing supports+disabilities"	1 of 1
"transitional housing+disabilities"	0 of 4
"housing+disabilities"	5 of 22

Data Base: Psychological and Behavioural Sciences Collection

Search Terms	Resulting Articles
"supported housing"	2 of 6
"transitional housing"	9 of 39
"immigrants+housing+supports"	0
"immigrants+housing"	1 of 32
"housing+disabilities"	10 of 85

Appendix B – Transitional Housing Facilities for Women Fleeing Domestic Violence

Program Name (Start Date)	Address	Eligibility Criteria	Programs Offered	Type of Housing	Tenancy Term	Promising Practices Consistent with Literature Review
Alice House (1983)	Box 333 Dartmouth, NS B2Y 3Y3 (902) 466-8459 http://www.alicehousing.ca/pages/program_second_stage.htm	Majority of women are coming from shelters and crises centres.	Women commit to ending the relationship with their abuser and achieving their life goals.	22 housing units.	Up to 2 years; also offer 3 rd stage housing.	Focus on healing; there is no emphasis on rules.
Alpha House (1995)	P.O. Box 37015 Winnipeg, MA R2M 5R3 (204) 982-2011 http://www.alphahouseinc.com/index.html	Complete an application form, to be followed by an interview with the Director. Look for a commitment to make positive change in one's life.	One on one counselling and support groups, counselling for children and family activities. Residents must participate in programs: meeting once a week with the women's counsellor for personal counselling, once a week with the children's counsellor, once a week with the compulsive coping behaviour counsellor and two support group sessions per week. Residents are expected to care for and respect their living space and the residence.	7 suites available in a house with a confidential location and enhanced security.	9 months.	

<p>Amelie House (1999)</p>	<p>240 Church Street Toronto, ON M5B 1Z2 (416) 465-0475</p> <p>http://www.svdptoronto.org/v2/amelie-house.html</p>	<p>Must be over 18 years of age.</p>	<p>On-site programming with staff supervision and support, available on a 24-hour basis. The residence ensures that each woman has access and the option to use community resources that provide financial support, health care, emotional support, education and training, spiritual support, social and recreational opportunities and, ultimately, permanent housing.</p>	<p>Building can accommodate 20 women.</p>	<p>Up to 2 years. Provide continuity of care to women who have left the program and wish to remain in contact.</p>	<p>Focus on ensuring that "women in our care are treated in a fair and consistent manner and are provided with opportunities to voice their concerns about their living environment without fear of negative repercussions."</p>
<p>Beendigen (not available)</p>	<p>Fort William First Nation 100 Anemki Drive Suite 103 Thunder Bay, ON</p> <p>www.beendigen.com</p>	<p>Eligibility for the Transitional Housing & Support Program is open to Aboriginal women in need of support and services in the community who want to live free from violence.</p>	<p>To help to live free from violence by connecting them with necessary community supports such as: Housing Counselling, Parenting Support, Education Upgrading, Job Training, Income Support, Legal Aid, Health and Wellness Services. To prioritize the safety and well-being of the women and their children; to assist women in identifying the choices and resources available to them and their children; to respect a woman's right to make her own choices.</p>	<p>Not available.</p>	<p>Not restricted.</p>	<p>Focus on a holistic approach that respects the rights and dignity of the individual.</p>

<p>Harrison Place (under construction)</p>	<p>c/o Victoria Women's Transition House Society (204) 592-2927 http://www.transitiohouse.net/programs/facilities.php</p>	<p>Women between the ages of 45 and 65, who have left abusive relationships and are working toward living independently in the community. Participants must have stable mental health and be sober.</p>	<p>Staffed 5 days per week, providing individual and group support, social activities, a liaison with community services, links to housing supports following residency. Sobriety. Overnight guests must be pre-approved, no additional occupants; 10:00pm noise curfew.</p>	<p>23 one-bedroom apartments in one 4-storey complex with a community kitchen and common room.</p>	<p>Up to 3 years.</p>	
<p>House of Hope (not available)</p>	<p>PO Box 931225 Norcross, GA 30093 (770) 650-4673 www.houseofhopega.com/housing</p>	<p>Must be employed before entering the program. Must have transportation. Priority is given to women with children and individuals who have been a resident of the state of Georgia. Anyone who is an active addict of alcohol, drugs, gambling, pornography or other addictive behaviour will not be admitted.</p>	<p>Bible Studies, Mentoring Programs, Group Sessions, Individual Counselling, Life Skills Training, Job Training. Able and willing to maintain a savings account. Must attend church upon entrance of the program. Must abide by the Success Plan established, meet with the Case Manager upon request, and be willing to allow unscheduled visits by the Case Manager and/or Family Partners.</p>	<p>Not available.</p>	<p>1 year.</p>	

<p>La Salle (1988)</p>	<p>Main Box 1135 Edmonton, AB T5J 2M1 (780) 482-2190</p> <p>http://www.lasalle.info/index.html</p>	<p>Clients referred by crisis support services.</p>	<p>A 24-hour 'house mother' lives on-site to assist the families; counselling services for women and children; staff is working to develop relationships with other programs for the women. No alcohol or drugs. No overnight male guests. Participation in appropriate programs in the community. Attend school, work or volunteer. Take responsibility for appointments with doctors, counsellors and others. Attend monthly house meetings and programs. Keep their apartment clean. Cook nutritious meals for themselves and their children. Tidy common area of residence after use. Pay rent by the first day of the month. Give one month notice prior to departure.</p>	<p>9 furnished suites for women and their children. The residence contains a common space, a secure playground area for kids, and close access to several bus routes. Rent is paid through the women's social assistance cheques, and utilities are paid by the residence.</p>	<p>Not available.</p>	
<p>Lydia House (1995)</p>	<p>P.O. Box 2722 St. Louis, MO (314) 771-4411</p> <p>http://www.lydiashouse.org/</p>	<p>Not available.</p>	<p>Personal advocacy, support groups, economic literacy, community and family activities, access to community resources, move-in help, and peer support.</p>	<p>Safe, confidentially located, furnished apartments.</p>	<p>Up to 2 years.</p>	

<p>Marguerite Dixon (not available)</p>	<p>Suite 31 – 250 Willingdon Avenue Burnaby, B.C. V5C 5E9 (604) 433-4165 http://www.dixonhouse.ca/</p>	<p>Available to women who have passed through the initial crises stage. Program operates on a continuum and Marguerite Dixon provides a crisis Transition House for stay up to 30 days, wherein residents are referred to Second Stage.</p>	<p>Individual and group counselling, family support worker, life skills and job skills training, resource information and referrals to appropriate service agencies.</p>	<p>5 individual housing units.</p>	<p>1 year.</p>	
<p>Marguerite's Place (early 1990s)</p>	<p>87 Palm Street Nashua, NH (603) 598-1582 http://www.margueritesplace.org/</p>	<p>Homeless women between the ages of 18 and 45 who are pregnant or have children under the age of 12; women referred by agencies dealing with abuse, homelessness, the criminal justice system, human service agencies as well as health professionals and religious organizations; women capable of managing the program requirements, able to live independently, and motivated to change behaviours.</p>	<p>Assistance in obtaining financial support; placement in educational/training programs; interfacing with employers in the geographic area; links with medical, dental and psychological service providers; referrals and support to secure permanent, affordable housing. ability to pay service fees and utilities; ability to purchase food and prepare meals; ability to maintain an apartment; ability to participate in educational, training or employment programs for a minimum of 20 hours a week; commitment to recovery.</p>	<p>10 on-site furnished apartments.</p>	<p>Up to 2 years; up to 5 years aftercare support.</p>	

Nekenaan (not available)	1296 Weston Road Toronto, ON M6M 4R3 (416) 243-7669 http://anduhyaun.bjectis.net/ssh	Must complete application form (available on website) and one-hour interview.	Offers a variety of support services (not detailed on website) to Aboriginal women to help them maintain their cultural identity, self-esteem, and economic, physical, and spiritual wellbeing. No men allowed, female guests allowed from 7:00am to 11:00pm, sobriety, no overnight guests, no firearms or weapons, all school-age children must attend school, must agree to and utilize the support services offered at Nekenaan.	6-story building with shared units that can accommodate up to 42 residents. Units are fully furnished with a shared kitchen and laundry. Building has enhanced security with a security officer employed at night.	1 year.	
Nova Vita (not available)	59 North Park St. Brantford, ON N3R 4J8 (519) 752-1005 http://www.novavita.org/web-content/pages/services.html	Not available.	Safety planning, assistance obtaining housing, referrals to other community resources, accompaniment to appointments, advocacy for social service agencies, home support and follow-up.	8-unit transitional housing service.	Not available.	

<p>West Niagara Second Stage Housing and Counselling Services (2000)</p>	<p>West Niagara Second Stage P.O. Box 184 Grimsby, ON L3M 4G3 (905) 309-1477 http://www.wnss.org/</p>	<p>Residents can self-refer; many come via referrals from shelters in Hamilton and St. Catharines.</p>	<p>Individual counselling and support to address issues of violence and abuse against women; housing support planning; safety planning; development of short and long-term goals; legal advocacy, including court support; provision of support and information on educational upgrading, job training, parenting, income support, health and wellness services, legal aid and other services pertaining to women seeking a violence-free life; referrals for children and youth who have witnessed and/or experienced abuse; cultural interpretation.</p>	<p>Provide furnished apartments; rent based on ability to pay; residents pay for their own utilities.</p>	<p>Up to 1 year; may use counselling services for up to 3 years.</p>	
<p>Women's Community House (not available)</p>	<p>101 Wellington Rd London, ON N6C 4M7 (519) 642-3003 www.shelterlondon.org/ourservices.html</p>	<p>Not available.</p>	<p>Group programs.</p>	<p>25 self-contained apartments, with rent geared toward income.</p>	<p>1 year.</p>	

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Poverty Reduction Coalition

Suite 600, 1202 Centre Street SE
Calgary, Alberta, Canada T2G 5A5

For further information or for additional copies of this report, please contact us at

Phone: **(403) 410-2573**

Email: reducepoverty@calgaryunitedway.org

Web: www.reducepoverty.ca

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