

10 Indicators of Healthy, Functional, Site-based Supportive Housing

1 & 2. Supports are client-centred: adapting to meet the needs of clients while ensuring an environment of dignity and respect

Continuous engagement between the client and support providers is critical to ensuring that supports, both practical/functional and social/emotional, are empowering for a client as opposed to patronizing^[11, 19, 24]. For supportive housing to affect client independence in the long-term, recent discourse calls for recognition of the value of clients' lived experience as adequately informing their ability to decide what supports they do or do not require, as well as when they may require support^[6, 13, 20, 27]. From the service provider's perspective, this could be achieved by forming a trusting, consistent, and persistent relationship with the client, and exchanging knowledge with one another to determine the best, personalized course of action.

3. Choice, freedom, and independence

Qualitative studies conducted with clients and service providers show that clients in supportive housing have the desire for opportunities to exercise choice, freedom and independence, and experience positive impacts given the opportunity. Clients who at least felt, and at most were empowered, to choose the location of their supportive housing reported having greater housing satisfaction and quality of life^[1]. In one 2004 study in New York rigid rules were deemed detrimental to the community integration of clients^[2]. Further, clients of supportive housing often aspire towards independence and self-determination in their lives, which suggests that supports and staff-client interactions should be receptive to these desires if they are to be effective^[3, 4, 5, 6, 20].

4. Stable, affordable, quality housing

An abundance of research conducted by both academic and non-academic organizations demonstrates the benefits of providing clients with stable, affordable, quality housing. Stable, long-term housing has been shown to reduce the frequency of hospitalization and relapse, help clients focus on needs other than shelter (such as finding and maintaining employment), provide a place for privacy, and contribute to an overall greater quality of life^[7, 8, 9, 10, 11, 16]. In one 2014 study, it was found that not limiting the length of stay in supportive housing resulted in greater durations of client sobriety on average compared to time-limited models^[12]. Further, improved quality of housing not only improves clients' quality of life and health outcomes, it also smooths community acceptance of supportive housing sites^[7].

5. Established routine(s)

Studies show that setting goals or recurring tasks such as gainful employment, enrolling in school, house maintenance, cultivating a hobby, personal journeys towards healthy lives, or case manager check-ins can contribute to self-empowerment, independence, development of social supports, and, by extension, improved health outcomes (ex. reduced psychiatric symptoms, quality of life, and hospitalization)^[3, 8, 13].

6. Community acceptance of residents (reduction of social stigma)

Studies show that community integration of clients in supportive housing positively impacts their health outcomes^[6, 13, 15, 17]. Each community will be different, however there is evidence to suggest that site-based supportive housing creates a sense of community among clients who access/rely on various supports, which relatively improves the likelihood of clients fitting in with their community compared to scattered-site supportive housing^[2]. Another study found that notice of siting supportive housing in a community may result in initial community opposition, but would have minimal long term impacts on community acceptance or attitudes^[14].

7. Developed or developing social networks –formal and informal

Forming and maintaining non-professional relationships (ex. family, friends, neighbours, pets, etc.) have been correlated with positive health impacts on clients in supportive housing: improved housing stability, decreased loneliness, decreased psychiatric symptoms, and decreased depression^[6, 8, 13, 18]. For practitioners, it is possible to assume the dual role of professional and “friend” with clients, which is associated with an improved client experience of treatments as well as perceived quality of life^[11, 19, 21]. Clients who develop social networks may also reflect strong community integration and positive social and economic impacts on their community^[17].

8. Coordinated, timely responses to crises

Strategic responses to crises are part of a holistic and well-functioning service strategy. From systems or administrator perspectives, they ensure relevant staff are well-trained to respond to client crises, and can act as benchmarks to improve the efficacy of support delivery^[22]. For clients, this means that they are aware of the supports available to them and experience minimal barriers accessing these supports.

9. Improvement in physical and mental health: hospital (re-)admissions, psychiatric symptoms, substance abuse, etc.

Healthy, functional supportive housing, as with other housing first approaches, should result in improved health outcomes among its clients. Providing housing with the appropriate supports has been widely demonstrated to be a more cost-efficient and effective approach to improving the health outcomes of homeless individuals^[9, 10, 12, 13, 16, 22, 23].

10. A consistent and trusting relationship between client and service provider

Support staff, case managers in particular, have been identified by clients as critical to successfully transitioning to lifestyles with greater independence and quality of life. Case managers help clients navigate the networks and systems through which supports are delivered; they may provide emotional support for clients, helping to build their self-esteem and independence; and they are critical in creating a safe, supportive environment for the client^[4, 11, 19, 21, 22, 24, 25, 26]. The value of including support from peers with lived experience of homelessness is magnified in a supportive housing setting, as there is common ground upon which to establish a trusting relationship^[24].

Sources

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