An Investigation into Supportive Housing in a Rural Context

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Problems can look different depending on the environment in which they arise. Rural homelessness may not be as obvious or recognizable as urban homelessness and, therefore, does not receive the same level of attention, resources, or financing (Bowman & Ely, 2020). A solution for addressing homelessness that might work in a metropolitan area may pose more problems in a less densely populated area. For example, single-room occupancy (SRO) units have been vital in combating homelessness in larger centers like Vancouver and Calgary (Pijl & Belanger, 2020), but the demographics of rural homelessness include more families making the SRO model an inadequate measure to support those in need (Pijl & Belanger, 2020). Therefore, we have set out to address the question, what role does supportive housing (SH) have in addressing homelessness for people residing in rural areas?

> There are many existing models of SH, but the critical distinction is that SH offers ongoing onsite supports that are designed to meet the specific needs of the tenants. SH designed to support people with physical disabilities will look very different than SH designed to support people who have experienced chronic homelessness and addiction – but in essence, these models serve the same purpose: to offer additional supports that help people live safely, with dignity, and with as much independence as possible, in their own homes (R. Guiliano, personal communication, March 20, 2022).

In partnership with ANKORS in Nelson B.C., we have set out to learn more about whether SH can be instrumental in bettering the lives of people living rurally who are experiencing homelessness. By exploring existing research, and conducting informant interviews with frontline workers we intend to flush out emergent themes and potential solutions to this

complex issue. We, the authors of this paper, hope to shed light on this topic as well as inform future research that may be used to better the lives of those who are experiencing homelessness and help policymakers when delegating funding.

In conducting this research, we acknowledge our current privilege in that we are not experiencing precarious housing at this time and learning more about this topic can foster more empathy, increase understanding, and gain a connection to those whose stories are shared in the research. Armed with these newfound skills, we will be better equipped to enter the human service field and meet clients where they are at.

Rural Homelessness: A Unique Challenge

Barriers

The real problem is that there are many individuals and families who are under-housed, precariously housed, or homeless. One of the challenges is that the issue of homelessness has been tackled by policymakers in urban settings. Another challenge includes the lack of literature and research into the topic of rural homelessness in Canada (Dashora et al., 2018). Many homeless individuals also experience concurrent disorders, which means they experience mental health challenges that coincide with other issues, typically addiction. This list only begins to scratch the surface of the challenges individuals experiencing homelessness face everyday.

Rural homelessness can impact community stakeholders (CS) in a variety of ways. For the purposes of this paper, CS are defined as members of the community who have a stake in its growth, such as homeowners or business owners. For instance, some individuals may be supportive of helping people that are experiencing homelessness to obtain permanent supportive housing (PSH), while some CS may be more worried about the proximity of SH to their homes and the concept of "not in my back yard" (NIMBYism); others may be more concerned with

business and how it may affect their livelihood or family life (Nesbitt, 2018). CS generally do not want SH in their neighborhoods, near the schools or parks, or really anywhere with any visibility. The most prominently discussed issues amongst the literature that CS are concerned about are lack of affordable housing and homelessness, higher rates of suicide, homicide and domestic violence, deteriorating community values, as well as a lack of supportive services (Dashora et al., 2018). With housing being a social determinant of health, this highlights a greater need to address the problem of rural homelessness, despite the plethora of barriers.

The main barriers R. Guiliano (personal communication, March 20, 2022) expresses are access to affordable land in order to build SH, funding in order to make it happen, and NIMBYism/stigma. Developing SH in rural settings, specifically SH designed to support people struggling with homelessness and addiction, will have its own set of rural challenges. As compared to larger urban areas, smaller communities have a lower demand for services and less resources. Just as it makes more financial sense to open a fast-food restaurant in downtown Vancouver rather than in Balfour, it makes more sense to invest in SH facilities where the demand is highest. However, adhering only to this business-model perspective is unlikely to result in the development of strong, resilient communities. Identifying suitable and affordable locations to establish SH can be extremely difficult in areas like the Kootenays. Land and housing typically get cheaper away from a city center.

A big challenge in rural areas is the lack of public transit and accessibility of resources. If SH is established 30km away from the downtown core of a rural community, this can be very isolating and difficult for tenants to access basic needs services, such as medical care and food resources. The challenge always lies in matching support to individuals. A one-size-fits-all approach will not be successful. Everyone has different needs and these needs should be

accounted for when considering a person for SH. Guiliano (personal communication, March 20, 2022) explained that they ran into this issue when setting-up a sanctioned encampment for people experiencing homelessness in the early days of COVID. The structure did not work for everyone, so new options had to be explored. Something that they notice a lot in the rural communities is that if someone is barred from accessing the services of a particular social service agency, then they very quickly run out of options. For example, unless individuals are in downtown Nelson, they won't be able to acquire their Opioid Antagonist Therapy. For many people with medical needs in Nelson, the bus service is non-existent or inadequate, or there is simply no pharmacy or medicine shop, which may be quite difficult for individuals to access the services they need (J. Doe, personal communication, March 22, 2022). Whereas in a larger urban setting, there are more resources, and therefore, more options if someone "burns a bridge" (R. Guiliano, personal communication, March 20, 2022). There are more resources in bigger cities. A. Sheridan (personal communication, March 21, 2022) noticed residents of Nelson say things like "we're attracting more of a homeless population because we have a robust network of services," but in my experience, we do not cater to travelers. To access services here individuals, must be a local; otherwise, you're granted travelers status and can only access a minimum level of service. Furthermore, services like overdose prevention sites, are not operating 24 hours in Nelson or in most other rural communities. Barriers A. Sheridan (personal communication, March 21, 2022) noticed at work can be no guests in the resident's rooms, no kitchens, and residents needing to adhere to the "house rules". Having to sacrifice community and the ability to cook nutritious meals is a big ask. The North Shore Inn, in Nelson B.C., charges $375 a month, that has been a barrier in the past too. How people are considered to stay here can also be a barrier. For example, people at higher risk of overdose may not be considered, couples and

families can't live there. Couples have been allowed in the past, but in my time there it has only been single individuals, even other residents are not allowed in each other's rooms. Regulations police residents and people have had to be evicted as a result of not following the rules. Some of the more "mentally ill" residents are quite hidden there; these residents may have received other resources, help, form 9, or apprehended for being in community are hidden out there in their room, so, maybe they aren't getting the help they need (A. Sheridan, personal communication, March 21, 2022).

Issues

When it comes to SH for persons who are experiencing homelessness and substance use, DiPietro's (2011) research revealed some significant obstacles. Most of the themes center on the trauma of homelessness and the long-term effects of living on the streets, but others address issues such as behavior linked to mental health challenges and substance use. DiPietro (2011) overstates the importance of individuals understanding what it means to be properly housed, and how it may be a lengthy, difficult path with ups and downs that necessitate a great deal of therapeutic help. DiPietro (2011) states, "the clinical treatment that helps SH clients in housing cannot be rushed…and must be thoroughly understood to be adequately supported" (p.10). They are also concerned about PSH, which can be divided into three categories. The first is financing, and the necessity to find funding to support a diverse group of individuals. The second issue is collaborating with other service providers in situations where a client's treatment plan is required to provide them with housing stability (DiPietro, 2011). Lastly clinicians brought up the fact that various skill sets are required to live in a stressful environment versus a secure one. Although each community's PSH clients and dynamics will be distinct, many clinical characteristics will

be comparable. The clinicians claimed that keeping clients in housing is a process equivalent to changing one's entire way of living, particularly for those who have been living on the streets for extended periods of time (DiPietro, 2011). DiPietro (2011) discussed how "fundamental competencies" are required to live in stable housing and how these competencies must be taught or re-learned rather than taken for granted. Although physicians are concerned about teaching these people life skills, the structural issues, including financing, administration, and collaborations amongst participating providers, are all critical components of developing and maintaining effective SH programs. When deciding the funding timeframe, result metrics, staffing resources, and reimbursement guidelines, policymakers should exercise patience because the challenges in rural communities are different than in urban centers (DiPietro, 2011).

Nesbitt (2018) conducted research comparing the challenges faced by rural communities compared to those faced by urban and suburban communities. Because rural towns have lower populations, there may be fewer services and amenities available to help individuals who are in need. In addition, there are fewer funds available to administer and offer housing services. Rural communities, according to Nesbitt (2018), have smaller budgets than larger communities; therefore, they can only provide amenities like shelters and affordable housing stock, but cannot provide stable housing for individuals. As a result, even if some rural communities had the resources, homelessness and a shortage of some type of SH would rank low on their priority list. However, “rural towns may be able to better leverage their financing needs thanks to Canada's National Housing Strategy" (Nesbitt, 2018, p. 14). They can do this by collaborating with other funding agencies and levels of government to ensure funding meets the needs of their community.

Currently, there exists a limited amount of literature on the topic of how rural resource-dependent towns can best support the homeless population. Nesbitt (2018) brought up the topic of NIMBYism and how it is caused by various factors. According to Nesbitt (2018), " Rural communities tend to display fewer visible signs of homelessness, and instances of couch surfing and crowded accommodations means that housing availability and affordability are not often visible" (p. 12). This means that residents, city council members, and the business community do not support the idea of providing SH. With this in mind, Dashora et al. (2018) set out to find what the needs and experiences of homeless adults in Fort McMurray are, in hopes of finding solutions that work for the homeless population and CS; the study found using a visual approach to be effective in bridging the gap between people who access services and CS. The visual presentations the CS viewed showcased the lives and struggles of the homeless population of Fort McMurray. The presentations were separated into 5 sections including, expectations versus reality of Fort McMurray, availability of drugs, mental health, deteriorating physical health, and a final message from those experiencing homelessness (Dashora et al., 2018). Dashora et al. (2018) discovered that connecting homeless people with CS had a positive impact on all participants.

After the CS viewed the visual presentations, one of the themes that emerged was the need for increased funding and customized assessment tools, staff training and retention, fragmentation of services, and the need for improved linkage between organizations (Dashora et al., 2018). Dashora et al. found a need to reevaluate the Housing First (HF) criteria, which is a program to help people transition from the streets or emergency shelters to a stable and long-term housing system while also providing continuous care (Henwood, 2014). Despite the fact

that many of the study participants were chronically homeless and in urgent need, Dashora et al. discovered that they had been assessed to be of low priority. This was related to the tool used in Fort McMurray to decide eligibility for SH. Eligibility for HF is currently assessed using Service Prioritization Decision Assistance Tool. Although the Service Prioritization Decision Assistance Tool is widely used in North America, the findings indicate that the tool designed to assist the homeless population may present as an actual barrier to housing and other support services for some homeless individuals (Dashora et al., 2018). The findings also saw illegal substances to be easily accessible in Fort McMurray, which the boom-and-bust nature of the city's economy has contributed to. Dashora et al. findings were consistent with previous literature by indicating SH as vital for those experiencing homelessness rurally (Dashora et al., 2018).

Bowman and Ely conducted important research on people who are experiencing homelessness and involved in criminal activity returning to rural communities and what that might look like. They emphasized the point that people who experience homelessness are more likely to be involved in the justice system. Although the relationship between housing and crime is complex, it can increase the risk of people losing access to public housing (Bowman & Ely, 2020). The scope of this article focuses on the advantages of stable SH for these individuals, as well as how it contributes to psychological and community stability.

> There is a growing public interest in SH for offenders as well as greater receptiveness among policymakers to support programs that contribute to successful offender reintegration. Moreover, SH reduces recidivism, makes neighborhoods safer, promotes family reunification, and is more humane and cost-effective than re-incarceration. Homelessness and residential stability are considered critical and primary challenges

> facing offenders and their chance to achieve successful community integration. Obtaining permanent or stable housing is a daunting challenge (Bowman & Ely, 2020, pg. 3).

Individuals living in a restricted number of shelters, doubling up with family or friends, and inhabiting poor dwellings, automobiles, outdoor settings, and abandoned buildings are all common patterns of homelessness in rural regions. People experiencing homelessness rurally are likewise more "distributed," posing distinct access and distribution issues (Bowman & Ely, 2020). The study found that rural areas' ability to provide cheap housing to the general public, including returning criminals who are experiencing homelessness, need to be investigated. People who have benefited from SH may be able to contribute to future studies, allowing their voices to be heard.

Supportive Housing: A Potential Solution

Research was conducted in 2017 surrounding the Emergency Warming Center (EWC) in Inuvik, NWT. The EWC was operational only during the coldest months of the year to help prevent the loss of life due to exposure in the local homeless population (Young & Manion, 2017). The EWC was considered a “wet” shelter because unlike the permanent shelter in Inuvik, the EWC allowed guests to stay even if they had consumed substances (Young & Manion, 2017). Qualitative interviews were conducted with guests of the EWC shortly after they opened for the season, and before they closed for the season. The interviews suggested that the guest's social functioning improved during their stay, however, anxiety levels of the guests increased greatly when the shelter informed them it would soon close for the season (Young & Manion, 2017). This and other factors indicated the EWC provided a level of habituation to the guests that may have left guests more vulnerable when the EWC closed for the season. While the EWC was

not a true representation of the HF model, as residents were not allowed to consume substances while inside the EWC, it did provide evidence of the efficacy of the HF model (Young & Manion, 2017). HF approaches are correlated with improved health outcomes, reductions in substance use, increased health-seeking behaviors, and more prosocial activities (Young & Manion, 2017). The researchers were forthright about the shortcomings of their research model. Only 9 of the 20 guests, as well as the EWC's stakeholders, were interviewed (Young & Manion, 2017). In spite of the sample population used, the findings corroborated much of the literature on the necessary elements for successful HF approaches to homelessness-based harm reduction (Young & Manion, 2017).

> It's difficult when a shelter stay turns into a long-term stay since it's not where individuals want to be; the best situation is when people can earn their way out of the shelter. When people are on the streets, they are cold, they use more substances to comply, and they don't eat as well, therefore being in the shelter always has a beneficial effect. We do give access to methadone, as well as safe supply and harm reduction, so for some people, entering the shelter means using fewer street drugs (J. Doe, personal communication, March 22, 2022).

Pijl and Belanger's study was published in 2020. It highlights some of the main concerns regarding rural homelessness vs urban homelessness, and how people experiencing rural homelessness may be better supported by the community level, rather than the federal one (Pijl & Belanger, 2020). This seems to be alluding to the fact that a community will know what funds and services are currently available and how to properly bolster those supports to an increased demand. A policymaker several provinces away would have little to no understanding of the specific challenges and nuances that rural communities face. Pijl and Belanger's (2020) findings

illustrate the contrast in demographics between urban and rural homelessness in Canada. For example, Rural homeless individuals differ from their urban counterparts. They are more likely to be families and less likely to be single individuals. They are younger, more likely to be single women or mothers with children, and are often fleeing family violence. SROs may work well in a metropolitan area where those facilities may be utilized more often, but those measures come up short in supporting families. This would be most evident in the cases of single mothers fleeing abuse who may not feel safe in a communal environment with shared facilities. Although Pijl and Belanger are not explicitly making the case for SH, their recommendations include many aspects that SH offers.

The disastrous impacts of COVID-19 have resulted in rapid program and policy changes in the social services and healthcare sectors. Ryall Guiliano conducted a report on rural social service adaption in the context of a global pandemic. The research sampled frontline service providers to see how delivery of service was impacted by the Covid-19 pandemic. Guiliano's research highlighted the fact that our communities are experiencing multiple crises at the same time, namely the housing crisis, the overdose crisis, and the Covid-19 pandemic. The latter of those three crises have exacerbated the previous two.

> Several of these new approaches are rooted in ideas that have been discussed ad absurdum prior to the pandemic, namely: providing safe housing and welcoming public spaces for people who use substances and who struggle with mental health issues and prescribing a safe drug supply to decrease risk of overdose (Giuliano, 2021, p. 3).

Guiliano's work showed the adaptability of frontline workers in delivering services. Temporary accommodations for people experiencing homelessness were provided in creative ways to help keep those individuals and the community safe as the pandemic raged on. Hotels

were repurposed as short-term housing and isolation units, and additional emergency shelter beds were implemented during the coldest months of the year (Giuliano, 2021). Additionally, temporary homeless encampments were permitted by local municipalities to assist people experiencing homelessness to meet their needs including food, shelter, showers, toilets, harm reduction supplies, access to safer supply, and many other services the homeless population relies on for survival. Harm reduction supplies, food hampers, support groups, and counseling all needed to be delivered in new ways to account for public health measures. Frontline workers that took place in the survey reported different levels of challenges and successes in accommodating the new public health orders, but a common theme was that delivering services had become more complicated due to the environments where these services were being provided (Giuliano, 2021). The conclusions and recommendations Guiliano's report offered mirrored many service implementations that a SH environment could provide. Such as equitable access to healthcare, more accessible housing, improving resiliency with community integration, improved social services that address addiction and homelessness, and developing procedures for future environmental emergencies.

Although pre-pandemic, McCauley et al. literature review saw findings much in the same vein as how Guiliano's work reflected that SH has the potential to help people who are experiencing homelessness and mental health challenges. The scope was centered on the need for service providers to assist in running these programs to ensure that these individuals have access to support if needed and feel secure while living independently. McCauley et al. (2016) spoke about their previously homeless tenants and the staff involved in a SH program that could provide these individuals with safe, secure, and affordable housing. The authors discussed SH and how it promotes community integration through individualized support by embracing a

value-based approach (McCauley, et al., 2016). McCauley et al. wrote "despite dedicated efforts to build sustainable health and social infrastructure within small communities, equitable and timely access to appropriate housing and support resources by persons with enduring mental health challenges may be elusive" (McCauley, et al., 2016, p. 633). According to the literature presented, service providers and others who provide SH are in a unique position to demonstrate their understanding of the difficulties and opportunities associated with housing and supporting people with mental health challenges (McCauley, et al., 2016). Advocates for local planning, which includes the establishment of distributed housing and support teams to meet a local community's overall health needs in accordance with a larger regional plan, are critical in this strategy. It is vital to recognize that social inclusion is dependent on meeting people's specific needs while also respecting their autonomy. Service efficiency must be established in rural areas by bridging bureaucratic silos between the ministries of health and social services (McCauley, et al., 2016). This increases the likelihood of providing the right mix of timely assistance and necessary support to those in need.

Dohler et al. conducted a study on how SH may assist vulnerable populations to thrive in their communities, such as individuals who use substances and also experience homelessness. The focus of this study is on how SH can help people live independently in residential communities. On the basic set of principles, Dohler et al. made three points, SH can be housing orientated, which means it helps people not only get housing but also stay stable in it (Dohler, et al., 2016). Housing services are also multidisciplinary, assisting clients with "physical, mental, and substance use issues" (Dohler, et al., 2016, p. 2). With service providers on hand and ready to help, SH is optional but aggressive, which means that providers will continue to show up and check on renters even if they don't ask for aid. According to Dohler et al. (2016) research,

policymakers, administrators, and health practitioners are increasingly aware that a lack of secure housing can interfere with health goals, and that combining health care and low-cost housing can result in better outcomes for some people than offering both separately. Individuals in smaller communities do not have access to enough SH to meet their needs. Policymakers can assist with housing by attempting to provide more rental assistance this means "reinvesting savings generated by SH that reduces the use of health and correctional services to increase the supply of rental assistance and making greater use of medical services for SH and targeting SH only to those in need" (Dohler, et al., 2016, p. 2).

Within Dohler et al. research, they conducted a large-scale study that included Canadian citizens who experienced homelessness and were in desperate need of housing. According to the study, they had a high rate of stable housing 16 years after being offered SH. Some participants in this study reported using fewer healthcare services than they needed, but the other half increased their use of healthcare services, most likely because SH provided better access to appropriate healthcare services (Dohler, et al., 2016).

Hickert and Taylor (2011) emphasized that SH can be nearly as beneficial as HF models, which provide rental aid without any additional conditions such as treatment attendance or abstinence. This would result in better housing outcomes and, in certain cases, better treatment retention outcomes. Hickert and Taylor (2011) also stressed that at least half of all people experiencing homelessness suffer from mental health challenges. The authors of the article discuss how housing interventions should be characterized based on the amount and types of services provided. Brokerage and team support are provided via case management models to connect clients with current housing and support providers. Models that provide housing with wrap-around services, such as case management, medication management, or therapeutic

assistance, are referred to as SH (Hickert & Taylor, 2011). Even though the literature supports housing, it has been noted that several difficulties exist, particularly for people with more severe histories of substance use and mental health challenges. The scope of results provided by several of the studies are limited. Hickert and Taylor (2011), for example, discovered a number of positive outcomes for SH, although the dependent measures were confined to self-reported physical, social, and psychological integration.

R. Guiliano (personal communication, March 20, 2022), feels that in rural communities there is a high level of personal connection and relationships that are built, sometimes over many years, and this may not happen to the same degree in larger centers. In small communities there is a potential for service providers to work together more effectively in order to support people experiencing homelessness. Police, emergency services, hospital staff, mental health counselors, food providers, social workers, etc. – will typically know each other and, at least at the best of times, work together in order to figure out the best ways to support people. R. Guiliano (personal communication, March 20, 2022), has seen incredible results through the Kootenay Boundary Supported Recovery Program a harm-reduction based second-stage addictions recovery program. It has been life changing for many participants of this program to have consistent in-home/onsite support as they learn to manage their relationship with substances. However, this program is limited in that it is only suitable for people who are working toward maintaining sobriety and who are able to live relatively independently and can maintain their own living space, attend appointments and groups. This program is also time limited, participants can only stay for a maximum of 6-months, whereas a more permanent SH program could house people for as long as they chose to stay (R. Guiliano, personal communication, March 20, 2022).

> One positive outcome is that a lot of people have been successful at finding permanent housing. Another positive outcome is that people get connected to other important resources in town like nurses, KCDS, or ANKORS for drug testing. Through the Homelessness Prevention Program, the North Shore Inn was able to help a mother and son fund their rent for the next year, which was a big success. Also, there is a community at the North Shore Inn. Being across the bridge can be isolating and our residents have begun to create a community. Wherever they are in their life, they now have a safe space to be in. It's not perfect, but the staff at the North Shore Inn help people to get ready to be independent (A. Sheridan, personal communication, March 21, 2022).

Recommendations

It was suggested that as a starting point, residents of rural communities be made aware of the need for SH, because rural communities are smaller and more closely knit, raising awareness is easier than in urban and suburban regions (Nesbitt, 2018). Pijl and Belanger recognize that their study "… is one of the first works produced on rural homelessness in Canada. Consequently, its analysis, findings, and recommendations are modest concerning future research and policy development" (Pijl & Belanger, 2020, p. 2). Nonetheless, research needs to start somewhere to address the emergent social concern of rural homelessness in Canada. Providing resources to address landlord/tenant conflicts were among the strategies worth exploring, as well as creating and enforcing bylaws that prevent predatory landlords from taking advantage of those in need of adequate housing (Pijl & Belanger, 2020). Also mentioned in the strategies worth exploring were better policies to foster post-deinstitutionalization social reentry,

fostering social programs to help families meet their basic needs, and introducing accessible housing in rural communities, particularly for older people (Pijl & Belanger, 2020).

> From my perspective, the most beneficial housing model to implement in our region would be harm-reduction based SH for people struggling with homelessness and addiction. This would include 24-hour staffing of permanent housing options for this demographic. People would not lose their homes due to their substance-use and they would have ongoing support to achieve self-identified goals. This type of SH would take incredible pressure off other community resources and break the cycle of homelessness for many people in our community (R. Guiliano, personal communication, March 20, 2022).

Conclusion

Delving into the existing research on SH in rural communities has made two things abundantly clear. The positive effects of a SH environment are consistent across the board. The main positive outcomes have included improved individual and social functioning, less substance use, improved health outcomes, increased health-seeking behaviors, and an increase in the sense of control over the client's life (Young & Manion, 2017). The main barriers have been identified as the challenge of delivering services in the context of the Covid-19 pandemic, the need for more service providers to assist in a SH environment, how to integrate clients who display diminished fundamental capacities, pushback from community stakeholders (NIMBYism), and a lack of funding to implement SH (Nesbitt, 2018).

As writers, we were able to see the advantages and drawbacks of SH, which has helped us construct a picture of the awareness that has to be raised in rural communities to assist

individuals to thrive. Having a stable housing system for these individuals in need can provide empowerment as a result of the aspects of a SH system. If SH was available for these individuals, it would provide privacy, a sense of control over one's life, and a foundation upon which to build a new life. Empowerment is also fostered by a shared commitment to humane and dignified interactions, as well as the availability of social activities.The research has made clear that no action can be taken unless there is awareness of housing shortages, which is the most important component of reducing stigma and discrimination against the wide range of people in need of SH.

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