

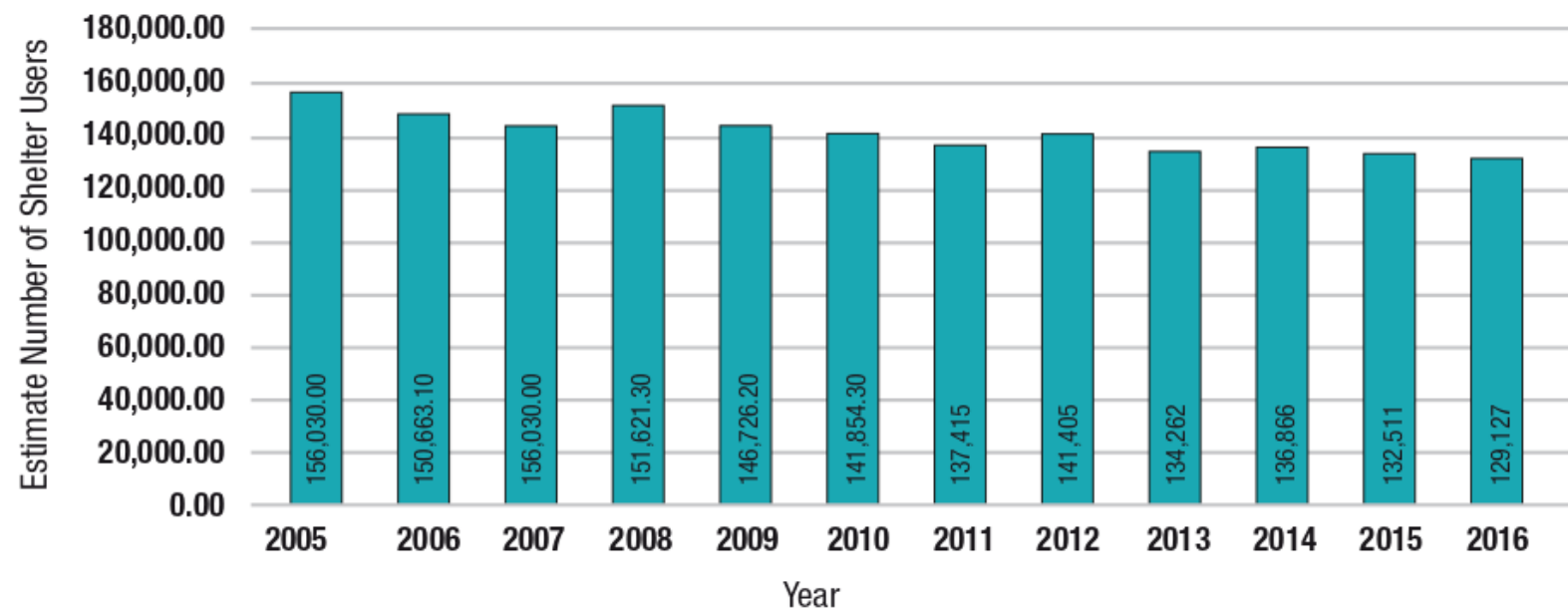
Moving to Evidence-Based Housing First Policies and Practices in Canada

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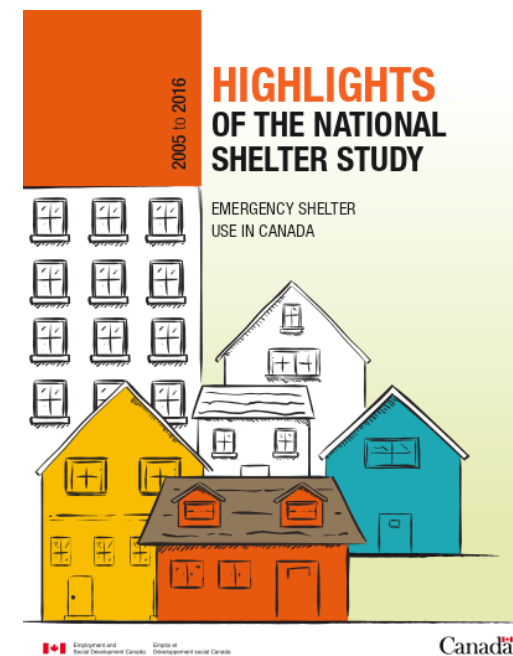


National Shelter Study (ESDC, 2019)

Figure 2: Estimated Number of Annual Shelter Users (2005 to 2016)



Source: Data collected through HIFIS and data sharing agreements



EVERYONE COUNTS 2018

Highlights

Between March 1 and April 30, 2018, 61 communities participated in Everyone Counts, the second nationally coordinated Point-in-Time (PIT) count of homelessness in Canadian Communities.

Across the 61 communities, **32 005** people were identified as experiencing homelessness in:

- 14%** sheltered areas
- 65%** shelters
- 21%** transitional facilities

When asked about their experience of homelessness:

- 60%** said that they had been more homeless for 6 months or more in the past year
- 50%** said that they first experienced homelessness before the age of 25



PIT: It's a one-day snapshot of homelessness in each community that contributes to a national picture.

- Women 38%**
- Indigenous identity 30%**
- Veterans 5%**
- LGBTQ2 11%**

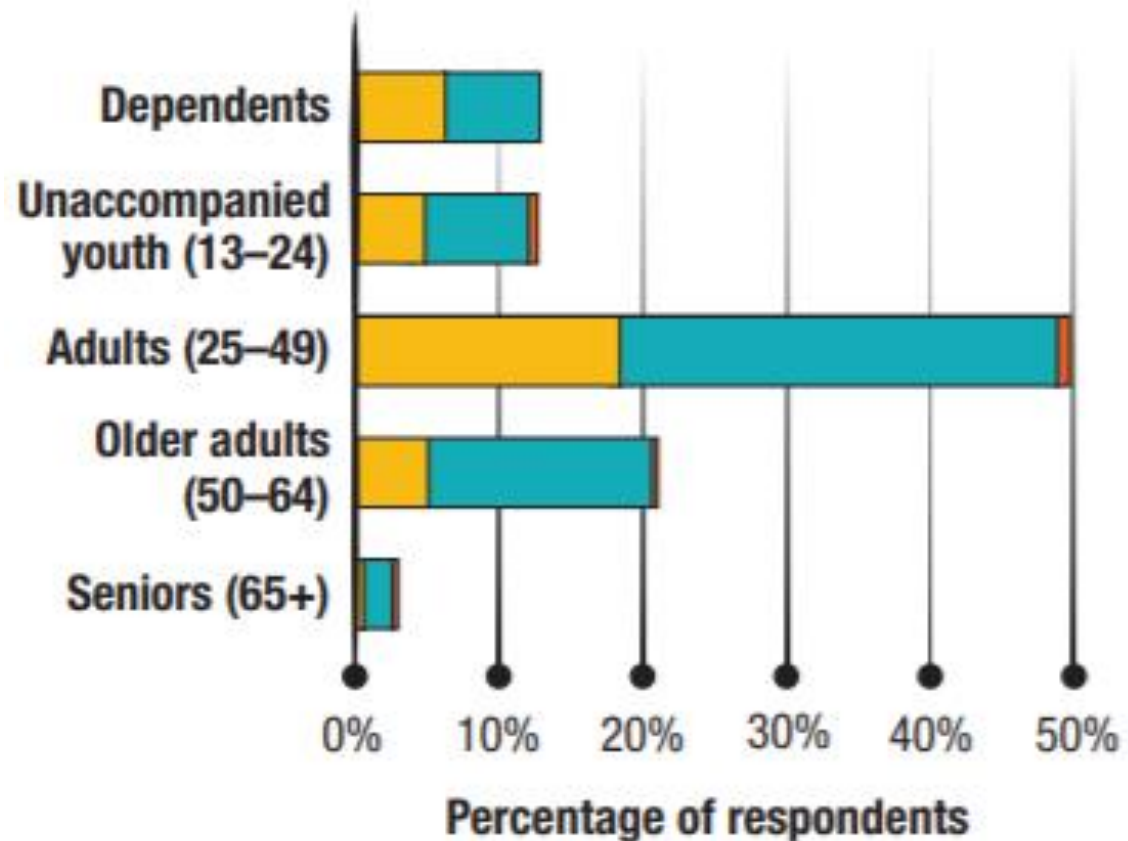


REACHING HOME

Canada's Homelessness Strategy

For more information, visit Canada.ca/homelessness. The next coordinated PIT Count will be Everyone Counts 2020.

FIGURE 3 Age and Gender Identity



Canadian Drivers of Homelessness



1. **Social conditions** leading to unpreparedness for the labor market (e.g., high rates of functional illiteracy)
2. **Federal disengagement from low-income housing** in 1990s + **rising private-market rents**
3. **Very low (often declining in real terms) disability and welfare benefits**
4. **Provincial services** mostly focused on two systems:
 - Emergency shelters that are beginning to evolve
 - Health and social services not specifically designed for homeless people



Poverty Threshold Rates & Unmet Housing Needs (National Advisory Council on Poverty, 2020)

MBM region	Persons not in economic families
Ottawa - Gatineau (Ontario part) (CMA)	20,053
Hamilton (CMA)	18,536
Toronto (CMA)	20,298



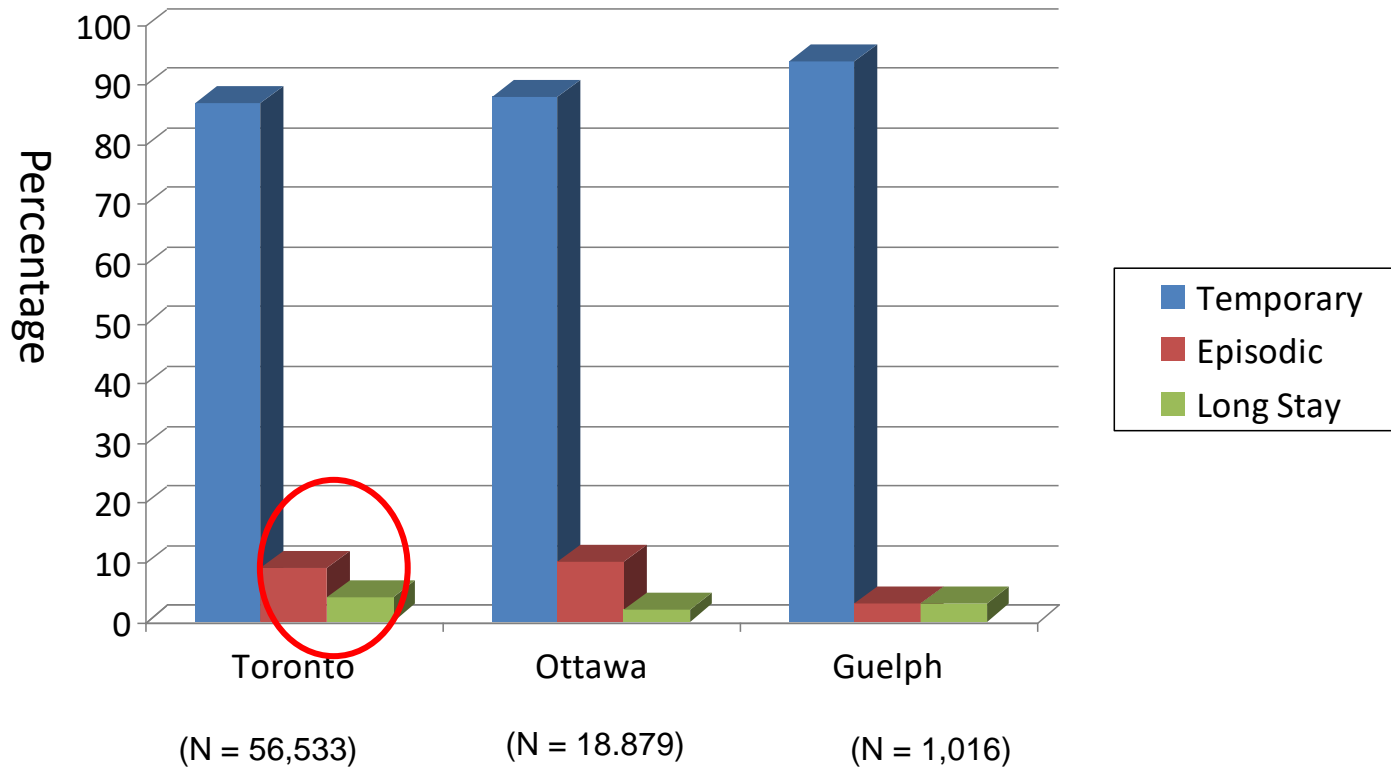
BUILDING UNDERSTANDING

The First Report of the
National Advisory Council on Poverty

Table 3. Unmet housing needs (core housing needs) by subpopulation, 2011 and 2016

Group	2011	2016	Change
Overall	12.5%	12.7%	+0.2
Sole-caregiver families	28.4%	27.0%	-1.4
Recent immigrants (landed <5 years)	29.6%	26.6%	-3.0
Unattached individuals (<65 years old)	19.6%	20.4%	+0.8
Indigenous people living off reserve	19.0%	18.3%	-0.7
Immigrants	17.0%	17.8%	+0.8
Seniors (65+ years old)	13.7%	14.0%	+0.3
Couples with children	7.2%	6.9%	-0.3

% of Single Person Shelter Users for Clusters Found in Three Ontario Cities for 2004-2007 (Aubry et al., 2013)



Housing Studies, 2013
<http://dx.doi.org/10.1080/02673037.2013.773585>



Identifying the Patterns of Emergency Shelter Stays of Single Individuals in Canadian Cities of Different Sizes

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(Received September 2012; revised January 2013)

ABSTRACT The study analyzed the patterns of emergency shelter stays of single persons in three Canadian cities of different sizes (i.e., Toronto, Ottawa, and Guelph). Similar to findings of previous research conducted in large American cities in the early 1990s, cluster analyses defined three clusters with distinct patterns of shelter stays (temporary, episodic, and long stay). A temporary cluster (88–94 per cent) experienced a small number of homeless episodes for relatively short periods of time. An episodic cluster (3–11 per cent) experienced multiple homeless episodes also for short periods of time. A long-stay cluster (2–4 per cent) had a relatively small number of homeless episodes but for long periods of time. Despite their relatively small size, the episodic and long-stay clusters used a disproportionately large number of total shelter beds. The study extends findings from previous American research to a Canadian context and to small- and medium-size cities. Implications of the findings for program and policy development are discussed.

KEY WORDS: Homelessness, cluster analyses, patterns of shelter stays

Definition of Chronic Homelessness (ESDC, 2019)



“Refers to individuals who are currently experiencing homelessness AND who meet at least 1 of the following criteria:

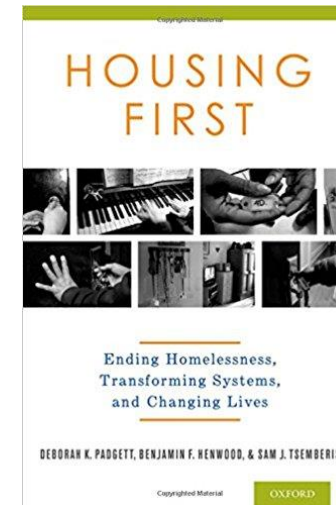
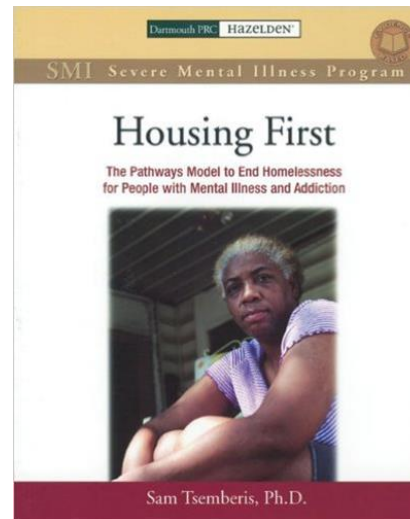
- they have a total of at least 6 months (180 days) of homelessness over the past year
- they have recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months (546 days)”

Source: Reaching Home: Canada’s Homelessness Strategy Directives



At Home/Chez Soi Demonstration Project

- 2008 federal budget allocated \$110 million over 5 years to the Mental Health Commission of Canada
- Action research testing Pathways model to Housing First
- 85% funding for services and 15% for research
- Largest study of its kind in the world



Pathways Housing First Approach

Housing + Supports

– Consumer choice; immediate; permanent; private sector; scattered-site units; no requirements for housing “readiness”; 30% of income + rent supplement



Assertive Community Treatment:

Wrap around services;
24/7 coverage;
1:10 ratio;
Proactive eviction prevention



Intensive Case Management:

One case manager;
brokers services;
12/7 coverage;
1:15 ratio;
Proactive eviction prevention





Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Design of Study

- Multi-site RCT
- Mixed methods
- Fidelity assessment
- Range of outcomes
- Economic analysis

Open Access

Protocol

BMJ
open

The At Home/Chez Soi trial protocol: a pragmatic, multi-site, randomised controlled trial of a Housing First intervention for homeless individuals with mental illness in five Canadian cities

Paula N Goering,¹ David L Streiner,^{2,3} Carol Adair,⁴ Tim Aubry,⁵ Jayne Barker,⁶ Jino Distasio,⁷ Stephen W Hwang,⁸ Janina Komaroff,⁹ Eric Latimer,¹⁰ Julian Somers,¹¹ Denise M Zabkiewicz¹²

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► Prepublication history for this paper is available online. To view these files please visit the journal online (<http://bmjopen.bmj.com>).

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For numbered affiliations see end of article.

ABSTRACT

Introduction: Housing First is a complex housing and support intervention for homeless individuals with mental health problems. It has a sufficient knowledge base and interest to warrant a test of wide-scale implementation in various settings. This protocol describes the quantitative design of a Canadian five city, \$110 million demonstration project and provides the rationale for key scientific decisions.

Methods: A pragmatic, mixed methods, multi-site field trial of the effectiveness of Housing First in Vancouver, Winnipeg, Toronto, Montreal and Moncton, is randomising approximately 2500 participants, stratified by high and moderate need levels, into intervention and treatment as usual groups. Quantitative outcome measures are being collected over a 2-year period and a qualitative process evaluation is being completed. Primary outcomes are housing stability, social functioning and, for the economic analyses, quality of life. Hierarchical linear modelling is the primary data analytic strategy.

Ethics and dissemination: Research ethics board approval has been obtained from 11 institutions and a safety and adverse events committee is in place. The results of the multi-site analyses of outcomes at 12 months and 2 years will be reported in a series of core scientific journal papers. Extensive knowledge exchange activities with non-academic audiences will occur throughout the duration of the project.

Trial registration number: This study has been registered with the International Standard Randomised Control Trial Number Register and assigned ISRCTN42520374.

ARTICLE SUMMARY

Article focus

- An evaluation of the cost-effectiveness of Housing First in comparison to treatment as usual for homeless adults with mental illness in five Canadian cities with a 2-year follow-up.
- Primary outcomes include housing stability, quality of life and social functioning.
- The correlates of different trajectories and the critical ingredients of the intervention for sub-populations will also be investigated.

Key messages

- The first and largest multi-site trial of this complex housing and support intervention will provide information about implementation and outcomes.
- The addition of site specific intervention arms to a core common protocol will allow investigation of innovative adaptations that are tailored to local context.
- The inclusion of a broader homeless population receiving a less intensive service model will increase the policy relevance of findings.

Strengths and limitations of this study

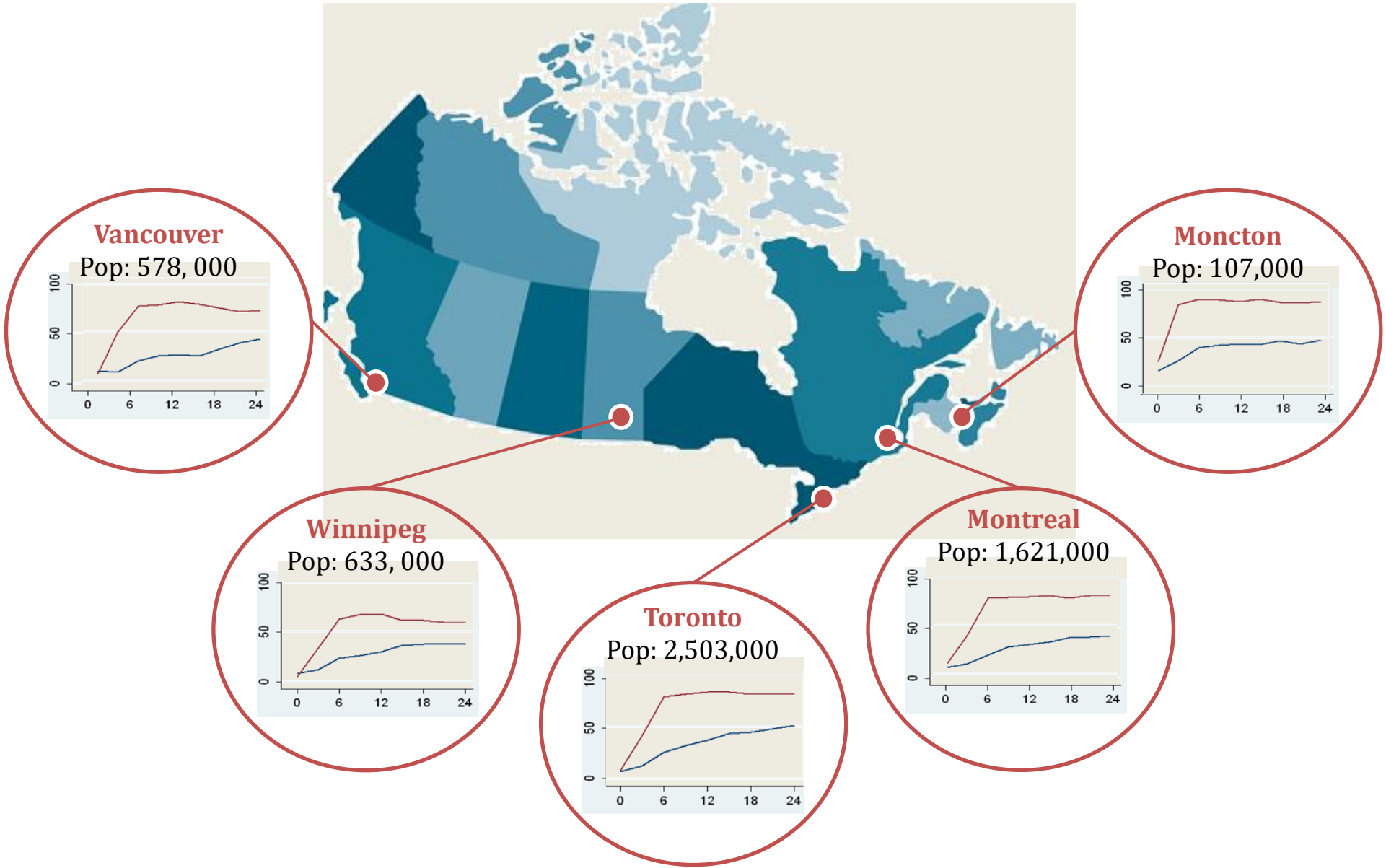
- A larger sample size (n=2500) and a wider range of outcome variables than in previous trials are strengths of this study.
- This study utilises a concomitant mixed methods process evaluation that includes fidelity assessments.
- Variation in sample characteristics and in treatment as usual across five cities may limit opportunities for aggregate analyses.

Participants in At Home/Chez Soi

- 2148 participants
 - 1158 in Housing First (HF)
 - 990 in Treatment as Usual (TAU)
- Primarily middle-aged
- 32% of participants are women
- 22% of participants identified as being an Aboriginal person
- Typical total time homeless in participants' lifetimes is nearly 5 years
- All have one or more serious mental health issue
- Majority have a concurrent disorder
- More than 90% had at least one chronic physical health problem



Housing First is Effective in Cities of Different Sizes and Composition Across



Life Changes: Comparison of HF & TAU (Nelson et al., 2015)

ARTICLES

Life Changes Among Homeless Persons With Mental Illness: A Longitudinal Study of Housing First and Usual Treatment

Geoffrey Nelson, Ph.D., Michele Patterson, Ph.D., Matti Risi, Ph.D., Eric MacNaughton, Ph.D., Corinne A. Bask, M.Sc., Danielle Nolin, Ph.D., Christopher Maki, Ph.D., Wicky Stergiopoulos, M.D., M.H.Sc., Greg Towseley, Ph.D., Timothy Macleod, M.A., Myra Thee, Ph.D., Paula N. Goring, RN, PhD

Objective: This study compared the life changes of homeless people with mental illness participating in Housing First or treatment as usual and examined factors related to various changes.

Methods: Semistructured narrative interviews were conducted with 228 participants in the Canadian cities of Toronto, 87 were interviewed again at 18 months after random assignment to Housing First (N=128) or treatment as usual (N=78). Interviews were coded across 13 life domains, and each participant was categorized as reporting positive, neutral, or negative changes. Housing First and treatment as usual participants were compared with respect to change patterns. Thematic analysis was used to examine factors related to various changes.

Results: The percentage of participants in Housing First reporting positive changes was more than double that for participants in treatment as usual, and treatment as usual

participants were four times more likely than Housing First participants to report negative changes. Factors related to positive changes included having stable good quality housing, increased control over substance use, positive relationships and social support, and overall social well-being. Factors related to negative changes included precarious housing, negative social contacts, isolation, heavy substance use, and hopelessness. Factors related to mixed changes were similar to those for participants reporting negative changes but were less intense.

Conclusions: Housing First with intensive support was related to more positive changes among homeless adults with mental illness across five Canadian cities. Those with poor housing or support needs common in treatment as usual, continued to struggle. These findings are relevant for services and social change to benefit this population.

Psychiatr Services 66:6, June 2015

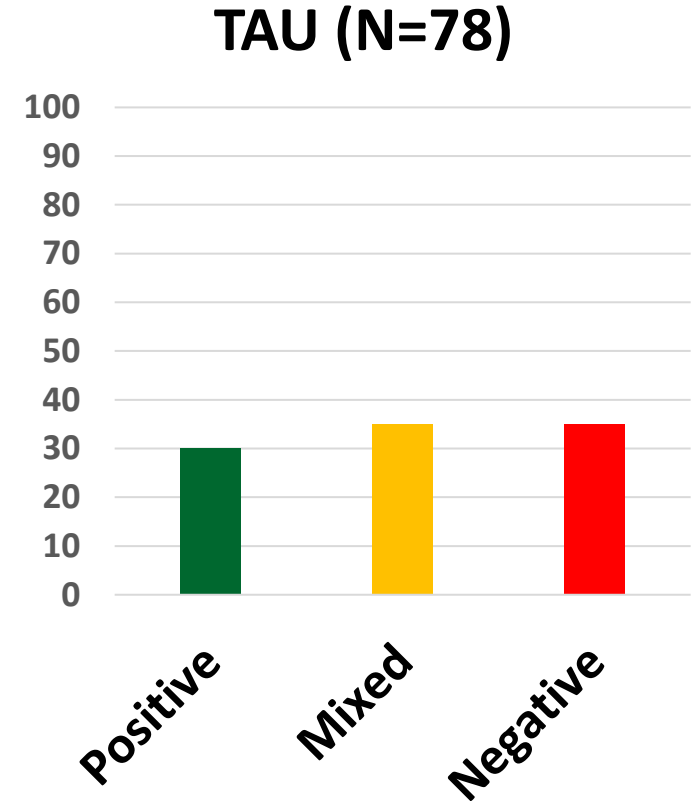
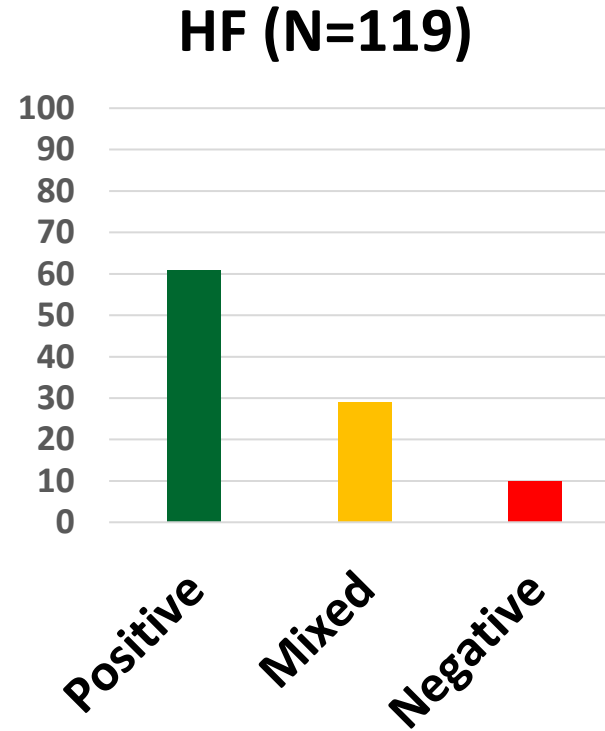
Homelessness among people with mental illness and addictions has emerged as a significant health and social issue in North America (1,2). Various approaches have been developed to support this population, including assertive community treatment (ACT) (3) and intensive case management (ICM) (4). However, unless these programs are paired with permanent housing, their effectiveness in reducing homelessness and improving mental health and psychosocial outcomes is limited (5).

Pathways to Housing developed Housing First, a novel approach for this population (6). Its contrast to "treatment first" approaches, Housing First provides immediate access to housing as the community with new supplements and with no requirements for a person's housing readiness. Housing First combines ACT and ICM with permanent housing, typically apartments, located throughout the community rather than placing people in congregate housing with on-site staff. Recent reviews of controlled studies of

Housing First have shown that it is effective in reducing homelessness, emergency room use, and hospitalization and increasing housing stability and consumer satisfaction (7,8). However, the effectiveness of Housing First, in regard to psychosocial outcomes, such as recovery and community integration, is less clear. Standardized measures do not adequately capture such outcomes and thus they may not fully assess the impact of Housing First on this population.

Qualitative research may shed more light on psychosocial outcomes. In one qualitative study, 20 formerly homeless people with mental illness reported positive personal and interpersonal changes (for example, more independence and improved or renewed relationships) and greater resource acquisition (for example, employment) after obtaining permanent supportive housing (9). Another qualitative study in which 12 formerly homeless people with mental illness were interviewed during their first six months in permanent supportive housing reported an overall theme of "having

Psychiatr Services 66:6, June 2015



Mantel Haenszel $\chi^2=28.5$, $df=1$, $p=.0000001$

Housing Stability at 6 Years (Stergiopoulos et al., 2019)

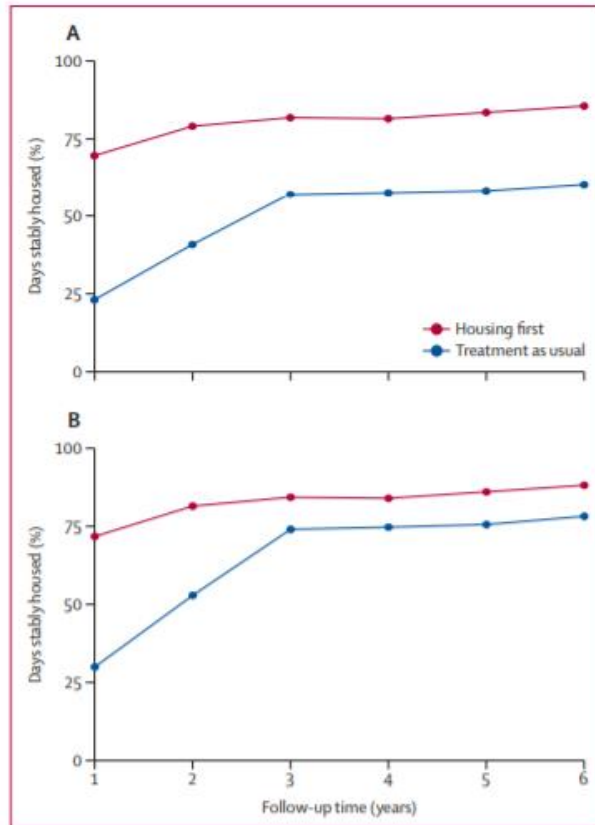


Figure 2: Percentage of days stably housed per year by treatment group and level of need for mental health services for At Home/Chez Soi participants at the Toronto site (n=548)

(A) High need participants. (B) Moderate need participants. A negative binomial generalised estimating equation model with log link was used to estimate rate of days stably housed per person-years. Each person-year was based on 360 days. Percentage of days stably housed was calculated by dividing the rate by 360 and multiplying by 100.

Long-term effects of rent supplements and mental health support services on housing and health outcomes of homeless adults with mental illness: extension study of the At Home/Chez Soi randomised controlled trial

Vicky Stergiopoulos, Chloé Major-Louchesse, Roxane Nourbain, B Wang, James Luchford, Patricia O'Campo, Stephen Whang

Summary

Background Housing First is increasingly implemented for homeless adults with mental illness in large urban centres, but little is known about its long-term effectiveness. The At Home/Chez Soi randomised controlled trial done in five cities in Canada showed that Housing First improved housing stability and other select health outcomes. We extended the At Home/Chez Soi trial at the Toronto site to evaluate the long-term effects of the Housing First intervention on housing and health outcomes of homeless adults with mental illness over 6 years.

Methods The At Home/Chez Soi Toronto study was a randomised, controlled trial done in Toronto (ON, Canada). Here, we present the results of an extension study done at the same site. Participants were homeless adults (aged ≥ 18 years) with a serious mental disorder with or without co-occurring substance use disorder. In phase 1, participants were stratified by level of need for mental health support services (high vs moderate), and randomly assigned (1:1) using adaptive randomisation procedures to Housing First with assertive community treatment (HF-ACT), Housing First with intensive case management (HF-ICM), or to treatment as usual (TAU). Participants with moderate support needs were further stratified by ethnoracial status. Considering the nature of the Housing First intervention, study participants and study personnel were not masked to group assignment. Phase 1 participants could choose to enrol in the extension study (phase 2). The primary outcome was the rate of days stably housed per year analysed in the modified intention-to-treat population, which included all randomly assigned participants who had at least one assessment for the primary outcome. Participants contributed data to the study up to the point of their last interview. Multilevel multiple imputation was used to handle missing data. The trial was registered with ISRCTN, ISRCTN42528374.

Findings Between Oct 1, 2009, and March 31, 2013, 575 individuals participated in phase 1 of the Toronto Site At Home/Chez Soi study (197 [34%] participants with high support needs and 378 [66%] with moderate support needs). Of the 378 participants with moderate support needs, 204 were randomly assigned to receive the HF intervention with ICM or with ethnoracial-specific ICM services (HF-ER-ICM: HF-ICM or HF-ER-ICM groups) and 174 were randomly assigned to TAU. Of the 197 participants with high support needs, 97 were randomly assigned to receive the HF intervention with ACT (HF-ACT treatment group) and 100 were randomly assigned to TAU group. Between Jan 1, 2014, and March 31, 2017, 414 (88%) of 575 phase 1 participants participated in the extended phase 2 study. The median duration of follow-up was 5.4 years (IQR 2.1–5.7%). Among phase 2 participants, 141 had high support needs (79 participants in the HF-ACT group; 62 participants in the TAU group), and 273 had moderate support needs (160 participants in the HF-ICM or HF-ER-ICM group; 113 participants in the TAU group). 187 high support needs participants (93 participants in the HF-ACT group, 94 participants in the TAU group), and 361 moderate support needs participants (228 participants in the HF-ICM or HF-ER-ICM group; 133 participants in the TAU group) were included in the modified intention-to-treat analysis for the primary outcome. The number of days spent stably housed was significantly higher among participants in the HF-ACT and HF-ICM or HF-ER-ICM groups than participants in the TAU groups at all timepoints. For participants with moderate support needs, the rate ratio (RR) of days stably housed in the Housing First group, compared with TAU, was 2.40 (95% CI 2.03–2.83) in year 1, which decreased to 1.12 (1.01–1.26) in year 6. The RR of days stably housed for participants with high support needs, compared with TAU, was 1.02 (2.43–3.75) in year 1 and 1.42 (1.19–1.67) in year 6. In year 6, high support needs participants in the Housing First group spent 85–51% of days stably housed compared with 40–33% for the TAU group, and moderate needs participants in the Housing First group spent 88–36% of days stably housed compared with 79–22% for the TAU group.

Interpretation Rent supplements and mental health support services had an enduring positive effect on housing stability for homeless adults with mental illness in a large, resource-rich urban centre, with a larger impact on individuals with high support needs than moderate support needs.

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Articles



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See Comment page 575

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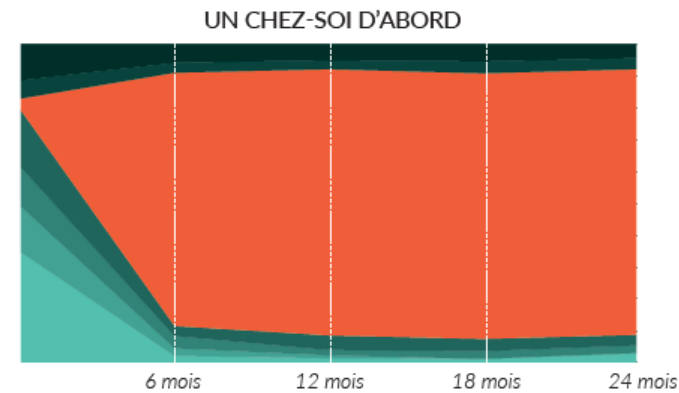
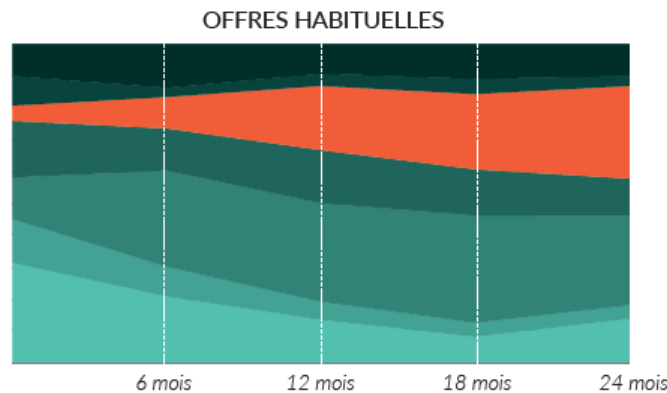
505

Un Chez-Soi D'Abord Trial in France (Tinland et al., 2020)



85%
DES PERSONNES*
SONT TOUJOURS
LOGÉES 2 ANS
APRÈS

- > Hôpital
- > Prison
- > Logement personnel
- > Hébergement précaire
- > Foyer
- > Hébergement d'urgence
- > À la rue



Epidemiology and Psychiatric Sciences
cambridge.org/ips

Original Article

Effectiveness of a housing support team intervention with a recovery-oriented approach on hospital and emergency department use by homeless people with severe mental illness: a randomised controlled trial

A. Tinland^{1,2}, S. Louhichi^{1,3}, M. Bouckaert^{1,2}, L. Boyer^{1,2}, G. Fond^{1,4}, V. Girard¹ and P. Auquier^{1,2}

Abstract
Aims. Many people who are homeless with severe mental illness are high users of healthcare services and social services, without making visible health improvements in their vulnerable population. The study aims to determine whether a specialist housing with mental health support teams with a recovery-oriented approach (Housing First (HF) program) for people who are homeless with severe mental disorders improves hospital and emergency department use.
Methods. We did a randomised controlled trial in four French cities: Lille, Marseille, Paris and Toulouse. Participants were eligible if they were 18 years or older, being absolutely homeless (previously housed), with a diagnosis of schizophrenia (SCZ) or bipolar disorder (BD) and were required to have a high level of needs (moderate-to-severe disability and past hospitalizations over the last 5 years or confirmed alcohol or substance use disorder). Participants were randomly assigned (1:1) to immediate access to independent housing and support from the Assertive Community Treatment team (social worker, nurse, doctor, psychiatrist and peer worker) (HF group) or treatment as usual (TAU group) (mainly pre-existing dedicated homeless-targeted programs and services). Participants and interviewers were blinded to assignment. The primary outcomes were the number of emergency department (ED) visits, hospitalisation admissions and inpatient days at 24 months. Secondary outcomes were recovery (Recovery Assessment Scale), quality of life (EQ-5D), and SF36, mental health symptoms, addiction issues, stable housing days and cost savings from a societal perspective. Intention-to-treat analysis was performed.
Results. Eligible patients were randomly assigned to the HF group (n=355) or TAU group (n=350). No difference was found in the number of hospital admissions (odds ratio (OR) 0.73, 95% CI 0.46-1.12) or ED visits (OR 0.66, 95% CI 0.42-1.03). Significantly less inpatient days were found for HF vs TAU (0.62 (0.46-0.80)). The HF group achieved higher housing stability (difference in days, 116 (103-129)) and higher scores for sub-dimensions of SF-36, self-perceived psychological well-being and autonomy. No differences were found for physical condition, scores SF-36, mental health symptoms and rates of alcohol or substance dependence. Mean difference in costs was €-217 per patient over 24 months in favour of the HF group. HF was associated with cost savings in healthcare costs (€8 620 (616-12 700)) and residential costs (€1 07 (105-111)).
Conclusion. An immediate access to independent housing and support from a mental health team resulted in decreased inpatient days, higher housing stability and cost savings in homeless persons with SCZ or BP disorders.

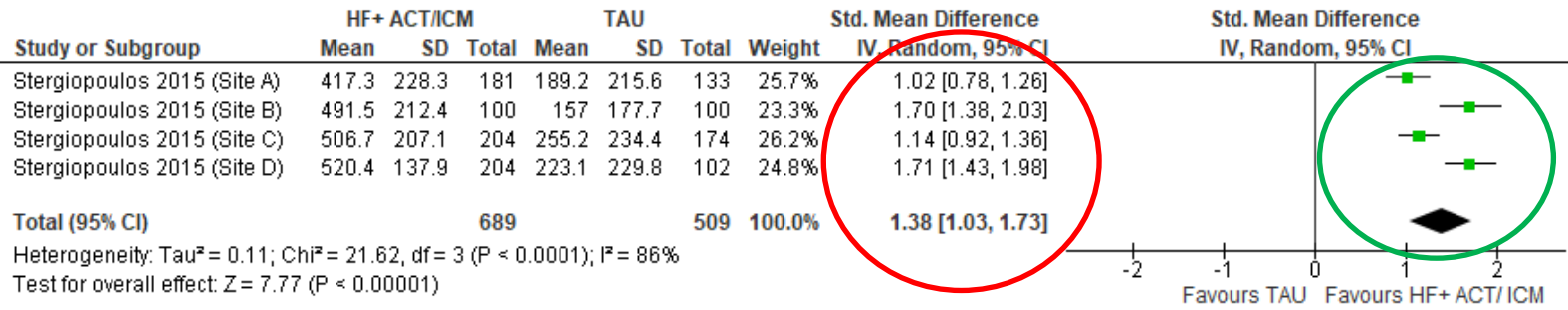
Introduction
Homelessness has been recognized as a persistent public health concern since the late 1980s, with extreme health inequalities and increased morbidity and mortality compared to housed populations (Dun et al., 1987; Hoang et al., 2009; Aldridge et al., 2017). Over the past decade, the number of homeless people has increased at an alarming rate in almost all European countries (FEANTSA, 2018). In France, 1.5 million people are considered homeless (housed and 141 500 homeless, a number which has increased by 46% over the past decade (Mondet, 2016)). Estimates hold that 31% of persons who are homeless have at least one severe mental illness (SMI) (total admission, hospital admissions) and that psychotic disorders are

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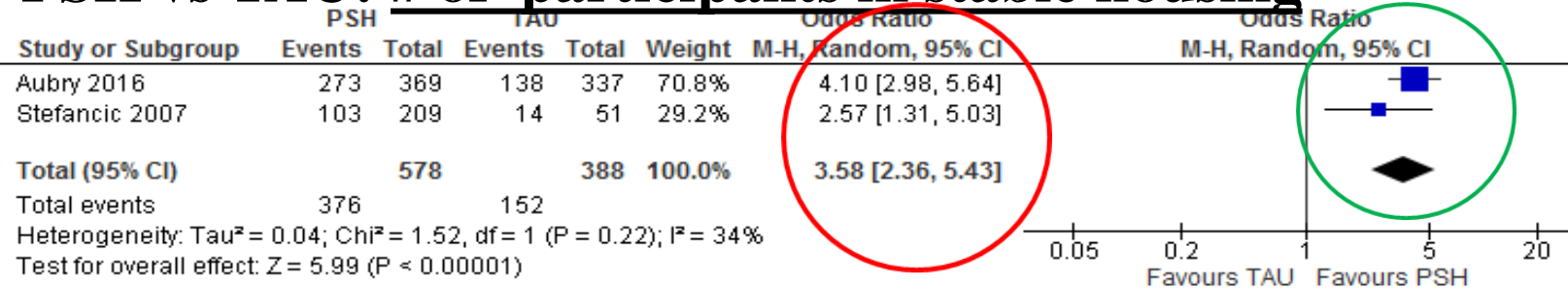
CAMBRIDGE UNIVERSITY PRESS

Meta-Analyses of Housing Stability Outcomes (Aubry et al., 2020)

PSH vs TAU: number of days stably housed.



PSH vs TAU: # of participants in stable housing



Effectiveness of permanent supportive housing and income assistance interventions for homeless individuals in high-income countries: a systematic review

Tim Aubry, Gary Bloch, Veronika Brsic, Armar Saad, Olivia Magwood, Tareem Abdalla, Qasim Alhathleh, Edward Zic, Christine Mathews, Terry Harviger, Chris Castells, Kishaya Thayer, Vicky Stergiopoulos, Peter Tugase, Kevin Patten

Summary

Background: Permanent supportive housing and income assistance are valuable interventions for homeless individuals. Homelessness can reduce physical and social wellbeing, presenting public health risks for infectious diseases, disability, and death. We did a systematic review, meta-analysis, and narrative synthesis to investigate the effectiveness and cost-effectiveness of permanent supportive housing and income interventions on the health and social wellbeing of individuals who are homeless in high-income countries.

Methods: We searched MEDLINE, Embase, CINAHL, PsycINFO, Epistemonikos, NIHR-HTA, NHS EED, DARE, and the Cochrane Central Register of Controlled Trials from database inception to Feb 10, 2020, for studies on permanent supportive housing and income interventions for homeless populations. We included only randomized controlled trials, quasi-experimental studies, and cost-effectiveness studies from high-income countries that reported at least one outcome of interest (housing stability, mental health, quality of life, substance use, hospital admission, earned income, or employment). We screened studies using a standardized data collection form and pooled data from published studies. We synthesized results using random effects meta-analysis and narrative synthesis. We assessed certainty of the evidence using the Grading of Recommendations Assessment, Development, and Evaluation approach.

Findings: Our search identified 15 908 citations, of which 72 articles were included for analysis (15 studies on permanent supportive housing across 41 publications, ten studies on income interventions across 15 publications, and 21 publications on cost or cost-effectiveness). Permanent supportive housing interventions increased long-term (6 year) housing stability for participants with moderate support needs (one study; rate ratio [RR] 1.13 [95% CI 1.01–1.26]) and high support needs (RR 1.42 [1.19–1.69]) when compared with usual care. Permanent supportive housing had no measurable effect on the severity of psychiatric symptoms (ten studies), substance use (nine studies), income (two studies), or employment outcomes (one study) when compared with usual social services. Income interventions, particularly housing subsidies with case management, showed long-term improvements in the number of days stably housed (one study; mean difference at 3 years between intervention and usual services 8–58 days; p < 0.04), whereas the effects on mental health and employment outcomes were unclear.

Interpretation: Permanent supportive housing and income assistance interventions were effective in reducing homelessness and achieving housing stability. Future research should focus on the long-term effects of housing and income interventions on physical and mental health, substance use, and quality-of-life outcomes.

Funding: Inner City Health Associates.

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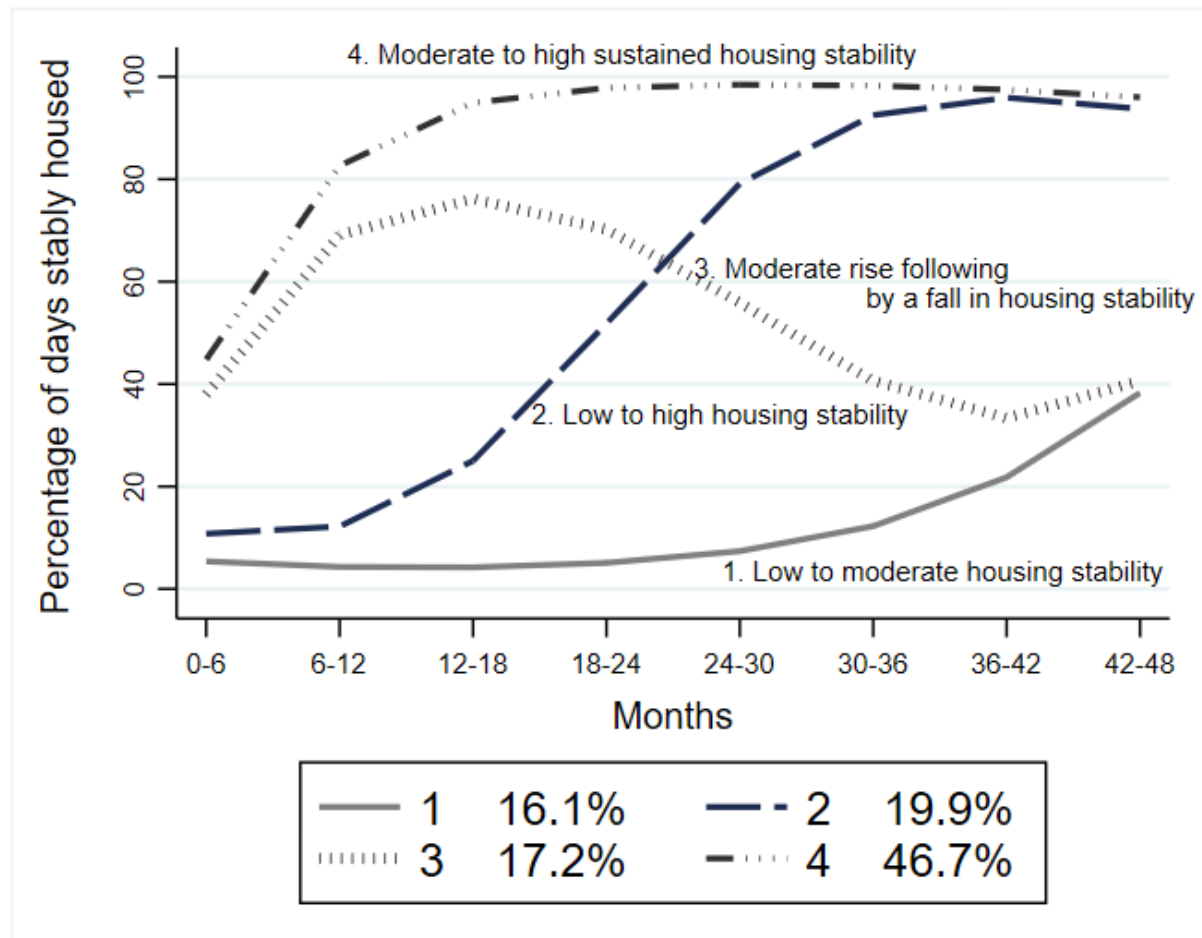
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Effectiveness of Income Assistance Interventions (Aubry et al., 2020)

1. Associated with significant short and long term improvements in housing stability outcomes.
2. Associated with improvements in reported quality of life, depression symptoms, and stress levels
3. Compensated work therapy and individual placement and support are associated with reduced homelessness and increased housing stability

Predictors of Housing Trajectories (Aubry et al., 2021)

A. Homeless participants (n=522)



This study identifies time-patterned trajectories of housing stability among homeless and vulnerably housed individuals who participated in a multisite four-year longitudinal study in Canada. Findings show four distinct trajectories for the homeless and vulnerably housed: high levels of sustained housing stability, improving levels over time leading to high levels of housing stability, decreasing levels of housing stability over time, and low levels of housing stability over time. The presence of resources rather than risk factors differentiated the trajectories of participants who achieved housing stability from those who had low levels of housing stability. Participants who had better housing stability were more likely to live in subsidized housing. Findings highlight the need for programs and policies directed at addressing the housing affordability problem through income support strategies and the creation of affordable housing.

Keywords: housing stability; homelessness; trajectories; risk factors; resources

Housing Trajectories, Risk Factors, and Resources among Individuals Who Are Homeless or Precariously Housed

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The Housing Finance and Development Centre of Finland (2021)

Homelessness in Finland 2020

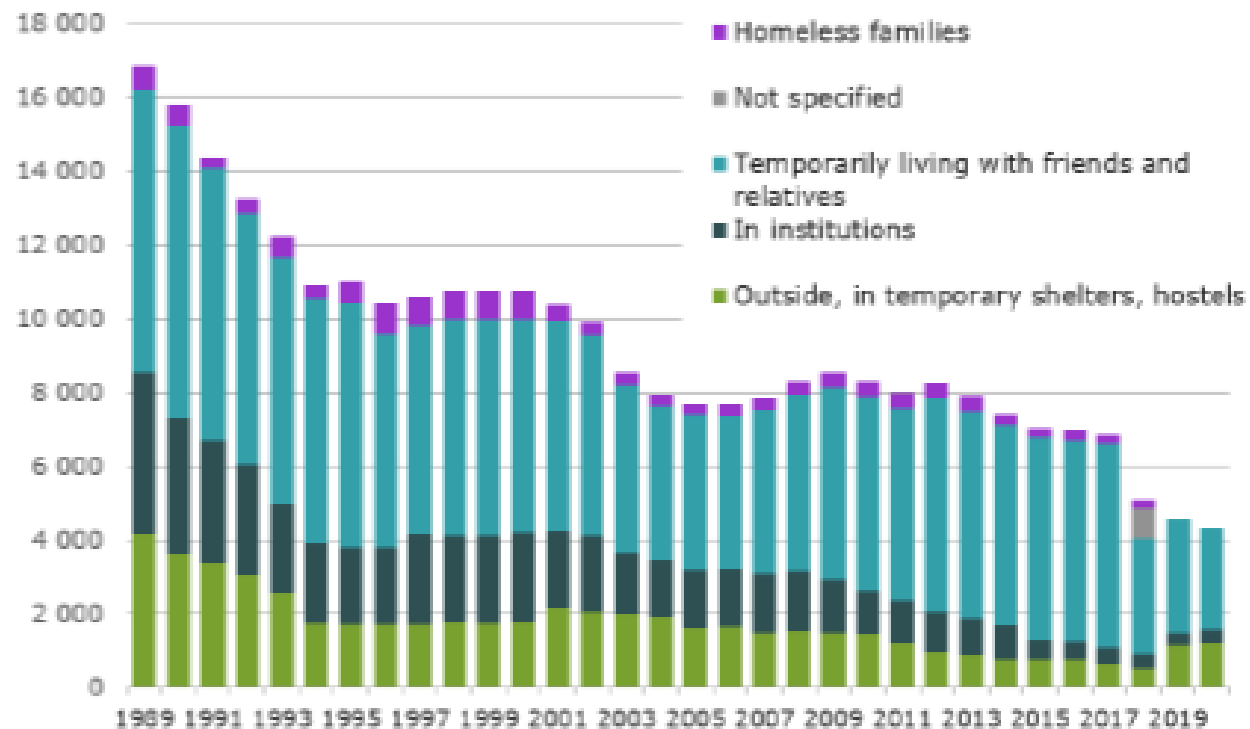


Figure 1. Homelessness In Finland 1989–2020.



Canada's National Housing Strategy



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Canada



Columnists

Aubry and company: Canada's no longer a leader in effective housing policy

Tim Aubry, Geoffrey Nelson, Kevin Page, Claudette Bradshaw
Apr 05, 2019 - April 3, 2019 - 3 minute read - [Join the conversation](#)



Homeless and hungry in downtown Ottawa. PHOTO BY ERROL MOGHOON / Postmedia

Four years into the mandate of the Trudeau government, there is no sign that we are making progress nationally when it comes to ending homelessness.

In November 2017, the federal government released a much-awaited National Housing Strategy. Guided by the "right to housing" principle, the 10-year strategy targets the most pressing problems in the housing sector for low-income individuals and families. Costed at \$40 billion, it calls on contributions from all levels of government.



Opinion / Columnists

Latimer, Aubry, Nelson and Tsemberis: Governments acted quickly on pandemic. Let's do the same on homelessness

The coronavirus shines a spotlight on the failure of our social programs to end homelessness in our country.

Eric Latimer and Tim Aubry, Geoffrey Nelson and Sam Tsemberis
Apr 23, 2020 - April 23, 2020 - 3 minute read - [8 Comments](#)

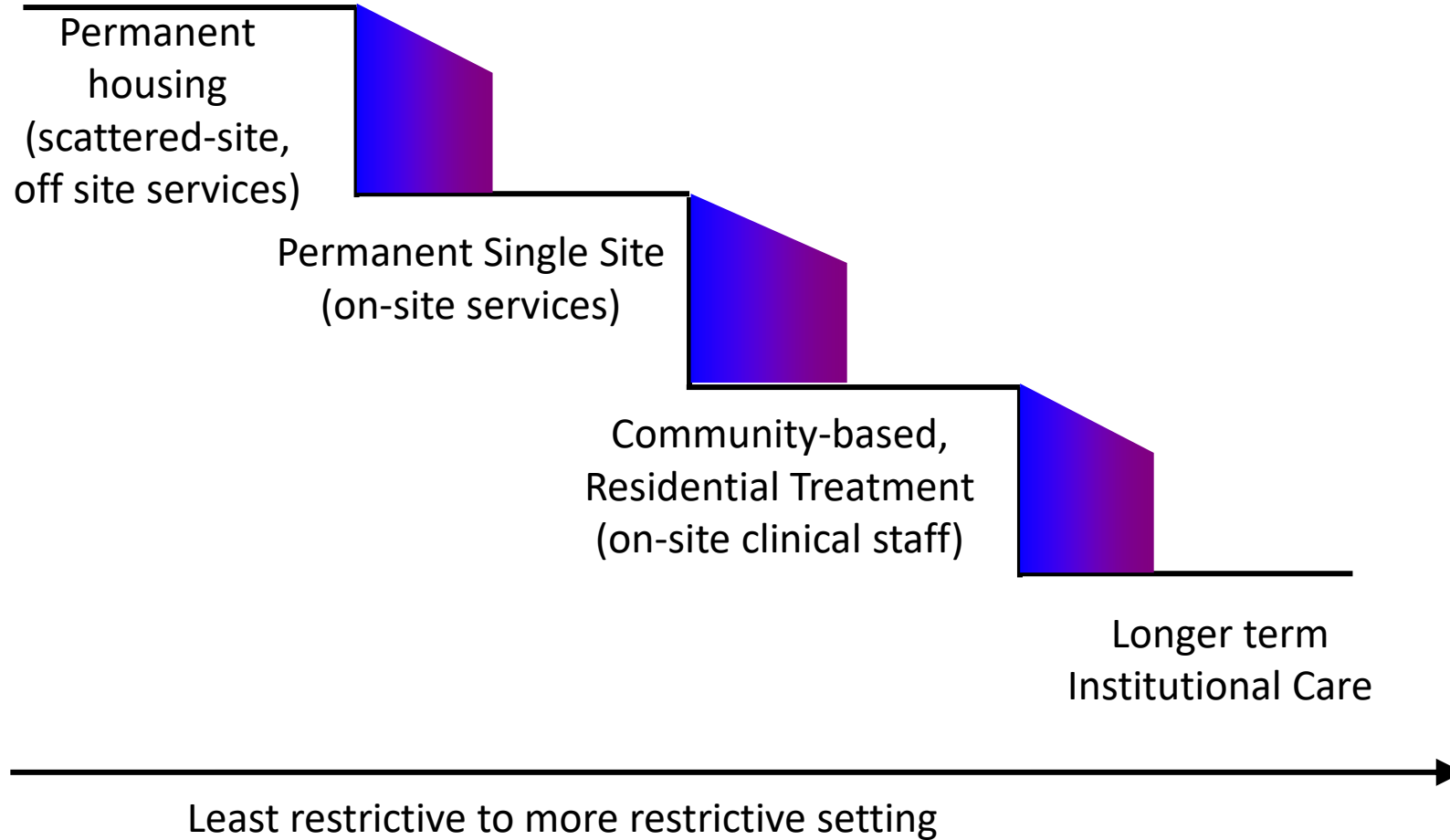


A homeless person looks for assistance on Bank Street. PHOTO BY TONY CALDWELL / Postmedia

"In the midst of every crisis, lies great opportunity." - Albert Einstein

A recent study conducted by the Institute for Research, Quality, and Policy in Homeless Health Care in Boston found 36 per cent of residents in a homeless shelter to have the COVID-19 virus. Like nursing homes, overcrowded homeless shelters and encampments can act as petri dishes for the virus because of the lack of needed physical distancing.

Redesigning the System: Housing First Approach



Challenges to Moving to Evidence-Based Policies and Practices

1. Managing homelessness rather than solving it
2. Lack of knowledge about effectiveness of HF
3. Misalignment of different levels of government
4. Difficulty of inter-ministerial partnerships
5. Variable fidelity of HF programs in place
6. Small number/small amount of rent supplements

The Ontario Housing First Regional Network Community of Interest presents:

The Fourth International Housing First Conference: Knowledge Mobilization of Evidence-Based Housing First Practices

October 5-7th, 2021

10:30am - 12:45pm EST / 4:30pm - 6:45pm CET

Virtual conference