PERINATAL SUBSTANCE USE
HOUSING

Planning, Design and Implementation Report **OCTOBER 2024**

PROVINCIAL PERINATAL SUBSTANCE USE PROGRAM

BC WOMEN'S HOSPITAL+ HEALTH CENTRE
Provincial Health Services Authority

MENTAL HEALTH AND SUBSTANCE USE PROGRAMS + INITIATIVES

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People with Lived/Living Experience Acknowledgement

Consultation with people with lived and living experience has been at the heart of this work. We extend our deepest gratitude to the women and birthers who generously shared their stories and expertise. Their contributions have ensured that the housing model is grounded in their realities, needs, and aspirations.

Partnership Acknowledgement

This work would not have been possible without the collaboration and dedication of our community partners. We are grateful to the Aboriginal Coalition to End Homelessness, Coast Mental Health, Easter Seals House, and Elizabeth Fry Society for their partnership in addressing systemic inequities and their commitment to creating meaningful change.

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Executive Summary

Since its inception in 2019, The Provincial Perinatal Substance Use Program (PPSUP), as part of the Mental Health and Substance Use portfolio at BC Women's Hospital + Health Centre (BCWH), has been providing centralized leadership to transform perinatal substance use services in order to improve health and social outcomes for women and people affected by substance use and their families. The Program supports Provincial Health Services Authority (PHSA)'s strategic action to advance access to evidence-informed services across the continuum of care for perinatal populations with substance use. Ensuring access to appropriate housing with integrated wraparound supports is a critical part of this continuum. However, perinatal individuals and their families remain an overlooked group in housing policy and practice, leading to gaps in services and increased risk of housing insecurity or homelessness.

BCWH is committed to addressing these disparities by amplifying the voices of women with lived and living experience and working alongside community partners to develop evidence-informed housing models for the perinatal population with mental health and substance use challenges. Key activities have included: review of literature and environmental scan; development and validation of housing recommendations; creation of an evidence-informed housing model; and implementation of supportive housing pilots. Although the housing models were initiated before the PSU Housing Model was fully finalized, these case studies offer a critical opportunity to analyze how key elements of the model can be translated into practice. Overall, the pilots highlight the need for improved coordination between housing providers, healthcare systems and child welfare systems to ensure that the supports envisioned in the model are available and sustained over time.

This executive summary presents a concise overview of key findings from a formative evaluation of the housing pilots. It also provides, in full, the recommendations arising from the entire body of housing work undertaken by BCWH.

Key findings from the evaluation of the pilot programs

Capacity of housing providers to serve this population

A primary takeaway from the evaluation of the pilot programs was that even though an organization has experience in providing housing, they do not necessarily know how to provide effective housing with supports for this population. Successful implementation of the pilot programs therefore depended on the level of collaboration enabled between the funding organization as a subject matter expert with regards to the population served and the partner housing organization. Two factors that impacted the readiness of housing organizations to support perinatal people with substance use challenges emerged from the data:

- How they addressed their lack of direct experience with the target population; and
- The extent of their understanding of the kind of housing and supports required.

Stabilization and safety of program participants who are actively using substances

One of the pilot programs, which was aimed at supporting women to stabilize prior to delivery, allowed active substance use on site. However, the program did not provide overdose prevention services and did not receive funding to do so. This created potential safety concerns for women and staff.

Complexities of providing family-inclusive housing

It can be challenging to include partners in housing when they are at a different stage of stabilization or recovery than the women, or where there is intimate partner violence. Two of the pilot programs allowed partners to stay in the housing units. Neither of them offered supports to partners. Where partners were not stable, this may have contributed to incidents of intimate partner violence within one of the programs, which staff did not feel adequately prepared to address and support.

Provision of wraparound supports

Providing comprehensive health and psychosocial supports to women and their families is essential. Across the three pilot programs, organizations used a variety of approaches to expand the range of services and supports available to participants. These included: offering pilot participants access to their existing programs; providing in-reach to acute care; establishing partnerships or linkages with other specialized community services; and providing transportation to services in the community.

Budget considerations

During early implementation of the pilot programs, it became apparent to providers that not all essential program components had been identified and budgeted for. These included: provision of food; access to transportation; maternity and baby supplies; phone and wi-fi access; payment of utilities; adequate staffing complements in relation to the need of the population; and resources for programming and activities, including Indigenous-led programming and supports.

Communication and information sharing

In some instances, there was insufficient communication between the pilot program and other services working with the women. This resulted in confusion for staff about their responsibilities towards participants as a housing provider and duplication of work between agencies. Lack of agreement about appropriate sharing of participant's medical and biopsychosocial information led to tensions between staff at different partner organizations, particularly when there were disagreements about the suitability of a participant to the program.

Length of programs and transitions

Research indicates that longer lengths of stay in supportive housing (i.e., of at least two and up to four years or more) are associated with better outcomes for women and their families. Available funding for the housing pilots could only support a six-month length of stay, which potentially exposed women to the risk of homelessness or housing insecurity at the end of the pilots.

However, as a result of the pilot, one of the organizations was able to secure ongoing funding from other sources. All of the pilot programs reported that, although not ideal, provision of short-term housing helped many of the participants to stabilize, have healthier pregnancies, keep custody of their baby and, for some, enter longer-term housing or residential treatment.

Recommendations

When implementing the recommendations, it is crucial for funders and policy makers to ensure equity of provision across the province so that services are accessible to residents close to their home communities.

Increase the visibility of this population

Perinatal women and their children as a homeless population have been left out of societal discourse, public policy and research agendas, resulting in their being overlooked in funding priorities and the development of appropriate housing supports and service delivery models. Arguably, there is no other group for whom the right housing with supports will yield more significant returns on investment.

Policy makers and funders should:

- Revise Belonging in BC and the Complex Care Housing Framework to incorporate the specific circumstances and service needs of perinatal people with substance use challenges and their children. This includes recognizing them as a priority population and identifying actions and funding to address their housing and support requirements.
- Include perinatal people with substance use challenges as a priority population for housing with supports in all provincial and health authority level policy and funding decisions going forward.
- Refer to the Perinatal Substance Use (PSU) Housing Model as a template for evidence-informed service design and delivery.
- Ensure that funding to develop supportive housing for this population is made available to communities outside of the Lower Mainland, which are currently underserved.

Prioritize access to specialized long-term housing and supports

Drawing on the evidence that informed the PSU Housing Model, there needs to be a shift away from reliance on short-term and transitional housing models to timely provision of long-term housing with ongoing flexible supports.

Funders should:

- Prioritize funding for long-term/non-time-limited housing and supports.
- Encourage providers of long-term social housing to establish tenancies with this population.

Service providers offering transitional or short-term housing and supports should:

- Work proactively with participants to find long-term housing with supports.
- Avoid discharging participants into homelessness or unsafe/precarious housing.
- Build relationships with long-term social housing providers to prioritize this population.

Increase support for Indigenous-led housing

Indigenous-led supportive housing is crucial because it provides culturally appropriate care that addresses the specific needs and experiences of Indigenous women.

Policy makers and funders should:

- Prioritize funding and capacity building for Indigenous-led models of housing and supports. This includes ensuring funding for Indigenous-specific roles, such as Elders and Knowledge Keepers.

Expand family-inclusive housing

Housing that is family-inclusive is crucial for facilitating family unity, but delivering it successfully can be challenging.

Policy makers and funders should:

- Invest in family-inclusive housing with supports to enable women and families to stay together or be reunited.
- Commission more research into effective/promising family-inclusive housing models.

Housing providers should:

- Ensure staff are equipped to support families in a trauma-informed way, including dealing with incidence of intimate partner violence.

Strengthen selection and planning processes

Development and delivery of effective and viable housing with supports rests on selecting the most appropriate operators and allowing time and resources for planning.

Funders should:

- Implement a careful selection process to identify the most suitable organizations to provide housing and supports.
- Ensure sufficient time and resources for a comprehensive planning process.
- Develop detailed Memorandum of Understandings (MOUs)/program agreements with partner organizations to include: services to be delivered; funding; scope of activities; duration of program; outcomes measures and performance indicators; reporting requirements; information sharing; and statutory and policy compliance requirements.

Housing providers should:

- Ensure that there is buy-in for serving this population at all levels of their organization.
- Demonstrate that they have the resources to train and support staff and volunteers, to ensure that all workers can respond effectively to the complexities of supportive housing provision for perinatal women with substance use challenges and their families.

Develop the workforce

Effective provision of housing with supports for this population relies on facilities having an appropriate number of well-trained staff with the understanding and capabilities to work with individuals with multiple complex needs.

Funders and service providers should:

- Ensure that individual staff are not working in isolation.
- Provide 24/7 coverage for women who are in the early stages of stabilization or recovery.
- Provide foundational and ongoing staff education and training, ideally in-person:
- This should emphasize relational practice with women who may have experienced stigma, violence, racism and trauma.
- Ensure that all staff have access to ongoing supervision and mentoring.

Support substance use and recovery pathways

- Housing individuals who are on different recovery pathways is complex, particularly in congregate settings, as the needs of those in active use may conflict with the needs of those pursuing abstinence. Women who are parenting and actively using substances may require additional supports/advocacy to understand and meet the requirements of different child welfare systems.

Funders and service providers should:

- Provide a variety of housing options, including low-barrier and abstinence-based housing with supports.
- Promote the safety and recovery pathways of all participants:
    - Designate certain floors for residents in abstinence-based recovery only;
    - Establish clear, enforceable rules prohibiting use of substances in shared spaces;
    - Have staff perform routine safety checks and filing of Missing Person Reports (MPR) when appropriate, as communicated to participants during intake;
    - Have staff perform routine checks of shared spaces; and/or
    - Install CCTV.
- Ensure the safety of women who are pursuing stable active use, by providing at minimum:
    - Access to clinical supports through an interdisciplinary team;
    - Supportive services to help tenants achieve and maintain housing stability;
    - A higher level of support (particularly in the evenings and at weekends); and
    - Access to overdose prevention and other harm reduction services.
- Develop relationships with MCFD/Delegated Agencies to ensure collaborative care planning and advocacy for this population.

Provide comprehensive, wraparound supports

Housing for perinatal women affected by substance use must come with access to a wide range of health and psychosocial supports for women, their partners and their children.

Funders should:

- Fund housing and wraparound supports for women, partners and children:
  - Funding may be given to one organization to provide both housing and supports; or
  - Housing and supports may be funded separately through different organizations, according to their expertise.

Service providers should:

- Provide wraparound supports that are attached to the woman rather than the housing program, and that therefore follow the woman (and her family) when she moves to different housing.
- Partner or collaborate with local agencies to provide in-reach supports to the housing units, including professional mental health services.
- Develop partnerships with and provide in-reach to maternity hospitals to facilitate supported transitions from acute care to supportive housing.
- Develop partnerships with MCFD, Delegated Agencies and Nations that have reclaimed jurisdiction over child and family services to better support women and children involved or at risk of becoming involved with child welfare services.

Strengthen communication and appropriate information sharing

All factors related to communication should be discussed and clarified prior to program implementation.

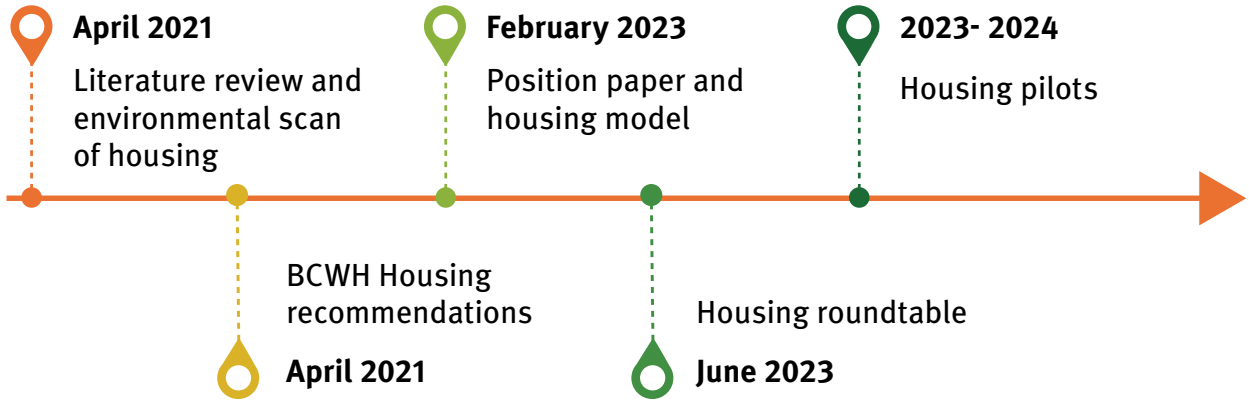
Service providers should:

- Determine the minimum client information needed to provide safe and effective service.
- Ensure that any information shared is in the best interests of the client and in compliance with legal and professional requirements.

Introduction

Since 2019, the Provincial Perinatal Substance Use Program (PPSUP) under BC Women's Hospital (BCWH) Mental Health and Substance Use Programs and Initiatives has been leading an initiative to improve health and social outcomes for perinatal people with substance use challenges and their families. Destigmatizing substance use, decolonizing care and promoting evidence-informed, leading and wise practices are important objectives of the program.

Within this work, housing has been an important focus, as illustrated below:



This report summarizes the key findings arising from this body of work. Recommendations are provided with the goal of informing future work by policy makers, funders and service provider agencies across BC.

Why this work is so important

Perinatal people with substance use challenges are an overlooked group in supportive housing policy and practice. Yet ensuring that this population has timely access to stable and appropriate housing with wraparound supports is crucial. Such housing helps to:

- Promote positive parenting;
- Facilitate family reunification;
- Break intergenerational cycles of harmful substance use; and
- Foster long-term wellbeing and resilience.

While evidence-informed housing models for marginalized populations exist and are being rolled out across the province, this population remains largely invisible. For instance:

- Belonging in BC (2022-2025), the current provincial plan to prevent and reduce homeless, does an admirable job of highlighting women as an important and often hidden group within the homeless population. It also speaks to the housing and support needs of people with substance use challenges. However, the plan makes no reference to pregnant and parenting women, which leaves them out of the overarching strategy to address homelessness in BC.
- The Complex Care Housing Framework (2022) has been developed specifically to address the housing and support needs of people with significant mental health and substance use challenges. It highlights the importance of developing service delivery models that meet the particular needs of some groups, including Indigenous people, young adults and people with developmental disabilities, but it does not recognize perinatal people as a distinct target group. Again, this population is overlooked.

It is hoped that this report will shine a spotlight on the population, not merely to make them visible to those working in the supportive housing space, but to ensure that they are included in housing policy and provision moving forward.

A note on terminology

Gender and language: In order to acknowledge and be inclusive of individuals who are pregnant or have given birth to a baby but do not identify as female, and to respect those who do identify as women and mothers, this paper uses the terms ‘women,’ ‘people,’ ‘mothers,’ ‘parents,’ and ‘program participants.’ These terms are used interchangeably in the body of the document.

Definition of recovery: The term “recovery” in this document encompasses the full diversity of healing and recovery pathways, including abstinence and stable active use.

Housing Matters – Findings from the Research

In 2021, BCWH commissioned foundational research on housing and supports for perinatal women with substance use challenges. This comprised:

- A review of academic and grey literature on leading practices, including culturally appropriate and safe housing for Indigenous women and families; and
- An environmental scan of current services in BC.

Key findings are summarized below.

Current issues with housing provision

The environmental scan of housing for perinatal people with substance use challenges in BC revealed several significant issues with the current landscape of services and supports:

- **Lack of specialized housing programs** – There are few housing programs in BC designed specifically for perinatal women with substance use challenges. The majority of these are located in the Lower Mainland. Most of the programs have restricted bed capacity and are time-limited. Many exclude partners and do not accept older children.
- **Limited availability of long-term housing with supports** – There is a reliance on emergency and short-term housing resources. Only a small number of programs exist that provide integrated supports and allow residents to stay longer than three years.
- **Lack of coordination across the system** – Most of the time-limited programs do not typically provide residents with a clear and supported pathway to the next stage of housing. The lack of coordination increases the risk of parenting women falling back into housing insecurity or homelessness, particularly at points of transition from one housing program to the next.
- **Over-reliance on the housing continuum model** – This model presents a linear progression from homelessness to home ownership. Individuals must move through multiple stages of time-limited accommodation before securing permanent housing. There is a reliance on emergency and transitional housing to enhance people's "housing readiness" prior to qualifying for permanent housing. The model assumes that there will be smooth and unbroken transitions from one housing stage to the next, which is rarely the case in practice.

The importance of appropriate housing

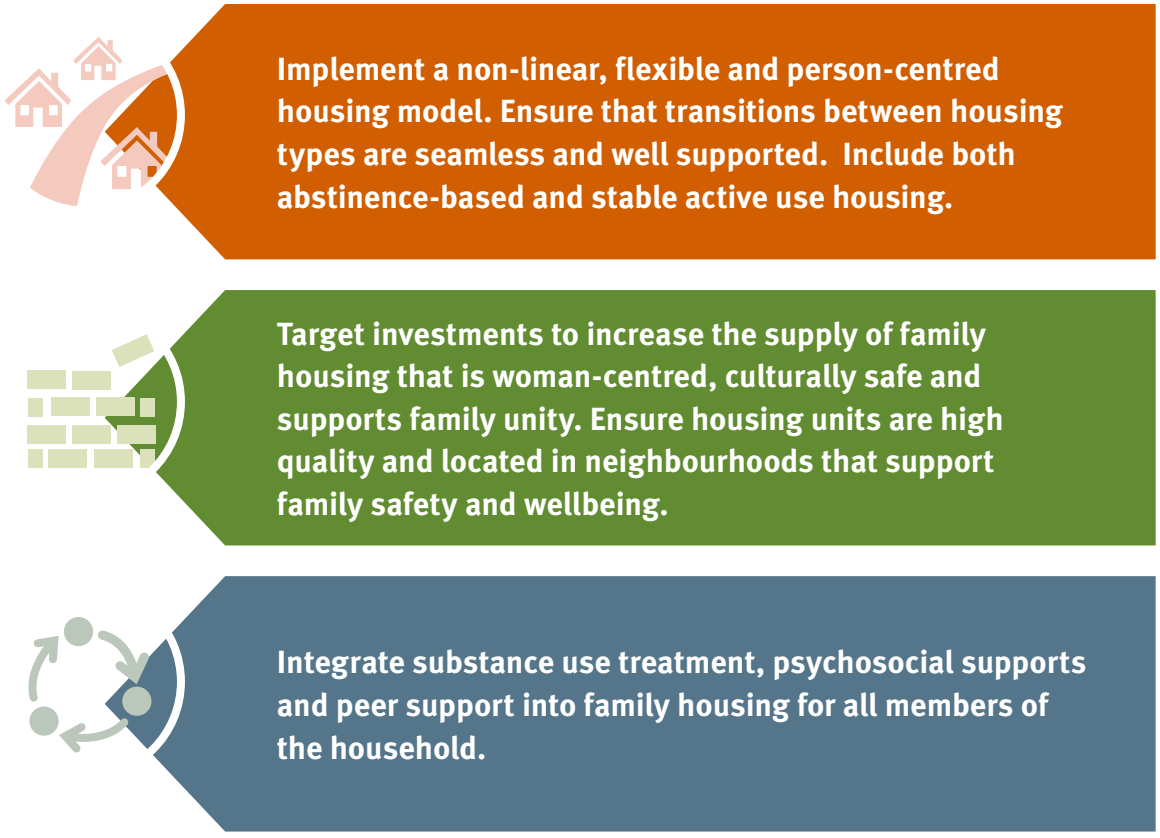
Three strong messages emerged from the published literature that encapsulate why housing with supports matters for this population:

- **Housing with supports is essential to recovery** – Safe, affordable, long-term supportive housing is foundational to meeting the needs of parents in recovery and their children. Stable housing is an essential platform for recovery, enabling parents to make and sustain positive life changes. Without it, healing and recovery are nearly impossible.
- **The right housing keeps mothers and children together** – Homelessness, housing instability and unsafe housing can prompt investigations by the child welfare system, lead to child removal, and prevent or delay family reunification. Improving the housing situation for families, including those experiencing complex challenges, can substantially increase the likelihood that they will be reunified. Access to safe and stable housing enables women to go home from hospital with their infant.
- **Housing stability is central to maternal and child wellbeing** – Stable, safe housing before, during and after pregnancy is critical to promoting positive maternal and infant health outcomes. Homelessness and housing instability have a negative impact on the health and wellbeing of perinatal women and their children, including increased incidence of pre-term and low-birthweight babies, developmental challenges in young children, and behavioural problems, mental health issues and harmful substance use in teens. Housing is an inherent protective factor that can mitigate these negative impacts.

BCWH Housing Recommendations

Findings from the foundational research shaped the chapter on housing in BCWH's Provincial Blueprint for a Perinatal Substance Use Continuum of Care (2021). The Blueprint sets out recommendations for system transformation across perinatal substance use services. Three of these are related to housing (paraphrased in Figure 1 below):

Figure 1. Blueprint housing recommendations



Following on from these recommendations, and as a first step towards an evidence-informed system of supportive housing for perinatal women with substance use challenges and their families, BCWH sponsored the development of a housing model specifically for this population.

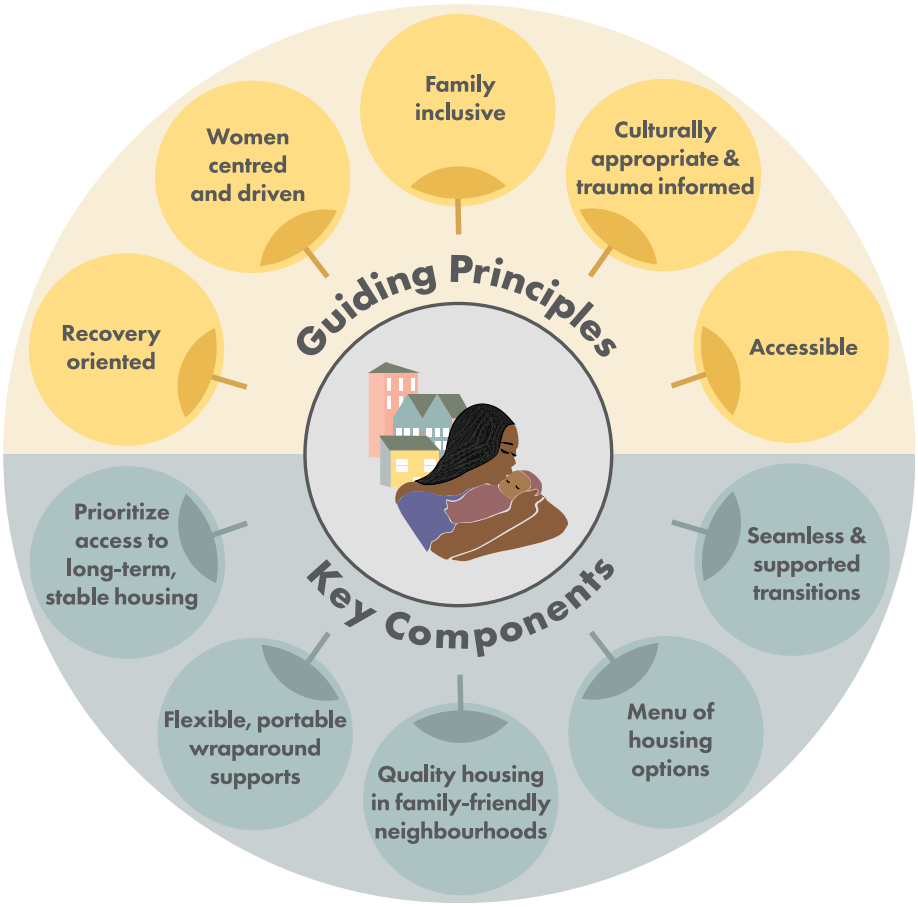
The Perinatal Substance Use Housing Model

The approach to designing a housing model for perinatal people with substance use challenges was evidence-informed and guided by input from women with lived and living experience and housing providers.

Crucially, the model is based on moving away from reliance on short-term, staged housing provision to ensuring that individuals and families have prompt access to long-term, stable housing with supports. Equally important is the focus placed on family-inclusive approaches to housing that help to keep families together or to reunite them if already apart.

The model comprises a vision, a set of guiding principles and recommended key components. Aspirational in nature, the model is intended to ensure that women and their families have access to appropriate supportive housing when they need it and for as long as it is needed.

Figure 2. Guiding principles and key components of the PSI Housing Model



Vision

Pregnant and parenting people in abstinence-based or stable active use recovery have timely access to housing of their choice that sustains their ongoing recovery, keeps families together and promotes the wellbeing of children and all family members.

Guiding principles

Recovery oriented: Housing is crucial for recovery. The key to supporting individuals in recovery is to meet them where they are at, and this includes ensuring that they can access the type of housing most suitable to their substance use goals whether these involve reduction, abstinence or no change in current use.

Women-centred and driven: Self-determination and self-direction are the foundations for healing and recovery. Women in recovery must be able to exercise choice and agency when determining how they will be housed and how they will heal. A women-centred and driven approach offers individuals and their families' access to flexible housing and support options that meet their changing needs and preferences.

Family inclusive: Housing provision must enable families to stay together or be reunited in a timely manner if separated. Housing that supports family unity is inclusive of children of all ages, and (at the mother's discretion) partners or other family members. Housing should be located in neighbourhoods that are conducive to raising healthy families. Wraparound supports should include programs and services for children and other adults in the family/household.

Culturally appropriate and trauma-informed: Culturally appropriate and trauma-informed housing provision centres women and people's self-determination, and their right to make decisions for themselves and their children. It is crucial that housing and integrated supports are provided in a way that protects the physical and emotional safety of parents and families.

Accessible: Access to housing and supports for pregnant and parenting people affected by substance use needs to be proactive and timely. People should be able to find and apply for appropriate housing and supports as quickly and easily as possible. To facilitate this, services need to be well-coordinated across the housing, health and child welfare sectors.

Key components

Prioritizing access to long-term, stable housing: Parents and families have immediate access to long-term, stable housing. They are not required to move through a series of short-term housing programs before 'qualifying' for permanent housing. People – not programs – determine when it is appropriate or desirable for them to move to a different type of housing or a different neighbourhood. Housing stability is facilitated by long-term rental assistance/subsidies.

Flexible and portable wraparound supports: Women have access to the full range of supports they need and choose to achieve their personal recovery goals, maintain their housing tenancy and parent their children successfully. These supports are provided through an integrated case management model. The case manager and the supports are attached to each woman or person (rather than to the housing program), and they stay with the person if/when they decide to move to a different type of housing. There is flexibility to increase or decrease the number and intensity of supports in response to changing (and likely cyclical) needs and circumstances. Supports are provided for as long as necessary.

Quality housing in family-friendly neighbourhoods: Women and their children are provided with safe, secure and pleasant homes. Housing units are well-constructed, meet all building codes and safety standards and are well-maintained by landlords/housing managers. Essential appliances and heating systems are in good working order. Interior decoration is fresh, and flooring is clean and in good repair. There is sufficient space for all family members. Housing is located close to or with transit access to needed services and supports, and provides families with safe neighbourhoods. There is access to green space (e.g. a private yard or public park).

Menu of housing options: People are able to choose from a range of long-term, supportive housing options according to their (evolving) needs, preferences and circumstances. Housing models should include both scattered- site and single-site (congregate). Housing and integrated supports must provide for different recovery pathways and goals, including abstinence-based and active stable use.

Seamless and supported transitions: There are clear pathways for pregnant and parenting people to access long-term supportive housing. These facilitate timely and supported transitions from hospitals, live-in treatment services and emergency shelters, as well as from one type of housing to another (as and when housing needs change). Planning for transition is undertaken in partnership with each person and their family and includes careful consideration of all aspects that might impact their recovery and sense of safety. Coordination between housing agencies and other social and healthcare providers ensures that transitions are seamless, with no interruptions to housing security and services and supports.

The Housing Roundtable

In June 2023, BCWH convened a Housing Roundtable to bring partners together to engage with the housing model and provide input on planning, implementing and sustaining housing for perinatal people with substance use challenges.

Over 60 individuals with an interest in improving housing services for this population gathered in Vancouver for a day of learning, discussion, and information-sharing. Participants included women with lived and living experience, Indigenous community organizations, non-profit housing agencies, mental health and substance use service providers, organizations providing perinatal wraparound supports, regional Health Authority program managers, and senior officials from several provincial ministries.

Key messages from the day highlight consensus amongst stakeholders regarding funding, policy, and service-level recommendations for successfully delivering housing with supports to this population over the long term.

KEY MESSAGES

Planning

- Policy and practice aligned across government
- Sufficient time and resources for planning
- Wide range of voices and perspectives included
- Decision makers engaged as champions
- Facilitate participation by non-profit agencies and their staff
- Value everybody's contribution equally

Implementing

- Sufficient funding for housing and supports
- Strong partnerships between municipalities, landlords and developers
- Collaboration between housing providers and agencies that provide wraparound supports
- Clear roles and responsibilities for all partners
- Flexible and person-centred approaches
- Highly trained and competent staff

Sustaining

- Long-term, sustainable funding for housing providers and service delivery agencies
- Perinatal substance use lens applied to all housing initiatives
- Ongoing advocacy and awareness raising
- Leading practices, ideas, successes and challenges shared across sector
- Voices of people with lived and living experience centred in practice
- Strong support for culturally appropriate data collection and evaluation
- Emphasis on workforce development and retention

The Housing Pilot Programs

In 2023, BC Women's Hospital identified a pool of funding that would enable them to implement three short-term housing pilots. The funding available was for operating dollars, not capital resources.

Development of the pilots was concurrent with and, to varying degrees, informed by the PSU Housing Model. Due to the ethical and pragmatic considerations driving the need for housing pilot initiation, the decision was made to go ahead with the housing pilots before the model was finalized. Emphasis was placed on meeting an immediate need and learning from the experience using a developmental approach to inform future housing for this population.

Overall goals of the housing pilots

The main goal of the BCWH pilot housing programs was to address the need for suitable and safe housing for perinatal people with substance use challenges. Within this overarching goal, BCWH also aimed to:

- **Provide a continuum of housing** – The pilot programs would address housing and support needs across the perinatal continuum, from antenatal to postpartum.
- **Increase housing stability for perinatal women** – Tenancy agreements would be between the mother and the program, giving the mother autonomy. This would mean that if the mother were in a relationship and it broke down, she would still keep the housing.
- **Support women with perinatal substance use to parent** – The pilot programs would support women to work towards their parenting goals, and provide assistance and advocacy for participants involved with child protection services.
- **Provide culturally supportive Indigenous housing** – Recognizing the scarcity of culturally appropriate supportive housing for this population, BCWH looked to partner with an Indigenous organization.

Housing pilot providers

As there was a short window for using the funding, BCWH sought to engage community organizations with capacity to stand up the housing quickly and with expertise in working with underserved populations. Partnerships were established with three organizations in the Lower Mainland and one in Victoria to implement three housing pilots.

The organizations were: Easter Seals and Coast Mental Health (ES/Coast MH) in Vancouver; Elizabeth Fry Society of Greater Vancouver (EFry) in Burnaby; and the Aboriginal Coalition to End Homelessness (AECH) in Victoria. A brief overview of each of the partner organizations is provided in Figure 3 below.

Figure 3. Overview of partner organizations

Easter Seals/Coast Mental Health (Vancouver)

ES is a service of the BC Lions Society and cares for children with diverse abilities. Coast Mental Health provides housing, support services, and employment and education opportunities to people with mental health challenges. The organization oversees 21 transitional suites in Easter Seals House for people who are at risk of or experiencing homelessness.

Elizabeth Fry Society (Greater Vancouver)

EFry provides a range of services for women, girls and children at risk. These include drop-in centres and shelters, withdrawal management and supportive substance use recovery services, in-prison programs, counselling, vocational training, parenting support and housing options.

Aboriginal Coalition to End Homelessness (Victoria)

ACEH supports Indigenous people who are experiencing homelessness. The organization's Dual Model of Housing Care provides culturally supportive housing alongside decolonized harm reduction programs rooted in land-based healing.

In the rest of this report, these organization are referred to as Program A, Program B and Program C. This does not reflect the order in which the organizations are listed above.

Program development

There was a tight timeline to use the BCWH funding, resulting in limited time for planning. BCWH shared the PSU Housing Model with executive level staff at the partner organizations. However, it became apparent through the pilot program evaluation that the model had not reached direct service delivery staff. The extent of the model's influence on the pilots was therefore limited.

Within this planning period, BCWH in collaboration with the selected housing providers:

- Established rudimentary Memorandums of Understanding (MOU);
- Finalized available funding and developed budgets; and
- Determined the housing models and supports.

As per BCWH's goals for the pilots, a range of models for housing with supports was established. Key details are presented in Table 1 below.

Table 1. Key details of the housing pilots

	Program A	Program B	Program C
Model	• Postpartum • Adults in stable recovery and their infants • Abstinence-based • Length of stay up to 6 months • Partners allowed	• Perinatal • Women of all ages and their infants • Active use or abstinence • Length of stay 6 – 12 months • No partners allowed	• Stabilization during antepartum • Adults • Active use or abstinence • Length of stay up to 6 months • Partners allowed
Facilities	• 3 small studios, 1 large studio, 1 one-bedroom • Kitchen (fridge and oven) • Heat and hot water included	• 2 townhomes (1 provided by BC Housing) • Fully furnished • Full kitchen and bathroom • All utilities included	• 5 furnished studio apartments • Kitchen (fridge, microwave, stove top) • Basic furnishings • TV set and basic cable
Supports	• Service navigator to support and connect participants to health care and community services • Option to access additional services through funded agency	• Coordinator/Auntie and a life skills support worker • Access to wraparound supports at local community agency • Elder and cultural mentors, cultural events and land-based healing	• Outreach worker to support and connect participants to health care and community services • Evening meal provided daily
Funding	• Support services covered by BCWH and partner agencies • Rent paid by IA shelter allowance • Participants responsible for hydro and internet	• Support services covered by BCWH and partner agencies • Rent paid by IA shelter allowance	• Support services covered by BCWH and partner agencies • Rent paid by IA shelter allowance

Evaluation approach

BCWH, in collaboration with InsideOut Policy Research, conducted a formative evaluation of the housing pilot programs using a multi-level, mixed methods approach that incorporated analysis of program reporting data and qualitative data (interviews and focus groups with key stakeholders). The evaluation was intended to be utilization-focused, allowing for iterative feedback loops between stakeholders and real time changes in implementation and reporting to better address the needs of project partners, participants, and their families. The aim of the evaluation was to assess how the pilot process unfolded and to generate lessons learned to inform future planning.

Program implementation findings

The evaluation of the housing pilots generated a number of instructive findings with respect to program design and delivery. Successes and challenges were identified, both of which yield important insights for effective provision of housing and supports for perinatal people with mental health and substance use challenges. Thematic findings from the evaluation of the three pilot programs are described in detail below.

Capacity of housing providers to serve this population

A key takeaway from the evaluation of the pilot programs was that even though an organization has experience in providing housing, they do not necessarily know how to provide effective housing with supports for this population.

Successful implementation of the pilot programs therefore depended on the level of collaboration enabled between the funding organization as a subject matter expert with regards to the population served and the partner housing organization.

In particular, two factors that impacted the readiness of the organizations to support perinatal people with mental health and substance use challenges emerged from the data:

1. How they addressed their lack of direct experience with the target population; and
2. The extent of their understanding of the kind of housing and supports required.

Lack of experience with target population

None of the housing providers had previous experience working with perinatal women with substance use challenges. However, some were able to leverage their other areas of expertise as well as their relationships with other community organizations to mitigate this gap.

- Recognizing the gap in supportive housing for women in BC, Programs A and B were already interested in working with this population before BCWH approached them. As a result, they were well prepared to support perinatal people and were aware of the complexities involved.
- Program C was experienced in supporting clients with mental health and substance use concerns but not adequately prepared for the complexities of working with antepartum women with concurrent mental health and substance use challenges. Some program staff expressed concerns about the instability of some of the program participants and were reportedly uncomfortable with the low barrier nature of the housing.
- Program A was experienced in substance use, mental health issues and intimate partner violence, as well as housing. This meant that, despite not having housed postpartum women with substance use challenges, they had a good understanding of some of the needs of the population.

Understanding of the kind of housing and supports required

There were varying levels of understanding among the housing providers about effective housing and supports for perinatal people with mental health and substance use challenges. This had a direct bearing on their capacity to deliver what was needed.

- Regarding the early planning process, Programs A and B outlined to BCWH what services and supports they were able to provide participants and set parameters around the partnership.
- Program B came to the partnership with BCWH with an established philosophical model in place to support provision of culturally safe housing and supports for Indigenous people. They also initiated an Advisory Group with representation from program participants, Elders and Knowledge Keepers to support ongoing learning and iterative program development.

- As part of the proposed model, Program B also established a strong partnership with a community agency to provide wraparound supports. This arrangement and other pre-established partnerships enabled the organization to bring the housing and supports on line quickly and effectively.
- In contrast to Programs A and B, Program C did not have a specific model of housing in mind for supporting this population. Instead, BCWH outlined the type of housing and supports that they were looking for (including outreach support). However, the lack of well-defined key service standards in the MOU made it challenging for Program C to effectively engage and train staff as a newer organization serving this population. This meant that roles and responsibilities between staff at BCWH and Program C were not as clearly delineated as at the other two housing pilots.

Housing location

The Lower Mainland housing pilots underscored some of the pros and cons of housing located outside of the downtown core of Vancouver.

- Program A was located in a different jurisdiction/Health Authority than BCWH. This created particular challenges in relation to discharge planning from hospital, especially when the MCFD was involved in care. MCFD had specific requirements regarding the proximity of services and supports to the housing program, which needed to be negotiated before a patient could be discharged. An additional challenge of this location was that once a client was transferred to the housing program, they were transitioned to a new MCFD Social Work team, which meant leaving behind pre-established supports and relationships.
- Some of the women in Program A were open to accessing services nearby, while others wanted to stay with their supports in the downtown core. To help the latter maintain their pre-existing connections, the Service Navigator drove them to appointments whenever possible. This ensured that the women would be able to continue accessing these supports when the housing pilot ended and they returned to their home communities.

- Program C was located close to BCWH's Families in Recovery (FIR) Program, which provides care for women who use substances and their newborns exposed to substances. This made it easier for acute care staff to follow up with participants after discharge to the housing program. However, involvement of acute care staff also generated tension, as they did not have the capacity to follow patients into the community setting. It also created a degree of confusion around staff roles and responsibilities.
- The location of Program C was beneficial for some of the housing participants. Away from their usual neighbourhood, they were able to focus on their pregnancy and healing journey. However, other participants found the location challenging because their supports were in the downtown core. It also proved difficult for the program to arrange for in-service supports from the downtown services.

Substance use

As noted in Table 1 (above), the three pilot programs had different eligibility requirements with respect to substance use and recovery.

- Program A worked with postpartum women and was abstinence-based. Potential participants were informed upon application to the program that no smoking, drugs or alcohol were allowed on the premises. There were no reported issues with active substance use on site, likely because of the program criteria, which required women to be more stable.
- Program C was designed to help prenatal women to stabilize prior to delivery and allowed active substance use, but was unable to incorporate safety measures such as overdose prevention services. Additional funding and adequate space would be needed to include these essential services. Smoking was not allowed on the premises, and this posed difficulties for some participants.

Family-inclusive housing

Family-inclusive housing is crucial to support family unity, which is a key goal of many perinatal women with substance use challenges. There are limited family supportive housing options for parents who are seeking to change their substance use.

It can be challenging to include partners when they are at a different stage of stabilization or recovery than the women, or where there is intimate partner violence.

- For all three pilots, program agreements were between the housing provider and the woman. Where programs allowed partners, this arrangement ensured that the women would keep their tenancy even if their relationships ended.
- Program A for postpartum women allowed partners to stay in the housing units. Supports were not provided for partners, but this did not create challenges, likely because the women and their partners were more stable. The program reported that the partners living on site were a great help to the women and were actively involved in parenting.
- Program C also allowed partners to stay on site without providing them supports. This program reported that there were several incidents of intimate partner violence. Staff were not equipped to address these incidents safely and effectively. In spite of these challenges, the inclusion of partners as part of the model responded to a gap in housing options and provided a viable housing solution for women who prioritized staying with their partners. Even though some partners were evicted, in certain cases this reportedly gave women an opportunity to reflect on their relationships and decide how to move forward.

Provision of supports

As described in Table 1 (above), the housing pilots used different approaches to integrating provision of supports.

- Program A offered their existing programming and services to pilot participants, which enhanced the range of supports available. A key facilitator of women accessing services and supports off-site was the willingness of the service navigator to drive them to appointments. In addition, as the program evolved, the service navigator started to do in-reach in acute care. This facilitated their involvement in discharge planning and allowed them to start building relationships with program participants.
- Program B offered participants access to a wide variety of services, supports and resources through their own organization and via their partnership with a local community agency providing wraparound supports. These services and supports, which comprised health, social and practical assistance, were effective and well-utilized. This partnership is a good example of how organizations can come together to ensure that women and families have what they needed to sustain their recovery and strengthen their parenting.
- The outreach worker at Program C relied on support from acute care staff at BCWH to gain skills and confidence in the role. In time the outreach worker established excellent connections with other community programs and became an important support for participants. Nevertheless, one worker was not sufficient to meet the complexity of participants' needs on a 24/7 basis. Additional funding resources would be required to provide an appropriate funding complement.

Limitations of funding and budgets

A set amount of funding was allotted by BCWH to each of the pilot programs. Due to the short timeframe for planning some essential program requirements were not identified and therefore not included in the funding envelope. In some instances, housing providers used strategies to overcome the funding gaps.

Essential program components

Food

Provision of food is an important component of supportive housing, especially where participants do not have access to a full kitchen.

- The service navigator at Program A connected participants to food resources in the community.
- Program B helped participants to access food services through their own programming and through partnerships with other community services.
- Program C provided one meal per day, but food scarcity was still a problem for participants. The program outreach worker was pivotal in helping participants access food services and arranging for food hampers.

Transportation

Participants need bus tickets or cab vouchers to travel to appointments and access services. Staff need a mileage allowance if they provide transportation.

- At Programs A and B staff drove women to appointments and to services in the community.

Maternity and baby supplies

Women need basics for themselves and their baby, including maternity and baby clothes, toiletries and diapers

- Program B secured donations of such items. Program staff and volunteers made baby clothes and blankets, and brought in rocking chairs. Community support also enabled this program to provide “welcome home” baskets for each of the participants.

Phone access

- Without phone access, it can be challenging for program participants to connect with their support system. This can become a safety issue for the women and/or their children.

Wi-fi

- The internet is increasingly recognized as being an essential service. Often, program participants cannot afford internet provision. Further, it can be an onerous process to set up an account with an internet provider, especially when housing is short-term.

Utilities

- Non-inclusion of utilities in the rent creates financial challenges for participants.

Programming and activities

- Programs require money for activities, programming supplies and reimbursements for Elders.

Staffing complement

Given the complexity of perinatal substance use work, adequate program staffing is crucial. However, funding for sufficient staffing can be difficult to obtain. In addition, staff shortages across the sector present immense obstacles for all organizations.

- At the outset, Program A planned to hire two part-time workers. One of these positions could not be filled, which is reflective of recruitment challenges across the province. However, because the service navigator had a social work background, their extensive knowledge and understanding of requirements related to child welfare was very beneficial with respect to supporting women in their interactions with MCFD.
- By incorporating the pilot program into their organization, Program B was able to leverage the full capacity and capabilities of their organization. In addition to the dedicated staff member funded by BCWH, the program brought on a life skills worker to provide supports at the weekend. Program B was also successful in engaging Elders and Knowledge Keepers to lead programing and events. However, Program B was unable to take some women because it could not meet the 24/7 staffing requirement put in place by MCFD.

- Program C found that because they were working with people who were less stable in their healing and recovery, they needed 24/7 staffing. However, they were only funded for one staff person. This created challenges when casual staff were called in to support incidents occurring at night and on the weekends, including those related to intimate partner violence, suspected overdose, and escalation of mental health.

Staff training

When partnering with organizations that do not have experience working with the target population, staff training is crucial. Findings from the pilot programs underscore the importance of a two-pronged approach to training and education for housing provider staff who have varying professional backgrounds and years of experience. The two prongs are:

1. **Foundational training on principle-based practice, including Trauma and Violence Informed Care, Indigenous Cultural Safety and Harm Reduction approaches.** Pilot staff had access to SafeCare, an online training course designed for perinatal substance use healthcare providers in acute and community settings. The training presents core concepts, provides examples and allows learners to apply concepts through a scenario-based workbook and activities. Feedback from participants highlighted that the training was beneficial as a starting point for their learning but insufficient as a stand alone initiative.
2. **Ongoing, shoulder-to-shoulder training support**. Pilot program staff flagged the need for more extensive/ongoing training. Ideally, this would be internal to the program and reflect scenarios that are likely to occur in that setting. It would include clear pathways for escalating client issues as they emerge and competencies for collaborative practice.

Communication and information sharing

Clear communication within and between service partner organizations is essential in the context of supportive housing provision. Communication covers a wide range of factors, including consensus on processes such as referrals and intake, confidentiality and release of participant information (medical and biopsychosocial), and updates on participants' status, including readmission to the hospital.

- There was a lack of agreement between BCWH and Program C about what participant information would be shared about a client prior to the intake meeting. Where there were different perspectives on how to provide client-centred care within the boundaries of upholding privacy and confidentiality, this resulted in tension between staff at each of the organizations. Communication sharing between Program C and BCWH was further complicated due to the involvement of an additional community organization in supporting identification and referral of potential participants to the pilot.

Length of programs and transitions

It takes time for individuals who have experienced homelessness to settle into a new housing situation. Once housed, participants may need a year or more in which to stabilize. BC Housing evaluations of supportive housing programs for individuals who have experienced homelessness indicate that longer lengths of stay (i.e., at least two and up to four years or more) are associated with better health, psychosocial and long-term housing outcomes for participants. Nevertheless, ongoing funding for non-time-limited housing with supports for perinatal women with substance use challenges is hard to come by. Currently, the majority of public funding for supportive housing for women is concentrated on emergency and short-term responses. This needs to shift.

Given this systemic reality, available funding for the housing pilots could only support a six-month length of stay. Recognizing that six months was too short, Program B looked for and secured funding to extend the length of stay to up to one year. Subsequently, they secured ongoing funding from BC Housing (see text box below).

Programs A and C worked diligently to find suitable housing for the women who were due to leave. However, waitlists for other supportive or subsidized housing are long and six months is often not enough time to secure permanent housing.

While not ideal, transitional housing is preferable to being unhoused or living in unsafe conditions. All of the housing pilot providers reported that access to short-term housing helped many of the participants to stabilize, have healthier pregnancies, keep custody of their baby and, for some, enter longer-term housing or residential treatment.

Program B to continue to provide housing and supports for this population

Program B has leveraged the learning gained from the pilot to secure support from BC Housing to expand their offering. This will comprise a 15-unit building providing culturally supportive long-term housing. BCWH has given Program B bridge funding to continue the current iteration of the program until the BC Housing building is ready for occupancy. The site will include: an elder unit with a kitchen, where participants will learn cooking skills; a physician space; family visitation rooms, where family members can visit and stay; an outdoor patio; garden plots; and an elders lounge, where participants can take part in brushing, smudging and other traditional healing practices, and group story times. The cost to residents will be set at income assistance shelter rate.

Early outcomes

Provider organizations

All of the provider and partner organizations recognized the need for and value of the housing pilots, noting that the pilots were helping to address a significant gap in the housing continuum for this population. Even those housing providers who had found the experience of delivering the programs challenging reflected that they had learned a lot over the course of the pilots and felt better able to support the population. Referral partners expressed their disappointment that the pilots in the Lower Mainland were not continuing, because of the extreme need for housing of this type.

Program participants

Program participants were involved in shaping and providing feedback on program delivery to different extents across the three pilot programs:

- Program B held regular sessions with participants for knowledge gathering and data validation. This information was captured and used for program reporting and improvement.
- Programs A and C did not have formal mechanisms for gathering and sharing back participant feedback in relation to the pilot programs. As a result, formalized participant feedback processes were not uniformly implemented across both programs. However, as a complimentary strategy, Patient and Family Advisors from BCWH were able to facilitate Patient Journey Mapping with select participants.

Thematic analysis of program reports and Patient Journey Maps revealed a range of benefits for program participants in relation to social and health outcomes both during pregnancy and postpartum.

During pregnancy (Program C) outcomes included:

- **GOAL SETTING:** Participants reported that having safe housing resulted in experiencing a reduction in stress levels, enabling them to set short- and long-term goals for themselves and for their families. For a number of participants, this included being able to identify completion of live-in recovery as an immediate goal, with the benefit of knowing they would have a stable place to keep their belongings and return to afterwards.

- **ACCESS TO HEALTH SERVICES:** Participants were able to access health services more consistently through support with care planning and accompaniment/transportation to appointments. As a result, many women reported improvements in their health during pregnancy.

- **EARLY STABILIZATION CARE:** Being in supportive housing enabled antenatal clients to be connected to health care early in their pregnancies. As a result of early stabilization, some participants had shorter lengths of stay in acute care and did not have to return to a high-acuity setting for delivery and post-partum care.

- **SUPPORTIVE RELATIONSHIPS:** Participants reported forming positive relationships with program staff and other housing participants, fostering a sense of connectivity, trust and collaboration in their care.

Postpartum (Programs B and C) early outcomes included:

- **SUPPORT FOR PARENTING:** Through collaborative care planning and support from both hospital and housing staff, participants were able to keep custody of their infants upon discharge from the hospital. Program C also allowed fathers to live with their families, filling a much-needed gap in the supportive housing landscape.

- **FAMILY REUNIFICATION:** As a result of having safe and supported housing, some participants were able to regain custody of other children who were previously in care. Other participants reported reconnecting with estranged family members during this significant and transitional time in their life.

- **CULTURE-BASED HEALING:** Program B enhanced participants' connection to ceremony and community through the integration of Elders and Aunties into their program model. Program B also facilitated connection to regular land-based and cultural events. Participants reported that the integration of Indigenous supports into their housing led to an improved sense of self-worth and improved ability to parent. This was particularly significant given that many program participants were fleeing gender-based violence.

- **TRANSITIONAL HOUSING SUPPORT:** Participants received assistance in applying for housing while staying in the housing programs. Although lack of long-term housing availability was an ongoing challenge for participants and the housing staff supporting them, none of the women were transitioned into unsafe or precarious housing. Some participants were able to be transitioned into market housing, while other individuals moved to different transitional supported housing programs.

- **PEER SUPPORT AND NETWORKING:** Following discharge from acute care, women in the Lower Mainland pilots were provided with ongoing support and connection to peers via the Patient and Family Advisors program at BCWH.

Recommendations

The housing pilots were developed to address an urgent need for stable, supportive housing for pregnant and parenting women with substance use challenges. Although these pilots were initiated before the PSU Housing Model was fully finalized, these case studies offer a critical opportunity to analyze how key elements of the model can be translated into practice. Overall, the pilots highlight the need for greater coordination between housing providers, healthcare systems, and child welfare services to ensure that the supports envisioned in the model are available and sustained over time.

The recommendations arise out of the evaluation of the housing pilot programs in conjunction with the work to develop and gather input on the aspirational perinatal housing model.

When implementing the recommendations, it is crucial for funders and policy makers to ensure equity of provision across the province so that services are accessible to residents close to their home communities.

Increase the Visibility of this population

Policy makers and funders should:

- Revise Belonging in BC and the Complex Care Housing Framework to incorporate the specific circumstances and service needs of perinatal people with substance use challenges and their children. This includes recognizing them as a priority population and identifying actions and funding to address their housing and support requirements.
- Include perinatal people with substance use challenges as a priority population for housing with supports in all provincial and health authority level policy and funding decisions going forward.
- Refer to the PSU Housing Model as a template for evidence-informed service design and delivery.
- Ensure that funding to develop supportive housing for this population is made available to communities outside of the Lower Mainland, which are currently underserved.

Prioritize access to specialized long-term housing and supports

Drawing on the evidence that informed the perinatal housing model, there needs to be a shift away from a reliance on short-term and transitional housing models to timely provision of long-term housing with ongoing flexible supports.

Funders should:

- Prioritize funding for long-term/non-time-limited housing and supports.
- Encourage providers of long-term social housing to establish tenancies with this population.

Service providers offering transitional or short-term housing and supports should:

- Work proactively with participants to find long-term housing with supports.
- Avoid discharging participants into homelessness or unsafe/precarious housing.
- Build relationships with long-term social housing providers to prioritize this population.

Increase support for Indigenous-led housing

Indigenous-led supportive housing is crucial because it provides culturally appropriate care that addresses the specific needs and experiences of Indigenous women. This approach promotes healing and recovery within a supportive community, empowering women through a framework that respects and integrates their cultural heritage and traditions.

Policy makers and funders should:

- Prioritize funding and capacity building for Indigenous-led models of housing and supports. This includes ensuring funding for Indigenous-specific roles, such as Elders and Knowledge Keepers.

Expand family-inclusive housing

Women with lived and living experience who were involved with the development of the PSU Housing Model expressed a strong desire for family housing. Housing that is family-inclusive is crucial for facilitating family unity.

Policy makers and funders should:

- Invest in family-inclusive housing with supports to enable women, their partners and children to stay together or be reunited.
- Commission more research into effective/promising family-inclusive housing models.

Strengthen selection and planning processes

- Develop detailed MOUs/program agreements with partner organizations to include: services to be delivered; funding; scope of activities; duration of program; outcomes measures and performance indicators; reporting requirements; information sharing; and statutory and policy compliance requirements.

Housing providers should:

- Ensure that there is buy-in for serving this population at all levels of their organization.
- Demonstrate that they have the resources to train and support staff and volunteers, to ensure that all workers can respond effectively to the complexities of supportive housing provision for perinatal women with substance use challenges and their families.

Develop the workforce

Effective provision of housing with supports for this population relies on facilities having an appropriate number of well-trained staff with the understanding and capabilities to work with individuals with multiple complex needs.

Funders and service providers should:

- Ensure that individual staff are not working in isolation.
- Provide 24/7 coverage for women who are in the early stages of stabilization or recovery.
- Provide foundational and ongoing education and training, ideally in-person:
    - This should emphasize relational practice with women who may have experienced stigma, violence, racism and trauma.
- Ensure that all staff have access to ongoing supervision and mentoring.

Support substance use and recovery pathways

Funders and service providers should:

- Provide a variety of housing options, including low-barrier and abstinence-based housing with supports.
- Promote the safety and recovery pathways of all participants. In congregate settings that accommodate all recovery pathways:
    - Designate certain floors for residents in abstinence-based recovery only;
    - Establish clear, enforceable rules prohibiting use of substances in shared spaces;
    - Have staff perform routine checks of shared spaces; and/or
    - Install CCTV.
- Ensure the safety of women who are pursuing stable active use, by providing at minimum:
    - Access to clinical supports through an interdisciplinary team;
    - Supportive services to help tenants achieve and maintain housing stability;
    - A higher level of support (particularly in the evenings and at weekends); and
    - Access to overdose prevention and other harm reduction services.
- Develop relationships with MCFD/delegated agencies to ensure collaborative care planning and advocacy for this population.

Provide comprehensive, wraparound supports

Service providers should:

- Provide wraparound supports that are attached to the woman rather than the housing program, and that therefore follow the woman (and her family) when she moves to different housing.
- Partner or collaborate with local agencies to provide in-reach supports to the housing units, including professional mental health services.
- Develop partnerships with and provide in-reach to birth hospitals to facilitate supported transitions from acute care to supportive housing.
- Develop partnerships with MCFD, Delegated Agencies and Nations that have reclaimed jurisdiction over child and family services to better support women and children involved or at risk of becoming involved with child welfare services.

Strengthen communication and appropriate information sharing

Confidentiality and information sharing is an area that can be challenging. All factors related to communication should be discussed and clarified prior to program implementation.

Service providers should:

- Determine the minimum client information needed to provide safe and effective service.
- Ensure that any information shared is in the best interests of the client and in compliance with legal and professional requirements.