Housing Models for Survivors that Work!

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More Than Shelter....

The availability of safe, affordable, and stable housing can make a critical difference in a woman's ability to escape an abusive partner and remain safe and independent. Without viable housing options, many battered women, particularly those already living in poverty, are forced to remain in abusive relationships, accept inadequate or unsafe housing conditions, or become homeless and perhaps increase their risk of sexual and physical violence." -Anne Menard

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Housing First Philosophy

- Housing is a right.
- Housing FIRST not Housing READY
- No barriers for housing access
- Assessment done to identify and eliminate potential barriers
- Tailored, voluntary services

Back to Our Roots...

- Survivor-Driven: Options and choices
- Mobile Advocacy: Sexual violence response—advocate went to the victim
- Mobile Advocacy: Survivors helping other survivors navigate complicated systems
- Individualized and reflective of what a survivor asks for

Housing First for DV Survivors

- Domestic Violence Housing First (DVHF)
 focuses on helping survivors retain or
 access safe, permanent housing
 quickly—often bypassing emergency
 shelters completely
- Flexible approach gives survivors ability to establish a home and the freedom to choose how best to rebuild their lives

Four Key Service Components

- Survivor-driven Mobile Advocacy
- Housing Search Support
- Landlord and Housing AuthorityRelationships
- Practical, Temporary Financial Assistance

Housing Options

- Housing retention ("diversion" or homelessness prevention)—survivor may never leave the home or may leave temporarily if safety is a concern
- Rapid Re-Housing/Progressive Engagement
- Subsidized housing with services available may need a master leasing arrangement if undocumented or with bad tenant screening report (criminal record, debt, eviction)
- Permanent Supportive Housing

Home Free's Pathway

- 1926: Shelter for homeless women & children
- Incorporated DV services in early 1970's
- Added non-residential services in 1998, including "housing first" pilot
- 2003: Closed shelter to expand nonresidential services
- Current: Serving 4,500 per yr out of 10 community-based sites and through mobile advocacy

What Fueled Our Re-Design?

- Pilot programs/analysis of local response system revealed limitations of DV shelter as only gateway to DV advocacy
- Survivors: Huge need for direct financial assistance and avenues to affordable housing
- Barriers to safety/stabilization often posed by entanglement with multiple systems

How Our Housing Services Evolved

- HUD grant in 1998 was our step in the door
- Found that even high-barrier survivors were getting/keeping housing
- Connections forged with landlords and housing authority opened many doors program-wide
- We were sold! Program re-design based in large part on determination to expand our long-term advocacy and housing services

Home Free's Housing Program in a Nutshell

- Eligibility: Immediate DV crisis stabilized, housing stabilization a primary need
- Scattered-site, staffed by mobile advocates
- Earmarked funds for rental subsidy and flexible financial assistance
- Capacity: 55-120 households/yr
- Usual duration:6-9 months financial assistance (step-down), up to two years advocacy
- "Light touch" assistance also provided to support stabilization

Services Include:

- Danger Assessment, ongoing safety planning
- Systems navigation and accompaniment
- Housing search, advocacy with landlords
- Financial empowerment/Employment access support
- Rental subsidy and other financial assistance
- Links to civil legal and immigration law services
- Direct services for children, parenting support

Our Approach

- Broad eligibility, minimal requirements
- Tailored, survivor-driven services
- Mobile advocacy and home visits increase accessibility of services
- Strong emphasis on working across systems to address barriers
- Long-term support to better ensure true stabilization
- Trauma-informed
- Rental agreements held by survivor

Flow Through Housing Services

MILESTONE 1

First contact. Focus:

Response to

immediate needs.



DESTINATION

Full life not defined by DV... Financially stable, making own choices, capable selfadvocate.

MILESTONE 6

Focus: Embedding pattern of financial self sufficiency. Increased sense of personal power and resourcefulness.

Eligibility:
•Immediate
DV/SA crisis
stabilized.
•Housing
stabilization a
primary need.

MILESTONE 2

Intake. Focus: taking steps on short term plan, housing search.



MILESTONE 3

Housing obtained.
Focus: Addressing issues/needs that better ensure retention.



MILESTONE 5

Transition to permanency. Focus:
Discontinue reliance on subsidy.

MILESTONE 4

Active work on long-term goals. Focus: taking increasing responsibility for finances and systems navigation.

Home Free Outcomes

- •> 90% stably housed 12 months post-exit
- > 70% reach Milestone 5 (sig. gain in selfadvocacy skills)
- •> 95% increase coping skills/self-sufficiency
- •Self-Assessment:
 - > 95% increase ability to stay safe
 - •> 95% increase ability to make informed choices
 - 95% increase knowledge of resources/how to access them

SHARE Study: Research Underscores the Connection

- Housing instability is associated with poorer outcomes above and beyond survivors' level of danger due to DV
- Increased housing stability a significant predictor of improvements in many areas of life:
 - Increased safety, decreased vulnerability to abuse
 - Lower levels of PTSD and depression
 - Higher quality of life
 - Increased ability to sustain employment
 - Improvements in children's outcomes

Lowering Barriers

- If shelter-based: how will services be accessed by survivors not using shelter system?
- Ideally: Broad eligibility ("housing first" starts with housing!) – but reality is that funding type may impinge on who you can serve
- Consider additional adjustments needed for cultural communities (language, knowledge base, attention to historical trauma and current discrimination)
- Mobile Advocacy

Survivor-Driven Services

"I can't begin to describe how wonderful it feels to spend the bulk of my time being helpful to people in a way that they determine they need help! I no longer spend a significant portion of my day having conversations with people that were awkward for me and must have felt humiliating and defeating to them."

"Our program doesn't expect people to live in a way that we wouldn't live our own lives. It seems to be a fairly radical concept in a lot of circles."

- Home Free Advocate

Mobile Advocacy and Home Visits

"Taking the time to do home visits, going with people to court or other places communicates 'I'm here for YOU' and makes a connection that is unique. Other services survivors are having to navigate just aren't structured that way."

-Home Free Advocate

Rethinking our Assumptions

"Sometimes you're just going to have to drink that cup of tea if you want to build trust, and that's ok!"

- Home Free Advocate

Mobile Advocacy and Safety

"I think the more I learned about domestic violence, the more I realized that I am not really the person at risk."

- Home Free Advocate

Elements of the Cultural Shift

- Embracing housing as part of DV advocacy work
- Advocate mindset: how is talking about utility allowance/lead-based paint inspection still DV advocacy??
- "I'm going where, now? To survivors' homes?"
- What is lost when we move away from shelter?

Cultural Shift (con't.)

- Belief systems around confidentiality, advocate safety, boundaries
- Belief systems around survivor safety/danger vs self-determination
- Leaving our offices/shelters/secret
 locations
- Allowing more autonomy to staff around time and money

Further Equipping your Program

- Right people for these new jobs?
- What new skill sets/ info base do we need?
- How do we ensure support for advocates who'll be in the field much of the time?
- What partnerships do we need?
- Figuring out confidentiality within all these new relationships (who may not "get it")

Taking Steps to Embrace a Housing Focus

- 1. Program Assessment: How are current services moving us toward our mission? What are survivors telling us about their needs? Who are we not seeing in our program, and what can we change to increase access?
- 2. Piloting: Where does it make sense for us to start? What existing funding can be used? What new funding can we apply for? What key partnerships should we cultivate? What new expertise, policies, and practices do we need? How will we measure our effectiveness?

Taking Steps to Embrace a Housing Focus (con't)

- 3. Assess Pilot Programs: Does utilization affirm need? What was our effectiveness? Are services feasible budget- and staffing-wise? Have changes reduced duplication, filled gaps in system, improved community response to underserved needs of survivors?
- 4. Broad Dialog About Impact: How will our change affect the landscape (community partners, cultural communities, services gaps, funding trends)? Who do we need to talk with (staff, board, community partners, funders, participants, volunteers and other supporters)?

Short of Broad Re-design, What Can Be Done?

- Searching, critical look at how well community addresses survivors' critical housing needs
- Discuss ways to provide longer-term advocacy
- Lower barriers to services (incl. non-shelter-based access points
- Acquire specialized knowledge regarding housing and housing law that protects survivors
- Intervene with landlords to help survivors with DVrelated tenancy issues
- Develop a relationship with local housing authority, landlords, developers

Short of Broad Re-design, What Can Be Done? (con't)

- Cultivate partnerships with antipoverty/homeless services providers, CCEH, Fair Housing Council, tenant advocacy groups
- Strengthen partnerships across systems to help reduce obstacles to survivors' housing stability
- Collect information about your community (rental market, affordable housing stock, vacancy rates, resource availability, etc.) to build a case for fund development, influence community planning
- Gather input from survivors to help shape your services/community response

How Ready Are YOU?

• What's in Place? What seems most challenging? Where could you get started?

Program Assessment Tool

WSCADV DV Housing First

- 5-Year pilot project funded by the Bill & Melinda Gates Foundation
- 13 agencies: 3 urban, 2 medium-sized, 8 rural
- 3 reservation-based Tribal programs, 1 rural program targeting Latina farmworkers, 1 urban program for refugees and immigrants

DV Housing First Is EFFECTIVE

- In Cohort 2, 53% of survivors had permanent housing at program entry, increasing to 86% by January 2013
- After retaining housing, survivors felt safer and their danger levels decreased

What About DVHF Works ~ According to Survivors

- The advocates: connection, non-judgmental
- Being rooted in a community
- Not just any housing, safe housing
- Stability for survivors and their children = empowerment, healing, restores dignity and hope
- Keeping/ getting a job and school
- Culturally-specific services

What About DVHF Works ~ According to Advocates

- Rooting survivors and agency in the community
- Survivor-centered advocacy/ individualized service
- Flexibility contributes to survivors' empowerment, healing, and hope

Lack of Social Network-Community

Difference between someone who is impoverished, but housed, and person who is homeless: **Social Network**

DV survivors often homeless/at risk of homelessness because of they lack that network.

- An abusive partner's pattern of coercive control
- Isolation from friends and family
- Ostracism in community
- Economic abuse
- Sabotage to maintain control over partner

Restoring Connection

- Community is vital for restoration of social network.
- Community is vital for a survivor to heal from trauma and for children to build resiliency.
- Community is vital for connection to resources and relationships.
- Community is vital for safety.

"It's All About The Community!"

How do we move from secrecy and being "in hiding" to providing a bridge to community—either the community of origin or a new community?

"Because of the support I've been getting through this program, I've been able to focus more on what I need to do to take care of myself and my kids: school, mental health appointments, doctor's appointments and staying away from relapse."

- DVHF Participant

What Does YOUR Community Look Like?

Environment and resources for survivors with complicated challenges:

- Abuser contact or reunification—assurances for housing and service providers
- Drug/alcohol use
- Safety in old neighborhoods, resources in old or new neighborhoods
- Mental health resources and other resources to alleviate trauma

How Much Time and Financial Assistance?

Progressive Engagement

- Survivor driven—start small, and immediate
- Build rapport, be reliable
- Build your relationships with community resources, so you can build solid bridges for survivors to the services they want
- Keep door open—"life happens"

"A lot of survivors are very resourceful and self-sufficient, and they really only need a short-term "light-touch" subsidy...Giving them the light touch subsidy and the resources that they need to become self-sufficient in a very short time, I think, is preventing future homelessness."

- DVHF Advocate

Housing Options Available

- Do you have a range of housing options in your community?
- What do your housing programs look like?
- What does your housing/homeless organization stock look like?
- How available is subsidized housing?
- What does housing in general look like in your community?
- Where are survivors going for housing now?