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“I’ve learned how to survive, but not how to live”: Needs and Services in Transitional Housing Programs in Ontario for PHAs

Ontario HIV Treatment Network, Toronto, Ontario
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John Gordon Home
London Regional AIDS Hospice



LOFT

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- Fife House Foundation, Toronto
- Bruce House, Ottawa
- John Gordon Home, London
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RESEARCH FUNDING AND ETHICS

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Ethics Approval Received From:

- University of Toronto
- Wilfrid Laurier University

What is Transitional Housing?

- Transitional housing is ‘an intermediate step between emergency crisis shelter and permanent housing’ and assists individuals to move toward greater autonomy and self-sufficiency thereby increasing the likelihood of housing stability.
- Only three agencies provide supported transitional housing specifically for people living with HIV/AIDS (PHAs) in Ontario.
 - Fife House, Toronto (11 units)
 - Bruce House, Ottawa (7 units)
 - John Gordon Home, London (8 units)

RESEARCH OBJECTIVES OF THE TRANSITIONAL HOUSING STUDY

OBJECTIVES:

- To identify the factors (individual and structural) associated with 'housing readiness' of PHAs in the transitional housing program.
- To better understand the practices and services of transitional housing.
- To explore the experiences and change in support needs and support structure of PHAs from intake into transitional housing to being successfully housed.

METHODOLOGY

Multi-Site, Community-Based Qualitative Study

Participant Recruitment: Purposive Sampling Strategy

Three transitional housing agencies for PHAs in Ontario:

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

Sample and Data Collection

- Time Frame: 9 Months
- 50 in-depth Interviews : Phase-I (Entry)-25
Phase-II (Exit)-25

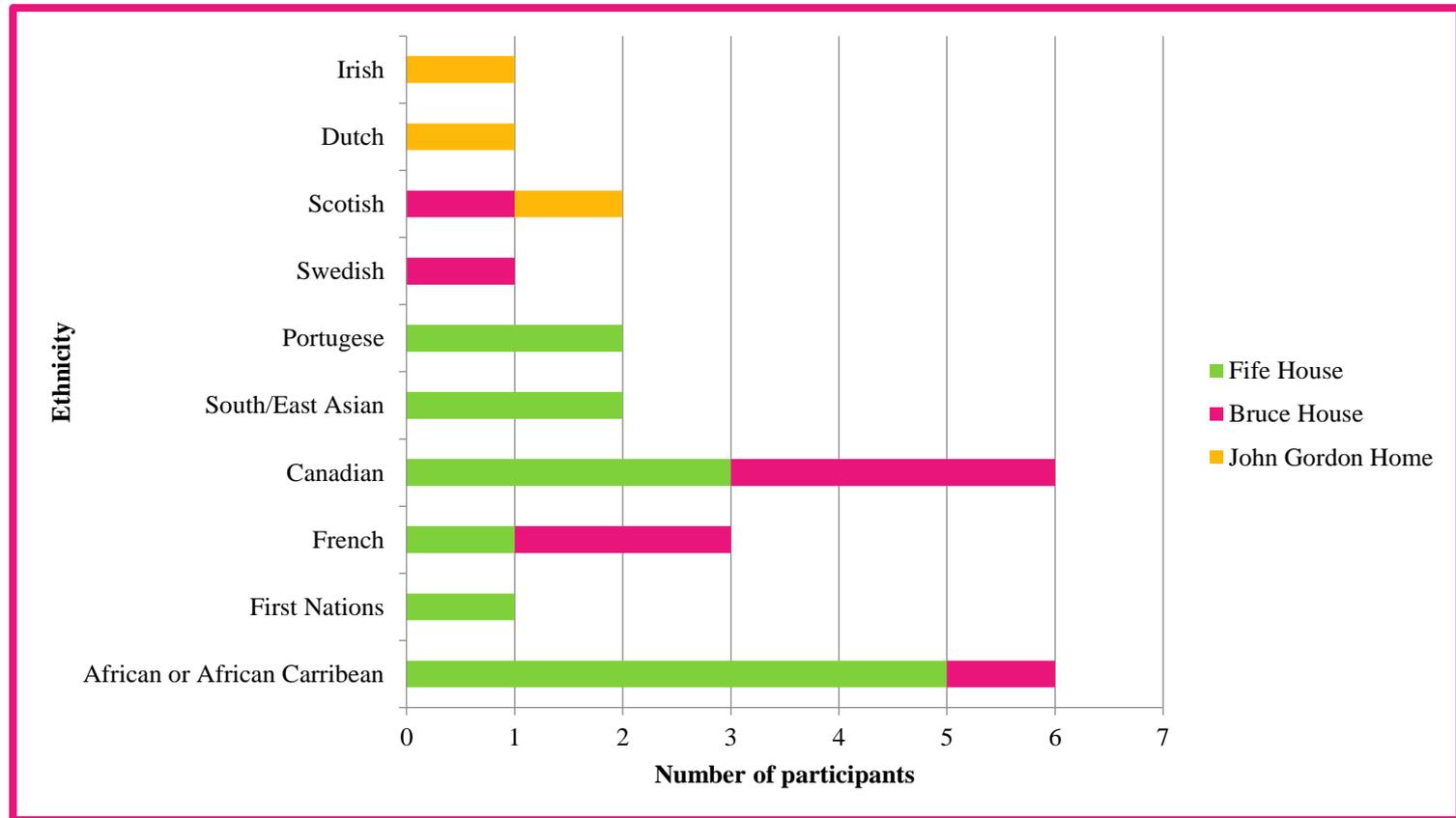
Data Collection and Analysis

- Qualitative data were collected through in-depth interviews with PHAs who accessed the transitional housing in the three transitional housing programs specifically for PHAs in Ontario.
- Four Peer Research Assistants (PRAs) were trained in qualitative data collection methods and interviewing skills.
- Qualitative data were analyzed using thematic analysis.
- This presentation focuses on the **key support services PHAs have accessed in transitional housing that potentially encourages housing readiness.**

PARTICIPANT DEMOGRAPHICS

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

PARTICIPANTS' IDENTIFICATION BY ETHNICITY



FINDINGS

- Participants entered into transitional housing with a variety of needs with regards to health care, financial support and assistance with activities of daily living.
- Although connected with a range of services made accessible through various ASOs, participants reported the use and benefits of three key supports provided by transitional housing programmes:
 - Management of HIV (and other) drug therapies
 - Assistance with appointments
 - Support through service referral

Assistance with management of HIV (and other) drug therapies leads to increased med-adherence

Participants expressed considerable difficulties maintaining drug therapies prior to residency in transitional housing and linked improvements with medication adherence due to ‘med-reminders’ and other supports provided in transitional housing:

‘my medication is working out quite well,’ ‘my medications are in order,’ ‘I think it’s almost under control now, it’s better.’

‘I got my medication organised yesterday, so that took a week here but before, it was a mess’,

‘(the transitional house) dispense(s) my medicine’, ‘...the House kinda helps ya, reminds ya, you know,’ ‘...so somebody giving me my tablets every morning and, at bed time... like night time.’

The difficulties with medication adherence were exacerbated, in part, by strict requirements for multiple drug therapies. Several participants expressed exasperation in managing what was, to them, an unmanageable medication routine.

'I'll tell ya, it's a pain in the ass when you get 17 bottles of all with different expiration dates... and you're trying to fill your stupid little pill containers and it's, it's, it's like, it's hours of work. And it's frustrating and maddening. And you make mistakes... And sometimes you forget if you take them and then sometimes you make mistakes when you're filling them up and, and then you realise that three days later, you haven't been taking something cause you thought it looked like the other one and it's nice that someone else would do that.'

Assistance with appointments

Being HIV positive and on social assistance sometimes necessitates an array of appointments.

- Participants expressed difficulties managing the sheer number of appointments.
- Support from transitional housing was key to overcoming these difficulties.
- Transitional housing assisted participants maintain scheduled appointments through reminder calls or through assistance with appointment making/scheduling.

'All of my morning appointments, I kept missing all of them, until I sat down one day and figured out that this is a problem... so, it was when I came out and let Fife House know, that morning appointments won't work... so they actually helped me make like a general call to places that I mostly need to go to frequently... getting my doctor to give me a continuous afternoon or evening appointments, instead of early hour appointments.

So, that really helped. So I was able to keep going, keep being on track with all these 'exciting' activities going on in these different agencies, because staff from transitional housing program would normally give me a reminder call, knock on my door (and) they tell me, 'hey, you know, this appointment' which is really, really helpful.'

Support Through Service Referral

Many residents entered into transitional housing having already accessed a breadth of health care and social services, both HIV and non-HIV related. Nevertheless, transitional housing staff made residents aware of a range of supports and services otherwise unknown to residents.

‘Without the THP staff, it probably wouldn’t have been possible to get those information because as a newcomer, you know, very new person in country, having these, you know, health complications, issues and all that, sometimes, or many times, you know we don’t feel like talking to somebody, or in the mood to, you know, really say what you feel or what you’re going through at that time and all that but the staffs are always there... You say, ‘ok, this one is useful for me know, it’s more practical, I’ll take this services,’ so that’s basically what is been happening.’

Upon being asked whether and how they have been made aware of available services, participants responded,

'Yea, absolutely. The last time I was in the hospital I, you know with the heart [condition] and I get the telephone and television hooked up and I'm paying for it and then Glenda the social worker, she goes "well you don't have to pay for that, there's an account at the hospital through RHAC" ...It's fascinating to me. That there is this infrastructure.'

'I've been in my apartment for the past three days, doors locked, and not coming out, eating nothing, and Jemma stepped up from there, got me connected to Andy and both of them, stood side by side with me, to my first psych assessment at [the hospital] and also they helped me figured out other places where I could get counseling.'

Conclusion

- Initial findings from the study suggest transitional housing programmes do provide foundational skills in managing daily living (with HIV and other health concerns).
- Transitional housing provides a safe space for residents to stabilise and manage fundamental HIV and non-HIV health care needs.
- Supports from transitional housing promotes better utilisation and greater access to health and social services.
- Benefits that accrue from transitional housing supports lay the groundwork for transformative changes in the lives of residents upon which other core competencies can be developed for residents to live independently in permanent housing.

Recommendations

- Given the core skills transitional housing provides, increasing the number of transitional housing units, is a viable option for greater housing readiness for PHAs who lack these skills.
- Advocacy skills building for residents should continue to be a key component of case management.
- Staff professional development should include regular updates about new programs and services, in the health-care, social services and AIDS service organizations.
- Develop and strengthen partnerships with community organizations that have programs specific to refugee reintegration.
- A follow-up study with the participants is highly recommended, as it will provide an insight into the long-term impact of transitional housing and effectiveness of different models (time-frame).

For further information:

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