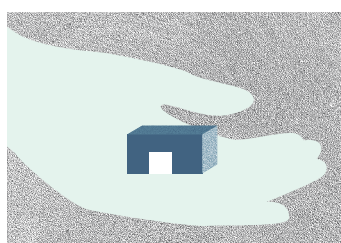


A Professional Service for Housing Stabilization



As countries with advanced economies have come to reconcile with an indefinite future of housing affordability shortages, the need for a formally-organised sector of social work practice in housing stabilization has been recognised as necessary for addressing an expected and periodic rate of housing emergencies and homelessness.

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This new sector has absorbed and rationalised the fragmented systems that previously included more loosely-coordinated emergency shelters, temporary accommodations, housing advice, emergency assistance, and landlord-tenant mediation services. This newly-established sector (although a few countries have had such a sector for some years now) sits alongside other housing, health, human services and workforce agencies, and has a defined set of responsibilities and expected outcomes. The Housing Stabilization Services department operates like other social insurance programmes, but with greater deft, speed and fewer eligibility controls, in order to be responsive to crisis situations, akin to roles of urgent care and emergency departments within health care systems.

The Housing Stabilization Service (HSS) was established to create a stronger, centralised coordinating function in an otherwise diverse and scattered set of emergency assistance programmes. Establishment of a central authority has also enabled this service to forefront an overarching goal of “housing stabilization.” While various services may have more specific objectives, such as providing safe overnight shelter, the housing stabilization focus is no longer lost in the shuffle. Every client is acknowledged by the larger HSS, which assures that each person receives access to a proper assessment in a timely fashion, and is referred and served at the appropriate level of intervention befitting their circumstances, beyond the usual emergency food and shelter assistance.

Core Services

The core services provided by the HSS include homelessness prevention and rehousing assistance. A variety of other services are also provided, both directly and through referral, in support of those core efforts. Clients faced with housing emergencies may enter the service system through a variety of doors, depending on their circumstance (after

hours admission to emergency shelter, for example, versus walk-in office hour services for people presenting with eviction complaints). At initial entry, basic screening information is provided and immediate needs for food, shelter and safety are determined. Immediate needs are addressed either on site or by transport to appropriate programmes within three hours of presentation, and an appointment scheduled for a further assessment by a professional HSS social worker within 24 hours.

The HSS social work assessment is tiered according to the level of presenting need and based on a “progressive engagement” model. Absent obvious exacerbating circumstances, clients are presumed to be universally eligible for “light touch” services. The initial assessment process focuses on these near-term service objectives that can include transportation assistance, phone calls to relatives and friends of the clients, referral and transit to emergency health services, and emergency food and shelter. Flexible emergency cash assistance is also provided up to a basic amount. A benefits eligibility review is offered to ensure that clients

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are receiving the various income and entitlement services to which they are eligible.

If formal conflict mediation services are indicated, either with landlords or family members, trained HSS mediators are scheduled for intervention within 48 hours. Conflict mediation in the case of an impending housing emergency is intended to be intensive, but brief. Mediators can negotiate agreements between the parties with clear terms, and the HSS can provide structured payments, including payments paid directly by the HSS or clients, to avert or reverse housing loss. Clients in mediation agreements are assigned a case manager who does a follow up with the parties at scheduled intervals, beginning with 48 hours and with decreasing frequency, but up to six months following the agreement.

If negotiated returns to housing are not feasible or indicated, as in the case of domestic violence or victims of fire, a rehousing plan is developed in consultation with the HSS social worker. HSS retains a list of emergency apartments that it master leases for placements up to 30 days and has lists of participating landlords for units in the private or subsidised rental market for periods of longer duration. A “rehousing benefit” is available with defined terms that are clear to both the HSS staff and the client. They include a relocation grant, of first and last month’s rent and security deposit, provided to everyone with a rehousing plan, move-in expenses and assistance with the housing search. Incremental periods of rental assistance are also provided in approval segments of three to six months, up to one year, with varying client contributions depending on income. Assistance beyond one year is based on continuing presenting need, and accessibility of mainstream rental or housing assistance programmes. The HSS responsibility can be up to two years in duration, during which time mainstream income, employment and housing assistance programmes are intended to provide

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for sustained assistance as indicated. But rental assistance beyond two years has to be assumed by mainstream services, if the HSS is to be able to use its resources on a rolling basis for new cases, and to avoid accumulation of long term funding liabilities (mainstream agencies providing a “stop loss” or reinsurance function).

For clients who have significant health or behavioural health needs, or who are exiting institutions, a more intensive intervention service, based on the Critical Time Intervention model, is provided. CTI is a team-based service with an intended duration of nine months. Clients are screened into the service at multiple intervention points, including emergency/urgent care departments of hospitals, jails and prison, detoxification programmes, psychiatric crisis services, and other HSS entry points. The teams include professional social workers with behavioural health training, and peer specialists. The goal of CTI is to initiate work with a client as soon as possible to avoid a crisis in the transition back to the community or housing, in a relatively intensive manner (daily contact at first). After the intensive first three months of transition supports, services become less intensive and focus on sustainment. Finally, the last three months are focused on transitioning the client to on-going service supports in the community and on social inclusion.

The HSS holds as its primary goal that housing stabilization in conventional housing be achieved in 30 days, and that no one remains homeless or

in emergency accommodation beyond that period. Contracts, payment incentives and provider performance reviews are based on success in meeting these goals. Funder and provider conferences are held quarterly to review the barriers to success at both a client and systems level, to troubleshoot and problem-solve. Recognising that affordable housing supply deficit ultimately may make successful housing stabilization difficult, the HSS should provide ongoing public reports regarding their work and needed supply goals to do their job effectively.

Conclusion

The HSS has provided a single focus of responsibility and accountability for addressing housing emergencies, has led to a professionalisation of local approaches to housing crises, and has created a clear set of outcomes that are expected community-wide and from all of the participating programmes. A broad range of supportive services are needed to achieve success, and so an important role of the HSS is to negotiate priority access to mainstream health, employment and social services, as well as to traditional emergency food and shelter services. So, while the HSS has defined responsibilities, it cannot achieve its goals without close collaboration and support from its partner agencies. The community now collectively recognises that a housing emergency and outright homelessness present uniquely significant barriers to health and safety and require priority consideration by all social welfare systems. The HSS has been established to create a clear and central source of responsibility, for establishing protocol for practice, and for keeping the community informed of its success.

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