"I want to be part of the community, not stand out from it"

Lessons Learned — Integrating Housing First into a Peer-Led Sex Work Organization

EVERYONE SHOULD HAVE A HOME.

Authored by
Leah Shumka, Flora Pagan, Nadia Ouellet,
Bernie Pauly, Bruce Wallace, and Rachel Phillips
on behalf of Peers Victoria Resources Society

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Peers Victoria Resources Society would like to acknowledge the nations of the Songhees and Esquimalt people in whose unceded territories we carry out our work. As an organization, we are committed to addressing the combined effects of colonialism and stigmatization of people in the sex industry.

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The opinions and interpretations in this publication are those of the authors and do not necessarily reflect those of the Government of Canada or of the Capital Regional District of Victoria, BC.

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Executive Summary

- Housing First (HF) is a strategy for addressing homelessness developed during the 1990s in the United States, and is targeted toward those with significant mental illness and, often, a history of substance use.

- HF promotes the concept of housing as a right that should be made available to everyone, irrespective of health status or engagement with therapeutic services. It focuses on the provisions of affordable housing, consumer choice, financial supports to mitigate market housing costs, and a range of intensive health and social supports delivered through coordinated case management.

- While early HF initiatives showed success in housing stability, more recent outcomes vary based on factors such as available housing stock, model fidelity, and population served.

- The Government of Canada has invested $119 million per year to fund HF initiatives in communities across Canada. In Victoria, BC the Capital Regional District (CRD) administers these funds.

- Peers Victoria Resources Society, an organization serving sex workers in Victoria BC since 1995, implemented a HF initiative in the summer of 2014, using funding provided by the CRD.

- This report is based on interviews conducted with 29 of the 70 individuals currently enrolled in the Peers HF program.

- The objective of this study was to examine factors regarded by program participants as influential to obtaining and maintaining housing, and acquiring new housing (being rehoused).

- Findings indicate that Peers serves a population of homeless sex workers who are older, in poorer health, and more likely to be Indigenous than other sex workers. These data indicate that those served by Peers are more likely to identify as women, and have long histories of homelessness and higher substance use, compared to other HF populations served nationally and internationally.

- Structural barriers to housing identified by participants include stigma and discrimination and the lack of available affordable, quality housing stock.

- Program level barriers include the challenges associated with supportive housing (rules, surveillance, concentrated substance use), complex housing support systems with unclear eligibility criteria and processes, and housing support worker (HSW) availability and attitudes.

- Individual barriers to housing include mental health and substance use, and the inability to produce references, job history and housing history.

- Time to acquire housing is determined by a number of structural factors such as available housing stock and landlord discrimination; however, program participants identify a number of assets that help them to locate housing, including rent subsidies, support of committed, non-judgmental HSWs (often helping in concert), flexibility of support program, personal presentation, and timing.

- Considering HF fidelity, Peers Victoria excels in providing consumer-driven housing support within a rights-based, harm reduction framework. While Peers respects the choice and autonomy of program recipients, a lack of affordable housing stock and limited organizational resources mean consumer choice is sometimes restrained, and limited supports are offered with respect to overall health and community integration.

- Key recommendations at the program delivery level include further strengthening of Peers' organizational commitment to consumer choice, greater investment in social and community integration resources and services, and the development of even stronger interagency alliances built on HF principles. Additional recommendations include providing clearer communication regarding community-level housing options and supports, and moving to smaller caseloads that are consistent with HF principles for support.

- Broader community-level program recommendations include a reevaluation of supportive and supported housing rules and policies, and the reconfiguration of program spaces to better align with HF principles of self-determination and consumer choice.

- Funder recommended actions to the CRD include financial investment in in HF programs sufficient to support HF model fidelity efforts, specifically in regards to providing rent subsidies and increased staffing hours. Further, program spending rules need to be loosened to allow greater flexibility so HF programs can quickly and meaningfully respond to specific participant needs, both when obtaining housing and throughout tenancy.

- Additionally, it is recommended that the CRD/Canada review its performance metrics, and include a wide range of evaluative measures that capture the work done at the program level – ideally this could include the creation of monitoring that actively encourages cross-agency collaboration. Further, a feasibility study is recommended to consider the purchase or lease of housing units, which will support HF initiatives in the city with greater potential to rapidly house clients according to the principles of harm reduction.

- Other funder recommendations are aimed at BC Housing, encouraging the integration of HF at a systems level, including making currently available subsidies more flexible and accessible to people with a history of chronic homelessness.

- Community level recommendations include an affordable regional housing strategy, a review of the systems-level commitment to HF to identify opportunities to facilitate stronger interagency partnerships and respond more effectively to the broad spectrum needs of HF clients, and public education to address the stigma and discrimination experienced by Peers housing program participants and others in the community with histories of episodic and chronic homelessness. This

could involve incentivizing landlords to accept low income persons as tenants, potentially through tax grant provisions.

Literature Review

Housing First (HF) is a strategy to address the chronic homelessness that developed in the US in the 1990s, at a time when transatlantic countries like the US, Canada, and Britain were seeing a significant increase in visible homelessness. The precipitous rise in homelessness was due, in large part, to the adoption of neoliberal policies during the 1980s by high-income countries; these policies led to reduced investments in income, housing, health and social supports (Davidson, 2006; Gaetz, 2010; Gaetz, Dej, Richter, & Redman, 2016). In Canada, for instance, federal spending on low-income affordable housing was reduced from $116 per capita annually in the late 1980s, to just over $60 in 2013 (Gaetz et al., 2016). As a result, housing became increasingly privatized and more costly. This coincided with a rapid decline in well-paying full-time jobs in the US and Canada. The unemployment rate in Canada increased from 7.6% in 1981 to 12% in 1983, which is the highest recorded increase in recent memory (Statistics Canada, 2015a). In the context of a shifting housing and employment market, combined with shrinking social welfare supports, those living on income assistance, on disability, and even those working lower-paying jobs, were increasingly unable to cover the costs of housing, especially in urban locations. It is widely known that this shift in housing affordability and housing support interacted with other forms of social and economic marginalization to disproportionately impact Indigenous people, gender and sexual minorities, and those with disabilities and chronic health conditions, among other socio-economically marginalized groups.

Initially, governments responded to visible homelessness by investing in crisis responses such as emergency services and supports including shelters, acute health care, and law enforcement. Such emergency responses did little to address the systemic factors driving homelessness, such as low incomes and a lack of affordable housing, and were instead found to be both ineffective at reducing homelessness and costly (Katz, 2017). After intense criticism and compounding evidence that homelessness was resulting in unintended use of costly social services resources, governments began to look for alternative approaches (Stanhope & Dunn, 2011). Prompted in part by the rise in complex social problems as well as an openness to innovation, a new trend in public policy started to take shape in Britain, one which prioritized measurable outcomes, data collection and evaluation over ideology. This policy framework was also adopted in the US and Canada, and is now commonly referred to as "evidence-based policy" (Stanhope & Dunn, 2011).

HF was developed as an evidence-based housing initiative for homeless single adults with mental illness. This sub-population of homeless people was identified as requiring tailored and targeted interventions, given that they were disproportionately drawing on social services following the deinstitutionalization of long-stay psychiatric hospitals in the 1960s (George, Nargang Chernega,

Stawiski, Figert, & Valdivia, 2008; Kuhn & Culhane, 1998; Pleace, 2011; Stanhope & Dunn, 2011). HF and the focus on immediate placement in permanent housing challenged the long standing 'treatment first' and 'continuum of care' models which enabled individuals to 'earn' permanent independent housing through sobriety and compliance with mental health and addiction treatment programs (Stanhope & Dunn, 2011; Tsemberis et al., 2004). The treatment first model has since come under heavy criticism for being overly paternalistic and incompatible with the priorities of persons served (Kertesz, Crouch, Milby, Cusimano, & Schumacher, 2009; Stanhope & Dunn, 2011; Tsemberis et al, 2004). Sobriety requirements and other restrictive rules often drive individuals back into homelessness and limit the ability of others to exit homelessness all together (Stanhope & Dunn, 2011; Tsemberis et al., 2004).

In the early 1990s, Dr. Sam Tsemberis developed Housing First as part of the Pathways to Housing program in New York City. His interest was in HF as a right-based intervention central to health and wellness. He believed if people were given homes without the condition of sobriety, and if they were provided with sufficient supports and programming to make choices that reflected their preferences, they were likely to remain housed (Stanhope & Dunn, 2011). From its inception, Pathways incorporated rigorous research and program evaluation using a randomized controlled experimental design. Initially, Pathways was a four-year experiment which randomly assigned 225 people experiencing homelessness and mental illnesses in New York to either Pathways or a more traditional linear residential continuum program model. After five years, 88% of the HF participants remained stably housed compared to 47% of those in the linear program (Stanhope & Dunn, 2011; Tsemberis & Eisenberg, 2000). Subsequent evaluations of HF in other US cities have shown that 80-85% of those in an HF program are able to maintain housing at the one year mark and draw on fewer social support services, especially those related to substance use (Stanhope & Dunn, 2011; Tsemberis et al., 2004). What's more, those in the Pathways group reported relatively high levels of satisfaction with the programs, particularly in terms of choice and autonomy (Tsemberis & Eisenberg, 2000; Tsemberis et al., 2004). Since then, Pathways has been evaluated extensively and continues to show success. It should be noted that some critics of HF, and evidence-based policy in general, have noted that "success" tends to be narrowly defined within policy-driven initiatives in order to produce "clean" results; these critics suggest the effect is reductionist and does not consider what success means for the people the policy is targeting (Stanhope & Dunn, 2011).

Pathways established the core principles that have now come to define HF in Canada including 1) rapid housing, which is defined as immediate access to permanent housing with no housing readiness requirements; 2) consumer choice and self-determination in the selection of housing (ideally in scattered-site market housing); 3) harm reduction or a recovery oriented approach with no rigid

expectations for treatment and behavior; 4) individualized and client-driven supports often including Intensive Case Management (ICM) and Assertive Community Treatment (ACT) teams that can be accessed around the clock. Included here are financial supports in the form of rent supplements, whereby clients are not required to pay more than 30% of their income; and 5) social and community integration in the form of employment, training, and volunteering opportunities, as well as social and cultural programming (Gaetz, Scott, & Gulliver, 2013). In Canada these principles are laid out in the Housing First Tool Kit, which provides communities with the information and training necessary to strategically plan, implement, and evaluate their HF programs (Polvere et al., 2014). What followed since the initial success of early HF interventions has been a decade-long appeal to shift away from managing homelessness to ending it through the development of "ten year plans" and community coalitions as a HF response (Gaetz, 2016; Greater Victoria Coalition to End Homelessness, 2008; National Alliance to End Homelessness, 2000; Wellesley Institute, 2006).

In Canada, the efficacy of HF was demonstrated through the At Home/Chez Soi Project, which ran from 2009 – 2013 following a $110 million investment from the federal government. Cited as the "world's largest and most in-depth evidence-based exploration of the effectiveness of HF" (Gaetz, et al., 2013, 4), the test project followed more than 2,000 participants across five cities and employed a randomized control trial design (Goering et al., 2014). The participants were assessed for eligibility and categorized as either "high needs" or "moderate needs" before being randomly placed in either an HF intervention or traditional treatment program. The HF program was based on principles laid out in Pathways, including the provision of independent market housing with rent supplements, and one of two types of support services: either ACT or ICM supports. Outcome measurements focused on housing stability, community functioning, and quality of life (Goering et al., 2014). Also similar to Pathways, At Home/Chez Soi only focused on a subset of people experiencing homelessness: those experiencing chronic homelessness and with a diagnosed mental illness.

After rigorous program evaluation, the At Home/Chez Soi researchers concluded that when model fidelity is followed, HF has a positive impact on housing stability, reduces unnecessary emergency room visits and hospitalizations, leads to improved mental health and addiction stabilization, reduces client involvement with police and the justice system, and improves overall quality of life. They further found that the HF intervention was most cost-effective for those deemed "high need", and less cost-effective for those with "moderate needs" (Goering et al., 2014). Concerns have been raised, some by the researchers themselves, about the focus on "cost reductions" as a motivation for program implementation. They suggest this can result in targeted programs that only serve those with high needs, which diverts resources away from programs for others with moderate needs, including women and

familys (Katz et al., 2017). At the same time, At Home/Chez Soi researchers found that housing stability criteria were not met by a meaningful minority (13%). This minority had longer lifetime histories of homelessness, lower high school completion rates, and a stronger sense of belonging to their street social networks (Goering et al., 2014).

Following the evaluation of At Home/Chez Soi, the Government of Canada has renewed their Homelessness Partnering Strategy with a $119 million financial commitment each year between 2014 and 2019. This money is currently being allocated to communities across Canada, enabling them to integrate HF principles into already existing homelessness and prevention services (Gaetz et al., 2013). This investment signals Canada's philosophical commitment to HF, but as commentators have noted, HF must also be adopted at the broader systemic level in order for program features and principles to operate as intended. This means the conditions that contribute to homelessness must be simultaneously considered to ensure homelessness is not being generated at a pace that outstrips efforts to address it (Gaetz et al., 2013; Katz et al., 2017). Entire communities – from housing market representatives to health and social service sectors – must commit to the principals and structural conditions that enable HF success. Ideally, within a given region, all housing-related social services will play a part in the overarching development and delivery of services so efforts are coordinated, and barriers can be identified and addressed in a timely way (Gaetz et al., 2013).

The Government of Canada does not prescribe a single model for HF when dispensing program funding. There is an understanding that HF must be flexible and tailored to diverse populations and contexts (Gaetz et al., 2013). At the same time, based on learnings from Pathways and At Home/Chez Soi, the government underscores the importance of following HF model fidelity. The federal government has recently begun encouraging those philosophically committed to HF to adopt a fidelity tool and implementation program that was developed within the context of the At Home Chez/Soi Project. Specifically, they endorse the Canadian Alliance to End Homelessness (CAEH) Training and Technical Assistance Program to facilitate and accelerate the shift to HF. This program provides evidence-based training and technical assistance to communities and frontline workers grappling with the adoption and successful implementation of HF (Gaetz et al., 2016). This fee-based consultation service provides onsite and remote training on the core principles of HF, and how to ensure successful integration at a community and program level, program progress reviews and improvement advice for following model fidelity, and monthly regional meetings moderated by Dr. Tsemberis.

More recently, the issue of fidelity has been a focal point for those seeking to understand variable levels of success in HF programs, particularly for those who have been unable to replicate the successes originally achieved by Pathways. Even the At Home/Chez Soi Project resulted in a complicated picture of

program success compared to Pathways (Goering et al., 2014). Measuring housing stability after two years of enrollment in the project, focusing on the last six months of the study, researchers found that 62% of HF participants were housed full-time, 22% part-time, and 16% none of the time (Goering et al., 2014). What's more, many programs have not been able to demonstrate any significant change in mental health or substance use outcomes, a clear corresponding drop in social service usage, or social integration (Pearson, Montgomery, & Locke, 2009). Proponents of HF attribute these disparate outcomes to how the core principles of HF are often "diluted" at the implementation level; some argue many programs working under the auspices of HF share only a passing resemblance to the original Pathways model (Gaetz et al., 2013; Goering et al., 2016; Greenwood, Stefancic, Tsemberis, & Busch-Geertsema, 2013). One lengthy review highlighted the successes and challenges of achieving model fidelity by examining six different European countries. The review showed that programs generally achieved the highest model fidelity when: 1.) assuming all persons are housing ready; 2.) separating the provision of housing from participation in other services; 3.), supporting consumer choice, and 4.) adopting harm reduction. Lower fidelity was found in relation to 1.) participants' ability to secure scatter-site market housing, 2.) choice in housing obtained (even when there is a philosophical commitment to consumer choice), and 3.) the availability and intensity of support services. Further, program evaluators have found that variation in program fidelity is associated with meaningful variation in outcomes (Greenwood et al., 2013). The only exception, according to Goering and colleagues (2016), who compared 12 HF programs over a two-year period, is that there appears to be no correlation between model fidelity and time to house – often because city-level factors external to these programs have the greatest impact on this program measure. In particular, the availability of quality affordable housing in contexts where HF is deployed is regarded as a determining "structural factor" because it shapes program success, and the program itself is unable to mitigate this factor (Zerger et al., 2014).

Since inadequate affordable housing is commonly regarded as the most significant barrier to successful implementation of HF, many housing advocates and community groups are focusing their attention on this specific issue. In The State of Homelessness in Canada 2016 report, the authors write, "the viability of [HF] strategies are constrained by the availability of affordable and appropriate housing. If we want to provide people the opportunity to leave homelessness, we need to invest in housing" (Gaetz et al., 2016, p.14; Goering et al., 2014; Zerger et al., 2014). Another recent study notes that HF cannot proceed "unless there is an organizational ability to secure housing in discrete geographies and markets", and that securing housing while at the same time "advancing a recovery agenda" for each client is "ambitious" (Austin et al., 2014, p. 646). The challenge of affordable housing stock was demonstrated in the European study noted above, which compared HF initiatives in 12 separate

countries. It found that while most programs followed HF in principle, in reality they faced external and/or financial barriers to program implementation (Greenwood et al., 2013). The lack of affordable housing stock was a primary consideration, but so too were public policies and cultural attitudes. They found, for instance, that housing authorities in some regions were reluctant to "house individuals with histories of incarceration, mental health problems, substance misuse, or homelessness" (Greenwood et al., 2013, p. 303). Such policies mirrored broader discrimination around people's perceived housing worthiness or capacity to maintain housing (Greenwood et al., 2013, p. 303).

Other structural barriers to implementing HF include: inadequate income supports for homeless individuals and insufficient start-up investment in HF. One 2009 study emphasized the importance of both; it compared Pathways in New York to similar programs in San Diego and Seattle (Pearson et al., 2009). They discovered Pathways was able to demonstrate greater success because it had a more robust infrastructure and adequate operating budget compared to the other projects. The program was implemented in a city with sufficient housing stock, allowing program staff to place participants into temporary housing immediately upon entering the program; in addition, they were shortly thereafter provided with controlled housing stock, which included housing units leased by the program, then sub-leased to participants. Program participants at Pathways were also provided with multi-disciplinary supports based on a "wrap-around" model and 24-hour availability (Kertesz et al., 2009; Pearson et al., 2009). The ability of the program to act as landlord to participants was shown to be pivotal to success, as it meant participants who may have been evicted in regular market housing – due to noise complaints, physical assaults and destruction of property – were not evicted (Pearson et al., 2009). Instead, any issues were resolved with the emotional, therapeutic, and economic supports provided. Pathways' success was furthered thanks to their ability to provide flexible housing subsidies with no restrictions (Pearson et al., 2009). For instance, program participants could vacate their unit and live elsewhere – sometimes for months –and the unit would be held for them until they were ready to return. While costly, this approach was important for success because as research has shown, housing disruptions are expected once people acquire permanent housing (Zerger et al., 2016). It is not uncommon for newly housed individuals to spend little time in their new home (Zerger et al., 2016) because "for a meaningful minority, the adaption to housing may also be associated with challenges that can complicate the integration process". This is especially the case for those who enter HF directly off the street versus those who come from an institutionalized setting (Yanos, Barrow, and Tsemberis, 2004, p. 146). For people with mental illness and co-occurring substance use, for instance, becoming housed after an extended period of homelessness is associated with social isolation and difficulty taking on the everyday responsibilities of being housed – cooking, cleaning, etc. People placed in supportive housing report

frustration at the lack of autonomy and privacy within these settings (Yanos et al., 2004, p. 146). Further, some experience separation from family and friends when they are housed, and will therefore spend extended periods away from their new housing.

Pathways was oriented toward homeless people with serious mental illness and a history of substance use. This is important factor in the that demonstrates how structural barriers can impede the implementation of HF. These individuals entered the program directly from health care settings, including psychiatric emergency rooms (George et al., 2008; Kertesz et al., 2009; Pearson et al., 2009). As a result, participants came with disability-related government support. If you closely examine the target population of other effective programs in the US, you find a medical diagnosis is often conditional for enrollment (Pearson et al., 2009). This means that program participants have existing institutional supports and some, albeit meagre, income security. What's more, institutionalization prior to enrollment in Pathways meant that while participants had a history of substance use, most were not actively using at the time of enrollment. In light of this, some researchers are questioning whether HF is ideally suited to people whose primary barrier to securing housing is substance use (Henwood, Stanhope, and Padgett, 2010; Kertesz et al., 2009). The particular stigmas associated with substance use mean that there are multiple tensions with regard to viewing it as a public health responsibility; this means that those who use substances are often unable to qualify for disability-related social assistance and face additional barriers to accessing health care services including, quite notably, inadequate public provision of the spectrum of harm reduction services (Kertesz et al., 2009). As well, there is a lack of clear guidance and consistency concerning the extent harm reduction services are integrated into housing programs. Much of the HF research done to date has focused on changes in quantity of substance use, without a more primary focus on harm reduction (Pauly, Cross, Vallance, Wynn-Williams, & Stiles, 2013). A lack of income security among homeless individuals who use substances makes housing more precarious, and may lead to a worsening of substance use (Kertesz et al., 2009). In the literature, heavy substance use is associated with evictions prompted by onsite substance use, the sale of substances, and property damage. This in turn leads to "landlord burnout", whereby private property owners are no longer willing to work with HF programs (George et al., 2008). More research needs to be done to support such claims, but it does highlight that HF is just one response to homelessness, and was never envisioned as a stand-alone policy or solution universally applicable to all populations (Gaetz et al., 2013).

What is clear in the literature is that HF cannot be implemented without dedicated funding for rent supplements and comprehensive support services (Gaetz et al., 2013; Greenwood, Stefanic et al., 2013; Austin et al., 2014). This includes key resources such as secured rent supplements, adequately trained and remunerated Housing Support Workers (HSWs), as well as 24-hour "floating" supports that

help ensure program participants can address existing and emerging stressors threatening their housing stability. This point is made clearly in the case of Moncton, New Brunswick, which was one of the five cities involved in the At Home/Chez Soi Project. When the evaluation research ended and the HF project continued under the auspices of the New Brunswick Department of Health and the Department of Social Development, no new rent supplements were made available. This had a significant negative impact on model fidelity and maintenance of program outcomes. As Tim Aubry, co-principle investigator of At Home/Chez Soi, has commented publicly, "when we talk about funding it's also committing some funding to rent supplements. One of the key ingredients, the critical ingredients, to housing-first is the rent supplement" (Blanch, 2016). This echoes a similar finding following a pilot HF project in Calgary. One of the key learnings was that rent supplements need to be integrated into program funding (Gaetz et al., 2013). The Calgary case study authors suggest that built-in rent supplements allow for flexibility in housing type and location, and reduce the challenges of administering payments originating outside the program (Gaetz, et al., 2013). Other reports, including one that compared several HF initiatives and another that focused on providing HF to US veterans, also highlight the need for permanent rent supplements (Austin et al., 2014; Pearson et al., 2009). Focus on rent supplements is essential and specifically attempts to address the issue of a lack of affordable, quality housing.

Critiques of HF have also been aimed at the program level, specifically at the disjuncture in interagency collaboration at the municipal, provincial, and federal levels (Gaetz et al., 2013). Aubry, discussed above, found that following the research stage of HF delivery, when New Brunswick's Department of Health and Social Development took over the project, housing and service delivery were separated, introducing new housing stability barriers for program participants (Blanch, 2016). Other programs have similarly found the need to attain multiple funding sources to make their HF program work – i.e., they may receive the funds to provide rental vouchers from one funder, and support for case-management and supports from another – presents an administrative barrier to program delivery, and also an ideological one when funder philosophies and program parameters do not correspond (Austin et al., 2014; Davidson, 2006). This becomes more complicated in contexts where different service providers are in direct competition for the same funding opportunities, often despite both trying to implement HF at a community or systems level. In short, reductions in funding, competition for funding, and piecemeal funding can compromise effectiveness of HF programs. These issues are commonly faced by programs in the health and social service sectors, due to fluctuations in government budgets, political priorities, and a trend towards shorter-term funding commitments.

Others have remarked on the difficulties associated with collaboration across sectors (Austin et al., 2014). Some programs, for instance, have found that multiple levels of bureaucracy can bog down HSW's efforts to obtain housing in a timely manner (Austin et al., 2014). This can entail being required to fill out government documents to prove citizenship and/or health-related claims, and filling out the paperwork to secure a rental subsidy, which must be timed with a rental agreement verifying the need for a subsidy. At the same time, applicants are expected to prepare paperwork associated with applying for housing, which often includes evidence of income, credit history and references, and capacity to pay the rent (including by way of subsidy). This process sets up a cycle of documentation that must be carefully timed and is often experienced as stressful and precarious. In situations where homes are being rented within the hour, many individuals who have gaps in their documentation, or are left waiting for approval from one organization or another, have a hard time competing (Austin et al., 2014).

Other reports have noted large caseloads without sufficiently trained and adequately remunerated staff are less effective. Programs like Pathways typically rationalize caseloads based on participant support needs, and caseloads are supported by staff with social work and/or counselling degrees (Pearson et al., 2009). Other less effective programs have reportedly had caseloads with as many as 450 people (Pearson et al., 2009). Large caseloads, paired with the time-intensive process of searching for and securing housing in challenging markets, mean support staff can easily become overwhelmed, leading to to reduced occupational health among HSW's and ultimately compromised support (Austin et al., 2014; Gaetz et al., 2013). Further, several studies note that within a context of large caseloads, HSW's are often compelled to spend the majority of their time on housing logistics rather than providing therapeutic supports (Austin et al., 2014; Davidson, 2006; Gaetz et al., 2013). This is in part due to the emphasis placed on performance metrics (time to house) by funders (Austin et al., 2014; Gaetz et al., 2013). The unintended consequence is that housing support staff may focus on the easiest-to-house at the expense of those who face the greatest barriers to housing and require greater support investment.

Some programs have also found the challenge of implementing HF lies in the restrictions placed on how program funds can be spent, which can hamper efforts to obtain and maintain housing (Austin et al., 2014; Davidson, 2006; George et al., 2008). Some programs have identified the need for more flexible move-in funds that include security and utility deposits, first month's rent, and importantly in some cases, payment of past-due rent or utility charges (Austin et al., 2014). As one report notes, the availability of funds tends to be "highly specific and focused on time-limited supports which is a challenge" (Austin et al., 2014, p. 644). Other pilot HF programs have highlighted the need for increased administration funds, especially given the significant data monitoring and oversight required to run such programs (George et al., 2008).

There is little in the literature that specifically considers how HF programs can be adapted to meet the needs of specific sub-populations, including homeless sex workers (a population overwhelmingly comprised of self-identified women), LGBTQ groups including men who have sex with men, and Indigenous people. Homeless sex workers face barriers to finding locations for their work, are subject to criminalization and may also experience health challenges associated with the confluence of substance use and mental health stressors such as violence and stigma. One report talks about the challenges of "racialized groups" who face intersecting forms of oppression. The authors point to the need for tailored HF programming that incorporates cultural and linguistic strategies to address racial and cultural diversity within homeless populations. They note the importance of hiring peer workers, seeking out a diverse staff to reflect the population, and partnering with relevant complementary services and agencies (Stergiopoulos et al., 2012).

The only specific reference to providing HF to sex work populations that can be located in the literature is a project initiated in Vancouver in 2004 called The Vivian operated by Raincity Housing. This program provides housing to women in Vancouver's downtown eastside who have "complex needs" such as mental health and substance use problems, as well as histories of violence and involvement in sex work (Gaetz et al., 2013). According to The Vivian researchers, the key to their success was early-stage community consultation and interagency collaboration. Specifically, they spoke to the importance of informing and educating the community about the needs of this population, and the need to build strong alliances with other social service and health-based organizations to provide the intensive and continuing care residents require. For instance, The Vivian provides 24-hour floating supports to meet individual resident needs such as emergency mental health crisis response. While this program has been shown to have some important successes, it is not a useful comparison for the program Peers Victoria provides, for several important reasons. First, the program does not offer permanent housing. It is a transitional housing program meant to provide a "stepping stone" to independent and permanent housing with a flexible two-year stay policy. This approach has had mixed results in that while many transitioned into more stable housing over time, a significant number of program participants were discharged back into shelters (17%), unsupported single room occupancy (SRO) units (often hotels) (4%), and/or tertiary care facilities and hospitals (16%) after the two-year program period (Gaetz et al., 2013, p. 10). As the case study authors further note, "There are few programs that support women with so many challenges, and those that do, often have multi-year waitlists. Some women have no option but to move into unsupported SRO in the DTES" (Gaetz et al., 2013, p. 7). Furthermore, the program purchased and renovated its own 24 room single occupancy hotel through a private donation. This donation also covered all operational costs associated with the project for the first two years. Having their own

building allowed operators of the program to by-pass some of the financial constraints that other programs experience. These circumstances enabled them to closely adhere to some HF principles including harm reduction but not others – e.g., rapid housing in permanent scattered site market rentals.

In sum, while there is compelling evidence demonstrating that HF is an effective model addressing homelessness among adults with serious mental health conditions, there are many reasons to be cautious about attempting to replicate this success when working with other target populations, including those who experience substance use-related barriers to housing, and who engage in sex work. Further, as HF models have been implemented in multiple jurisdictions, it has become apparent there are several significant structural barriers, as well as program implementation factors, which can significantly impact effectiveness.

Peers HF Program, Data Collection and Methodology

A brief description of the Peers HF program helps to both contextualize the research project and the findings. Peers Victoria has been in operation since 1995, providing support services to people currently or formerly in the sex industry. The core values of the organization focus on the leadership of sex workers (current and former sex workers are employed by the organization and sit on the Board of Directors), being participant-centred and non-judgmental in service delivery, embracing harm reduction, and working towards social justice. Social justice is operationalized as a rights-based approach to service delivery which focuses not only on individual supports but also addressing broader social conditions which give rise to inequality. Programs include Peers daily night outreach, drop-in community space, health care support, small business training, socio-educational groups for indoor sex workers, and men and trans outreach and violence prevention and response programs. Until 2014, Peers main housing support was the administration of 14 BC Housing scattered site housing subsidies.

With Homeless Partnering Strategy (Canada) funding provided by the Capital Regional District (CRD), Peers began its HF program in the summer of 2014 (with program funding through March 2019). Over the last two and half years, Peers has admitted 70 individuals to the program. Close to half of program participants identify as Aboriginal (around 42%), the average age is roughly 40 years, and about 85% of program participants identify as women. While these statistics shift slightly due to ongoing admittance to the program, they have remained stable over the duration of the program. Of those admitted into the program, 44 have been supported by Peers to acquire housing to date (as of Feb 2017). Looking at the first year of program operation (ending March 31, 2015), 18 were supported to obtain housing. All of these individuals have reached their 12-month milestone date, at which point 11 of 18 (61%) were still housed. Importantly seven (39%) individuals admitted in year one were rehoused during

the first 12 months. Thirteen of 18 individuals have reached their 24-month check, and nine (69%) were still housed at that point in time. Looking at those who entered the program during the second year of operation (ending March 31, 2016), 19 were supported to obtain housing. All 19 individuals had reached their 12-month milestone date (as of March 2017, just after the research program began), and 17 (89%) were in stable housing. Similar to year one, six individuals (31%) were rehoused during the first 12 months. This cohort has not reached their 24-month milestone, and those that entered the program later in 2016 and in early 2017 have not reached a milestone date. That about one-third require rehousing in the first year is significant and suggests considerable resources are expended on this activity.

The program consists of one .5 FTE HSW, with program data collection, financial administration and reporting support provided by the management team. The HSW meets new program participants via time spent in the night outreach van, referrals from other support workers, and via visits to local shelters, in particular a local shelter serving women. Program supports include assistance with locating housing, financial supports (assistance with damage deposits, first month's rent, emergency housing funding, moving and storage costs and household supplies), potential receipt of one of the 14 housing subsidies administered by Peers (though demand for subsidies is greater than availability), liaison work with income assistance workers, landlords and administrators of a centralized supported and subsidized housing program, Greater Victoria Centralized Access to Supported Housing (CASH), as well as interpersonal support, and help connecting with other health and social services. During the last year, the HSW also worked with a landlord liaison from another HPS-funded service on a weekly basis to collaborate on locating housing for individuals.

This project was conducted by a research team including a contracted research coordinator (L. Shumka) and assistants (F. Pagan and N. Ouellet) who completed all interviews and data analysis, two researchers located at the University of Victoria (B. Pauly and B. Wallace), and a representative from Peers Victoria (R. Phillips). The research team sought and received ethical approval to conduct this research from the University of Victoria's (UVic) Human Research Ethics Office. The original goal for this research project was to interview 30 of the 70 individuals who have entered Peers HF Program, including 10 from each group of housed, not housed, and rehoused individuals on the caseload. Recruitment began with Peers Victoria HSW(s) attempting to contact each person on the caseload either in person, or by phone or email. Forty-five of the 70 individuals were reached within one week of the initial contact attempt. Others could not be reached due to contact information being out of date, or an unknown current address. Those that could be located were told directly about the study or a message was left. Each of these people were asked if the contracted research project coordinator could contact them for a follow-up and screening (to determine eligibility). Reaching individuals to book interviews

was challenging given that many individuals did not have access to phones or computers and could not be located in person. Individuals reached by phone answered screening questions to confirm their willingness to participate and housing status. They were then booked to do an interview at a time and place of their choosing (either Peers Victoria or an accessible rented interview space downtown). Approximately half of the 29 participants were reached using this phone-based recruitment method.

To help meet the desired 30 interviews, Peers HSWs went in-person to some of the emergency shelters and supported housing units in the city to reach eligible individuals in-person and pass along contact information for the interview team, as well as information about interview opportunities. To accommodate these people, interviewers held 'drop-in' interview days where an interviewer was on-call. Despite not being able to follow the original recruitment protocol, which focused on stratified sampling of program participants subdivided into three categories (housed, rehoused and not housed), the final convenience quota sample included a cross-section of participants – including those who have been stably housed for up to two years, those who have been rehoused on multiple occasions, some who have very recently acquired or lost housing, and those who have not yet obtained housing. In the end, 32 interviews were booked and 29 were completed: 12 housed, 9 not housed and 8 rehoused.

The interview itself was comprised of a set of open-ended qualitative questions including: "Tell us about your housing right now; what is working and what is not working about your current housing?" and, "What is the thing that would best help you meet your housing goals?" We also asked all research participants to summarize the individual, program, and systemic factors that they believe help and/or hinder their housing objectives. Interviews included specific subsets of questions for people, depending on their housing status. For example, people who had been rehoused were asked, "What were the circumstances around the last time you had housing and lost it?" and "What were some of the factors that helped you find new housing?". Those who were homeless were asked, "What is the main barrier to getting housing?" and "Do you have adequate support finding housing?". These qualitative questions were followed by a short set of quantitative questions aimed at gathering demographic information and details about their housing, health, and substance use. It should be noted that for some participants these interviews were challenging. Participants were advised at the outset that they should not answer questions they were not comfortable with and that they could leave at any time, and some participants acted on this offer. Other participants found the target 45-minute length of the interview too long; as a result final interviews ranged in time from 18 minutes to 1.5 hours.

Following the transcription of the recorded interviews, data analysis was done using a constant comparative analysis grounded theory approach that involved inductively coding the data with no fixed category system, derived a priori from the literature (Boeije, 2002; Fram, 2013). A second research team

member reviewed the work to establish the accuracy of the analysis. From there, a summary of the dominant themes was produced for the research team and discussed at a team meeting. At the same time, another team member entered the quantitative data into SPSS (statistical analysis software), and provided the descriptive statistics alongside comparative national data on sex workers, where available. The findings presented below substantially rely on the personal voices of research participants, as too often research does not adequately integrate the voices of those whom housing initiatives are meant to help.

Study Population

Largely mirroring the broader population of people admitted to the program, the average age of the study participant is 41. Of these, 76% identified as cis-gender women, 17% as cis-gender men, and 7% as "other". Almost half identified as Aboriginal (48%). It is worth noting that when we compare this demographic information to a recent national study of sex work conducted at UVic (Benoit, Ouellet & Jansson, 2016 & 2017), our sample breaks down along similar gender lines, but otherwise is older and has a much higher percentage of Indigenous people (see table below). The percentage of Indigenous people in all three samples is significant, given that recent population data indicates only 4.3% of the total Canadian population identifies as Indigenous, which includes those identifying as First Nations, Inuit, and Metis (Statistics Canada, 2016b). Not only are Indigenous people vastly over-represented in the sex work population, but as this research highlights, they are also significantly overrepresented among those who are considered chronically or episodically homeless. When we compare our sample to the available data from the At Home/Chez Soi project we find our sample has a much higher percentage of women and Indigenous people. We also have data comparing the sex work history and self-rated health of our participants with a national sample of sex workers (Benoit et al. 2016, 2017). On average, our study participants first began working in the sex industry at 20 years of age – four years younger than the national average of 24. Our participants have also worked longer in the industry, an average of 16 years compared to 10 years in the national sample. Our sample fares much poorer in terms of physical health than does a national sample of sex workers, with only 18% indicating their physical health is excellent or very good, compared to 53% in the national sample. Fewer members of our sample (25%) rated their mental health as excellent or very good 25% compared to the national sample of sex workers. As the table below shows, sex worker mental health in general falls well below the Canadian national average; some have theorized this is linked to the amount of stigma and discrimination they experience (Benoit et al., 2016). Another indicator of health is sex workers' use of ER services in the last 12 months. Our sample fares worse than the national sample of sex workers of which 43% had been to an ER in the last year

compared to our 57%, with both figures well in excess of the general population's use of emergency services.

Table 1. Demographics	Current Study (N=29)	Canadian Sex Workers (N=218)[1]	At Home/ Chez Soi (N=2,148)[2]
Age (mean)	41.2	34.1	*
Gender			
Cis Woman	75.9%	76.6%	32%
Cis Man	17.2%	17%	67%
Other	6.9%	4.3%	1%
Aboriginal	48.3%	19%	22%

*The authors of this report did not provide a mean age, instead they report that: 33% of their sample was 34 or younger, 57% were between 35-54, and 10% were 55+.
[1](Benoit, Ouellet, Jansson, & Magnus, 2017)
[2](Goering, et al., 2014)

Table 2. Health	Current Study (N=29)	Canadian Sex Workers (N=218)[1]	Canadian pop (2014)[2]
Perceived Physical Health			
Excellent/Very Good	17.8%	53%	59%
Good/Fair/Poor	82.2%	47%	41%
Perceived Mental Health			
Excellent/Very Good	25%	38%	71.1%
Good/Fair/Poor	75%	62%	28.9%
Visited Emergency Room in Last 12 Months	57.1%	43%	12.4%

[1](Benoit, Ouellet, & Jansson, 2016)
[2](Statistics Canada, 2015b)

As the table below indicates, substance use was common among the study participants, with over half of respondents reporting use of one or more of opioids or stimulants (substances less commonly used within the general population), as well as over half reporting alcohol and marijuana use (more common or normative substances). Stimulants were more commonly used by participants, and in the case of both stimulants and opioids, participants reported using them in more than 15 of the last 30 days. This is not a surprising finding given HF services target people who face barriers to housing such as substance use and simply underscores that the program is reaching the desired population, and that substance use should be accommodated in housing contexts. As a point of broad comparison, recent BC data (2008-2012) shows that 3.2% of the population aged 15 and over have used illicit drugs (other than marijuana and including opiates and stimulants) in the past year. This confirms HF program participants at Peers are heavy substance users compared to other populations (Centre for Addictions Research of BC, 2017).

Table 3. Substances Used in Last 12 Months	Current Study (N=29)	Days used in last 30 (current study)
Stimulants (e.g. Cocaine, Crystal Meth)	85.2%	15.2
Cocaine or Crack		
Crystal Meth or Speed		
Alcohol	75%	9.9
Marijuana	60.7%	13.9
Other opioids (e.g. Heroin, Morphine)	55.6%	20.2
Heroin		
Methadone	35.7%	21.5
Sedatives (e.g. Valium, Clonazepam)	35.7%	15.2
Other stimulants (e.g. Ritalin, Adderall)	10.7%	14.7

On average, participants first experienced homelessness at age 21, and have spent 7.5 years homeless. At the time we conducted our research, 21.5% were homeless; 25% were in supportive housing; 14% in transitional housing; and 39.5% were in market rentals which includes Single Room Occupancy units (e.g., within boarding houses and hotels). Of the 29 people in our sample, 28 (97%) are on social assistance, with the majority receiving disability benefits. Of the 78.5% who are in some form of housing, just over one third (38.5%) report accessing subsidies averaging $278/month.

Table 4. Housing Profile	Current Study (N=29)	At Home/ Chez Soi (N=2,148)[1]
Age first became homeless	20.8	31
Total years spent homeless	7.6	4.8
Current Housing Situation		
Homeless	21.4%	
Supported Housing	25%	
Transitional Housing	14.3%	
Market Housing	39.3%	
Currently receive income assistance (basic)	14.3%	
Currently receive income assistance (disability)	85.7%	
Currently receive a rental subsidy	38.5%	
Average rental subsidy	$274.56	

[1](Goering et al., 2014)

In sum, the people served through the Peers housing support program are living in highly marginalized and vulnerable social situations with implications for poor health and increased support needs. This is readily evident when compared to both a national sample of sex workers and those who participated in the At Home/Chez Soi project (based on a limited data comparison). This indicates Peers services are reaching a population with unique housing support needs. The high percentage of

Indigenous people in the Peers program signals a need for housing supports that are attuned to the intersections of colonization, racism and the sex industry.

Research Findings

The study findings have been organized to respond to the specific objectives laid out in Peers' research funding application. They are specifically intended to identify: 1) the societal, program and individual factors shaping housing outcomes; 2) factors related to the timeliness of housing for Peers program participants; 3) Peers successes and challenges in implementing a HF program; and 4) program-, funder-, and community-level recommendations. We have focused on the themes that emerge most strongly across the three groups, rather than on each group separately as, contrary to our pre-research assumptions, there were few notable differences between those that have been housed, those who were rehoused, and those who are not housed at the time of the interview. The exception is that those who are currently housed report a greater sense of safety and security in their lives. Nonetheless, even this latter group articulates many challenges.

Table 5. Individual, Program-Level and Societal Barriers Shaping Housing Outcomes	
1. Societal Barriers	a) Stigma and Discrimination 　　　i) income status 　　　ii) race & intersecting stigma 　　　iii) substance use & intersecting stigmas 　　　iv) sex work & intersecting stigmas b) Inaccessible Housing Market 　　　i) lack of affordable housing 　　　ii) lack of quality housing
2. Program Barriers	a) Supported Housing 　　　i) restrictive rules 　　　ii) living alongside active substance dependence 　　　iii) stigma by association b) Difficulty Navigating Systems 　　　i) complex 　　　ii) long and unclear waitlists c) Housing Support Workers (HSW) 　　　i) not invested 　　　ii) limited availability 　　　iii) rude or discriminatory
3. Individual Barriers	a) Mental Health and Addiction b) No Housing or Job History

Societal, Program, and Individual Factors that Shape Housing Outcomes

Below, we summarize what participants identified as individual, program, and systemic factors shaping their housing outcomes. We focus predominantly on barriers, as the dominant theme that emerged from the analysis was the challenge of securing and maintaining housing. Some participants spoke about assets, which we summarize in the section on factors associated with the timeliness of securing housing. All references to specific programs and organizations other than Peers have been removed to protect the anonymity of participants.

1: Societal Factors:

There was a great deal of agreement across the three groups in terms of the structural and systemic factors that challenge their efforts to secure and maintain housing, the primary factors being stigma and discrimination (1a). This is not a theme well-explored in the HF literature, but is likely a significant reason many programs are unable to rapidly house participants in high-demand, scattered site market housing. The stigma encountered by participants takes many intersecting forms, including discrimination based on socioeconomic status, race, mental health and addiction and sex work.

Income-related stigma is one form discrimination takes (1a.i). As this housed participant told us,

> Respondent: I had problems with the disability, with the intent to rent.
>
> Interviewer: Like getting the ministry to do the intent to rent?
>
> Respondent: No, some landlords will take one look at it and they'll…they're discriminating against, "Oh well this person is on…income assistance" or whatever. [PH2]
>
> Another housed participant notes after presenting her intent-to-rent form to her potential

landlord:

> And I did get turned away a few times, so I feel it was because of that. She said, "Oh"- like they just interviewed me, and didn't say anything there, but there was one in Esquimalt I looked at, a really nice one, and I felt the lady just didn't really want me to begin with. Maybe she had some bad experiences, right? You just don't know. She phoned me the next day and said, "Oh, it's already been rented", so I knew right away that they just didn't want me to rent there, sort of thing. I had a feeling, yeah. [PH5]
>
> Other participants spoke about racial discrimination and intersecting forms of stigma (1a.ii),

which in some cases was overt. This not-housed participant told us

Respondent: I had six landlords [not want to rent to me] and its bullshit. I don't care what the color of my skin is. I don't care what the color of your skin is. It's the point – we're all people. We all got a heart, all beat, we all bleed. Okay? That's it. And a lot of landlords have not seen that. They just see me for a fall down drunk Aboriginal. Actually, I've been called 'chug' most of the time.

Interviewer: By landlords? Oh…I'm really sorry to hear that.

Respondent: It's getting to the point where I'm really ready to give up on finding a place because, you know what? The shelters, they're more warm and they're more up there, they're more – they've seen a lot. They're warmer to you. I don't…I don't want to be judged by the color of my skin. I don't. I don't need to be judged by that. [PNH1]

It is significant that, for this person, staying in an emergency shelter is preferable to being discriminated against while trying to secure market housing, illustrating the context of discrimination and stigma within which individuals are forced to seek housing. One of our rehoused participants recounts a similar experience where the stigma and discrimination associated with race intersects with that of mental health and addiction, and sex work.

And…any landlord you look at, you know…let alone them know I'm a sex worker, but walking up to a unit as a First Nations person, I've had landlords not even want to open the door to the apartment. They go, "It's rented!". So…it's happened on more than one occasion. And it's…stigma plays a huge role in Western civilization and it's often overplayed. […]. So…to have addictions issues; to have mental [health] issues; and to be a sex worker and to be Indigenous, like those – that's just a whole bag of beans that no landlord wants to touch. So…again, having the support[ed] housing worker and being so blatant, being honest, I'm hard to house. […] I'm like, "This is actually my housing outreach worker". I said, "I'm one of Victoria's hard-to-house because I have some issues, but we're dealing with those issues. They'd be easier to deal with if I had housing. […] That's what got us this place, because I kind of spoke out of turn. [PRH10]

Many others spoke about the stigma and discrimination they experienced on account of perceptions related to substance use (1a.iii). This recently housed person told us about how this factor impacted her search for a market rental:

Just the no teeth- the way I look- people are kind of like, "No". You can obviously tell I do drugs, like, because my mannerisms or whatever and some people pick up on that and right away they're like, "No", they just don't want to give you a chance, right. Everybody needs a chance at least once to prove that they're not a screw up [PH20].

This participant also talks about substance use and related stigmas:

They…people…people knew that I was – people could tell when you're using and when you're not. People just know. Especially landlords are prejudice. A lot of them are prejudice anyway. If you don't have a partner and you and your partner don't have jobs, it's "No". And for someone who is on welfare and alone, and obviously homeless because you don't have any references, it's

almost impossible. Nobody wants you. It's just– it's really sad and that's just how it is. Especially if you have problems like talking and just…you don't feel adequate and stuff like that, it's…you won't get a call back. [PH15]

This theme of multiple intersecting stigmas was prevalent across the interviews. One person currently living outside with his partner told our interviewer they were desperate to "catch a break". They believe they are discriminated against because he appears street-affiliated: "They look at me like I'm some biker and drug addict. I'm no saint, I will admit that. [But] now that [my wife is] in my life, I could rent places" [PNH18]. This person goes on to note that they are also discriminated against, implicitly, because of their sex work association (1a.iv):

> [L]ast year we went up to see the guy because they were looking for somebody to care-take and me being a handyman type of thing, well yeah, then when he asked, "Well where have [your spouse] worked?", what is she going to say? "Well I've been a hooker since I'm fourteen", [my partner]'s never had a job ever. No income tax. [PNH18]

Another housed participant notes the challenges associated with sex work-related stigma and discrimination:

> And so I find that, like, the more urban you get the better it is. And it's just people tend to mind their own business a lot better when you're downtown, which is…directly impacts me because I've been kicked out of places before when it was a suite in…we had a separate yard, separate entrances, in a house. The yards even had a fence. Everything is separate except they could see the direct coming and going to my place from the place up above and it bothered them on some kind of moral level and I was kicked out of my place because of it, and I was accused of having a bawdy house. This is when I just started working. I had only been working for like a few months. And, yeah, it was really traumatic. [PRH26]

The second most common societal barrier participants identified was the inaccessibility of the rental market (1b). Available housing is unaffordable (1b.i), especially when the cost of utilities is taken into consideration. As one of our not-housed participants notes,

> [T]he barrier is the majority of bachelor suites are a thousand dollars. If it's not subsidized housing, you're looking at fifteen hundred dollars just to get a place [with damage deposit]. That's before you even pay for hydro. [PNH19]

Another housed participant told us,

> Affordability is a huge aspect of trying to find housing. I'm on PWD and… there's so much construction of housing going on right now and not – I don't think any of it is… low cost, low income housing. [PH22]

Yet another not-housed participant:

It's too much. Eight hundred I'd be okay with. But a thousand dollars for a one bedroom suite? C'mon. That's not okay with me. And especially it's not on the ocean! Okay? [PNH1]

Not only is the lack of affordable housing a major challenge for Peers program participants, but significant too is the lack of quality affordable housing (b.ii). Many participants describe living in places that are run-down and plagued by pests or mold. This participant notes there is little impetus for some landlords to maintain buildings when demand for market rentals is so high. He makes this point when he tells us.

[A]nd there [were] other issues, like bedbugs. The landlord didn't want to take care of it properly. I was lucky I had the support of Peers and my mom then, because they helped me get all the stuff. Like, I couldn't afford a fumigator that's four thousand bucks or three thousand bucks to get a fumigator to – and then they come and do the whole building, but the landlord said, "No, you're not calling a fumigator" so I went to [department store] they have this bedbug spray. I went through, like, eight cans of it getting rid of that shit. So now with the snow, it's got rodent issues because it's heated through – like a…boiler heating system and the hot water tank is- the hot water is included, too, so all the pipes that come out- as soon as we got snow, boom, mice appeared. So…". [PRH10]

Others also describe living in sub-standard housing with little ability to advocate for improvements:

Oh yeah, affordability. And a lot of places that are…you know, affordable, they're kind of like slums. Like the place I was in that wasn't legit – like there was black mold and…when the wind blew in the winter you probably – you pretty well had to hang onto your hat inside. That kind of thing. It's harsh. And there was no heat. I had to put a heater there. [PH4]

In sum, participants noted a compounding interaction of structural and systemic barriers, wherein discrimination combined with a high-cost, low-availability rental market means private market landlords can be openly discriminatory when selecting tenants, leaving those with limited income and social capital to rent poor-quality market housing. The focus on quality -- not just affordable -- market housing is important to participants, and yet rarely mentioned in the HF literature in any substantive way.

2: Community Housing Program Factors

Our research uncovered a number of strong themes in terms of program-level barriers to finding and maintaining housing. The first revolves around the challenges associated with living in supportive and transitional housing (2a). Of the 29 people we interviewed, seven report living in supportive housing while another four live in transitional housing. Although distinct, participants view transitional and permanent supportive housing as comparable, due to similarities in housing layout, staff and agency policies. In both cases, participants expressed gratitude at having a roof over their heads and a place to

sleep, but overwhelmingly commented on the challenges. Most commonly, people talked about the trials of living in an environment with restrictive rules and policies (2a.i) that do not support their short-, medium-, and long-term life goals. The concern about rules and policies revolved predominantly around restrictive guest policies that do not allow people to live with their spouses, receive visits from family members – children and grandchildren, most significantly – or work out of their unit, which for some is key to their economic survival. This person, for instance, talked about how restrictive rules and policies originally made her turn down a supportive housing unit:

> The reason I didn't want to, even though I didn't want to be homeless, I still would rather have slept on the streets than moved in because of the fact that I wasn't ever allowed to have my [adult] kids spend the night with me and I hated the fact that I knew that they'd be sleeping outside and I'd be sleeping in a warm bed and I just didn't feel like I could ever do that. So I cried but then it was my kids that said, "Please mom, you can't be homeless like us" so I decided to take it. [PH15]

Restrictive policies also meant some people could not do sex work out of their homes, which undermines their financial and social autonomy. For some on social assistance, sex work is one of the few income-generating activities they have at their disposal to make ends meet. One participant explained:

> Because my set-up is not exactly…set up for me. I didn't know any of this before I moved in there. I was told by Peers and my [other agency case] worker that, "You can work, you can work, you can work", like not on the street, but I didn't know there was strings attached and conditions and didn't ask questions. You can't have a guest after eleven-thirty at night come in and no overnight guests and you have to sign in and sign out and all this stuff. I just watch my clientele base just fall down to nothing. I blew a lot of good opportunities, actually, by moving in there. And…it's not what I thought it was. I was promised a one bedroom, or told, I guess – and I might've not moved in had I known I was getting a bachelor apartment. Just because what I had in my head was that I'd be working there because that's what I was told I was allowed to do. And that…and I've done that in the past and I don't like when my bed becomes my living room, becomes my office, becomes my – and I don't have the separation, and it's a little bit…you know what I mean? I don't know how to explain it. [PH8]

Another challenge associated with living in supportive housing concerns living alongside people who are substance-dependent (2a.ii). This was an issue for participants, regardless of whether or not they themselves also use substances. As this person who has been in supported housing for two years describes, sometimes it's scary and chaotic living in such an environment:

> Yeah, and heroin is a big thing in the building. Really, really big thing. There's a lot of ODs this winter. A lot of people were just dropping. And it's kind of subsided now, so there's one guy in the building apparently that just deals strictly in heroin so they go to him with no Carfentanyl-there's others that are addicted to the Carfentalnyl, it's kind of a drag. But I mean, it's a wet

building, so [...] I'm on the third floor. It's supposed to be the 'slower' floor, we're kind of settled down. Not necessarily. You know, you got the odd one like every fourth door somebody down there, we got [a person] who keeps us on your toes. He needs to be in a different building. He's got serious mental health issues. And he smokes crystal meth and he gets right out there. And it's a drag. I hate to see him like that, but he'll come to your door and yell and scream and swear. It's scary. And it gets really scary and the staff can't do anything. He's an adult, he's going to buy the drugs. But it just makes me mad. The dealers are aware of his situation, they don't care. [PH9]

Another participant in the same supportive housing unit told the interviewer that living in this environment has hindered their goal of reducing their own substance use.

Yeah. Peers helped me get a place. It was the second place- I didn't want the first place, but this place is kind of – I don't know, it's not as comfortable as I'd like it to be. I want to find another house. But it's not their fault, it's just because it was wet house and I didn't know that it was a wet house and I wasn't using as much drugs when I went into the place, and now I'm using like ten times the amount because it's all readily available there. [PH20]

Others not currently in supportive housing, but with similar concerns, noted they wanted market housing on the outskirts of town because:

I know everybody and the drugs. Like for me to stay at [transitional housing], I know better than that. It's just not a good environment for me because even if I don't have money somebody will always hook me up. And so that's why me and [my partner] kind of wanted to find a place on the outskirts, so we're not around those people. They are my friends, but... how can I change my life if I'm hanging around dope and booze every day? [PNH18]

The quotes above demonstrate that even while harm reduction-oriented HF services must accommodate substance use among residents, this does not mean that "wet" or harm reduction-oriented housing is preferred or regarded as ideal by all who use substances; there is diversity in housing preference among those that use substances, and there are downsides associated with congregating substance use in housing complexes. Residents are exposed to an environment where substance use harms (such as overdose) are concentrated. The above quote highlights another challenge associated with supported housing, stigma by association (2a.iii), that comes from living in a place linked with visible poverty and substance use. As one person told us, it is "basically like jail" and he doesn't like the atmosphere because, "It's just all...a bunch of drug addicts basically, in a building". He told us that it is the "worst place I have ever lived in". When asked where he would like to live, he stated, "Um...if it was maybe more diversified. Like not just all drug addicts in one building. Like if there was, you know, some families and some old people or whatever. Just diversified more" [PH21]. Both those currently living in supportive housing and those not housed expressed the desire to live in supported scattered site market

housing, to distance themselves from poverty and substance use-related stigma. For example, this not-housed participant reflected on what their ideal housing would be, saying,

> Like, I would like to live in a secured building where only people that have a key to get in there – but the chances of that secured building being able to stay that way without having serious maintenance or somebody looking after it all the time, security stopping by, it's miniscule. [...] Can we make the landscaping look better in a secured building? Because I want to look like I fit in that neighborhood [...] I want to fit in. I don't want BC Housing or subsidized housing to stand out so much, like, "Look at what we are", [...] I want to be part of the community, not stand out from it. [PNH7]

Another not-housed person made a similar comment, telling us,

> No drug dealers, no drug addicts. A place where, actually, somebody could go into the home and not get their door banged on at two o'clock in the morning. That's what I expect. [...] But also, every apartment is not going to be perfect, right. But also, I don't want any rats. I don't want any mice there. I don't want any cockroaches. I want a place where you call our own, and...to be able to set everything up and not have to worry about breaking the TV open to see if there's any cockroaches in it or have to worry about chasing out rodents. Or worrying about somebody banging on the door at such and such a time. When I get the next place, nobody is going to know where I live. Nobody is. Except for my other. [PNH1]

What we hear repeatedly from such participants is not a condemnation of substance use, but a desire to live in what might be described as "sober" or mixed neighborhoods, places that provide a sense of privacy and security, where one can work toward individual life goals.

The second most common program-level barrier shaping housing outcomes identified by research participants is difficulty navigating the various and complex regional housing services and programs (2b). Participants described how few work with a single housing program or HSW. More often than not, participants strategically navigate within and across multiple programs in order to meet their support goals. This is because few programs can offer the comprehensive supports and resources participants need. For instance, one person may actively work with a HSW at one agency to identify and obtain housing, and with a second agency to secure a rental subsidy. They may seek assistance from a third agency, like Peers, to provide them with food security, apartment set-up costs, emotional support, and cultural safety. While some people excel at navigating within this system, others find it frustrating, confusing and time-consuming. It can add to their sense of uncertainty and make finding housing much more difficult. This person illustrates these challenges when talking about their struggle to find housing for her and her partner. When asked about program level barriers to getting housed, she responds:

> Rental subsidies available. Now he's been out of jail since August and he was told he was- while he was in jail he was in the IOM program – I think that's integrated management something and

they're supposed to follow him for two years and give him a subsidy. Well, we've been trying to get ahold of- and it's through this one or that one; there's this program and then they're overshadowed by that program. [...] and it's like- there's like six different avenues just to get to like- and now we're being told he never was in that program and he's not eligible for a subsidy when we were- we've been trying to get – we've got a woman that's at [housing program] that works with the- she does the [x] agency so she works with...this woman, [HSW name] from [first housing support program] and we've been getting them to email and asking, "Well when we're looking at a place can you give us a round-about figure of what this subsidy is price-wise so we know what we have to work with. And it's taken us like two/three months and she's coming back to him saying, "Oh, you're not even on this program" so then she's got to contact people from the jail- it's just- it's the biggest run around. Like I told my husband, "I don't want to have anything to do with [first housing support program]", I can't stand them. I'll take [second housing support program] and I'll take, like, BC Housing – also, I work with [third housing support program] and one of the workers there was talking about [second housing support program] and I said, "Yeah, I'd rather take that than this...whatever the other one through [first housing support program] is" like...Homelessness Prevention. Screw that one. I will work with the people I work with. My husband, he's kind of like- he's so institutionalized like they give him programs and he...just like...falls through the motions but they're expecting that he'll, like...reoffend anytime soon so they don't really work with him and don't expect him – but yeah, I've been on the streets and going through other programs and I know what programs work and work for me. And work, period. And so like...he's on one side of the scale and I'm on the other, and I keep telling him, like, "Tell them to take a hike, like work with these ones" and it's really hard because they pressure him and bug him. Like one of these programs right now, they're just- the job is over and they're losing- like the...it's done. And so now all of a sudden the workers are like pushing him, "Here, let me help you with this and that", it's like where were they a couple months ago? [PRH27]

Participants also repeatedly expressed dissatisfaction at the length of waitlists, or that they thought they were on a waitlist only to find out later that they weren't, or that they had been removed from a waitlist after turning down an offer of housing. This was particularly the case with CASH waitlists. As highlighted by this housed participant:

The CASH referral. Like once you've gotten to the top of your name- and if you don't take the place that they give you right away you go right to the bottom of the list again, and then you have to wait until it shuffles through all those people again and then you're up there, and then, "Oh, here you can go here" and if you don't take that place you get...shuffled – I'm worried that I might get kicked off. I haven't gotten more than twice, but...I took the second place. I was like, "I need to get into the place" [PH20].

Another housed participant told us,

And so I wanted to get away from [supported] housing and I just felt, you know...yeah, for a while I couldn't even find a subsidy. I wanted to get a market rental because I knew that was the answer, because otherwise the mental health people tried to put me in this other place at [supportive housing building] and I turned it down, and she said, "As soon as you turn one down,

it's going to be a long time before you get offered anything", well they never offered me anything again. Plus I didn't even have – I was one of the first people to fill that out, the CASH program stuff, and it is helpful for the people- have that filled out anyway, and then you never know. There's lots of places going up now- that's what I heard through the grapevine, and...it would help in that way to have that in. [...]. As a person looking, but you have to really check to make sure it gets logged on or something because all my info they couldn't even find [PH5].

In sum, we return to the person quoted at the outset of this section, who describes an exhausting process:

Respondent: And it's like I'm fighting all the time. Like, I couldn't- me and my husband from the CASH Housing – I was up at [name of agency] and then I met my husband, we went to Vancouver, and went back- came back here and then [the agency] was like, "Well you can move right back in" and I said, "I'm engaged to be married" and then I was told I had to, like- my application wasn't good because it was for a single person and we'd have to apply together as a couple, so we did that, and then actually came here- and then we'd go and bug the woman once a week, "How's"– we went through the motions and did this couples' application and then we'd go see her for two months once a week and I find out six or eight months later, there's not even an application in with us as a couple!

Interviewer: How frustrating.

Respondent: I know. Like...what the hell? And how could she sit there for two months and like, say to my face, like, "Oh yeah" and go through the whole- I just didn't understand. It was – actually and I came to Peers and asked [housing worker] to check in to...on my – just to see where my status was and she contacted them and then she called back to me and said, "There's not even an application in with you guys together"- yeah. [PRH27]

This frustration over the CASH referral system is not unique to Peers housing program participants. A recent program evaluation of CASH similarly notes that the system is not well-understood by those seeking housing – or even sometimes by those providing referrals to the housing – and the waitlist is long due to an inadequate supply of supported housing (Norman & Pauly, 2016).

A final barrier identified at the program level concerns Housing Support Workers (HSWs) (2c). Some HSWs are viewed as instrumental to getting housed, which we talk about in the next section. Others, however, are seen as hampering people's efforts to find housing. The comments below refer to HSWs generally and not to Peers specifically. One of the key themes participants identified as problematic is HSWs are perceived as not invested (2c.i), and do not provide enough active assistance. For instance,

I need housing! I- and I've...brought up many vacancy places with vacancies in and fucking I just get put on the back burner. Like, right now, it's...house me right away. Help me get housing right away or like I'm just going to give up on life because that shelter is fucking killing the person that I am. I'm...I've become, like...nothing. I don't want to talk about it. [PNH3]

Similarly, this rehoused person explained that some HSWs were just easier to work with than others:

> [W]hen I was using [HSW #1], she was very helpful. She was doing it for a couple days, but it was me that pulled that away. So when she did- when I wanted help, she was very helpful. She made a point of- and went over and above her job to help me I think. I think she really did. And she makes it really comfortable, whereas my worker, [HSW #2] makes it really uneasy and she makes it very [un]comfortable to be able to want to ask for help. [PRH13]

Other HSWs were identified as helpful but possessing limited availability (2c.ii). This rehoused person who is looking to move into a place to which she is better suited stated,

> Respondent: Do I have enough [support]? If [HSW] can be ten people, yeah, I'd have enough. But…I'm not the only caseload [the HSW] has, I understand that. But… I'm sure if I asked her for something, be more specific, she does the best she can. She's…but she's…I can't live at her house, so…there's not much else she can do for me.
>
> Interviewer: Okay. So what's not working about the help you're receiving? I think you've already told me that in terms of like, she can't- she's not ten people and…
>
> Respondent: She can't put me on a list. It's not up to her. I don't know who puts people on lists, but she's been – she was calling all those places and she was calling [other housing programs] when she knew I was on the list and calling CASH but I didn't know I was only on… But I don't know. I don't think she even knew I was only on one list. [PRH6]

Another person mentioned needing 24-hour support from their HSW:

> Well, they do have limited access, like times and things, which is understandable. But you know, when there's that crisis at three o'clock in the morning and you're comfortable with a certain person, it's kind of hard because you can't reach them. [PNH24]

Still other housing clients found their HSWs to be rude and/or discriminatory (c.iii). For instance this rehoused person noted,

> So what works for me, well, definitely personality on the people that are facilitators of different types of programs. Like I'm a grown adult, right. If I'm going to- if you're going to take the time to talk to me, and I'm going to take the time to talk to you, talk to me like I'm an adult, right. Don't talk to me like…like you're a superior to me and I should be grateful that my- the fact that I'm a name on your list is paying your freaking pay cheque. Without me, your program probably wouldn't even be up and running, right. So that's one factor, is definitely like how I'm treated, as well as there's different programs where I've found some of the workers, like…go over and above and they really, like, are passionate about what they do. [PRH27]

While many of the individual comments we received were idiosyncratic, they speak to a common theme identified in the HF literature noted earlier – the fact there is a high burden placed on HSWs,

many of whom are under-resourced. They tend to have large caseloads and limited hours and are therefore not able to provide all the supports individuals need. They may then focus on discrete tasks – e.g., locating housing but providing limited social and emotional supports. The literature indicates that burn-out tends to be high among this group, in part because emotional demands are high, while job control is low. HSWs are expected to find homes for the "hardest-to-house", with limited resources, and amidst persistent structural barriers.

3: Individual Factors

Interviewees identified a wide range of personal/individual factors shaping their access to housing. The most common theme concerned mental health and substance use (3a). Some people, for instance, have difficulty searching for housing because their depression and anxiety can limit them from venturing outside. They find it difficult to make and keep appointments, and 1 to put themselves in a position of being judged or rejected, a concern that links directly to systemic barriers of stigma and discrimination. This housed participant told us,

> I don't have anything that sets me back. Nothing's set me back finding housing when I was at my best mentally. Now, after my trauma, now years later...I have- I deal with a hypervigilance and I deal with a situation where I can be all ready to go and I can't get out the fucking door. And I've been looking forward to this for a week and I'm ready, but I can't get out the door. And...that's my biggest hinder I guess. Especially when it's something really important that I need to make it to, because I try so hard. [PH11]

Similarly one of our rehoused participants commented,

> Mental health [makes it hard], because I get frustrated really easily. I got FAS, and I just get- I don't get motivated enough sometimes. Or I get over-motivated and I get fixated on the one thing, "Oh yeah, it's going to work" and then I just put all my eggs in one basket and then...and my substance use was before I was a major crack head, but now I'm down. I don't do crack, I do heroin, so that's an everyday, I have to do heroin. [PRH6]

And finally, this person spoke about the negative feedback loop in which she finds herself:

> My physical health – and my mental – because I have...I...I'm scared to talk to people I don't know, so I'm scared to talk to – I don't feel like I'm adequate, I don't think I'm good enough. So I'm always too scared to talk to them- meet them. And physical health, it's hard for me to get around because I've got disability – my legs and stuff – and I'm partially blind. And because...my substance use when I was on the street, I was always using. Like, just to stay awake or just to keep me warm. I was always, like, using just to cope. And yeah, so.... [PH15]

Relatedly, people talked about how mental health intersects with substance use, making it even more difficult to make and keep appointments, to reliably connect with HSWs, and to stay motivated in their search for housing in a context in which they feel they have little control.

> I've been using. That's why I'm going to detox. I just have it when I'm depressed. I use a lot. And just yesterday I got back up to my regular meds so hopefully – I think that has a lot to do with why I'm functioning today. Just two days on my regular...what's it called? Suboxone. I haven't used heroin for...it'll be two years June fifth. I haven't used opiates since...June. And it's affected my...but I also know I'm capable. I know that – I have had – I was working last year. I'm a good person once I get motivated, and that's why I'm going to detox, so the substance has had an effect. [PRH13]

This quote is significant in that it highlights how some people's substance use may increase in direct response to the stresses and anxieties of life, including obtaining housing. Another person highlights how their mental health challenges lead to feelings of low self-worth, which in turns leaves them feeling defeated before even beginning their housing search:

> So, your mental and physical health issues? Okay, well anybody that's got an addiction issue has mental health issues, we know that. So that makes me unreliable and, like, responsibility, obligation, not going to happen. So when I go onto Kijiji or Craigslist and I start replying to ads, I look like an idiot because I tell them my story and it's like, in a nutshell as I can, to sound appealing, and they get back to me and it's like, oh, I have to actually show up and then I have to go by myself because I don't have anybody to back me, right. So now it's like – now that PTSD and the anxiety stuff they talk about, I'm not really sure how serious it is for people but it's more like I already know I'm not going to get the place, why would I go? But I at least applied. That's the first step. [PNH 7]

The second major individual barrier to housing, as identified by research participants, was the lack of housing references or job history (3b). For some people, this is due to having a history of evictions; as this person notes, "Well, what happened was a couple times before that I had – when I was in addiction, I did get evicted a couple times because I hadn't paid my rent. So, I – [...] It has impacted me, because you have to show where you live last and... you know what I mean? [PH5]. Another person told us,

> Yeah, they won't rent to me because I don't have any references [...] So I'm limited to keeping [transitional supported housing unit], sort of, things like that. It's like I'm kind of forced to stay in the system. [...] Yeah, I can't venture out of the system because I can't afford it, and they discriminate towards my lifestyle and stuff." [PNH24]

Many others noted difficulty producing references. Some can produce neither a rental nor job history because of extended periods spent in jail or in hospitals. One interviewee spoke about living with

boyfriends and never being put on a lease. Another person spoke about falling into homelessness after his wife died. As he describes,

> Interviewer: So you don't have that history on paper?
>
> Respondent: Correct. Even our bank was under her name. Yeah, so yeah, I find…they'll say, "Well, how come you don't have anything like a bank account?", well…and then you say that to them, they're like, "Okay, is this guy telling the truth or what?", and no, "The wife died and everything is in her name". It's true, though […]. I say to them, but I don't know, for some reason they expect – or even on an application, they look at me, "Why don't you have a car?". "Well I used to even own a house at one time"; I used to own my own company. It just seems like once you fall into where you're homeless or on the street, they just think you've never done anything in your life. So that's part of my problem. [PNH18]

In sum, interviewees noted a wide range of individual factors affecting their ability to secure housing, but most common were mental health and substance use challenges combined with ability to produce the documentation and references associated with rental applications. These individual factors link directly to the structural-societal factors noted in section one of the findings, which focused on stigma and discrimination combined with a high cost-low availability rental market, in which landlords often have many applicants to choose from.

Factors Contributing to the Timeliness of Securing Housing

As the literature review suggests, and as our qualitative data bears out, securing housing largely depends on people's ability to locate quality affordable housing. At the same time, even those in our sample who could afford market rentals, in many cases due to financial supports provided via the Peers HF program, find that landlords actively discriminate against them based on race, gender, income, mental health, substance use, sex work and inability to produce competitive financial and housing reference histories. While participants did not articulate any single set of discrete factors that determined timeliness, they did identify some assets that allowed them to navigate the barriers they experienced at a program and individual level. As above, we have removed reference to specific programs and organizations except Peers in the interest of maintaining participant anonymity.

In a socio-economic environment in which few have access to adequate income supports, rent subsidies are the overwhelming program level asset that enable participants to find housing. As this rehoused person put it,

> Definitely like having a portion of my rent paid is like key. I wouldn't be able to afford it otherwise. I don't know where I'd be if it wasn't for people that are helping. I don't – I think I'd be back in jail for sure. [PRH14]

This is not an exaggerated claim. The average cost of a bachelor market unit in Victoria in 2015 was $690 (Albert & Penna, 2015), which is almost double the $375 monthly rent allowance received by those on social assistance. Therefore, not only do people need subsidies, but they need significant subsidies that will help them bridge the income/rent gap. This point was emphasized by one participant, who noted that her previous Peers subsidy of $116 per month was not able to keep her from falling back into homelessness. The importance of a significant subsidy is also highlighted by this person, who describes the 2015 increase in Peers BC Housing subsidy as life changing. She says,

> Well, I think it's better now because now I know that their [Peers] subsidy is up. Like, they can help with something that is really going to change somebody's life. And that's like, awesome. That – it is a life changer when someone can pay, like, half the rent so you don't have to live in the downtown scuzz hole. Like, you know what I'm saying? You can actually live away from all the things and reassess your life – like what I'm doing, you know? Like, it's really changed my life to have that support. That little bit more of financial support to keep me away from doing all those things. Big time. [PRH26]

Participants also noted rent subsidies would be most useful if guaranteed prior to searching for housing. People expressed frustration at not knowing what they could afford because they did not know how much their rental subsidy might be, or even if they would receive one. As noted above, Peers currently has 14 subsidies they are able to provide through their contract with BC Housing, funding that is guaranteed until 2018. Due to BC Housing requirements, Peers is not able to hold open any of these subsidy spots for people on the HPS caseload. Each subsidy spot must remain 'active' in order for Peers to continue receiving this funding. While people move on and off the list depending on life circumstances, Peers is rarely in a position to guarantee a subsidy to someone searching for housing, not least because even after Peers completes subsidy applications with participants, they still have to be approved by BC Housing, a process which is relatively quick but nevertheless leaves participants unsure of financial support at a time when they have just acquired housing. What's more, due to the significant amount of paperwork involved in securing one of these subsidies, they are ideally suited to people who have a stable rental history. Those who are unable to maintain their housing and fall into a period without housing while they look for a new location may lose their subsidy with no guarantee for renewal.

Other people identified the important role the HSW play at a program-level, especially HSWs who are deeply invested in them as people. We heard repeatedly, for instance, that the greatest asset of

some HSW's was that they sincerely cared about people and took a client-centred approach. This rehoused participant told us,

> The fact that they were so hands on. Like it just wasn't…I've gone to other service providers where they said, "Oh yeah, we'll try and get here, we'll try and get here" and I never put all my eggs in one basket. I was quite engaged and active in my addiction, so I was utilizing resources at [a second housing program]. They had a housing worker, so I was on his case load and then I was on [third HSW] case load and…she was like right hands on, she came, she drove me. It wasn't, "Yeah, we'll try and get the next"- or give me a chance to call them and then you don't hear back from them. She was like – we got a list of these five to six places, "If you want to call them, or I can call them, we can work on this together" like I said, within the first…I saw [the HSW] in November and I wasn't really looking for a place when I got the room rental. The – almost three years back. Like, I was still quite active so I was kind of nonchalantly approaching it and going, "Yeah, okay, we'll get together". Well she didn't give up on me. She didn't say, "Oh well, you know, [they're] not really looking for housing". She would always just say, "When you're ready. When you're ready" so when I was finally ready and another client at [agency] actually had said "There's a room available and you'd probably be a really good fit" and she asked me how I felt about it. [PRH10]

This ties in with the fact that many people felt the flexibility of the Peers housing program was an asset. They liked being able to drop in anytime Peers was open, and not have to make an appointment. They similarly liked that the support worker would pick them up, bring them into Peers for lunch and programming or drive them to appointments as needed. Some liked that they could just come in and 'talk' with no set agenda. This person in supported housing captured it this way:

> I think you guys are great for the transportation part of it. You take people to their appointments and if they don't know how to speak to the landlord you guys will do that for them, which is really, really nice. I just think it's unfortunate people expect that you got a magic wand and you're going to pull it out, and whammo, they're going to have this beautiful place. And it's not going to happen like that. And…I think you guys have a lot of patience, I don't know how you do it because I don't know if I could do that job that [HSW] does, because she's very patient with people and, you know, I don't know…I don't – yeah. [PH9]

A few people talked about how collaboration between HSWs was instrumental to getting them housed – often this was the case for people who had all but given up on finding housing. This point is exemplified by one person, who told us,

> Yeah. [Housing Support Program] and [Secondary HSW] got together. Yeah. I didn't know anything about… [supported housing building], they…made all the arrangements and…they phoned me at [the shelter]. They said they'd be a few months, and then after a few months went by I didn't think I was going to get in. And then all of a sudden I got a call at [place of work] and they said, "Guess what, they've got a place for you if you want to come look at it". [PH15]

The above and below highlight how people create teams of support to strategically position themselves to get what they need:

> Oh! [The HSW] took me shopping and got me all this stuff because when I moved in I didn't even have a plate. I had absolutely nothing. I didn't want to stay there. Shit, I didn't even have a fork! I didn't have – like nothing, a plate – so she took me shopping, which made it a home. Like, she got me everything. Even if...a frying pan, a broom, a dustpan, pillows, a shower curtain. So if it wasn't for – and [shelter]. They gave me a bunch of stuff, too. So...and, yeah...my [second housing program support worker] brought me to the food bank and filled up my cupboards so they all – everyone – everybody put in to help me. [PH15]

Another main theme interviewees expressed was access to a non-judgmental and supportive environment where they felt empowered – many felt this was one of the most important assets of an organization.

> I got moved into my place – like, I wouldn't have been able to afford to move from [Housing Provider] without the help of [agency]. There's no way I would've been able to. And...they...like, just it was so good to have that help and just...the positive reinforcements that it's going to be okay and just knowing that I have the option to come here if I needed more supports. Like, I don't really like to access because I know that there's people that are way more in need than I am. So I don't ever want to be that person to take something away from someone that I could've provided for myself, right, so that's very important to me. But...just...just knowing that if I was in a position, that I know that I could come here, it's kind of like coming home. [PRH23]

It was not unusual for participants to remark that Peers "feels like family". In general, people feel cared for and supported by the organization as a whole. In many cases, this is because of the long relationship Peers has been able to build over time with these individuals.

> They were good that they've always cared about me. Like I've known the Peers people since they were downtown in that building, like across from the mall, and they just always cared about me. Like, I grew up as a street kid and I don't have parents and like, they've always – I was...working the streets since 14, you know. And they've always cared. Which means a lot, you know? [PRH14]

At an individual level, both our housed and rehoused participants spoke about the importance of fitting into normative societal roles or, as they refer, to "passing". As this person put it, "Unless you can walk the walk and be charming and play the game, you're screwed. And that's hard for a lot of people. And they're not bad people, it's just they don't – they're not people like that" [PH9]. If they can convincingly hide their current or historical substance use, as well as their low income and sex work history from landlords or others in positions of power, people feel they fare better in the current housing market, which translates into a timelier housing experience.

Similarly, people spoke about being able to produce good references by being creative. In many cases, those who have been successfully housed spoke about "faking" both housing and job references.

> And personal reference definitely helps. It helps to have a team of people, is basically what you need, and I usually make a little chit of notes that I hand out to every one of my personal references, which has, like, details that they might need to know about my fake previous places that I've lived at or my fake job or like whatever, so that they don't get – and I have everyone sort of, like, on...on queue waiting to like play their role. It's just ridiculous, but that's pretty much what you have to do to get a place. [PRH26]

However, they also spoke about the importance of character references from people in the community. This person, who has been slowly moving toward their goals of regaining custody of their children, becoming employed, and living in a clean and safe market rental, told us,

> Reference letters. I have to get some more current reference letters from people that I've worked with about the changes that I've made in my lifestyle. So my ministry worker – she's a financial...assistance worker in downtown [inaudible]. She's going to write me a reference letter because she's so impressed that I managed to get my son back, so...so just reference letters, because they say the more reference letters you bring to the housing people, the higher up you go on the list. [PRH10]

Those that have found housing also emphasized the role of persistence and resourcefulness, assets which are philosophically incongruent with HF, considering the program emphasizes that housing and housing supports are fundamental rights. They spoke about driving around, trying to spot "for rent" signs because the housing market is so competitive landlords don't even need to advertise. Similarly, they spoke about going to supported housing and transitional housing and introducing themselves in order to get an 'in'. Here too, however, they spoke about strategically building teams of support workers from a variety of agencies. This includes any number of partnerships between programs/agencies such as 713, Sandy Merriman, Victoria Native Friendship Center, Peers, SOLID, Rock Bay Landing, Our Place, Streets to Homes, Pacifica Housing, VICOT and others. It sometimes appears these programs/agencies are knowingly working in concert, but in other instances it seems people are accessing them strategically at pivotal points in the housing process. As this person put it:

> You can't sit there and say, "Oh, I can't get housing" you need to get a HSW worker or someone [from agency outreach team]; you need to go to one of these organizations and get somebody who supports you and somebody who knows your requirements, otherwise you're just going to be lost in the system, you're not going to get anywhere. People need to be made aware that these – you have to get on the list somewhere. Either at Rock Bay, at Peers, what have you. And a lot of people don't have a clue. [PH9]

A final asset – especially for those who have experimented with different kinds of housing over their lifetimes, and sometimes moving from transitional to market to supported housing and back to market – is learning over time what their needs are and how to navigate within the system. This rehoused person makes this point by saying,

> I think I found it easier the next time. Because I knew more of like…what I needed – […] Also, I'd just been married, so I knew more of my situation. I knew like, "Oh, I can't move into a place and not have him on my lease", so every place since then that I've been to is like, "Well I just want you to know there's two of us", like…I don't want to lose my housing over something like that, so I had a more clear idea of my situation and…every time that I go through one of these hiccups I have a clearer mind of, like, what it is that I want out of a place to live. [PRH27]

In sum, availability of housing stock is a city level factor that overwhelmingly influences the timeliness of acquiring housing (Goering et al., 2016). Notwithstanding this important fact, at a program and individual level people's ability to obtain housing depends, in large part, on their guaranteed access to a meaningful subsidy, personalized supports from people sincerely invested in their housing search, and a unique interplay of other individual assets and circumstances.

Peers Victoria's Implementation of a HF Model

Peers Victoria is philosophically committed to HF – it is a model well-suited to an organization whose core principles revolve around client-centred care, harm reduction, and a social justice-oriented provision of services and supports. At the same time, there are significant systematic and community-level program barriers to HF model fidelity at Peers; these are outlined below, alongside some comments about program strengths.

Rapid Housing

As repeatedly noted in this report, Victoria is a community with a dearth of affordable, quality market housing and supported housing (Albert & Penna, 2015; Norman & Pauly, 2015; Pauly et al., 2013). Currently, Peers cannot rapidly house program participants with complex needs in the region's highly competitive and expensive housing market. Peers' current access to subsidies is limited in number and constrained by BC Housing funding requirements, which are not thoroughly commensurate with HF principles because their focus is on low-income rather than homeless persons. While Peers has been remarkably successful in terms of the total number of people housed since the inception of the program, in many cases the process of finding housing is protracted, and many are living in places that do not provide the safety, security, or dignity they deserve. Some people regard their current housing as a bridge, whereas others regard good housing as out of their reach.

Consumer Choice and Self-Determination

Program participants articulated their ability to exercise choice, in regards to the location and type of housing they receive; many discussed turning down offers of supported housing, for instance, as they wanted to live in scattered site market rentals. At the same time, choices are heavily constrained by the systemic and program-level barriers discussed above. This is highlighted by the findings from our quantitative data, which looks at where people are living and where they would prefer to live. As this

table on housing preference reveals, the overwhelming majority want to living in market or subsidized housing. While 25% (n=7) of participants are currently in supportive housing and another 14.3% (n=4) are in transitional housing (total 39.3%), only 18% of our sample placed supportive housing within their top two preferred housing situations, reiterating that almost 40% of participants are not living in housing that reflects their preferences.

Table 6. Participants' Top Two Preferred Housing Situations	Total (n=29)	
	Frequency	%
Rooming house	2	7.10%
Market housing	22	75.90%
Supported housing	5	17.90%
Subsidized housing	17	60.70%
Micro housing	2	7.10%
Therapeutic community	1	3.40%
Don't know	4	14.30%
Other	3	10.70%

Our qualitative data above also highlights this theme. While some exercise consumer choice and turn down the option of supportive housing, others don't, either because they are desperate for some form of housing or because they believe they will be penalized if they do. Participants talk about being moved to the bottom of waitlists or deprioritized by programs and workers. This desperation is captured by this participant when asked about her housing preference:

> I don't really care, because housing is housing. After you've been in a shelter you don't really give a fuck what you get as long as you have a place to call your own. That's all I want. Where I don't have to worry about having every fucking thing I loved, cared for, or worked hard risking my health – risking my life – like...you know? Making- like...just – everything. Like, it's just...being – knowing that I'm safe at night and like, I don't have to fucking sleep with one eye fucking open or worry if, oh I might get a bed or am I going to have to be out hooking all night and staying awake for fucking – until I get a mat or someone – or I can go and try and sneak into [supported housing] building, but I'm bound to get caught, right. Like, I'm not invisible. [PNH3]

 the same time, supportive housing does have benefits for some, including low costs and greater tolerance of a wide range of behaviors:

> Well, I went from transitional to market to transitional. Yeah, it's definitely affordable. And...it's also...it's a lot more relaxed. Like...like...for me, I'm not walking on eggshells – so worried about....and that's why I want low income housing, too. Because I'm so scared if me and my husband get into market housing. Like, I can only see us like lasting somewhere – a couple months – because I don't exactly know what's legal and what's not and what – you know what I mean? Like...I've always found that I sort of...been...partly responsible for getting kicked out of market housing. [PRH27]

In some ways, supportive housing offers participants a feeling of protection from the discrimination they experience in market housing, even while they many experience constraints on self-determination. For many, supportive housing is simply too restrictive, often because there are limits placed on partners, guests, and other in-suite activities normally regarded as private matters. Further, some expressed a dis-ease over the level of surveillance (even comparing it to jail), while others point to how the environment is chaotic due to the noise and visible substance use.

Harm Reduction

Peers is harm reduction-oriented. At the same time, systemic and structural barriers undermine harm reduction in the context of HF, as Peers is unable to impose a harm reduction philosophy on the private housing market, the place where most program participants acquire housing. Sometimes landlords will "take a chance" on HF program participants. This participant explains his experience finally getting housed:

> I told him [landlord] straight up front – he's like, "Who is this?" and I'm like "This is actually my housing outreach worker". I said, "I'm one of Victoria's hard to house because I have some issues, but we're dealing with those issues. They'd be easier to deal with if I had housing" [...] So he said to [Peers HSW], "Well if you can get me a security deposit, it's his". He was up front and honest and he wants to bring his [family] home, and I'm all about family so if you're – [...] He didn't even want to call anybody, he didn't want to talk to anybody, he just said, "If you get a security deposit today, the apartment is yours". So...that was really good. [PRH10]

More often, however, participants spoke with frustration at not being given an opportunity to prove themselves in the rental housing market; they perceived that landlords were not open to harm reduction philosophies in a property rental context. Programs which have dedicated housing stock – like The Vivian or Pathways – can extend harm reduction principles to housing environments, however, as noted above, some participants identify disadvantages to living in environments where substance use is concentrated, so there is a need for a diversity of options within a broader focus on harm reduction.

Individualized Client Driven Supports

Another core principle that defines HF is the provision of individualized and client-driven supports. This is an area in which Peers excels. People repeatedly described Peers as a safe place, somewhere they feel emotionally supported, cared for and respected. As this rehoused person told us,

> Helpful for sure is that they have a clear understanding of, like, like who I am. Like...I don't know, sometimes my background, I just don't really mesh with normal kind of people, and so that is the most helpful, I think. And just like caring, supportive...really had lots of suggestions for me, like where to look and offer to give me rides. And...just very, like, honestly, wanting to help. Not just saying they'd help because that's what they're supposed to say. [PRH23]

At the same time, people were clear that what they need is more substantive support from Peers. As noted earlier in the findings on program-level barriers to housing, some talked about the agency's limited hours and not having enough one-on-one support.

As the literature review suggests, HF works best when people have adequate support in the form of mental health professionals, including psychologists and psychiatrists, crisis response teams, harm reduction and addiction support, employment and training counsellors, legal professionals and the like. Peers, through its long history of collaborating with other social service agencies, attempts to provide these kinds of supports, but there are significant gaps and complications associated with working with other agencies. Challenges include the time required to complete information-sharing consent forms, perceived and real threats to privacy on the part of the program participant, limited time for collaboration, diverging eligibility criteria, and workplace cultures across organizations. Some individuals, for instance, may not want Peers advocating on their behalf for fear that their sex work association might jeopardize other opportunities and alliances.

Social and Community Integration

A final core principle of HF is moving toward the goal of social and community integration. This can be defined, broadly, as "the extent to which formerly homeless people are able to live, work, learn and participate in their communities to the extent that they wish, and with as many opportunities as other community members" (Quilgars & Pleace, 2016, p. 5). This is another area in which Peers demonstrates some leadership alongside some challenges. People come to Peers to establish social relationships with one another in a supportive, non-judgmental environment. As already noted, some people have been coming to Peers for years, even decades, and see it as the cornerstone of their community. The range of programming allows program participants to access a variety of groups and supports, although the agency has limited opportunities in terms of employment. At the same time, as some of the literature highlights, it is difficult to define and measure social inclusion, especially when there is a focus on individual preference, as in HF (Quilgars & Pleace, 2016). In many cases, social and community integration could be interpreted as a social norm not always in the best interest of formerly homeless individuals, and many experience chronic and persistent barriers to common notions of community integration. Finally, as noted earlier, Peers' HSWs have limited time to pursue the collaborative partnerships needed to extend program participants 'access to resources, as well as very limited time to explore participants' community integration goals and to meaningfully assist in access (often a minimum of transportation and accompaniment are required at to facilitate a referral to a new resource).

Recommended Actions to Program, Funder and Community

This research has highlighted the need for specific program, funder, and community actions, many of which are underlined interdependent and cannot be considered in isolation.

Program Delivery Actions

1. Provide a community level 'map' that clearly articulates for program participants the different housing programs offered around the city, the criteria for enrollment, and potential for subsidy. This should include an overview of the different supportive and supported housing options in the city and a review of their program rules and policies – including in the case of supportive housing if they are "wet houses" – as well as realistic information about waitlist timelines and steps to check on waitlist statuses. The map should also include summary information on the process and rules for applying to BC Housing and CASH.

2. Greater focus on consumer choice. Some clients expressed feeling that they had felt pressured to accept housing that in the end did not suit their needs. This was specifically the case for people who have ended up in supportive housing. However, in order to fully commit to consumer choice, there needs to be a significant increase in the supply of market supported and supportive housing, so that program participants can make meaningful choices.

3. Build stronger and more active interagency alliances to facilitate collaboration, including agencies that can assist in providing support to the disproportionate number of Indigenous people in the Peers program.

4. Continue to foster a culturally safe space for sex workers (including the use of peer workers) and advocate for the specific housing needs of sex workers, while raising awareness of barriers and ways to navigate barriers.

5. Consider a rationale for determining appropriate HSW caseloads, taking into consideration participant needs, service demand, organizational resources, the availability of collaborative supports, and other stakeholder priorities.

6. Need to reevaluate supportive housing rules and policies, and work to reconfigure program spaces to better align with HF principles such as self-determination and consumer choice. This is because while many find supportive housing challenging, it is the preferred housing situation for a significant minority and offers some advantages, notably in the areas of affordability and stability.

Funder Actions

7. Greater financial support in the form of flexible subsidies. Peers needs to be able to reassure program participants that they will have a subsidy in place by the time they find housing, and to guarantee

both the approximate amount and term of the subsidy.

8. Greater financial investment in program staffing, to provide more of the necessary and flexible individualized supports needed; for example, providing support outside Peers regular business hours, when most people are able to meet landlords and view potential rental units.

9. More flexibility in program spending. Financial supports need to be flexible to meet the specific financial barriers to housing faced by program participants, not just when they are seeking to obtain housing, but throughout the process of maintaining housing, and during the gaps in housing that arise during rehousing. This includes being able to assist with past due bills and unpaid rent from time to time, and more flexibility to prevent homelessness among individuals who otherwise fit criteria of chronic or episodic homelessness, but are housed at the outset of service.

10. BC Housing to make subsidies more flexible and accessible to people with a history of chronic homelessness. Relatedly, federal, provincial, and municipal housing initiatives intended for the same target population must be actively aligned to address systemic service gaps.

11. Revaluation of performance measures that shifts the emphasis away from "time to house" as a measure of program success (it is more an indicator of housing availability) to include a wider range of evaluative measures. This might include the creation of monitoring that allows for, but more ideally, actively encourages cross-agency collaboration. As our research reveals, participants strategically engage with different housing programs in the city, in part because no single program provides sufficient or appropriate financial and social supports. Additional data on participants' characteristics as well as evictions, gaps in housing/rehousing, and other key details should be included to capture a more detailed picture of the resources required to maintain housing.

12. Successful HF initiatives often have dedicated housing stock, which they in turn sub-lease to HF program participants. This allows them to meaningfully integrate harm reduction into program implementation. Given this, it is recommended the CRD perform a feasibility study to either purchase or lease housing units to community HF service providers.

Community Actions

13. A system-level commitment to HF is required at a community level in order to succeed. While there have been some efforts to link health and social services delivered in the community for those with major mental illness, substance use disorders, poor mental health, and other related health problems, there is limited integration of services across sectors, or even within individual sectors, and many HF clients are disadvantaged by not being able to access sufficient support and health care.

14. Affordable regional housing strategy, including continued expansion of subsidized housing options and more supportive housing options that implement a wide range of supports and seek to address resident concerns.

15. Education, incentives, and policies aimed at the private market. Given the intense stigma and discrimination identified by our research participants, there is clear work to be done in the community around housing discrimination. This is important messaging for the general population, but specific messaging should be tailored toward private and commercial landlords. Funders should consider directing additional financial incentives toward private market landlords who provide affordable housing to low income individuals, and policies that encourage the creation of additional affordable housing units. Efforts to incentivize landlords or ease restrictions must be accompanied by outcomes monitoring to ensure intended populations are reached, and criteria related to quality of housing, human rights, and investment in advocacy services, are met.

Conclusion

HF is a response to homelessness that has been shown to be remarkably successful when model fidelity is followed. In Canada, as elsewhere, there have been widespread challenges achieving model fidelity in political economic contexts where there is inadequate income supports and a lack of affordable housing. Some programs have been able to mitigate these structural barriers to program implementation with dedicated funding for rental units, rental supplements and the provision of comprehensive services. Peers is philosophically aligned with HF principles and has the necessary foundation for successful HF integration and implementation. To date, the opportunity to take part in regional HF efforts has advanced Peers' endeavors to house some of Victoria's most vulnerable and marginalized community members. At the same time, this research has identified a series of barriers to successfully following model fidelity. Similar to other studies, one of the primary structural barriers identified by research participants is the inability to find a choice of safe and affordable market, subsidized and supportive and supported housing options in Victoria. In addition, Peers program participants face another significant structural barrier not well documented or considered in the HF literature: multiple and intersecting forms of stigma and discrimination associated with poverty, mental health and addictions, racism, classism, and sex work. Peers provides services to a population of sex workers that is not only more vulnerable than a national sample of sex workers –they are on average older and in poorer physical health with more emergency room visits, are much more likely to be Indigenous, and to use substances – but also compared to those enrolled in other HF programs including the At Home/Chez Soi project. On average, Peers' service population entered into homelessness much earlier, has spent more years in a chronic state of homelessness, and is disproportionately made up of women, Indigenous people and

active substance users. Peers could better navigate these structural challenges at the program level of implementation with additional and more flexible budgetary spending. As the literature and our research participants clearly articulate, they require guaranteed, long-term, rental subsidies that are integrated into program spending. Attempting to run the program using multiple funding sources from organizations with distinct housing priorities undermines efforts towards a comprehensive logic model for both addressing and preventing homelessness among sex workers; unfortunately, at times, this means people who are objectively in need of housing supports are turned down for services because they do not meet one facet of eligibility or another. Within these conditions of multiple funders, rigid program parameters, and competition for funding, program providers become focused on reporting criteria, program metrics and managing funding, and preoccupation with these aspects of program delivery can impede the more important work of flexibly responding to individual housing barriers. Peers would also benefit from additional resources enabling them to provide more intensive and time-flexible individualized supports that recognize opportunities to secure housing often occur outside regular Peers program hours. A final important change at the program level would be to shift away from current performance metrics that focus on time-to-house, as this is beyond the control of the program, toward monitoring that encourages cross-agency collaboration and team building. Despite some of the challenges meeting model fidelity, Peers has shown remarkable success housing some of Victoria's most marginalized people; this is in no small part due to a peer-led, grassroots organizational structure, but also the persistence, resilience and creativity through which the program participants navigate the current housing context.

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