

AT HOME/CHEZ SOI FACT SHEETS

#5 - PARTICIPANT MOBILITY

The At Home/Chez Soi Fact Sheets comprises a series of brief reports highlighting key features and themes of the At Home/Chez Soi Housing First demonstration project in Winnipeg. As a collection, the fact sheets provide a broad overview of the project's structure, scope, methods, and outcomes to inform public understanding of the project. This factsheet highlights the residential mobility characteristics of the intervention (INT) and treatment as usual (TAU) participants in the At Home/Chez Soi project's Winnipeg site.

HOMELESSNESS & MOBILITY

People are not statically homeless. When people experience homelessness, they move through periods of being housed and houseless. During these periods they are physically mobile – moving to new or familiar residences, or even between different institutions and shelters. Mobility can be a coping mechanism and may be critical for accessing services, meeting basic needs, and exercising autonomy. However, it may also be involuntary, isolating, and prevent people from accessing adequate services.

AT HOME / CHEZ SOI & MOBILITY

One of the central goals of Housing First (HF) is to stabilize participants' housing so they can address their mental health and addiction needs. Housing stability data was one of the key outcomes of the study and it was collected using two instruments; (1) **The Residential Timeline Follow-Back** (RTLFB), which collected longitudinal data about where participants stayed every night over the two-year study period; and (2) the **Mobility History Survey**, which collected data about interurban moves over the 10 years leading up to the At Home/Chez Soi study. This factsheet highlights the residential mobility characteristics of the intervention (INT) and treatment as usual (TAU) participants in the At Home/Chez Soi project's Winnipeg site.

RESIDENTIAL MOBILITY OF INT PARTICIPANTS

During the two year duration of the project, INT participants moved on average 9.6 times (Figure 1). In addition to multiple moves, INT participants lived on average in 7.4 unique locations and spent 90 days at any given location. As one of the main objectives of the At Home/Chez Soi project is to ensure stable housing to participants, it is important to determine how many of these moves were to stable residencies.

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STABILITY & MOBILITY

One of the key indicators for the At Home/Chez Soi project is residential stability - the amount of time a participant spent in a stable residence housing type throughout the study period. Even if a participant moved many times throughout the study they were still considered stably housed as long as those moves were to a stable residence - long-term stays with family or an apartment with tenancy rights. Figures 2 and 3 compare the number of days INT and TAU participants spent in each housing type. Overall, INT participants receiving HF spent more time in stable housing and less time in street crisis or unstable residences than TAU participants. Breaking housing types into sub-types, INT participants spent less time in SROs, staying temporarily with friends and family, and couch surfing. Based on these findings it has been concluded that the At Home/Chez Soi project was an effective way to improve housing stability for those experiencing homelessness and living with a serious mental illness.

REASONS FOR MOVING

The reason that a person moves is based on a complex set of interrelated factors that are difficult to typify. In addition to being complex, the nature of these moves is also unique as participants moved short distances and long distances, short-term and long-term, and voluntarily and involuntarily. Many participants moved because they found a better housing arrangement, while some moved because they were incarcerated and lost their housing. Sometimes people left a location because they felt unsafe, and other times leaving

was their only choice following an eviction. People also left apartments because of substandard living conditions and bedbug infestations or simply because they enrolled in programs to treat an addiction, or stayed in hospitals to get mental or physical health treatment. Other participants moved in with partners and spouses, cared for parents and friends when they were sick, or visited their children. While residential mobility may disrupt housing stability, the diversity of reasons for moving suggests that it may in some cases contribute to stabilization over time.

Figure 1. Residential Mobility Characteristics of INT Participants Over Two Years

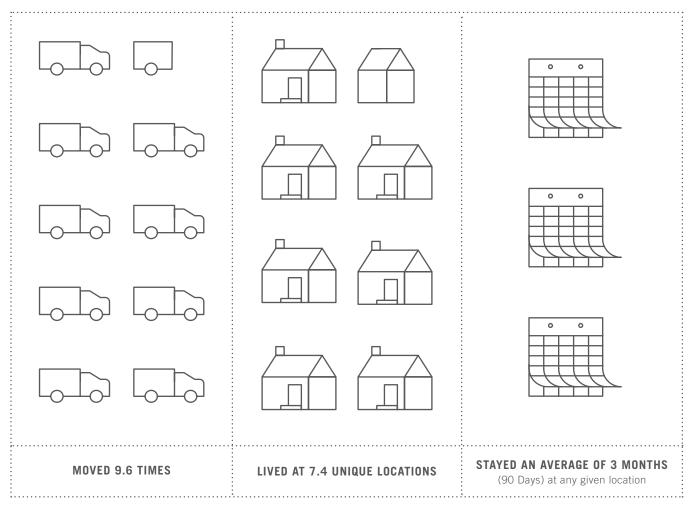
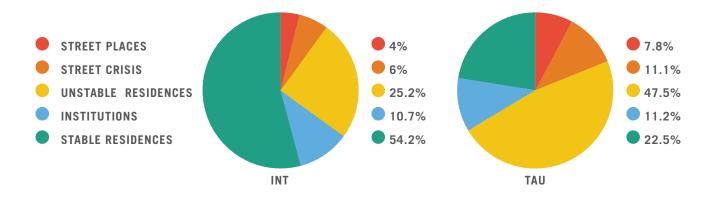


Figure 2. INT Time Spent in Different Housing Types

Figure 3. TAU Time Spent in Different Housing Types



HOUSING FIRST, AS DELIVERED THROUGH THE AT HOME/CHEZ SOI PROJECT, IS EFFECTIVE AT INCREASING HOUSING STABILITY AMONG HOMELESS INDIVIDUALS WITH MODERATE TO SEVERE MENTAL HEALTH CONCERNS.

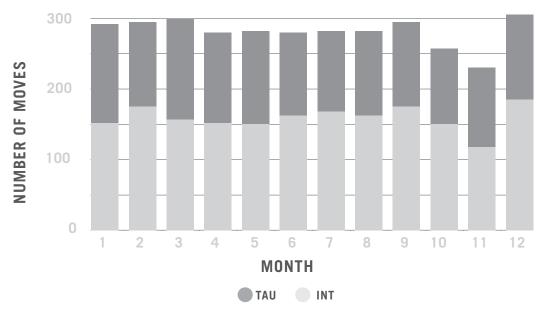
Research has also noted that homeless adults move seasonally, but the patterns and importance of this reason for moving has not been well documented. Except for a slight decline in October and November and a slight increase in December there was very little variation seasonally for both the INT and TAU participants in this study (Figure 4). This suggests that seasonality is not an important reason for moving in Winnipeg.

MOBILITY BY LOCATION

Data collected in the RTLFB allows us to map where participants lived in Winnipeg. Both INT and TAU participants spent the majority of the study period in the inner city (Figure 5). While this included stable residences, it also accounted for time spent at emergency shelters in the

inner city, and our data showed that TAU participants spent substantially more time than the INT group in emergency shelters. INT participants tended to spend more time at a given location (indicated by the number of larger circles), particularly in the West and North End areas of the city. Despite these differences, the overall spatial distribution of the two groups is very similar. This suggests that while HF was successful at placing people into more stable housing, the housing was in the same neighbourhoods they were previously occupying. Winnipeg's affordable housing is predominantly located in the inner city and the vacany rate during the time of the study was very low, which limited housing options for those receiving the HF invervention. It is also possible that Indigenous participants experienced less discrimination in inner-city neighbourhoods than in other areas of the city. People feel connections to areas that include people of similar socio-demographic backgrounds. Indigenous peoples, for example, often choose to migrate from reserves to specific neighbourhoods in Winnipeg and Edmonton because theses areas have high concentrations of similar residents. Housing affordability, service proximity, social connections, access to public transit, and discrimination are a few factors which concentrate At Home/ Chez Soi participants in the inner city.

Figure 4. Number of Moves by Month



MOVES OUTSIDE OF WINNIPEG

Participants' interurban migrations were mapped using a Mobility History Survey. During the ten years leading up to the At Home/Chez Soi project 120 participants made approximately 350 moves to 108 locations outside of Winnipeg. The top locations within Manitoba included Thompson, Selkirk (home to a mental health facility), The Pas, Sagkeeng First Nation, and Garden Hill First Nation. Outside of Manitoba participants tended to move westward to Saskatoon, Edmonton, Calgary, and Vancouver, although Kenora, Ontario also figured prominently as a migration site. Winnipeg participants made only eleven international moves, a smaller number than those in other cities such as Toronto and Vancouver.

CONCLUSION

Residential stability is a key outcome of the At Home/Chez Soi project. This factsheet provides an overview of some key findings related to participant mobility at the Winnipeg site. Although the reasons participants moved varied, how often participants moved, where they moved, and when in the year they moved did not vary considerably between INT and TAU participants. The key difference between the two groups is that INT participants spent more time in stable

housing. This outcome demonstrates that Housing First, as delivered through the At Home/Chez Soi project, is effective at increasing housing stability among homeless individuals with moderate to severe mental health concerns. However, the mobility characteristics of the two groups did not differ greatly and both groups remained concentrated in inner-city neighbourhoods.

REFERENCES AND FURTHER READING

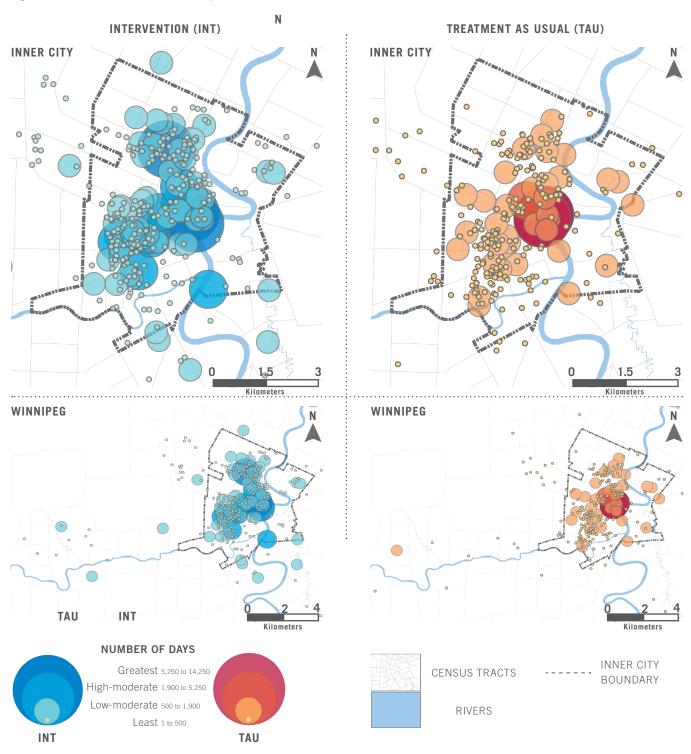
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Figure 5. Location and Duration of time Spent in Location: INT and TAU



¹Housing type was divided into five categories: (1) street places, which includes public spaces, abandoned buildings, or vehicles; (2) temporary or unstable residences, including SROs, hotels, rooming houses and staying with friends or family short-term; (3) stable residences, such as long-term stays with family or an apartment with tenancy rights; (4) street crisis, such as emergency shelters; and (5) institutions, including hospitals and prisons.

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