

HOUSING FIRST IN CANADA: SUPPORTING COMMUNITIES TO END HOMELESSNESS

Housing First Case Studies

Vancouver BRITISH COLUMBIA

The Vivian

Key Messages

It is a Housing First program run by women, for women, including trans women.

- *It uses a congregate housing model.*
- *They employ harm reduction strategies.*
- *It embeds Housing First principles and beliefs with a transitional housing model.*
- *The program works with several sub-populations of homeless women including those leaving correctional facilities, working in the sex trade industry and those women with severe mental health issues, those with cognitive disabilities such as Fetal Alcohol Syndrome/Fetal Alcohol Exposure, acquired brain injury, and/or significant substance use issues.*

LEARN MORE:
www.homelesshub.ca/housingfirstcanada

Canadian Homelessness
Research Network



the
homeless hub



Introduction

For women vulnerable to experiencing homelessness in Canada the Highway of Tears and Vancouver's Downtown East Side (DTES) represent two of the most dangerous and deadly areas in British Columbia. The Highway of Tears, a 800 km stretch of Highway 16 between Prince Rupert and Prince George, is named for the at least 18 young women who have disappeared since 1969 (Highway of Tears Murders, 2013). Vancouver's DTES is one of Canada's most marginalized neighbourhoods and struggles with high rates of drug use and crime. While services have improved greatly over the years, in the mid-2000s, the area offered very few supports for vulnerable women in the area.

Many women in the DTES experience marginalization as a result of intersecting social oppressions including racism, intolerance, discrimination and stigma. Poverty, abuse and other traumas may lead to mental and/or physical health problems, addiction issues and/or involvement in the sex trade. Considered part of the "hidden homeless" population women may couch surf, stay in abusive situations and/or trade sex for shelter. Often avoiding traditional shelters for people experiencing homelessness because they do not feel safe in places where men are staying, women in the DTES face multiple barriers in accessing relevant services, let alone receiving adequate support for their particular needs and futures. Despite these barriers, many women also do not feel safe leaving the DTES to access other services.

Leslie Remund, manager of Triage Shelter, the local co-ed shelter for people experiencing homelessness, noticed that men were staying up to 30 days in the shelter and connecting with other services that supported them in transitioning out of homelessness. Women, however, were continually falling through the cracks; they did not stay as long at the shelter and were not getting connected to support services.

Part of the problem was a lack of transitional housing that provided a community of care for women and a lack of appropriate supports available to address the unique problems

the women of the DTES faced. Concerned about the number of women going missing in the DTES and the lack of support services tailored for women, Remund dreamed of a program exclusively for women that would support them in getting off the streets, into housing and back on their feet. An organization was needed that worked with women involved in sex work, had mental health problems and/or addictions and was grounded in a harm reduction approach.

In 2004 funding from a private donor gave Remund the opportunity to draw on her experience in developing a Housing First program modelled on New York City's Pathways to Housing and pilot an 18 month project that would bring women indoors, house them and work with them on their individual needs. In late 2004, under the umbrella of RainCity Housing and Support Society, Remund opened the doors of The Vivian: a harm reduction based, minimal barrier housing provider for women in Vancouver's DTES.

This case study provides an overview of RainCity Housing and Support Society's experience of planning, implementing and sustaining The Vivian as a Housing First program, as well as some of the barriers faced and how they were overcome. The data included demonstrates that RainCity's Housing First program and The Vivian effectively supports women experiencing vulnerability and homelessness in securing and maintain housing.

Getting Started: Framing the Issue

The common misconception that people experiencing homelessness cannot be housed presents the most significant challenge to breaking down the barriers to accessing housing. The stereotype is particularly applied to women in this region of British Columbia, many of whom have complex needs including involvement in the sex trade, drug use and trauma from exposure to violence. The Housing First approach steps outside of these misconceptions and stereotypes with the central premise that everyone deserves a home and is house-able.

When The Vivian opened there was some resistance and concern from neighbours in this primarily commercial neighbourhood. Educating the community about the truths and myths of vulnerable populations was crucial in creating positive relationships with neighbours. The central concept shared with community members in Vancouver was that women in the DTES were chronically under-served but could be housed, given the right opportunities and support. It was also important to educate the community about the broader social benefits of supporting vulnerable women rather than ignoring them. The Vivian's staff members recognized that sex work, drug use and chaotic behaviours were often survival strategies and by not supporting women in the situations that called for these survival strategies, problems were far more likely to arise.

Working to build bridges in the community, Vivian staff connected with neighbours by holding community meetings to discuss neighbours' and other stakeholders' concerns and to develop solutions to these concerns. Community members learned that by providing a safe place for women to address their needs and situations, many common concerns would also be addressed; drug paraphernalia left on the streets would reduce and the sex trade was less likely to occur outside their doors.

The Vivian developed a 'Good Neighbour Policy' that requires all residents to sign a Neighbouring Agreement. The terms of this agreement were negotiated with neighbours in order to ensure that women staying at The Vivian were committed to maintaining good relationships with the community. Currently, when problems do arise, neighbours are open, understanding and communicate with Vivian staff to resolve the issue. This is an indicator, for Vivian staff, of the program's success.

Moving Forward: Planning

Extensive planning took place before The Vivian opened its doors, which included identifying a philosophy of practice that was relational-based and client-centered. Establishing these fundamental philosophies early allowed all staff and stakeholders to work together from a common vision and understanding from the beginning.

The next step was to secure a building for the program. An old Single Room Occupancy (SRO) hotel with 24 rooms was purchased with the funding and was renovated to create an open concept space. The building was intentionally small in order to create a welcoming, personable and trusting environment for the women.

Staffing was another consideration in planning the program. High staffing levels were important to ensure that the women would feel safe and supported at all times. A minimum of two female staff would be available 24 hours per day. These support workers manage a caseload and coordinate services with a variety of partners depending upon the individual resident's needs. They also provide on-site safety and security. Chosen staff would be required to demonstrate understanding and tolerance of the issues faced by the women in the program. For example, as outlined in a program description by Wave Consulting,

"Vivian staff members do not blame women for the choices they have been forced to make, rather they hold society and the hegemonic system of privilege and oppression, which continues to exist in a very pervasive form, accountable for the abuses and injustices suffered by Aboriginal women, women of colour, women living in extreme poverty and trans women in our culture. The women who come to the Vivian are the victims of colonization, sexism and oppression which have played out in residential schools, foster care and the criminal justice system. Many of the Vivian clients are Aboriginal women who have experienced first-hand the violence and trauma wrought by the colonial enterprise" (Wave Consulting, 2010:2).



The common misconception that people experiencing homelessness cannot be housed presents the most significant challenge to breaking down the barriers to accessing housing.

Planning the program also required staying up to date on the political climate that drives funding and programming, particularly because the program supported women involved in sex work. Initially, staff were not fully confident that the program would succeed because of its controversial nature. In order to prevent any surprises and to ensure program effectiveness, staff were proactive in building relationships with police and worked closely with a police liaison throughout the implementation of the program.

One of the final steps before The Vivian opened was spreading the word about this new program. Connecting with other services in the community (clinics, mental health teams, shelters), letting them know about the program and making sure that others understood The Vivian's mandate to work with the most hard-to-house and vulnerable women who were slipping through the cracks. The Vivian's first residents were chosen by staff working with the community to identify women who would most benefit from the program.

The Housing First Model at The Vivian¹

The Vivian is a Housing First program *run by women, for women, including trans women*. The program provides housing and support to women who have experienced multiple barriers including mental or physical health problems, addictions, fetal alcohol exposure/fetal alcohol syndrome, acquired brain injury, have a history of trauma and exposure to violence, demonstrate chaotic behaviour, engage in sex work or have a history of evictions. The program helps women access information, resources and services to improve their housing, health and social circumstances. The Vivian is based on the following principles:

- It is the fundamental belief of The Vivian program and the RainCity organization that the first step to stability and improved health is appropriate, safe housing.
- The program has adopted a philosophy that does not require prospective tenants to achieve a predetermined measure of 'housing readiness' before moving in.
- The program is essentially a harm reduction approach in that its first goal is to provide a safe refuge that helps mitigate the effects of living a high-risk street lifestyle. There is no abstinence required in order to access housing, although women are supported to address addictions issues if they choose.

Women in the Vivian program are supported to:

- Set and work towards attaining goals.
- Access harm reduction supplies and information.
- Self-advocate.
- Access safe, stable housing.
- Have opportunities to improve their overall health.

ELIGIBILITY

The Vivian works to support the most vulnerable and hard-to-house women in the community. The minimum age is 19 and the average age is 38. Primary consideration is given to:

- Women who have a long history homelessness and/or an inability to sustain housing.
- Women who work in the sex trade.
- Women who use drugs.
- Women who are particularly vulnerable to violence and exploitation and/or have a history of violence themselves.
- Women who have multiple barriers to housing such as mental illness, physical health issues, experience of transphobia and trauma.
- Women who exhibit behaviours that result in their being hard to house.
- Women who have been marginalized by systemic oppression.

1. Information about The Vivian's model and accompanying services is adapted from a report entitled *The Vivian Transitional Housing Program for Women* by Wave Consulting.

INTAKE PROCESS

Women can self-refer or be referred from any other service. Rather than maintain a prioritized waitlist, when a bed becomes available the staff team decide from their list of women who match their eligibility criteria who is in the highest need for a bed at that moment.

HEALTH PROMOTION

Onsite nurses and doctors are available through the Vancouver Coastal Health Authority Clinical Housing Team for Vivian residents as needed. They hold regular clinics and are available on an outreach basis as well (for more information see partnerships on page 7). Women who are involved in sex work or who have addictions are provided with supplies and information. Residents receive regular gynaecological exams and information about sexual health. Residents can also be referred to other health services including addiction treatment, mental health services, support groups and community programs.



It is the fundamental belief of The Vivian program and the RainCity organization that the first step to stability and improved health is appropriate, safe housing.

ADVOCACY

The Vivian staff advocate for women in order to help them get fair treatment and to assist them in accessing other services they are entitled to. This includes assisting clients with:

- Keeping track of appointments;
- Helping them get proper identification;
- Accessing educational opportunities;
- Accessing leisure activities; and
- Facilitating meetings with government bodies.

PROGRAMMING AND EVENTS

Several activities and events are available for tenants including community kitchens, seasonal events, group outings, common interest groups and regular tenant input meetings.

LENGTH OF STAY

The optimal length of stay at The Vivian is two years, with the average being 16-22 months. However, each client's discharge depends on their needs and the availability of appropriate, next-step housing.

ORGANIZATIONAL STRUCTURE

The Vivian employs 11 staff (a mix of full and part time), including one manager, one supervisor, one Service Plan Coordinator, one Home Support Worker/Janitor, six Housing First Support Workers and one Community Integration Worker.

SERVICE PLAN COORDINATOR

The Service Plan Coordinator oversees all of the service planning and case management for The Vivian.

HOUSING FIRST SUPPORT WORKERS

Housing First Support Workers are responsible for client engagement and relationship building, identifying residents' goals and supporting them in achieving those goals.

COMMUNITY INTEGRATION WORKER

The Community Integration Worker connects clients with other services in the community including health, income, employment, training and recreation in order to support the client in successfully integrating back into the community.

Making it Happen: Implementation

When the program opened it quickly became clear that the service was needed. Women were often found sleeping in front of the building, saying that they “needed” to live at The Vivian. News had spread quickly that there was a new, unique service for women and many women were self-referring.

Staff first needed to connect with the women, get them housed and then begin to build relationships. Recognition of the residents’ challenges and tolerance for behaviours related to drug use and trauma was required, rather than maintaining high expectations that housing would instantly solve all of a woman’s troubles. It was important that, particularly in the beginning of a residents’ tenancy, very little was required of them.

As a result, The Vivian’s staff let the women set the pace and the tone of their work. Most clients’ experience with service providers had been formulaic and disempowering. Women seeking treatment or services are often told “you should...” or “you have to...” statements; however, not everyone is ready to follow orders or perform according to others’ expectations. It can also take time for residents to adjust to living indoors. Staff recognized these needs and allowed the women to get settled at their own pace and in their own manner.

Staff have continued to develop and add services when needed and where possible. For instance, they received funding for a unique peer program to help introduce life skills, training and job activities for the residents. The program adapts to the needs and skills of the residents and provides women with the opportunity to teach others in the program any skills or abilities they may have.

Overall, The Vivian’s staff and stakeholders were pleasantly surprised that the implementation of the program went as smoothly as it did. This type of intervention had not been tried in the community before and staff were unsure of how it would work in practice. This uncertainty created

opportunities to collaborate with the women to get their feedback. Tenant meetings were held that allowed residents and staff to discuss the strengths and challenges of the program, issues that needed to be dealt with and solutions to these issues. These opportunities for open dialogue were important part of assuring women that staff were keen to have residents’ input in order to make the program a success.

BUILDING STAFF CAPACITY

Management of The Vivian are keen to ensure the health and wellness of the staff team in order to best serve the residents. They have continued to build each of the staff members’ capacity including providing space and opportunities to access additional training. Recently work has been done on developing staff’s skills for working with women with Fetal Alcohol Spectrum Disorder (FASD).

THE NEED FOR ACCESS TO SERVICES 24/7

Although The Vivian is able to facilitate access to other services including mental and physical health, these services are not always available when a resident needs them. For example, the service that provides mental health crisis response is only available until 3:30am. This speaks to the need for a fully integrated systems-response and remains a problem that The Vivian is still working to solve.

TRANSITIONING OUT OF THE VIVIAN

Those who were already working in the housing system in Vancouver, who believed in a new approach to homelessness (including the Housing First model) and who had compassion, empathy, and patience, were sought to develop and implement the program. This also helped to keep the collaborative spirit behind what was being created.

LACK OF APPROPRIATE HOUSING FOR DISCHARGED RESIDENTS

One of the challenges in discharging women from the program is the lack of appropriate, next-step housing. While there is no fixed length of stay, The Vivian is not intended to offer long-term housing. Despite efforts to find appropriate housing some of the women have been at The Vivian since the beginning, highlighting the lack of housing options for women. Staff are not always able to confidently refer residents to suitable housing, particularly when none exists. There are few programs that support women with so many challenges and those that do often have multi-year waitlists. Staff members work with residents to educate them about transitioning out of The Vivian, including discussing the reality of their housing options. However, some women have no option but to move into unsupported SROs in the DTES.

THE NEED FOR PARTNERSHIPS

Several community partnerships provide supports that are crucial to the ongoing operation of The Vivian and its services. Community partners include:

STRATHCONA MENTAL HEALTH TEAM (SMHT)

This is a community-based mental health team run by the Vancouver Coastal Health Authority (VCHA). Their mandate is to serve clients in the DTES catchment area and, when possible, conduct outreach to access hard-to-reach clients.

Many of the women at The Vivian have disengaged with mental health services (either by choice or otherwise) or have untreated mental health concerns. The SMHT provides outreach and case management concerning diagnosis and medications, administers on-site psychiatric inter-muscular injections and make referrals to other agencies (many treatment centres will only take mental health team referrals). The SMHT is a central partner in community-based client case management.

VANCOUVER COASTAL HEALTH AUTHORITY (VCHA)

The VCHA operates several clinical outreach teams. The Clinical Health Team (CHT) at The Vivian consists of a nurse, nurse practitioner, doctor, social worker, outreach worker and a counsellor. All members of the team do outreach and come into the building to meet and treat

the women. Because the women are often disengaged from services or have never accessed services outside of emergency rooms, the CHT serve as primary health care providers. The team's doctor is the primary physician for most of the women and provides standard medical care such as physical health assessment, prescription medication including methadone and specialist referrals. Female specific health services, such as well-women's exams for Sexually Transmitted Infections (STIs) and pap smears, can be conducted on-site.

The CHT social worker helps the women with tasks such as coordinating with government ministries regarding additional assistance funds, dealing with identity theft or accessing status cards. The outreach worker assists staff in providing direct support to the women, which may range from informal check-ins and chats, accompanying a woman to a hospital or court appointment and providing support with visiting children. A counsellor is also available to women wanting a therapeutic connection. Collaborating with the CHT is an essential piece of the 'wrap-around' approach The Vivian uses in working with the women.

DR. BILL MACEWAN – ROAMING PSYCHIATRIST

Dr. Bill MacEwan is associated with a number of organizations: Providence Health (St. Paul's Hospital where most of the DTES residents are referred for psychiatric emergencies and treatment); a private practice in White Rock, BC; Vancouver Intensive Supervision Unit (VISU), which is connected to Downtown Community Courts and offers intensive case management for individuals on probation; as well as other supportive housing organizations in the DTES.

Dr. MacEwan may follow a woman, continuing to support her mental health needs, when she transitions into The Vivian (either from other housing, through VISU, or through his outreach efforts). Eventually care is often transferred to SMHT.

PROBATION OFFICERS

Some women have been mandated by their parole conditions to live at The Vivian. Vivian staff liaise with parole/probation officers around court appointment reminders and working with a woman on her conditions to ensure that she is safe, the community is safe and that she is not returned to jail.

ELIZABETH FRY SOCIETY

The Elizabeth Fry Society is an organization that supports women leaving the penal system. They offer a range of services, including prison visits and housing referrals. The Elizabeth Fry Society will also provide weekly money management and assistance with budgeting skills to women leaving The Vivian with mandated financial administration.

AN EVALUATION OF SEX WORKERS' HEALTH ACCESS (AESHA) PROJECT

AESHA is a central project within the Gender and Sexual Health Initiative (GSHI). AESHA is a longitudinal study of female sex workers' health and safety both on and off the street. AESHA recruits many of its study subjects from The Vivian and does follow-up interviews with current subjects.

TRIAGE SHELTER

Triage refers appropriate women to The Vivian and offers beds to women on respite. Respite may be based on individual choice, on the need to do significant room repairs or bug control, or in response to behavioural issues and/or violence against other tenants and staff.

PRINCESS ROOMS

The Princess Rooms is a co-ed long-term, low-barrier housing similar in mandate to The Vivian. Clients are referred to The Vivian if appropriate or referred from The Vivian to the Princess Rooms. The Vivian has a similar partnership with other RainCity sites, The Lux Transitional Program and The Lux Apartments.

SHEWAY

Sheway provides comprehensive health and social services to women who are either pregnant or parenting children less than 18 months old and who are experiencing current or previous issues with substance use. The program consists of prenatal, postnatal and infant health care, education and counselling for nutrition, child development, addictions, HIV and Hepatitis C, housing and parenting. Sheway also assists in fulfilling basic needs such as providing daily nutritious lunches, food coupons, food bags, nutritional supplements, formula, and clothing.

WISH/MOBILE ACCESS PROJECT (MAP) VAN

WISH/MAP Van is a 24-hour drop-in centre for sex workers that provides meals, showers, make-up and hygiene products, clothing, on-site nursing care and referrals. The organization offers a Supported Employment program, a learning centre and also compiles and distributes a list of bad date reports² for Vancouver.

The MAP Van, an overnight support van created in partnership by WISH and PACE (see below), supports women engaging in sex work at night when there are few support services/options available to them. The van travels to all areas of Vancouver. Residents of The Vivian benefit from this partnership by accessing basic hygiene services and support through bad date reporting. Referrals to The Vivian also come from the WISH/MAP van.

VANCOUVER INTENSIVE SUPERVISION UNIT (VISU)

The VISU provides intensive supervision and services to clients with mental illnesses serving adult sentences in the community. Assistance with treatment, housing, life skills, financial management and health care is provided in addition to supervision of court orders. VISU is also a source of referrals for The Vivian.

COMMUNITY LIVING BC (CLBC)

Community Living BC works with people with developmental disabilities including FASD. CLBC facilitates support services such as one-to-one care and home-share opportunities. Some of The Vivian's clients have a one-to-one worker that assists with visits, appointments, social interaction, life-skills training and advocating with other services (such as court). Two Vivian residents have also been placed in a home share environment where each woman lives with a family in a supported environment.

PROVIDING ALTERNATIVES COUNSELING AND EDUCATION SOCIETY (PACE)

PACE is a sex worker led organization offering low-barrier programming, support and advocacy for survival sex workers in Vancouver. Women from The Vivian can access one-to-one counselling and have also attended several

2. A Bad Date Report is a list of (usually) men who have committed an offense against a sex worker (including physical or sexual assault, kidnapping or failure to pay). The 'bad dates' are reported by sex workers to the organization and may or may not have been reported to the police.



workshops over the year on topics including safer sex worker practices and self-defence.

AIDS VANCOUVER

AIDS Vancouver is a non-profit and community-based health organization whose mission is to alleviate collective vulnerability to HIV and AIDS through support, public education and community-based research. They also run a free twice-monthly grocery program where members can collect a hamper of fresh food goods; some of the residents of The Vivian receive this twice-monthly food hamper.

Other partners that make a significant contribution to the operations of The Vivian include:

Western Institute for the Deaf and Hard of Hearing and the **CNIB** provide home support, companionship or group activities for women with sight or hearing issues. They also order materials to make a woman's room safer and accessible (including bathroom materials, special fire and smoke detectors, canes, hearing aids, etc.).

Forest & the Femme provide opportunities for outdoor recreation and support for women with cognitive barriers including FASD, addictions, poverty, racial oppression and involvement in the sex trade.

Quest Food Exchange reduces food insecurity by allowing Vivian residents to access their low-cost grocery store.

A Loving Spoonful provides free, nutritious meals to people living with HIV/AIDS in Greater Vancouver, on a short-term basis.

The Living Room is a drop-in centre for people experiencing mental illness that provides social and recreational activities.

Local Donors who regularly collect donations of much-needed items, filling the gap in resources that other programming cannot provide, including food or hygiene products or other needed items.

Evidence of Effectiveness

The Vivian maintains a database of client information in order to:

- *Provide workers with a tool to document their work (in accordance with the requirements of the health records legislation).*
- *Assist all workers in using a client-centered, goal-oriented approach to working with clients.*
- *Ensure maximum continuity of care information between Vivian workers and other service providers.*
- *Note patterns that might suggest the need for other services or approaches.*
- *Provide statistics about the program for the on-going development and accountability of the RainCity organization.*
- *Provide statistics for the development of new RainCity programs.*

Since the program opened in 2004, 124 women have been resident at The Vivian. From April 2009 – March 2013, 31 women have moved into The Vivian while 29 have moved out. Of those who have been discharged from the program:

- *45% of residents were homeless or living on the streets when they entered the program however no residents were discharged to the streets. 10% were discharged to live with relatives or friends.*
- *3% of residents came from subsidized housing while 28% were discharged to subsidized housing.*
- *6% of residents were living in supported housing at entry while 24% were discharged to supportive housing.*
- *20% of residents were living in shelters before entering the program and 17% were discharged to shelters.*
- *20% came from unsupported SROs while 4% were discharged to SROs.*
- *6% of residents came from tertiary care and hospitals while 16% were discharged to such facilities (including 6% discharged to drug and alcohol treatment).*

REASON FOR LEAVING THE PROGRAM:

- 50% of residents were discharged to a decreased level of care;
- 24% of residents were discharged to an increased level of care;
- 17% of residents were evicted;
- 6% of residents were discharged to hospital;
- 3% of residents were discharged to the same level of care.

LENGTH OF STAY:

- 21% of residents stayed less than 6 months;
- 18% of residents stayed 7-12 months;
- 34% of residents stayed 13-24 months;
- 3% of residents stayed 25-36 months;
- 10% of residents stayed 37-48 months;
- 6% of residents stayed 49-60 months;
- 6% of residents stayed 61-72 months.

CURRENT RESEARCH

The Vivian is currently involved in an external evaluation of RainCity Housing's three Housing First projects (The Vivian, The Lux and Princess Rooms). The purpose of the evaluation is to:

- Determine the effectiveness of RainCity's Housing First model.
- Describe and measure the outcomes and achievements of RainCity's Housing First Program.
- Inform the development and improvement of the Housing First model.
- Enable RainCity staff to report on program outcomes to funders, stakeholders and other service providers.

The evaluation is based on a set of indicators and data collection tools that were developed in consultation with RainCity staff and management. The tools and indicators that were identified reflect RainCity's client-centered approach and program model that recognizes the individualized nature of tenant outcomes. In particular, the indicators and evaluation framework acknowledge that each tenant will measure success relative to their own starting point and circumstances; their outcomes cannot necessarily be compared to a pre-determined notion of success or how other tenants are doing. Baseline data for year one of the study has recently been collected.

RESEARCH STUDY COMMUNITY ADVISORY BOARD

The board consists of committee members from the City of Vancouver, the Health Authority and a range of people who are directly involved in the program. Board members provide input to the development and process of the research study.

SUSTAINABILITY

The Vivian was originally funded by the David Ash family and the Vivian Grace Ash Benevolent Fund. The initial funding allowed for the purchase of the building, as well as all operational costs until 2006 when the project received funding from the Ministry of Employment and Income Assistance (MEIA). The Vivian is currently funded through a partnership of BC Housing, Vancouver Coastal Health and private donors.

Donations from companies and philanthropic organizations, such as food, bedding and towels, also contribute to the program's operations and sustainability.

Changes in government can mean changes in funding priorities, making it important to diversify funding for The Vivian. It is an ongoing challenge for the whole organization to increase its sustainability, however staff are confident that there is ample evidence of the desperate need for the service and The Vivian capacity to change women's lives.

Key Learnings

MANAGING EXPECTATIONS AND THE NEED FOR A MINIMAL BARRIER APPROACH

Most people who have not experienced a life of trauma are unable to truly understand the impact that abuse, poverty, mental health and other severe stress can have on a person's ability to lead a productive life. Working with women with these extensive histories requires a non-judgmental approach and an understanding of The Vivian's fundamental belief that "these women have been failed by society and the few choices they have left are not choices at all but survival tactics" (Wave Consulting, 2010:2).

Rather than forcing women to stop using substances or stop working in the sex trade, the program supports women in accessing the information, resources and services that enable them to improve their health and to live in a manner that does not require on alcohol, drugs or sex work in order to survive. "Most importantly, the Vivian program is about building a community of women helping women through shared experience and empathetic understanding" (Wave Consulting, 2010:3). Many women tend to hide their drug use or involvement in the sex trade when they initially come into the building because The Vivian is the first place they have experienced such an empathetic attitude. It is important to break down these barriers from the beginning and make sure the women understand that the staff are not there to judge but rather to support.

THE IMPORTANCE OF TENANT INPUT

The women who live at The Vivian are the best judges of what is and what is not working. In order to build a program mandate that is successful and promotes the engagement of all tenants, it is important that the women are included in planning and implementing programs or services they will access. Involving tenants in program development is crucial for building community and reducing isolation.



Programs for women, particularly those working with vulnerable women, need to be responsive to participants' needs. Simply asking for their input is not enough. Program staff must show that they are listening and are willing to be flexible in order to address the issues a woman is experiencing in a manner that is comfortable for her.

ADAPTABILITY AND FLEXIBILITY

Programs for women, particularly those working with vulnerable women, need to be responsive to participants' needs. Simply asking for their input is not enough. Program staff must show that they are listening and are willing to be flexible in order to address the issues a woman is experiencing in a manner that is comfortable for her. There are few hard and fast rules at The Vivian because everything is client-centered and must adapt to changing circumstances and needs of the community.

BUILD PARTNERSHIPS WITH EXTERNAL STAKEHOLDERS AND HAVE REGULAR DIALOGUE

Vivian staff believe that strong partnerships are essential to ensuring the success of the women who live at The Vivian. It is not possible for The Vivian on its own to provide all of the services that are needed to support tenants. Regular communication with stakeholders ensures that they are kept up-to-date about the successes and challenges of the program, and that everyone can work together to determine appropriate solutions to any problems that arise.

FOCUS ON RELATIONSHIP-BUILDING WITH TENANTS

Many of the women who come through The Vivian's doors do not have a history of successful relationships, either with men or women. Their experiences have often meant that they have rarely enjoyed trusting relationships; many have been used and abused by the people in their lives. In order for women to succeed, they need relationships with people they can trust and rely on.

SELF-DETERMINATION AS A CORE CONCEPT IN THE PROGRAM MANDATE (STRENGTHS-BASED APPROACH)

Any intervention that aims to change peoples' behaviours is more likely to be successful by promoting strengths rather than simply trying to change deficits. By supporting women in developing their skills and abilities, The Vivian's tenants are empowered and build the capacity to change their lives.

WORKING TOWARDS CREATING AS MUCH SAFETY AS POSSIBLE FOR THE WOMEN

Many of the traditional services for vulnerable people lack a focus on the unique needs of women. For example, safety is something that is often overlooked as an important factor in spaces that work to support women.

Many of the women who come to The Vivian have had negative and traumatic experiences with men and often find it difficult to feel safe in an environment where men are free to come and go. As much as possible, a dedicated service for women must focus on creating the safest environment possible.

OPTIMISM AND HOPE CREATE CHANGE

Changing the circumstances of vulnerable women is the only way they will become less vulnerable, but without others believing in their capacity to change the women are unlikely to believe in themselves. Instilling optimism and hope in women's lives can create the environment and situations where the women believe, and act on that belief, that they can change their lives.

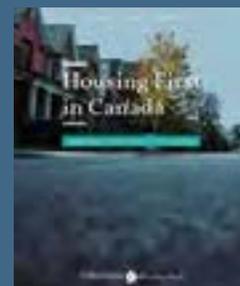
REFERENCES

Highway of Tears Murders. (2013). In Wikipedia, the free encyclopedia. Retrieved June 1st, 2013 from http://en.wikipedia.org/wiki/Highway_of_Tears_murders

Wave Consulting. (2010). The Vivian Transitional Housing Program for Women. Program Description.

This case study was researched and written by Fiona Scott.

PHOTO CREDITS: PG 1 VEEKA, PG 2 ERIC BROCHU, PG 3 RAIN CITY HOUSING, PG 5 IAN ALEXANDER MARTIN, PG 9 STEPHEN DOWNES, PG 12 ZACHARY KORB.



Read the full report and other case studies at
www.homelesshub.ca/housingfirstcanada