



**Housing First, Women Second?**  
**Gendering Housing First**  
**A Brief from the *Homes for Women* Campaign**

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*Homes for Women*, a campaign to prevent, reduce, and ultimately end the homelessness of women and girls in Canada is concerned that the existing gender gap in research examining Housing First models will influence the allocation of almost \$600 million – \$119 million over 5 years – committed by the federal government in Budget 2013 to programs on the Housing First model. *Homes for Women* recommends adoption of the following measures to help ensure implementation of Housing First funding reduces the homelessness of women and girls.

**A Gender Equal Approach to Implementing Housing First**

**No Risk for Women**

- Adopt an over-riding principle that implementation of Housing First will not cause a rise in women's homelessness or make it more difficult to prevent women's homelessness. This would require that programs for homeless women do not lose funding in order to implement Housing First. It also means that a gender analysis of the impact of a Housing First program is conducted before implementation and anticipated negative impacts addressed prior to implementation.

**Criteria Include Homelessness as Lived by Women and Girls**

- Inclusion criteria for Housing First models need to reflect an appreciation of women's and girls' experiences of homelessness, including:
  - the ubiquity of violence in the lives of homeless women and girls
  - the reduced visibility of their homelessness due to the struggle for safety and to prevent their children from being taken into care by child protection authorities
  - women experience episodic homelessness moving in and out of abusive relationships, and of shelters, including shelters for abused women, in search of safety
  - the episodic nature of women's homelessness is obscured when only time on the street or stays in homelessness shelters are counted as primary criteria.

**Connect to Shelters for Abused Women**

- To prevent continued homelessness, connect women leaving Canada's shelters for abused women to permanent, affordable housing for themselves and their children through Housing First.

### **Include Single Gender Programs: Peers and Community Foster Success**

- Women-only and girl-only space is essential to safety and a sense of security, especially for those traumatized by abuse. Having the opportunity to build peer support networks and recreate community increases success of housing models and services for women and girls.

### **Family Homelessness is Increasing**

- The sharpest increase in homeless shelter use has been amongst families, in most cases headed by women. Homeless women with children need models that are responsive, recognizing needs such as child care, community supports, income and rental supports, proximity to schools and that housing conditions can raise a threat of losing children to child welfare authorities.

### **A Housing First model will not be appropriate for all**

- Violence survivors may need security measures for protection. Transitional housing, especially for violence survivors – women and girls - remains part of the solution.
- Housing First requires services and housing, which remain in short supply nationally. in Canada's north - Nunavut, the Northwest Territories and the Yukon - where rates of women's homelessness are high, this is potentially and insurmountable barrier to success

### **Apply Housing First to Women and Girls Living with Family Violence**

- Women and girls leave home to escape violence, including child sexual abuse. A Housing First approach needs to work to ensure women and girls safely keep their housing and abusers are removed.

**Housing First, Women Second?  
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A Brief from the *Homes for Women Campaign*<sup>1</sup>**

Housing First has been increasingly embraced by all levels of government as an important approach to ending homelessness. While some empirical research exists to support Housing First as a best practice, the anticipated results of the At Home/Chez Soi study will, no doubt, illuminate a great deal more about its efficacy, at least with respect to particular populations (Waegemakers Schiff and Rook, 2012; Groton, 2013). With a sample comprised of 32% women, the At Home/Chez Soi project, presents an important opportunity to interrogate the gendered experiences of homelessness and of Housing First interventions and we look forward, with interest, to its final report.

Referring to early impressive results of the At Home/Chez Soi study, Canada's 2013 Economic Action Plan commits \$119 million/year over 5 years to the continuation of the Homelessness Partnering Strategy (HPS) "using a Housing First approach" (Economic Action Plan). Going forward, in major cities, 65% of HPS funds will be dedicated to Housing First approaches, with the remaining 35% allocated to other initiatives able to demonstrate reductions in homelessness.

In the allocation of HPS funds and more broadly in pursuing action to end homelessness and secure the right to housing, it is critical that close attention be paid to the heterogeneity of the homeless population and how the pathways into homelessness – and hence effective solutions to homelessness – are shaped by social location and identity, including gender, race, Aboriginality, age and disability. Core Housing First principles, include:

- no housing readiness requirement
- some choice for clients in the type and location of housing
- individualized choice of supports and services, if any

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<sup>1</sup> *Homes for Women* is a campaign to prevent, reduce, and ultimately end the homelessness of women and girls in Canada. The many organizations guiding and endorsing this campaign collectively bring a wealth of experience in working with homeless women and girls to end homelessness and to secure the right to housing for all. See [homesforwomen.ca](http://homesforwomen.ca).

- harm reduction
- social and community integration (Gaetz, 2013).

While Housing First models have been developed for various sub-populations, the research has focused – as does the At Home/Chez Soi study – on chronically homeless singles with significant mental health issues, ignoring, as Waegemakers Schiff and Rook observe, “the complexities that families, single parent adults [overwhelmingly women] and multi-generational households present” and “may not address the efficacy of HF approaches for other homeless and high risk groups such as youth and seniors” (2012). Homes for Women is concerned that the research examining Housing First models for those who are chronically homeless has, to date, paid little attention to gender differences within this population.

Our collective experience in working with homeless women and girls points to a number of critical questions and considerations surrounding how to ensure the implementation of Housing First models is inclusive of women and works effectively to reduce the homelessness of women and girls.

## **1. Gender Considerations In Housing First Models for Those Experiencing Chronic Homelessness**

Violence plays a central role in shaping the pathways into homelessness for women and girls and once homeless, it is an ever-present reality of life on the street.<sup>2</sup> Attempting to avoid the violence of the male-dominated streets, many women and girls cycle in and out of abusive relationships, trade sex for temporary accommodation, and stay in unsafe and overcrowded housing. Their homelessness is less visible than that of men. To ensure their success for women, the ubiquity of violence in the lives of homeless women and girls and the reduced visibility of their homelessness must inform all of our strategies and models for ending homelessness. This holds particular implications for Housing First models.

### ***Inclusion of Women in Definitions of “Chronic Homelessness”***

Programs targeting those experiencing chronic homelessness (often with co-occurring addiction), need a gendered lens to inform definitions of “chronic homelessness” and how such definitions are put into practice. Precisely because the homelessness of women and girls is more likely to be hidden, there is concern that many will be categorically excluded from eligibility for Housing First programs. Inclusion criteria for Housing First models for those experiencing chronic homelessness need reflect an appreciation of the gendered nature of experiences of homelessness.

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<sup>2</sup> While the percentages vary across studies, a substantial body of research in Canada and the United States makes clear that domestic violence is the immediate cause of homelessness for many women and children (30% -63% across different studies), that among homeless women and girls rates of domestic violence and childhood abuse are significant (60%; 92% for homeless mothers), and that women and girls living on the streets experience high levels of physical and sexual violence (37% in year prior to study in one Toronto sample).

Chronic homelessness, for the purposes of inclusion in Housing First programs, has been variously defined.<sup>3</sup> Couch surfing, doubling up with other families in conditions of extreme overcrowding, cycling in and out of abusive relationships, trading sex for temporary accommodation, and other survival strategies that homeless women deploy have generally been categorized as indicative of “relative homelessness.” When the price women and girls pay for shelter is violence and abuse, their homelessness is qualitatively different from a person “provisionally accommodated” in the home of a friend and every bit as profound and as “absolute” as that of men on the street or in shelters. Moreover, many women experience episodic homelessness, as they move in and out of abusive relationships, and in and out of shelters (both homelessness and violence against women [VAW] shelters), in search of safety. The episodic nature of their homelessness is obscured when only time on the street or stays in homelessness shelters are considered.

### ***Mental Illness and Inclusion***

Concerns also arise in relation to how “mental illness” is operationalized as an inclusion criterion and consequently a determinant of services. While evidence suggests that homeless women experience high rates of PTSD (36%), drug and alcohol dependency (41%) and major depression (50%), many women (and many approaches to working with women) avoid psychiatric diagnoses and labels (Bassuk, 2010). Accordingly, the supports and services available through Housing First programs must also include community-based, non-clinical programs such as drop-ins, meal programs and recreational activities. Sistering in Toronto and My Sisters Place in London are examples of best practices for supportive communities for women that enhance housing.

### ***Safety First: Appropriate Housing Options Available for Women***

With some choice in type of housing and location being one of the principles of Housing First attention to gender also needs to inform the housing options within a Housing First model. The safety of women and girls must be a guiding consideration:

- Is safety better secured through congregate or scattered housing?
- Is housing located where women and girls will be safe from abusive partners and from predators?
- Are the public and private landlords participating in the model sufficiently trained on violence against women?

Our experiences working with homeless women and girls have made clear that women-only and girl-only space is essential to safety and a sense of security (Fotheringham et al., 2011). Moreover, in such spaces women and girls develop important relationships of peer support and build a sense of community together. For many women, their experiences of abuse and violence have been enacted in contexts of extreme isolation, and creating spaces

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<sup>3</sup> For example, Pathways to Housing in New York reflects the US federal government definition: unaccompanied individuals with a disabling condition who have been homeless for over a year or have had at least four episodes of homelessness over the past three years; while the At Home/Chez Soi project employs a broader definition, capturing those who are homeless – having no fixed place to stay for more than seven nights and little likelihood of obtaining accommodation, or being discharged from an institution, prison, jail or hospital with no fixed address – and those who are precariously housed and have had two or more episodes of being absolutely homeless.

for connectivity and community is integral to healing. The opportunity to build networks of peer support and recreate community needs to be considered both in housing models and in supports and services offered to women and girls. Research on Housing First with Indigenous populations has come to a similar conclusion, noting the importance of facilitating connection among peers and with Aboriginal communities (Bodor et al., 2011).

Housing options that enable women to maintain and/or re-establish their relationships with their children also need to be generated.

### ***Services and Supports for Women***

The distinct experiences and needs of women and girls must also be considered in developing the services and supports offered within a Housing First approach. Much of the Housing First literature speaks to the importance of harm reduction, but little attention has been paid to trauma-informed approaches increasingly utilized in work with homeless women, more broadly in the violence against women sector, and within Aboriginal communities. A trauma-informed approach recognizes that the vast majority of homeless individuals and families have experienced trauma – be it physical, sexual or psychological abuse, community violence, experiences of war, neglect, or intergenerational trauma – and that homelessness itself is a form of trauma (Hopper et al., 2010; DeCandia, 2013). Since trauma impacts one’s sense of safety, control and efficacy, service approaches are attentive to building a sense of physical and emotional safety with an awareness of possible triggering events and situations, and creating opportunities to rebuild control and interpersonal relationships. For women and girls trauma is often rooted in boundary violations, and hence clarity of roles and respect for boundaries in service provision is critical (Hopper et al., 2010). As with housing, safety in the context of service provision points to the need for women-only and girl-only approaches to mental health and addiction support. Experiences of boundary violation also mean that building trust with staff can take considerable time, but this is essential to ensuring that women are able to exercise genuine choice in services, a core principle of Housing First.

### ***Drug Treatment and Detox Programs***

Services need to include women- and girl-only drug treatment and detox programs which respond to the traumatic violence and exploitation girls and women endure. Approaches to mental health must be specific to the needs and experiences of women and girls.

### ***Supporting Mothers***

Most homeless families are led by sole support mothers. For mothers, visible homelessness poses a grave risk of loss of their children to child welfare authorities, a loss which has devastating consequences. Many may therefore avoid the very services through which they might gain access to Housing First programs. For women bringing children with them as they enter Housing First models, models need to be responsive to the needs of children, including addressing the trauma they have experienced, creating opportunities for participation in recreational activities, and supporting school attendance and participation. Models also need to respond to the realities of the care-giving responsibilities of women; providing childcare, for example, so women can obtain and retain employment and attend

their choice of treatment program. For women separated from their children, their desire to re-establish connection should be explored and re-establishing these relationships addressed in the services and supports that are provided.

### ***Finding Long-term Housing Stability***

The obstacles and barriers to long-term housing stability each woman faces need be identified and addressed, including:

- poor credit histories
- lack of references from Canadian landlords or guarantors
- discrimination by landlords
- inadequate income support and employment planning.

Supports need be sufficient in depth and duration to address the acuity of need and to enable women to maintain housing stability.

As one example, YWCA Hamilton's SOS project collaboration with shelters, transitional housing, and mobile support services based on a Housing First model in that city has housed over 100 women in the first year and 90% have maintained their housing in the first 3 months of being housed.

## **2. Effectiveness of Housing First for Women and Families**

As noted, Housing First models have been used with a variety of populations, yet the research has almost exclusively focused on models prioritizing the chronically homeless with mental health issues (and concurrent substance abuse). A number of programs in the United States have prioritized Housing First for families<sup>4</sup> and in the Canadian context, Peel Family Shelter, for example, has been described as a Housing First model (Waegmakers Schiff and Rook, 2012). The City of Sudbury has described its Housing First Strategy as prioritizing moving both individual and families as quickly as possible into permanent housing, and has identified an adequate stock of affordable housing, case management and wrap around services as essential for the success of the model (Community Solutions Team, 2008). Housing First programs have also been specifically designed for women escaping domestic violence: Discovery House in Calgary; and projects in Oregon and Washington provide examples (Strategic Prevention Solutions, 2011; Evaluation, Management and Training Associates, 2010).

### ***Housing First for Families***

While some of the models described as "Housing First" for families appear to offer little more than rent supplements (see for example a review of programs in New York City, Institute for Children, Poverty & Homelessness, 2013a), others reflect fidelity with core Housing First principles, including immediate access to permanent housing, consumer driven supports and treatment and with some choice in housing and location, no requirement of treatment as a pre-condition of accessing permanent housing, and social and community integration. While not subject to the same rigorous evaluation as models

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<sup>4</sup> Beyond Shelter in Los Angeles is perhaps the best known, but the US National Alliance to End Homelessness has primarily promoted Housing First as a strategy for assisting families.

targeting those who are chronically homeless, there is evidence to suggest that these models, when properly designed, play an important role in ending homelessness (LaFrance Associates, 2004). Proper design includes making available the supports that Bassuk et al. (2010) estimate some 80% of homeless families require:

- affordable permanent housing
- basic services for children
- education and job opportunities
- treatment for traumatic stress and mental health.

Attention to families experiencing homelessness is of growing importance; as noted in *The State of Homelessness in Canada 2013*, the “sharpest increase in shelter use [not including VAW shelters] has been amongst families (in most cases headed by women) and therefore children” Not only have the numbers increased, but so too has the length of stay (Gaetz, Donaldson, Richter and Gulliver, 2013).

### ***Housing First and Domestic Violence***

Four community-based domestic violence services funded to pilot Housing First in Washington State have been subject to primarily qualitative evaluation. The evaluation study reports “key successes” in, among other areas, keeping families together, enhancing women’s access to resources, and improving safety and stability. The evaluation study concludes that flexibility in how funding is spent so that providers can respond to women’s self-identified and prioritized needs is critical (so services are survivor-driven), as is the availability of a range of supports and vigorous housing advocacy (Strategic Prevention Solutions, 2011). Nine new agencies have been added to the existing four-agency cohort to continue testing the model (Partnering for Change, 2013). The Safe Housing Assistance with Rent Evaluation (SHARE) study, being undertaken by the Centers for Disease Control and Prevention, includes Oregon’s Home Free-Domestic Violence Housing First program to track success in preventing re-victimization and improving safety and enhanced quality of life for women and their children (Rollins et al., 2013). As noted in these and other studies, domestic violence is implicated in women’s homelessness not only because women flee their homes in search of safety, but because of its impact on women’s employability and thus economic security. Here both the negative health consequences of violence and men’s active efforts to sabotage women’s employment need be considered.

While it is no doubt important to find solutions to chronic homelessness for unaccompanied individuals, that a more substantive body of evidence exists to support Housing First in this context is not sufficient reason to direct funding only or primarily to such programs. Existing and new Housing First programs attentive to the needs and experiences of women (including those with children) and girls should be funded, as should rigorous evaluations of their outcomes.

### **3. Beyond Housing First**

Not even the most ardent supporters of Housing First take the position that Housing First, alone, will end homelessness and secure the right to housing. Rather, there is virtual consensus that a range of interventions and supports to address prevention, emergency



services and other models of housing and supports are required (Gaetz, Donaldson, Richter and Gulliver, 2013). We know that poverty and the lack of affordable housing are critical ingredients of homelessness; hence income support programs, minimum wage policies, and the generation of affordable housing stock are all part of the solution to homelessness. It is also reasonable to hypothesize that a Housing First model will not be appropriate for some; younger teen girls who require safe, girl-only transitional housing or women fleeing domestic violence who need particular security measures in place for protection come to mind. Transitional housing is an important option for women who have experienced the trauma of violence, mental health, sex work, addictions, where trust needs to be established. It has also been an effective option for youth and Aboriginal people, where trauma and violations of trust complicate their experience of homelessness and access to housing. A photo-voice project conducted with women permanently housed in the community who had previously been housed in the YWCA's transitional housing program Mary Dover House also provides reason to think that a move directly from homelessness to permanent housing may not be effective for all homeless women and that transitional housing, especially for violence survivors, remains part of the solution (Fotheringham et al, 2011). Attention also needs to be paid to the stark reality that in many parts of the country – Canada's north for example – Housing First models may be unworkable given the dearth of both services and housing.

In moving forward to end homelessness and secure the right to housing there is also much to be learned from the At Home/Chez Soi project on consciously making space for disadvantaged communities, including those with lived experience of homelessness, to participate at all tables where homelessness and its solutions are being discussed. Conversations about funding, about new models, about service, all need be constructed in an inclusive fashion, drawing in and respecting a multiplicity of viewpoints, and honouring the expertise of all participants. Indeed, such participation is itself an integral component of a right to housing.

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**For information on Homes for Women see [www.homesforwomen.ca](http://www.homesforwomen.ca) or contact: Ann Decter, Director of Advocacy and Public Policy, YWCA Canada, [adecter@ywcacanada.ca](mailto:adecter@ywcacanada.ca)**



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