

Policy and Practice Approaches: Developing Gender-Based Low Barrier Housing to Address Complex Homelessness

Presentation for the Canadian Alliance to End Homelessness

November 10, 2023



Objectives:

1. Learn about a participatory policy advocacy project involving people with lived experience, academics, non-profit organizational leadership and front-line staff.
2. Share about the key policy and practice recommendations that emerged relating to gender-based homelessness.
3. Reflect on some lessons learned relating to policy advocacy work between the 'community' and academic institutions.

A Community-University Policy Alliance to Focus on Gender-Based Housing

- The School of Social Work at McMaster received a donation to ‘advance the study of social policy’ from the estate of Dr. Richard Splane
- For our inaugural project, we chose to form a ‘Community University Policy Alliance’ (CUPA)
- Aims to bring community and academic stakeholders together to work on complex policy issues (and study how we work on them)
 - Working toward real tangible change and figuring out how change happens
 - Demonstrating that social workers/social service workers and service users have unique roles in policy - both implementing it and advocating for changes
- Partnership between School of Social Work and gender-specific homelessness serving organizations

What did we intend to do?

- This CUPA sought to better understand and respond to the group of women and gender diverse individuals who don't have children in their care, who cycle in and out of homelessness for a long time and who experience multiple systemic barriers to being successfully housed
- Some of the issues include:
 - Complex mental health and substance use
 - Trauma (esp. related to violence and child welfare involvement)
 - Deep poverty
 - These 'individual' barrier bump up against a system that is under-resourced and ill-equipped to shift this (unaffordable housing, inadequate social assistance, inaccessible mental health and addiction support, an emergency system that relies on low staff numbers that are underpaid for their complex work, etc. etc.)



People with Lived Experience

- Due to the COVID-19 pandemic and restrictions on in-person meetings, it was difficult to meaningfully involve people with lived experience of complex homelessness in all stages of our project.
- We hired two women who have experienced complex homelessness in Hamilton to be **policy consultants** on our project (paid members of our project team). This involved working through barriers relating to access to technology and participation.
- We have relied on community-based research that has been done in Hamilton *[in]visible* - and an emerging study *Women Envisioning Supportive Housing* to involve the perspectives of people experiencing complex homelessness

**Our project started with
a fundamental question:**

Why is there a group
of people accessing
women-serving
organizations in Hamilton
who remain persistently
unhoused despite multiple
intervention options?



Because...

- The current housing interventions in Hamilton are not designed with gender and very complex barriers in mind
- The housing market is inaccessible to many people much less people with very low incomes and other complex barriers
- The service system supporting homeless women/non-binary individuals is under-resourced and experiencing serious staffing issues (turnover, burnout) and is unable to attend to complex mental health substance use
- There remains persistent stigma for people with the most barriers to housing



Finding something permanent just does not seem not possible. You stay here for a bit, go there for a bit, then you can stay here for 11 months, then back there for a bit. I really need to find a permanent place to live.

~ 52 years old, 14 years of homelessness

I use drugs right? And every time I go to a shelter to get the help I need, I just get kicked out or judged. There needs to be a housing place for women who use drugs.

I know I definitely want patience from staff. Someone there to talk to in the night or when I am on my way out for the day... someone to help me stay on track and organized with all of the things I am supposed to do.

Our Answer

LOW-BARRIER, PERMANENT HOUSING WITH SUPPORTS

Low barrier housing is intentionally designed to meet the needs of people who have been systematically excluded from accessing traditional market-rent housing. Models of low barrier housing provide intensive on-site support, offer flexible tenancy agreements that are responsive to the needs of tenants, and foster intentional and meaningful community between the people that live there and those that work in the building.

Some key principles include:

- **Anti-Colonial:** partnership development with INdigenous-led organizations, mobilizing support in ways that resonate with MMIWG and TRC Calls to Justice/Action
- **Low Barrier:** partnerships with orgs committed to reducing barriers to access
- **Trauma and Violence Informed:** practicing from the recognition of trauma and violence at the centre of peoples' experiences
- **Harm Reduction Focused:** explicit commitment to serving people who use drugs
- **Gender-Based:** recognition and program design about the unique ways gender shapes the experience of people who access housing services

Some key elements of the model of housing with supports that we are proposing include:

Small: no more than 15 people occupy one housing project and the ideal number of tenants is 8 - 12 people.

Co-Housing: people (particularly women) are interested in living in spaces where other people are onsite – people who they can build relationships and community with.

Highly Supportive: there are a range of core support staff on-site at all times and in-reach services supplement the range of other necessary services tailored to each resident.

Permanent: tenants sign a lease to ensure their rights are upheld, thus supporting increased housing stability.

Centers Community: peer support and mutual aid relationships are fostered and are the core of the model.

Harm Reduction Focused: this housing model explicitly includes people who use drugs and includes a range of harm reduction practices.

“

A lot of the women I've noticed in the homeless community do stick together so, you know what, even the women don't realize it, but they are their own support group. I've heard a lot of them, they sit there and saying they have nobody in their corner. And sometimes I would say, what's that? You've got ten women right here, right now - and they are listening to every word your saying.

”

“

Peers are able to help too, it would be a very big encouragement for the people that they help. I think peers should be involved in the harm reduction stuff and in the day to day stuff like cooking, cleaning, and doing stuff around the house.

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Six Core Elements

Supports	<ul style="list-style-type: none">● On-site, in-reach supports including mental health, physical health, harm reduction, Indigenous-specific and rec programming
Staffing	<ul style="list-style-type: none">● Core staff team: Intensive Case Manager, Tenant Support Workers, Peer Workers
Community-Building	<ul style="list-style-type: none">● Intentional community building● Peer support program and resident decision making opportunities
Harm Reduction	<ul style="list-style-type: none">● Explicit commitment to support people who use drugs● Partnerships with health care to develop onsite harm reduction interventions
Tenant-Rights	<ul style="list-style-type: none">● Tenants are leaseholders with supports to uphold their responsibilities● Program agreement helps tenants understand how to participate in the model
Infrastructure	<ul style="list-style-type: none">● Small co-housing setting (8 - 12 tenants)● Trauma informed infrastructure development

Key Lesson #1

Relationships, trust and intuitive decision-making are central to this work.

- We all have extensive histories of working in the housing/homelessness sector in Hamilton.
- We have built relationships and trust with key community partners & people with lived experience that allow us to carry out this work.
- We have an understanding of the role of various levels of policy, who the decision-makers are and how the sector operates. This allows for us to make decisions about our project, our strategy & our advocacy work.

Key Lesson #2

Advocacy is slow moving, strategic and thoughtful

Our advocacy work has taken a long time - it is a slow process that has been strategic, responsive and thoughtful.

We spend a lot of time thinking about the tensions within and the opportunities for balancing relational and adversarial approaches to advocacy

- The system requires critique. There is urgency to the need for change.
- Change requires trust and relationships.

Key Lesson #3

Unexpected voices have critical contributions to community planning and advocacy work.

- Typical community planning processes engage people with institutionally situated power - directors, managers, etc.
- Our process has centred the voice of front line staff and people with lived experience
- We believe that this has led to richer, more relevant and a more effective end product (in terms of the guide) and the urgency with which we speak

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