Canadian Observatory on Homelessness
homelesshub.ca

A New Direction: A Framework for Homelessness Prevention

Stephen Gaetz & Erin Dej

A NEW DIRECTION:
A Framework for Homelessness Prevention

Stephen Gaetz & Erin Dej

COH RESEARCH REPORT #15

ISBN: 978-1-77221-064-4

HOW TO CITE THIS DOCUMENT:

Stephen Gaetz & Erin Dej. (2017). A New Direction: A Framework for Homelessness Prevention. Toronto: Canadian Observatory on Homelessness Press.

ACKNOWLEDGEMENTS

The authors would like to thank the following for providing invaluable feedback on earlier drafts of the framework: Tim Aubry (University of Ottawa), Isaac Coplan (Ontario Non-Profit Housing Association), David French (Province of Alberta), Kathy Kovacs (University of Alberta), Susan McGee (Homeward Trust Edmonton), Katrina Milaney (University of Calgary), Naomi Nichols (McGill University), Bernie Pauly (University of Victoria), Melanie Redman (A Way Home Canada), Jesse Thistle (York University), Alina Turner (University of Calgary), the City of Toronto, and the Province of Alberta. We would also like to thank everyone who filled out the survey on homelessness prevention whose contributions guided the development of the framework.

Canadian Observatory on Homelessness

homelesshub.ca

Designed by Steph Vasko, Canadian Observatory on Homelessness with contributions from Dylan Ostetto and Andre Allen

Table of Contents

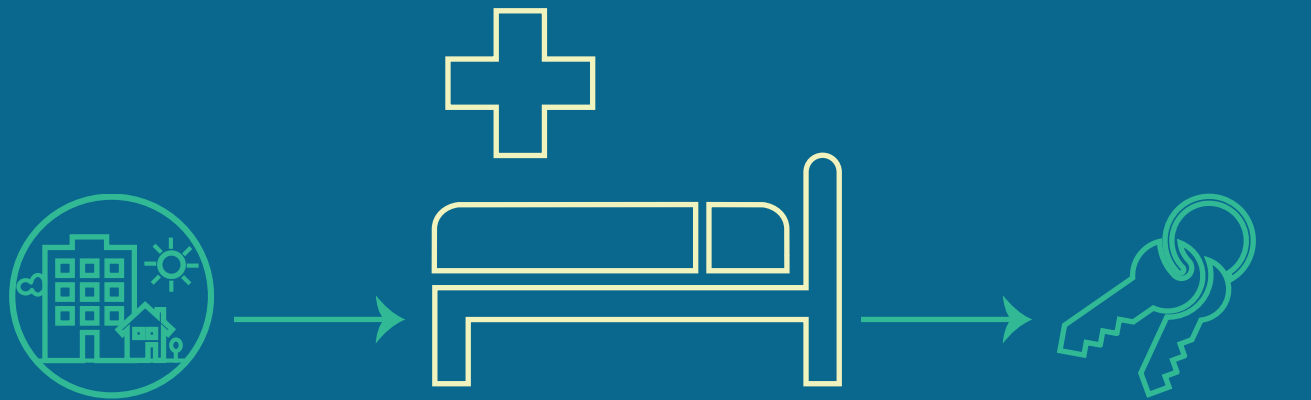
In addressing homelessness, there are basically three things you can do.

First, **you can prevent it** – that is, put in place mechanisms to stop or greatly reduce the risk that people will become homeless in the first place.

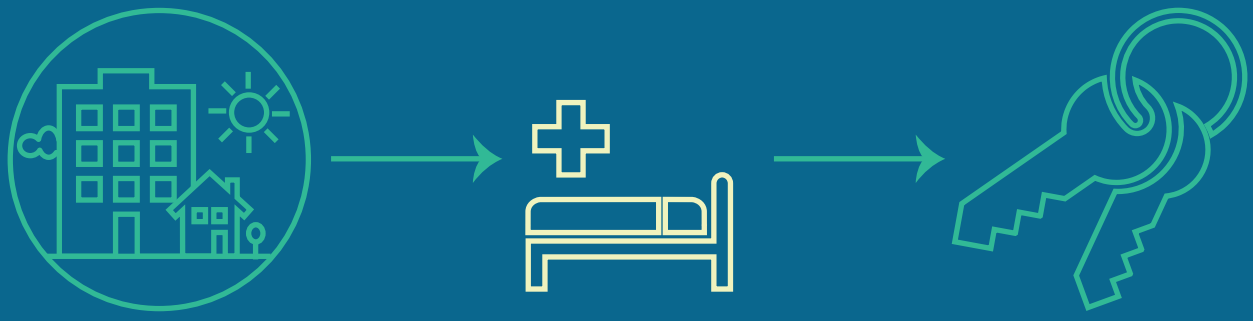
Second, **you can provide emergency services** (e.g., shelters, soup kitchens, day programs) because no matter how good your prevention strategies are, some people will experience difficulties that result in the loss of their housing and home.

Finally, **you can move people into housing with necessary supports** to reduce the risk of recurrence, ideally as rapidly as possible, so that the period one experiences homelessness is as short as possible.

Can we move from this...

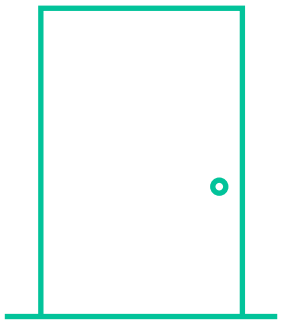


...to this!



While the language of homelessness prevention is sometimes used in policy circles in Canada, it is rarely well conceptualized and in practice has not been a priority in most jurisdictions.

In fact, over the past 25 years, much more effort, attention, and investment has been made in 'managing' the problem through the use of emergency services, also known as the 'crisis response'. As Culhane et al. (2011) point out, this means that our response to homelessness has for the most part focused on helping people *after* they have already lost their housing, leading to "a situation that Lindblom (1991) warned about nearly 20 years ago, one in which an absence of a prevention-oriented policy framework would lead to the institutionalization of homelessness" (p. 295).



In recent years, we have begun to see a shift in in how Canadian communities are responding to homelessness.

Rather than simply relying on emergency services to meet the needs of people who have become homeless, many communities have become more concerned with reducing levels of homelessness. Bolstered by the success of the At Home/Chez Soi project (Goering et al., 2012, 2014) and community efforts in Alberta, Housing First has emerged as an important policy and practice direction in Canada, in particular for addressing the needs of chronically homeless people with acute mental health and addictions issues. To use a common metaphor, we are becoming better at opening the back door of homelessness by assisting people to move out of this dire situation through providing them with necessary housing and supports.

While this is a laudable shift from two decades of relying on emergency services to manage the problem, some key questions still remain: Do we only address homelessness as a problem after it has occurred? Must we only be concerned about addressing the needs of individuals once their problems become chronic and acute? All of this raises the question, where does the prevention of homelessness fit in to our response?

A New Direction: A Framework for Homelessness Prevention provides a starting place for a national conversation about how to think about responding to homelessness in a different way; one in which we also seek to shut the front door.

We are proposing a new emphasis on the prevention of homelessness, not in opposition to, or as a replacement for, the focus on Housing First, but rather to complement it.

We need to shift from prioritizing an investment in the crisis response to one that emphasizes both prevention and successful exits from homelessness.

There is a need for greater clarity on what constitutes 'homelessness prevention' given that this concept is not well understood and is typically used in loose and ambiguous ways. It is important that prevention does not simply become a sinkhole for investment that has no impact, nor that it be co-opted to rename currently existing emergency responses.

If we want to address homelessness through prevention, we need to be clear on exactly what we mean. What are the systems changes and structural shifts that reduce the likelihood that someone will become homeless? What are the intervention strategies that can support people who are at high risk of homelessness or who have recently become homeless? How can we ensure that people who have been homeless – and who are now housed – do not experience homelessness again?

A New Direction: A Framework for Homelessness Prevention sets out to define what we mean by 'homeless prevention', helps to develop a common language and lays the groundwork for policy and practice shifts that will reduce the likelihood that individuals will experience homelessness.

This framework is rooted in a human rights perspective that argues that all people have the right to housing that is safe, appropriate, affordable, and sustainable, and that allowing people to fall into, and remain, homeless because of structural, systemic, and/or individual factors is not acceptable. No one should have to demonstrate that they are worthy of, or 'ready' for, housing.

The framework is broken down into three parts.

The first makes the case for homelessness prevention through a study of the public health model of prevention and international examples of prevention. The second part provides a clear definition of homelessness prevention that outlines what constitutes prevention, and what does not. The third part is a typology that describes the categories in which policies and practices must be developed, as well as who is responsible for this work. This prevention framework sets out to create a common language and understanding of homelessness prevention, providing concrete examples and exploring the question of who, in the end, is ultimately responsible for homelessness prevention. We can never truly end homelessness until we are able to address how to stop the flow – the pipeline – into homelessness.

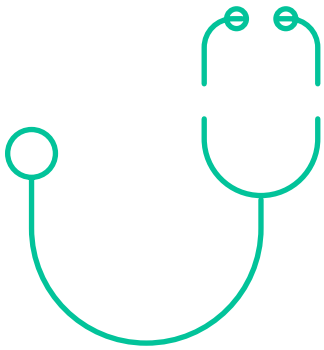
2.1 What do we mean by Prevention?

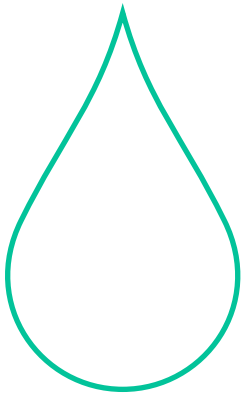
Most people intuitively understand that it is better to prevent a bad thing from happening – cancer, car accidents, etc. – than to deal with the consequences.

In a sense, this makes the case for preventing homelessness somewhat easy to understand. Mackie (2015, p. 41) says that there is a paradigm shift happening; we've entered a new "era of homelessness prevention" in which groundbreaking initiatives are changing the way we think about addressing and solving the homelessness crisis (Wireman, 2007). There is general consensus that prevention strategies are meant to eliminate or minimize the harm of being at risk of or experiencing homelessness. Prevention is made up of policies and strategies that impact homelessness at a structural level, as well as early intervention practices that address individual and situational factors (Crane & Brannock, 1996; Jahiel, 1992).

Efforts have been made to conceptualize homelessness prevention in the UK (Pawson, et al., 2006, 2007) and in the United States (Shinn et al., 2001; Culhane et al., 2011) as a means of guiding government policy and framing community practice. In Australia, an ambitious strategy to prevent youth homelessness has been in place for years and has been extensively evaluated (Australian Government, 2003; Crane, 2009).

While most people 'get' that prevention is generally a good thing, it isn't always clear what we mean by the concept. As we go forward, a key challenge is that we need to clearly define what we mean by homelessness prevention and the range and scope of legislation, policy, and program interventions this entails. "(T)he logic of prevention requires that we define clearly what is to be prevented, specify the intervention(s), and establish a causal (or at least correlational) connection between intervention and avoidance of the undesirable phenomenon" (Shinn et al., 2001, p. 97). Further, homelessness prevention requires that we identify who is responsible (is it the homelessness sector? Higher levels of government?) and at what level the policy or intervention should be targeted (population wide? Targeted high risk groups? People at imminent risk of homelessness?).





In seeking to understand homelessness prevention, it is useful to look at how it is considered in other fields.

Public health has provided the most robust conceptualizations of prevention, specifying that the overarching goal of prevention is to minimize harm to individuals or communities through lowering the risk and outcomes of disease, illness, and injury. This is done through identifying risk and protective factors, and putting in place structural and universal systems (e.g., mass immunization, clean water supplies, public education) or targeted interventions for those deemed to be at higher or imminent risk. First developed in the 1940s by Leavell and Clark (1953, 1958), the public health model articulates prevention in terms of primary, secondary, and tertiary practices, as a way of mapping out the range of policy directions for government, as well as specific interventions available to individuals and health experts.

From a public health perspective, **PRIMARY PREVENTION** means working upstream in order to increase population health and help people avoid illness or injury in the first place. The Association of Faculties of Medicine in Canada suggests that "Primary prevention seeks to prevent the onset of specific diseases via risk reduction: by altering behaviours or exposures that can lead to disease, or by enhancing resistance to the effects of exposure to a disease agent. Examples include smoking cessation and vaccination" (AMFC, p. 1).

SECONDARY PREVENTION refers to interventions directed at individuals after an illness or injury has been detected or diagnosed, or is seen to be highly likely to occur. This means "preventing the establishment or progression of a disease once a person has been exposed to it. Examples include early detection via screening procedures that detect disease at an early stage when intervention may be more cost-effective" (AMFC, p. 1).

Finally, **TERTIARY PREVENTION** involves helping people to manage long-term complicated health problems, or to avoid the recurrence of illness and injury. It seeks to "soften the impact caused by the disease on the patient's function, longevity, and quality of life" (AMFC, p. 1).

Most certainly, the public health model of prevention now dominates health care, public health and health promotion approaches, from the use of vaccines, to efforts to prevent smoking, cancer, diabetes, and strokes, for instance. Since it was first put forward, it quickly became a model that was adapted to thinking about other societal issues, and was taken up in disciplines such as social work (Rapoport, 1961) and the reduction of crime and violence (Waller, 2008). In education, it informs how we think about reducing the number of young people who drop out of high school. The public health model has been adapted by key homelessness theorists, including Pawson, Culhane, Burt, and Shinn. In all of these fields, the problem of predicting outcomes persist, yet we proceed nonetheless, knowing that at an aggregate level, a well-designed prevention framework will lead to an overall reduction in the problem. This is in fact central to a public health approach, wherein the focus is not on predicting whether we will prevent specific individuals from getting a disease (e.g., measles) before we vaccinate.

> We recognize that children are highly susceptible to certain communicable diseases and that the outcomes can be deadly, so we routinely vaccinate all children as a precaution. Even with screening, which is about early detection, we are not focused on predicting outcomes but identifying who is at risk. I would suggest we need to shift our thinking in homelessness from the problem of predicting to one of recognizing that certain conditions are necessary to prevent homelessness. This would lead us to focus on and ensure that structural factors are in place as part of primary prevention and identifying those at risk for secondary prevention due to structural and systemic conditions (e.g., paying more than 30% of their income on rent, job loss, trauma, family conflict, violence and so on)
>
> (DR. BERNIE PAULY, UNIVERSITY OF VICTORIA, PERSONAL COMMUNICATION, 2017).

The public health model of prevention is not without its critics. In looking at public health efforts to combat obesity, Salas (2015) writes: "The public health war on obesity has had little impact on obesity prevalence and has resulted in unintended consequences. Its ineffectiveness has been attributed to: 1) heavy focus on individual-based approaches and lack of scaled-up socio-environmental policies and programs, 2) modest effects of interventions in reducing and preventing obesity at the population level, and 3) inappropriate focus on weight rather than health" (p.79). Others offer similar critiques of other campaigns, because they focus on individualized behavioural change or health promotion approaches that do not adequately take into account broader structural and societal factors that not only shape people's actions, but what is possible (Baum & Fisher, 2014; Butterfoss et al., 1993; Hankivsky & Christoffersen, 2008; Petersen & Lupton, 1996). This will be important to consider when thinking about the applicability of this model to homelessness prevention.

Other perspectives on prevention that build on the public health model also exist. Some researchers propose the use of the 'universal, selected and indicated typology' as a way to further refine and break down *primary prevention* (Mackie, 2015). Others use this typology as a replacement for the public health model (Crane et al., 2004, 2006; Shinn & Baumohl, 1999).

Universal prevention programs are available to the entire population, although they are sometimes targeted at people who have reached a particular period of life. Such programs may be narrow and inexpensive, such as childhood immunizations to prevent measles, or quite expensive and expansive, such as: (1) old-age pensions intended to prevent poverty among the elderly; (2) subsidized housing programs intended to prevent homelessness; or (3) the construction of water treatment facilities to prevent water-borne disease. As these examples illustrate, prevention programs (of all types) may involve strengthening individuals (e.g., a measles vaccine) or changing the environment (e.g., water treatment).

Selected prevention programs are aimed at people at risk due to membership in some group. No individual screening is required for participation. For example, an educational program might be aimed at occupational groups at risk of repetitive motion injuries.

Indicated prevention programs are directed to people at risk because of some individual characteristic or constellation of characteristics. Individual-level screening is required. Programs to mitigate the consequences of genetic diseases are of this sort (Shinn & Baumohl, 1999, p. 13-14). Newer thinking on this would be 'proportionate universality', in which actions are universally applied but their scale and intensity vary depending on levels of disadvantage (Benach et al., 2013; Carey et al., 2015; NCCDH, 2013).

Finally, the population/high risk framework is also used in the public health system to make sense of prevention (Emberson et al., 2004). The model underscores the causes of homelessness at the structural and individual level. These population-level strategies aim to reduce the number of people who become homeless, while interventions with individuals who are at high-risk of becoming homeless, especially those with mental health and substance use challenges, provide targeted support to those who need it most (Apicello, 2010). However, this framework doesn't account for targeted interventions for those whose disadvantage place them at greater risk for becoming homeless.

Below is a summary of the three models of prevention:

	Primary/Secondary/ Tertiary Prevention	Universal/Selected/ Indicated Prevention	Population/ High-Risk
GOAL	Prevent new individual cases and prevent worsening of condition among cases	Prevent cases among indicated individuals and in selected populations, and prevent incidence in the general population	Prevent cases among high-risk populations and prevent incidence in the general population
TEMPORALITY	Can be applied to prevent new cases, as well as to mitigate the harm among current cases	Focuses efforts on preventing new cases	Focuses efforts on preventing new cases
TARGET POPULATION	Individuals with risk factors for the condition and who currently have or have not suffered from the condition	Entire population; high-risk populations; high-risk individuals	Entire population; high-risk populations
WHAT DISTINGUISHES THIS FRAMEWORK FROM THE OTHERS	Focus is on the timing of interventions	Focus is on the target population	Focus is on the context and causes of the preventable condition

(Apicello, 2010, p. 45)

In sum, the different models of prevention can be considered complementary and help point to how we might construct a homelessness prevention framework. Prevention efforts must be made simultaneously at the structural, systematic, and individual levels in order to stop the occurrence of homelessness and to ensure that those who are homeless do not experience it again.

2.2 What are we trying to prevent? Addressing the causes and risks for homelessness

Addressing homelessness through prevention inevitably requires understanding the factors that lead people to become homeless in the first place.

In doing so, it is important to note that there is no single cause that explains everyone's experience of homelessness and pathways into and out of homelessness are neither linear nor uniform. Individuals and families who wind up homeless may not share much in common with each other, aside from the fact that they are extremely vulnerable and lack adequate housing and income and the necessary supports to ensure they stay housed. It is crucial that we address the causes and pathways into homelessness given the rise of mass homelessness beginning in the 1980s, linked to the federal withdrawal of investments in affordable housing and the cuts to social assistance in provinces/territories across Canada.

By homelessness, we are referring to a range of circumstances, from living on the streets to being insecurely housed.

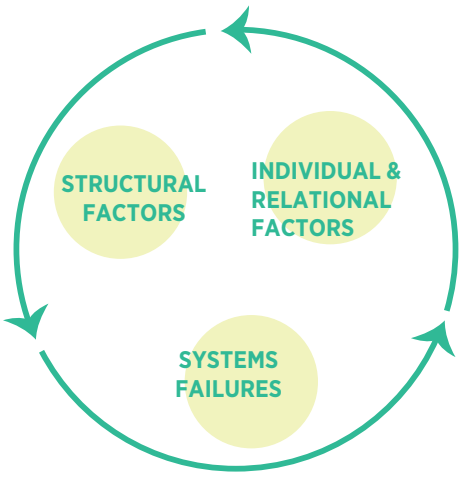
Homelessness describes the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful and distressing.

The problem of homelessness and housing exclusion refers to the failure of society to ensure that adequate systems, funding and supports are in place so that all people, even in crisis situations, have access to housing. The goal of ending homelessness is to ensure housing stability, which means people have a fixed address and housing that is appropriate (affordable, safe, adequately maintained, accessible and suitable in size), and includes required services as needed (supportive), in addition to income and supports (COH, 2012, p. 1).

We use a three level social-ecological model that suggests that homelessness is the outcome of a complex and intricate interplay between **structural factors**, **systems failures**, and **individual circumstances** (Gaetz et al., 2013a; Gaetz, 2014). For any given individual, homelessness is usually the result of the cumulative impact of a number of factors, rather than a single cause. These factors, and the interplay between them, not only help us understand the factors that put people at risk of homelessness, but also point to where our preventive efforts must lie.

FIGURE 1

Causes of Homelessness



I) STRUCTURAL FACTORS are broad systemic economic and societal issues that occur at a societal level that affect opportunities, social environments, and outcomes for individuals. It should be noted that such structural factors may affect a much larger segment of the general population than people who experience homelessness. Key structural factors can include issues related to:

a) Poverty

When we talk about poverty we are referring to the challenges people face in getting their basic needs met. The lack of adequate income underlies poverty and contributes to nutritional vulnerability, inadequate shelter, and compromised health and well-being. Shifts in the economy both nationally and locally can create challenges for people to earn an adequate income in order to pay for food, housing, and other necessities. The outcome is social and economic exclusion and vulnerability. Homelessness and poverty are inextricably linked. This does not mean that every low income person is at high risk of becoming homeless, but it does mean greater challenges in sustaining adequate housing and paying for food, childcare, health care, and education. Being poor can mean a person is one illness, one accident, or one pay cheque away from living on the streets.

b) Discrimination

Research demonstrates that Indigenous Peoples, racialized minorities, and LGBTQ2S persons are over-represented in homeless populations across Canada. Approaching these issues from an intersectional lens makes it clear that the interaction of racism, homophobia, colonialism, and other forms of discrimination produce systemic disadvantage, resulting in inequitable access to education, housing, income, employment, and other supports for particular groups of people. More broadly, discrimination resulting from patriarchal, racist, homophobic and transphobic cultural values perpetuate systemic violence against some individuals and communities, such as the over-representation of Indigenous Peoples in child protection and criminal justice systems. These experiences increase the risk of homelessness for these groups.

c) Lack of affordable housing

A critical shortage of housing that is affordable, safe, and stable directly contributes to the problem of homelessness in Canada. Eighteen percent of low income Canadian families are living in extreme core housing need, meaning they are paying more than 50% of their income on housing (Londerville & Steele, 2014). Lack of access to safe, adequate and affordable housing is an even greater challenge for low income Indigenous Peoples, racialized minorities, and sexual minorities because of the discrimination they face.

d) Impact of colonialism on Indigenous Peoples

In Canada, while Indigenous Peoples make up less than five percent of the general population, they make up about a third of the population of people experiencing homelessness (ESDC, 2016). Indigenous Peoples are also over-represented in prison populations and child protection (Office of the Correctional Investigator, 2015; Fluke et al., 2010; Trocmé, Knoke, & Blackstock, 2004). This is not the outcome of individual or personal failings, but rather centuries of colonization and racism that have resulted in the social exclusion and traumatization of generations of Indigenous Peoples and communities. The deliberate erasure and unraveling of Indigenous traditions, social, economic, and governance systems and family structures contributes to the intergenerational trauma, distress, lack of safety, poverty, education and employment barriers, displacement, and disruption that many individuals and communities face, contributing to their ongoing risk and experiences of homelessness (Patrick, 2014). The Truth and Reconciliation Commission's final report on Canada's residential school system and Calls to Action calls on us to take responsibility for the historical and ongoing discrimination experienced by Indigenous Peoples. This means that we must create specific, culturally relevant strategies to prevent Indigenous homelessness, both on and off reserve.

II) Systems failures refer to those situations where inadequate policy and service delivery contribute to the likelihood that someone will become homeless. Systems failures that contribute to homelessness occur when individuals and families experience:

a) Barriers to accessing public systems (e.g., health, social services, legal supports) that they are entitled to, or where the supports they get are inadequate in protecting the person from homelessness. These barriers are unequally distributed, with some groups facing greater disadvantage than others.

b) Failed transitions from publically funded institutions and systems, including child welfare, hospitals, and corrections, for instance. Inadequate discharge planning and support means that many individuals fall into homelessness upon leaving such systems because they lack other options.

c) Silos and gaps both within and between government funded departments and systems, and also within non-profit sectors. Siloing of services, funding, and data impedes collaboration and undermines the ability of communities and government to take an integrated systems approach to complex social problems. It also creates untold problems for individuals and families who struggle to get their needs met. Specifically, it creates challenges for people to identify, access, and navigate the services and supports necessary to address the issues and challenges they face.

III) Individual and relational factors refer to the personal circumstances that place people at risk of homelessness, and may include:

a) Crises

Personal or family crises, such as emergencies (e.g., house fire, community evacuation, sudden unemployment, eviction) or personal crises (e.g., family break-up or intimate partner violence).

b) Housing insecurity

The Canadian Definition of Homelessness identifies housing precarity as a major risk factor for homelessness, meaning that people are at risk of losing (or of not being able to obtain) housing in a context where incomes are low and there is a lack of a lack of safe, affordable housing. The greater the shortfall of income in covering basic costs, the greater the risk of homelessness. Those classified as 'precariously housed' face challenges that may or may not leave them homeless in the immediate or near future (in the absence of an intervention). Those who manage to retain their housing in such circumstances often do so at the expense of meeting their nutritional needs, heating their homes, providing proper child care, and addressing other needs that contribute to health and well-being. CMHC defines a household as being in core housing need if its housing: "falls below at least one of the adequacy, affordability, or suitability standards and would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards)" (CMHC, 2012).

- Adequate housing is reported by residents as not requiring any major repairs. Housing that is inadequate may have excessive mold, inadequate heating or water supply, significant damage, etc.
- Affordable dwelling costs less than 30% of total before-tax household income. Those in extreme core housing need spend 50% or more of their income on housing. It should be noted that the lower the household income, the more onerous this expense becomes.
- Suitable housing has enough bedrooms for the size and composition of the resident household, according to National Occupancy Standard (NOS) requirements.

We would also add that housing that is safe is also necessary.

c) Interpersonal and relational problems

This includes ongoing family conflict, interpersonal violence and abuse, involvement with the criminal justice system, and/or mental health, addictions, and justice problems among other family members. Interpersonal violence is a major driver of homelessness for women, and family conflict is for youth (Ballon et al., 2001; Gaetz & O'Grady, 2002; Karabanow, 2004; 2009; Tyler & Bersani, 2008; Gaetz et al., 2013a; 2016).

d) Persistent and disabling conditions

People experiencing persistent or disabling conditions who do not receive adequate support risk becoming homeless. Such conditions include mental health and addictions challenges on the part of the individual and/or another family member, as well as disabilities that affect cognitive functioning (including acquired brain injury and fetal alcohol spectrum disorder).

e) Interpersonal violence

People experiencing violence or abuse (or living in direct fear of violence or abuse) in their current housing situations may be at risk of homelessness. This includes:

- People facing family or intimate partner violence and abuse
- Children and youth experiencing neglect and/or physical, sexual, or emotional abuse
- Senior/elder abuse
- People facing abuse or discrimination, such as racism, homophobia, transphobia, or misogyny

f) Trauma

The relationship between homelessness and trauma is bidirectional. That is, trauma is both a risk factor for, and a potential outcome of, homelessness. Research attests to the fact that both adult and youth populations who are homelessness often experienced trauma as children.

Structural factors, systems failures, and individual and relational factors often intersect and articulate in complex ways that undermine housing stability,[1] security, and wellness for those who experience, or are at risk of, homelessness. Understanding the risks and causes of homelessness provides a starting place to consider where legislation, policy, and practices can contribute to the prevention of homelessness.

1. Housing stability refers to an individual's ability to access and maintain satisfactory, high-quality, and secure housing (Frederick et al., 2014).

IF WE WANT TO STOP PEOPLE DYING ON ROADS, WE INVEST MONEY IN SEATBELTS, NOT IN THE EMERGENCY DEPARTMENT. In the same way in regards to homelessness, why would we wait to intervene with a young person when they're in crisis, when we can intervene early and keep them at home, and in school and engaged?

PETER JACOBSON, MANAGER,
YOUTH SERVICES, BCYF, AUSTRALIA

2.3 Making the Case for Homelessness Prevention

The role of prevention in addressing homelessness is curiously controversial, and its status as part of a strategic solution to homelessness in many ways depends on where you live.

In many countries around the world, homelessness prevention is well integrated into national and local strategies. Australia has been a leader in youth homelessness prevention since the 1990s, where efforts to address youth homelessness did not focus on building a robust crisis response, but rather a substantial and scalable nationally-funded and school-based Reconnect Program (Australian Government, 2013; Chamberlain & Mackenzie, 1998; Crane & Brannock, 1996; National Youth Commission, 2008). In a number of countries (mostly in Europe and Australia) prevention is a central part of national strategies to address homelessness, either through declaring housing to be a right, or implementing legislation, policy, and interventions to reduce the incidence of homelessness. In Scotland, homelessness prevention is well established at the policy and practice level. In Wales, the *Housing Act* of 2014 clearly articulates a prevention framework. British parliament recently passed similar legislation.

HOMELESSNESS PREVENTION IN NORTH AMERICA

In Canada and the United States, homelessness prevention has more often taken a back seat to either the crisis response (emergency services), or more recently to more progressive strategies to move people out of homelessness, most notably Housing First. Prevention programs exist in a number of communities but have never been broadly or systematically applied, or taken up at the level of policy and legislation, except in a few cases.[2] It is often the case that the 'politics of scarcity' underlies the resistance to go in this direction, often on the basis that broadening the homelessness mandate to include prevention would draw much needed resources away from providing services and supports to those who are currently homeless and who have high needs; cases where it is easier to demonstrate the outcomes of an investment. This is the case for prioritizing chronically homeless persons or those with high acuity mental health and addictions issues through interventions such as Housing First, the argument being that once that problem is addressed, attention can be turned to other homelessness issues, such as prevention. This argument, while compelling, nevertheless asks us to wait until individual, family, and community problems become acute before we act, which is an expensive and damaging way to address issues that can have long lasting effects.

We would never build our health care system around the emergency department only.

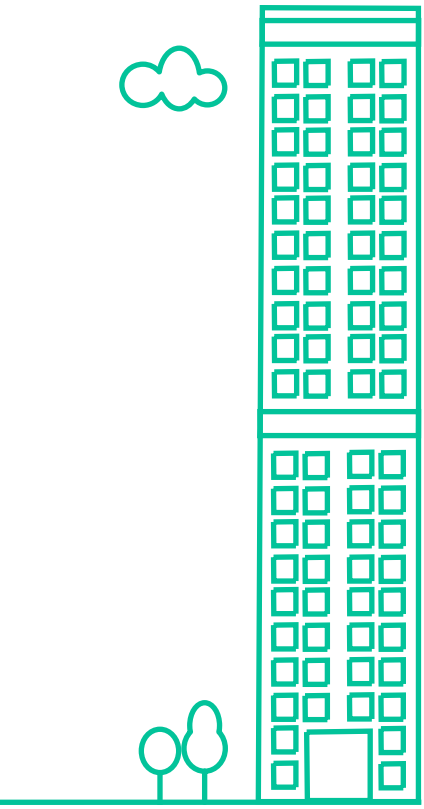
This perspective also assumes that homelessness prevention is, and would be, the sole responsibility of the homelessness sector, and so an investment in that area would be a zero sum game. The reality is that many strategies, investments, and interventions that could have the outcome of reducing the incidence of homelessness would in fact lie outside the homelessness sector and would be the responsibility of other parts of government, including health care, child protection, and the justice system, for instance. Ireland, for example, has

2. As part of the American Recovery and Reinvestment Act of 2009, the Department of Housing and Urban Development makes funds available for evictions prevention and housing stability through the Homelessness Prevention and Rapid Re-Housing Program. In the Province of Ontario, the government put in place the Community Homelessness Prevention Initiative to pool resources for housing and homelessness programs. The use of prevention in the title is mostly rhetorical, however, as the funding typically goes to emergency services and housing programs.

developed an integrated strategy to prevent homelessness for those leaving state-run institutions (Maher & Allen, 2014). Finland's *Action Plan for Preventing Homelessness* (2016) calls for collaboration between the housing, social services, health, and employment sectors. The Welsh government has implemented homelessness prevention legislation that clearly articulates what kinds of interventions are supported, the structural changes that are needed to achieve this end, and which parts of government must be involved. Solving homelessness – and indeed, preventing it from happening in the first place – cannot and should not be solely the responsibility of the homelessness sector.

RESEARCH ON HOMELESSNESS PREVENTION

It should be pointed out that the lack of commitment to, and investment in, homelessness prevention is not simply a question of resources. As Shinn et al. (2001), argue, "Conceptual and methodological problems plague efforts to prevent homelessness. Attempts to identify individuals at risk are inefficient, targeting many people who will not become homeless for each person who will" (p. 95).



There is a growing body of research on homelessness prevention that identifies an increasing consensus on the need for a clear definition of prevention, what sorts of interventions qualify as preventative, and what outcomes should follow prevention strategies. Although different models of prevention exist, they all emphasize the need for prevention efforts at the structural, institutional, and individual levels (Burt et al., 2005; Crane et al., 2004, 2006; Jahiel, 1992; Mackie, 2015; Maher & Allen, 2014; Shinn & Baumohl, 1999; Shinn et al., 2001). In reality, though, most prevention strategies that have been researched to date acknowledge structural prevention, but focus more specifically on individualized and targeted intervention strategies, such as eviction prevention (Culhane et al., 2011; Pawson et al., 2006). As Parsell & Marston (2012) argue, "It is this inevitability of homelessness, as embedded and reified within assumptions that individualise the problem that represents a tension for the application of primary prevention measures" (p. 40).

The research on homelessness prevention asks difficult questions about where prevention fits in our efforts to end homelessness, who to target in a context of limited resources (CHP; Evans et al., 2016; Mackie, 2015; Sanabria, 2006), and in defining the parameters of prevention, who gets left behind. In addition to the bigger questions about the nature of prevention and the ethical dilemmas that these strategies present, the research also grapples with practical challenges of engaging in homelessness prevention. In particular, there are studies that suggest that improving data collection tools and allowing for data sharing between social service organizations enhances individual access to prevention strategies, provides the data necessary for more efficient targeting of those in need, and allows for improvements to system performance (Acacia, 2006; Burt et al., 2005, 2007). A study on New York City's homelessness prevention model showed that data sharing among services allowed for more comprehensive service delivery for those at risk of homelessness and demonstrated success in diverting people from shelters (Durham & Johnson, 2014). Other prevention research works to develop risk assessment tools to predict those households who are most likely to become homeless and provide support to keep people housed (Distasio & McCullough, 2014; Tutty et al., 2010, 2012).

A key concern in the homelessness prevention literature has to do with prediction. Can we really know that a prevention-based intervention will be the key factor in keeping someone housed?

As Yogi Berra once said, "It's tough to make predictions … especially about the future". Whether a preventive intervention is actually responsible for a person avoiding homelessness is difficult to determine. The causes of homelessness are complex and involve a number of interacting factors that may play out in different ways from individual to individual. Homelessness, similar to other phenomena such as suicide, is "ambiguously defined, multiply caused, questionably responsive to interventions, and difficult to assess. Moreover, most interventions are complex and difficult to standardize and may reshape the outcome of interest" (Shinn et al., 2001, p. 96). In preventing homelessness, it is not sufficient to simply identify risk factors and then assume you can definitively predict an outcome of homelessness, except in those cases where homelessness is imminent (for instance, when someone has received a notice of eviction or been kicked out of their home). At an aggregate level we might see some correlation, but not at the individual level. This is important to consider, because the characteristics (including risk factors and assets) of the population who becomes homeless may be identical to another – potentially

larger – group of people who do not become homeless at all. Similar assessment and intervention challenges exist in addressing other complex social problems, such as preventing young people from dropping out of school.

There is also a reticence, in times of 'evidence-based decision making' and 'outcomes-focused funding', to invest in prevention strategies for which determining clear outcomes can be so challenging. Because it can be difficult to demonstrate a causal link between a specific intervention and a specific result, homelessness prevention becomes a tougher sell. The vexing question at the end of the day is: Can we really know whether an intervention (or its absence) actually makes a difference? For instance, the literature on financial assistance programs, such as emergency rental assistance, shallow rent subsidies, and utility assistance, is not conclusive in terms of the effectiveness at preventing homelessness long-term. This is because it is difficult to prove with a high degree of certainty that those who receive financial assistance are less likely to become homeless than those who don't, as the number of people in need is so great and the actual number who become homeless is so small (Culhane et al., 2011). This suggests that a targeted approach to prevention incorporate strategies specific enough to capture those at 'imminent risk' of homelessness in order to produce significant results that will encourage governments to fund prevention activities (Burt et al., 2005; Parsell & Martson, 2012). On the other hand, universal basic income programs, such as the one currently being piloted in Ontario, offer another kind of strategy that could potentially prevent homelessness. The benefit of primary-selected programs such as this is that the challenges of awareness of, and access to, the program faced by many prevention initiatives is eliminated. Also, because preventing homelessness is not its primary purpose, concerns about how best to target particular groups is not an issue.

In this way, the success of homelessness prevention should be measured by its ability to adequately assess the conditions that lead to homelessness, rather than attempting to parse out which vulnerable people would have become homeless without intervention.

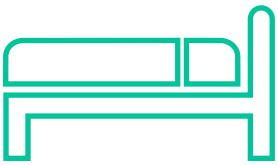
IS THERE EVIDENCE?

Considering that in many contexts homelessness prevention represents a new and dramatic shift in how we address the problem, there is an emerging literature that makes the case for the effectiveness of prevention and shows positive outcomes.

Much of this research demonstrates that an investment in the prevention of homelessness pays dividends (Chamberlain & Mackenzie, 1998; CMHC, 2005; Culhane et al., 2011; Distasio & McCullough, 2014; Lindblom, 1991; Mackie, 2015; Pleace & Culhane, 2016). For instance, Fitzpatrick and Busch-Geertsema (2008) have studied downward trends in homelessness in Germany and the United Kingdom and assessed the role of prevention interventions in contributing to this decline, demonstrating that locally contextualized interventions are successful at decreasing homelessness, even in tough economic conditions. Their study demonstrates that "While a range of factors has contributed to these downward trends (a slackening housing market in Germany; tightened local authority assessment procedures in England), there is evidence to support claims that targeted preventative interventions have had a substantial beneficial effect" (p. 69). Their research identified that interventions that carefully target 'triggers' of homelessness such as eviction and family conflict can be effective, especially if there is an administrative system in place to ensure awareness of supports and enable people to access such supports. Whether these kinds of targeted interventions, especially eviction prevention, are successful on their own in preventing homelessness, or whether they need to be complemented with additional supports, is subject to ongoing research and evaluation (Acacia, 2006; CMHC, 2005; Dasinger & Speiglman, 2007; Distasio & McCullough, 2014; Gubits et al., 2015; Holl et al., 2016; Kenna et al., 2016; van Leare et al., 2009). However, a key finding is that there needs to be a degree of systems integration not only at the community level, but within government to support such prevention strategies. In other words, homelessness prevention cannot only exist at the program level, but works best if such programs are embedded within a broader integrated systems approach.

An evaluation of homelessness prevention strategies in the UK led by Hal Pawson confirmed that "a significant proportion of certain types of interventions to prevent homelessness succeed in their objective" (Pawson et al., 2007, p. 15). They identified positive reductions in homelessness across a number of areas, including the provision

of supports for victims of intimate partner violence, discharge planning, support for prisoners, a range of tenancy supports (e.g., helping people access benefits, services, supports and even furniture, debt, and finance management, etc.) and in particular, landlord mediation, housing advice, and family mediation.



There is research that demonstrates the importance of discharge planning and transitional supports from hospitals, correctional facilities, and shelters (Backer & Howard, 2007; Forchuk et al., 2008; John Howard Society of Ontario et al., 2016; Susser et al., 1997; Thomson, 2014). Important research from Forchuk in Canada demonstrates the effectiveness of transitional supports for people who are homeless who are discharged from inpatient care in hospitals, and in particular psychiatric wards (Forchuk et al., 2008; 2013; Forchuk et al., 2011).

Research has also been devoted to homelessness prevention strategies that address key populations. The United States has made veteran homelessness a priority (Barrett et al., 2010; Cunningham et al., 2007), and in so doing has established a number of prevention measures, such as creating a universal screening tool within the Veterans Health Administration (Montgomery et al., 2013) and the Veterans Homelessness Prevention Demonstration, which provides rapid rehousing and supports for veterans at risk of or experiencing homelessness (US Department of Housing and Urban Development, 2015). Research on veteran homelessness in Canada is beginning to emerge (Forchuk & Richardson, 2014; Forchuk et al., 2016) but has yet to turn to prevention. Unfortunately, there appears to be little research on homelessness prevention for older adults and Indigenous Peoples (Raising the Roof, 2009).

Research on preventing family homelessness studies how women experiencing intimate partner violence can find safety without becoming homeless (Baker et al., 2010; Netto et al., 2009; Spinney & Blandy, 2011), as well as broader trends towards predicting which families are most at risk of experiencing homelessness (Goodman, 1991; Letiecq et al., 1998; Shinn et al., 2013).

There is also a very strong evidence base for school-based early intervention strategies for youth in Australia, including the broadly implemented Reconnect Program (Australian Government, 2003; 2009; 2013) and the innovative Geelong project (MacKenzie & Theilking, 2013). Evidence of the effectiveness of school-based early intervention also comes from Canada (Lethby, 2014) and the United Kingdom (Quilgars et al., 2008). Other youth homelessness early intervention prevention programs for which there is evidence include Host Homes, and in particular the Nightstop program in the UK (Insley, 2011a), which has recently been piloted in Canada by 360˚ Kids in York region, and Family Reconnect (Insley, 2011a; Sanabria, 2006; Arnold & Rotheram-Borus, 2009; Dickens & Woodfield, 2004).

Gaetz (2013a, 2014) has posited that for youth, the role of early intervention is crucial and should be central to any youth homelessness prevention strategy alongside primary prevention and systems prevention. Here the goal is to either help young people remain at home, or to move out in a safe and planned way through providing young people and their families with the necessary physical, relational, and emotional supports to enhance resilience and well-being, all in the effort of reducing the risk of homelessness.

There is also compelling research on homelessness prevention for those who have high-needs, specifically those experiencing mental health and addiction challenges. Much of the literature covers tertiary prevention, especially Housing First (Doherty & Stuttaford, 2007; Herman et al., 2007; Stefancic & Tsemberis, 2007; Tsemberis, 1999; Tsemberis et al., 2004). Other literature covers the effectiveness of assertive community treatment teams (Backer, Howard, & Moran 2007; Bebout, 1999; Nelson et al., 2007).

3. Assertive Community Treatment is an integrated team based approach designed to provide comprehensive community-based supports to help people remain stably housed. These teams may consist of physicians and other health care providers, social workers, and peer support workers.

IN RESPONSE TO CLAIMS THAT WE CANNOT AFFORD PREVENTION, THERE IS RESEARCH THAT SUGGESTS INVESTING IN PREVENTION MIGHT BE COST-EFFECTIVE.

In a recent study by Pleace and Culhane (2016) on single homeless persons in the United Kingdom, 86 people were asked what services they used in the previous year while they were homeless. They were also asked what, if any, early interventions would have prevented them from becoming homeless in the first place. A cost-benefit analysis suggested that preventive measures would reduce the public cost of addressing homelessness from $56,000 (CDN) per person annually, to $14,924.

Projecting from this sample, they argue that the overall savings in terms of government expenditures could be almost $600 million (CDN) if 40,000 people were prevented from becoming homeless for one year.

While there are indeed concerns about how to measure the outcomes and impact of homelessness prevention, there is compelling evidence emerging from around the globe for the effectiveness of prevention measures. For those who do not consider the evidence for prevention compelling, we have to question whether this is because it does not or cannot work, or rather that there has not been sufficient research and evaluation because prevention initiatives have not yet been widely integrated into homelessness strategies. Within the world of homelessness, there is not a strong history of evaluation, and there are very few interventions that can truly be declared 'best practices' outside of Housing First (BCNPHA, 2015; Crane et al., 2004, 2006; Culhane et al., 2011; Sanabria, 2006; Shinn & Baumohl, 1999). It took 20 years for sufficient research on Housing First to accumulate for it to be deemed a best practice (Gaetz & Scott, 2013b). The good news is that there is a growing body of evidence for prevention's effectiveness, which also justifies public expenditure in this area.

THE CASE FOR A HUMAN RIGHTS BASED APPROACH TO HOMELESSNESS PREVENTION

It is important to consider the issue of homelessness and prevention from a rights-based perspective.

A human rights approach is built on the notion that all people "have a fundamental, legal right to be free of homelessness and to have access to adequate housing" (Canada Without Poverty et al., 2016, p. 7). Many national governments, including Canada, are signatories to a range of international treaties and covenants that provide a basis for the claim that access to housing – and not being subjected to homelessness – are human rights.[4] For instance, the International Covenant on Economic, Social and Cultural Rights (ICESCR) proclaims that all signatory states must "recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing, and housing, and to the continuous improvement of living conditions". Likewise, the United Nations Declaration on

4. International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Rights of the Child (CRC), and the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD).

the Rights of Indigenous Peoples, to which Canada is a signatory, reads: "Indigenous Peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health, and social security".

A shift to prevention begins with recognition that all people are rights holders. Incorporating a human rights perspective forces us to target systemic causes of homelessness and not simply react after everything has gone wrong (Crane & Brannock, 1996; Pawson, 2007). As a moral and legal obligation, a human rights-based prevention strategy requires remedies. When national level governments ratify human rights treaties, all other orders of government are required to comply. More than lip service is required – legislation, policies, programs, and community services must be put in place to ensure compliance. A rights-based approach to homelessness prevention means changes in the way decisions and funding are made and ensures that a policy and funding framework is put in place to hold relevant parts of government responsible for addressing their role in preventing people from becoming homeless, including health, child protection, justice, and others.

Given the impact of the experience of homelessness on the health and well-being of individuals, families, and communities, it is no longer acceptable to say we can do nothing to help people until they are on the streets, exposed to harm and are suffering.

We cannot accept that the shift to prevention must wait until we first eliminate chronic homelessness. Continuing to focus on bailing out the flooded basement instead of repairing the ruptured pipe from which the water flows is inevitably a futile effort. Our knowledge about how to prevent homelessness is growing, and so the time for the shift is now. The Homelessness Prevention Framework provides an excellent starting place for discussions and considerations about how to shift the focus of our response to prevention.

3.1 Towards a Definition of Homelessness Prevention

The definition of homelessness prevention is meant to provide language that is clear, concise, and useable in the field. It is also important to identify not only what homelessness prevention is, but what it is not. Additionally, it is intended to help clarify whose responsibility it is to address homelessness through prevention.

Definition of the Prevention of Homelessness

Homelessness prevention refers to policies, practices, and interventions that reduce the likelihood that someone will experience homelessness. It also means providing those who have been homeless with the necessary resources and supports to stabilize their housing, enhance integration and social inclusion, and ultimately reduce the risk of the recurrence of homelessness.

The causes of homelessness include individual and relational factors, broader population-based structural factors, and the failure of many public institutions to protect people from homelessness. This suggests that homelessness prevention must not only include interventions targeted at individuals, but broader structural reforms directed at addressing the drivers of homelessness. That not only communities but all orders of government, and most departments within have a responsibility to contribute to the prevention of homelessness is in keeping with a human rights perspective.

The Definition of the Prevention of Homelessness builds on and adapts the public health model described in the backgrounder. It also includes elements of other definitions, including the 'Universal, Selected and Indicated Prevention' model that focuses more on preventing new cases. In adapting the public health model, the following three categories of prevention are identified.

PRIMARY PREVENTION means 'working upstream' to address structural and systems factors that more broadly contribute to housing precarity and the risk of homelessness. Primary prevention typically involves universal interventions directed at whole communities, as well as targeted interventions for 'at risk' communities, designed to reduce risk and build protective factors. This could include information campaigns and educational programs, as well as strategic interventions designed to help address problems that may eventually contribute to homelessness, well before they arise. Poverty reduction strategies, building and maintaining the affordable housing stock, anti-violence campaigns, early childhood supports, and anti-discrimination work all can contribute to a reduction in homelessness down the road. Primary prevention strategies have as their goal to strengthen protective factors and build assets, enhance housing stability, increase access to necessary supports and social inclusion, all with the goal of reducing the likelihood that individuals or families that becomes homeless in the first place.

SECONDARY PREVENTION refers to a range of targeted strategies and interventions directed at individuals and families either at imminent risk of homelessness or who have recently experienced homelessness – in other words to identify and address a problem or situation at an early stage. This includes systems prevention, meaning working with mainstream institutions to stop the flow of individuals from mental health care, child protection, and corrections into homelessness. Early intervention strategies are designed to work quickly to support individuals and families

to either retain their housing, or if that is not possible, to use rapid rehousing strategies to ensure people move into permanent and stable accommodation that is affordable, safe, and appropriate, along with the supports that they need. Elements of effective early intervention include: coordinated assessment, case management, and shelter diversion strategies. Key supports can include family mediation, rent banks, and landlord-tenant mediation, for instance.

TERTIARY PREVENTION is intended to reduce the recurrence of homelessness. It involves supporting individuals and families who experience homelessness to exit quickly and to assist people experiencing chronic homelessness and those with complex needs to access housing and the necessary supports. It means ensuring that people are able to obtain housing that is safe, affordable, and adequate, and that they have the supports they need to reduce the likelihood that they will become homeless ever again. The focus, then, is not simply to get people housed, but rather, housing stability. When done correctly, Housing First can be considered a key approach to tertiary prevention.

A key thing to note is that primary, secondary, and tertiary prevention do not represent separate and discrete categories.

As Culhane et al. (2011) note: "These prevention classifications are better seen as a continuum range on which lie the most practical intervention points for prevention initiatives" (p. 297).

In addition, we emphasize that in adapting the public health model of prevention, we need to go well beyond focusing simply on individualized interventions, particularly those that focus on behavioural modification. Engaging in homelessness prevention means addressing structural factors that undermine housing stability and inclusion, and fixing the institutional and systems drivers that contribute to homelessness.

Long term housing stability and wellness demands that people have housing that is safe, adequate (in good repair), suitable (based on family size), and affordable (this means

housing that costs no more than 30% of a household's income). In the recent report on Functional Zero, people with lived experience remarked that not being homeless also included such things as 'security of tenure', case management support, and access to necessary services and public systems as needed (addictions, mental and physical health, education, and employment). They also spoke of social inclusionary factors such as a sense of belonging, participation in community activities, and connections with family and friends (Turner et al., 2017, p. 30). All of this suggests that homelessness prevention requires systems outside of the homelessness sector to play a larger role.

In further refining the definition of homelessness prevention, we are also proposing a typology that organizes the specific policies, practices, and interventions that constitute prevention. This typology will be further explored in Section 4.

WHAT HOMELESSNESS PREVENTION IS *NOT*

It is important to emphasize that the concept of homelessness prevention must be used with some precision to describe strategies designed to ensure that people do not lose their homes and that their housing is not precarious. This means that we not only need to understand what homelessness prevention is, but what it is not.

Emergency services often provide a range of supports or are otherwise engaged in activities described as preventive, in that they are intended to reduce the most negative impacts of homelessness, such as starvation, weather related problems (cold, heat), injury, negative outcomes of addictions, etc. While these interventions may in fact be preventing something, they cannot be described as homelessness prevention because they do not directly (or even indirectly) prevent the occurrence of homelessness.

Likewise, the term prevention is also often used to describe interventions for people who are currently experiencing homelessness that may, in the long run, contribute to housing stability, such as:

- Trauma-informed care
- Life skills
- Employment training and access to jobs
- Addictions support
- Mental health supports

While such interventions provided through emergency services are clearly important, they cannot be considered homelessness prevention unless they are provided in a context wherein people have immediate access to housing. The concept of Housing First provides the philosophical underpinning to this notion of prevention – that people must be provided with housing first, and that the supports that are part of the intervention are significant in potentially contributing to housing stability. But we must be clear: any services and supports that are provided to people who are homeless in an emergency context – no matter how helpful and beneficial – are not homelessness prevention if the person remains in a state of homelessness.

ADDRESSING HOMELESSNESS PREVENTION ACROSS SECTORS

One of the key successes of prevention initiatives internationally has been the response and collaborative work across multiple sectors.

In the North American context, different levels of government provide funding and the legislative framework for addressing homelessness. At the local and community level, there is often (but not always) some form of coordinating body which is sometimes the municipal government. In order for prevention to work, we need to challenge the assumption that the 'homelessness sector' is solely responsible for responding to the problem of homelessness. This is not a criticism of the sector and those who work within it, per se, nor is it to suggest that the sector does not have an important role to play in homelessness prevention at the service delivery level, but rather an acknowledgement of its limitations to impact on broader societal change. The sector can be described as a collection of non-profit, charitable organizations that in most communities are not organized in a collaborative and coordinated fashion. This creates limitations to the capacity of the sector to take on prevention alone.

This conflation of the sector with the responsibility to address – and potentially solve – homelessness has had several consequences. First, it creates resistance because the assumption is that all prevention must be the responsibility of the sector and funded from budgets targeting the homelessness sector (reinforcing the 'politics of scarcity'). Second, it means that we also generally think in terms of individual-based models of intervention, rather than seek to address the structural or systems drivers of homelessness, because those very drivers are largely beyond the scope of the sector.

In essence, it has also allowed us to avoid addressing the large scale structural drivers of homelessness, many of which are the domain and responsibility of other sectors (health, justice, child protection, housing, education, etc.) and/or other parts of government. We know, for instance, that a withdrawal of government investment in affordable housing in both Canada and the United States has led to a dramatic reduction in the supply, and combined with declining incomes, places many more households at risk and prevents many young adults from living independently. Likewise, the persistence of family violence and child abuse continues to contribute to homelessness.

In addition, we also know that homelessness is often the outcome of failures in some of our mainstream institutions. Many individuals who leave institutional or state care of one form or another (e.g., child protection, corrections, hospitals) often do not have housing or necessary supports, and so we transfer the problem from one sector to another, rather than stopping the flow into homelessness in the first place (CAEH, 2006). For instance, if we know that people who were formerly in the care of child protection services are over-represented both amongst youth and adult homeless populations, it makes sense to address the problems faced by young people transitioning from care. Likewise, if evidence suggests that discharging prisoners into homelessness increases the rate of recidivism (Metraux et al., 2008; Roman & Travis, 2004), it makes sense from a crime reduction perspective to invest more in discharge planning and supports. Finally, because we also know that the health status of individuals discharged into homelessness from hospitals and mental health facilities worsens, it also makes sense in these cases to put in place discharge planning and supports, with housing as a key part of the solution (Backer et al., 2007; Forchuk et al., 2006, 2008).

ALL OF THIS SUGGESTS THAT BECAUSE HOMELESSNESS IS A FUSION POLICY ISSUE, HIGHER LEVELS OF GOVERNMENT MUST PUT IN PLACE THE FUNDING AS WELL AS LEGISLATIVE AND POLICY FRAMEWORKS THAT WILL HAVE AN IMPACT ON HOMELESSNESS THROUGH WORKING 'UPSTREAM'.

In Canada, both federal and provincial/territorial governments must play a leading role in homelessness prevention. As a 'fusion policy' issue, homelessness touches on many of the responsibilities of senior levels of government, including health care, housing, corrections and criminal justice, child and family services and supports, income supports, education, employment and training, etc. While community-based delivery of many prevention supports is necessary in order to meet local needs, this will not be an effective and scalable solution without the proper investment and policy framework to support this work.

If higher levels of government provide a legislative and policy framework, as well as funding to support homelessness prevention, the homelessness sector and other community-based services will still have a key role in supporting marginalized and socially excluded populations.

Rather than a top down approach, government and institutions must acknowledge and address their responsibility for homelessness prevention and support local and community-based services to implement interventions designed to address the needs of individuals and families at risk of homelessness, and adapt and implement policy based on local needs and context. They also play a key role in identifying where policy and funding are implicated in increasing the risk of homelessness for individuals and families, and so a collaborative relationship between government, funders and community services is necessary to truly address homelessness prevention.

The relevant community-based service providers that can impact on homelessness prevention exist both within and outside of the homelessness sector. In countries that have had the greatest success with homelessness prevention, specific prevention interventions are embedded within broader models of system integration, where all orders of government play a role, where the drivers of homelessness are addressed, and where collaboration between different departments and institutions is not only desired, but necessary.

Through adopting a human rights based approach to homelessness, we are more able to carefully consider the degree to which all orders of government, and most ministries and departments within, them have some role to play in producing the conditions that lead people to become homeless. It therefore follows that those very institutions can play a constructive role in preventing homelessness.

3.2 A Typology of Homelessness Prevention

The Definition of Homelessness Prevention and the accompanying typology are complementary features of the framework designed to outline the legislation, policies, collaborative practices, and interventions that reduce the likelihood that someone will experience homelessness and reduce the risk of recurrence of homelessness for those who have been homeless, through the provision of necessary supports to stabilize housing, enhance integration, and create social inclusion.

This is an integrated systems approach which addresses the complex interplay of individual, relational, institutional, and structural or societal factors that produce and sustain homelessness. The different categories in this typology are intended to identify and organize the range of activities that are considered to be central to homelessness prevention, including:

1. Structural Prevention – This means working upstream to address structural and systemic factors that contribute to housing precarity and expose individuals and families to the risk of homelessness. Through legislation, policy, and investment, the goal is to enhance housing stability and inclusion by promoting poverty reduction, income security, access to appropriate housing, inclusion, safety, wellness, and security of tenure.

2. Systems Prevention – The focus here is addressing institutional and systems failures that either indirectly or directly contribute to the risk of homelessness. In some cases, policies and procedures are designed in ways that undermine the ability of individuals to get access to needed supports that would stabilize their housing. In other cases, the lack of planning and supports for individuals transitioning from public systems (e.g., hospital, corrections, child protection) can produce a higher risk of homelessness.

3. Early Intervention – This includes policies, practices, and interventions that help individuals and families who are at extreme risk of, or who have recently experienced, homelessness obtain the supports needed to retain their current housing or rapidly access new and appropriate housing. Early intervention strategies require effective identification and assessment mechanisms, system navigation support, and potentially case management and integrated systems responses. These supports are designed to provide local temporary housing solutions if people lose their housing so that they are able to maintain natural supports (friends and relatives) and local connections to institutions that they are currently engaged in (e.g., health care, education, community services).

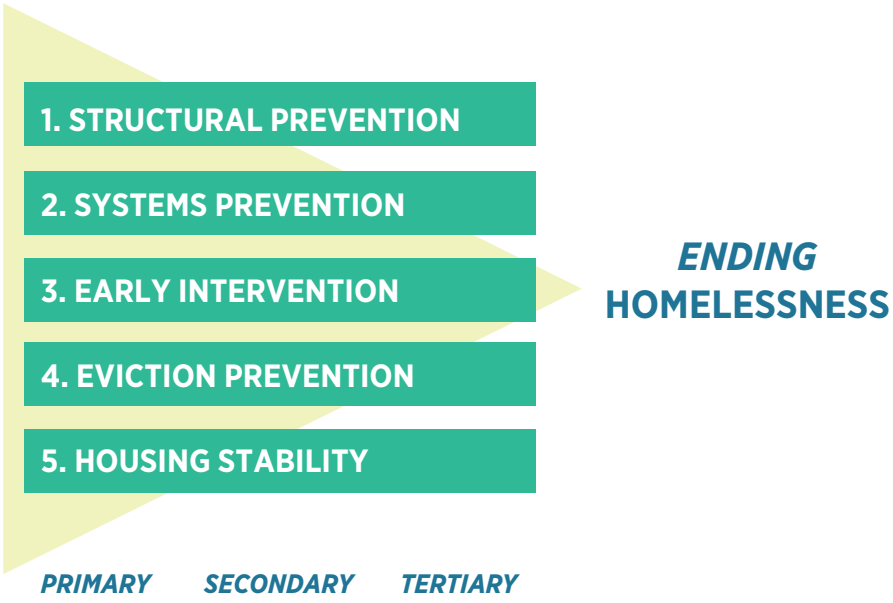
4. Eviction Prevention – This includes programs and strategies designed to keep individuals and families at risk of eviction in their home and that helps them avoid entering into homelessness. A type of early intervention, evictions prevention focuses more on housing supports, and includes landlord/tenant legislation and policy, rent controls and supplements, emergency funds, housing education, and crisis supports for people immanently at risk of eviction.

5. Housing Stability – This involves initiatives and supports for people who have experienced homelessness so that people can exit homelessness in a timely way and never experience it again.

Figure 2 below depicts the relationship between the different categories in the typology and the conceptual framing of primary, secondary, and tertiary prevention, moving from population-wide applications to increasingly more narrow targets for prevention interventions in tertiary prevention.

FIGURE 2

Typology of Homelessness Prevention



In the diagram above, the five elements of the typology are overlaid on the prevention framework. This is important because each of the five elements is situated within, and has an impact upon, primary, secondary, and tertiary prevention, which as we have remarked are not discrete and distinct categories of prevention. As such, while intervention-based program supports for individuals and families are important, this will not be sufficient to truly prevent homelessness. Therefore, the overlay of the typology over the prevention model also helps us frame our understanding of homelessness prevention, and each element of the typology has implications for policy, funding, systems planning, and service delivery.

The approach to homelessness prevention suggested by our definition and typology necessarily requires:

- **Engaging all levels of government in homelessness prevention.** Higher levels of government set policy and provide funding to support communities (which deliver the services) to adapt and implement prevention strategies based on local need and conditions.
- **Within government, an integrated systems response is required** which includes mainstream services and institutions (both public and private) and not just the homelessness sector alone to prevent homelessness. We have described homelessness as a 'fusion policy' issue, meaning that different parts of government, and the institutions they support must be involved in homelessness prevention.
- **At the community level, an integrated systems approach is also required.** Homelessness service providers must work within a coordinated system with shared goals and data sharing. Mainstream service providers must necessarily be part of this integrated system for prevention to work.
- **Data management and information sharing systems are necessary for effective systems integration.** This includes coordinated entry systems that capture names, effective, appropriate, and evidence-based assessments, and case management tools. An integrated data management system should allow for early identification of people at risk of homelessness and tracking people through systems to ensure individuals and families get their needs met. Essentially, one becomes a client of the system, not just an agency.
- **Coordinating prevention and Housing First strategies** (including a philosophy that guides community planning) to address chronic homelessness and ensure that for all individuals and families, their experience of homelessness is short, rare, and nonrecurring.
- **Evaluation, a system that allows for feedback, and continuous improvement** (Burt et al., 2007) must be central to prevention policy and practice, both within and across communities and higher levels of government.

1. Structural Prevention

Structural prevention addresses structural and systemic factors that contribute to housing precarity and social exclusion, exposing some individuals and families to a greater risk of homelessness.

In most cases structural prevention involves identifying and reducing risks that may increase the likelihood that individuals and families become homeless. Structural prevention lies largely in the domain of primary prevention, but becomes a necessary set of legislation, policy, funding mechanisms, and strategies to support community strategies and interventions at the secondary and tertiary levels.

Structural prevention strategies can be aimed at individuals, families, communities, or the entire population. The goal of structural prevention is to enhance housing stability and inclusion by promoting anti-poverty strategies and initiatives, income security, access to appropriate housing, inclusion, safety, wellness, and security of tenure. In most cases, such programs' policies and legislation are rarely titled 'homelessness prevention' (and may not even explicitly reference it), but will have the outcome of building assets and reducing the risk that someone will fall into homelessness.

Structural prevention also involves more targeted strategies aimed at groups deemed to be at higher (but not necessarily imminent) risk of homelessness, such as seniors, for instance. Finally, homelessness prevention legislation can signal a policy and funding framework to address the systems drivers of homelessness and provide direction and support for community-based intervention. Structural prevention can be broken down into four key types of prevention: universal prevention, selected prevention, indicated prevention, and homelessness prevention legislation and policy.

A) UNIVERSAL PREVENTION

Universal prevention includes policies, programs, and investments that target the entire population without regard to individual risk factors. In order to reduce the risk of homelessness, structural and population-based approaches are intended to address risk factors and build assets. Such strategies target communities or the broader population by addressing a number of factors which, though they will not necessarily determine that someone will become homeless, will nevertheless increase the risk.

In thinking about universal prevention strategies, we need to adopt an intersectional lens through an understanding that many individuals and groups experience multiple forms of oppression simultaneously, including poverty, racism, sexism, cissexism, homophobia, ableism, colonialism, ageism, and classism, among others. For example, an Indigenous woman may be confronted with colonialism, racism, sexism, and classism when looking to rent an apartment in an urban centre. Prevention strategies must take an anti-oppressive approach that works to transform these systems of oppression by seeking long-term, substantive equality, as well as ensuring that services are inclusive and supportive on a daily basis.

Examples of universal prevention programs include:

- **Poverty reduction strategies** – Ensuring adequate income to support housing, nutrition, and well-being.
- **Income supports** – This involves both access to employment but also income supports for low income earners, as well as those unable to engage in wage (labour either temporarily or long term). This can include raising the minimum wage, income supplements, increasing benefit rates to cover local housing costs, and a basic guaranteed income.
- **Ensuring an adequate supply of affordable housing** – The lack of affordable housing directly contributes to the risk of homelessness. In fact, in many ways modern mass homelessness in Canada is a direct outcome of important policy shifts in the 1980s and 90s, when the federal government shifted from direct investment in affordable housing to a system of tax incentives to support home ownership. We know that many low income Canadians are in core housing need. For instance it is estimated that 18% of

all Canadian renter households (an estimated 733,275 households) experience extreme affordability problems, meaning that they have low incomes and spend more than 50% of their income on rent (Londerville & Steele, 2014). Canadian individuals and households in this situation are under duress and at risk of homelessness because they cannot afford rent and or basic necessities, such as adequate food and other supplies that contribute to wellness and well-being.

- **Early childhood interventions** – What happens during the early years of life – especially the first 1,000 days – can have a profound effect on childhood development ("Maternal and Child Nutrition," 2013, p. 9). There is a considerable body of research that demonstrates an association between adverse childhood experiences (ACE) such as abuse (physical, mental, emotional), neglect, and household dysfunction with a range of health and social problems as an adult ("CDC-Kaiser ACE Study," 2012). This includes health problems such as increased risk for disease, disability, mental health problems, including depression and suicidality, as well as addictions and early mortality. ACE experiences are also correlated with school disengagement, criminal involvement and homelessness ("CDC-Kaiser ACE Study," 2012; Reavis et al., 2013; Herman et al., 1997). Universal interventions that ensure that all children and their families have necessary social, income, and health supports can reduce the risk of adverse childhood experiences.
- **Violence prevention** – This is an identified cause of homelessness for children and youth, families, and women (Gaetz et al., 2013a). Interpersonal violence, including physical, sexual and/or emotional abuse, continues to be a broad societal problem and therefore has to be addressed through both universal and targeted approaches.
- **Anti-discrimination policy, practice, and training** – Racism and homophobia are primary discriminatory factors that contribute to homelessness through reducing individuals' ability to obtain housing, employment, and an adequate education. Anti-discrimination work reduces the risk that members of stigmatized priority populations will become homeless. Those working in service delivery broadly, including police officers, social workers, front-line support workers, educators, and legal and health care professionals would benefit from anti-discrimination training. The Truth and Reconciliation Commission has called for cultural competency training for many of these groups. Also, training policy makers and politicians may also inform more inclusive and responsive prevention legislation.

- **Landlord tenant laws and legislation** – Most jurisdictions have some sort of landlord tenant laws or legislation that govern the relationship between landlords and tenants. These laws typically outline the rights and responsibilities for both landlords and tenants, as well as the potential remedies for disputes. Such laws typically outline the conditions under which someone can be evicted (e.g., failure to pay rent, damage to property, failure to uphold tenant duties, the need for renovation).

In 2016 the federal government took part in nation-wide consultations to develop a National Housing Strategy. Among the feedback from Canadians was that a national strategy should help those in greatest need, primarily through the creation and maintenance of affordable, suitable, and adequate housing. The government is set to release the complete Strategy in 2017, through which it has the potential to prevent homelessness across Canada.

B) SELECTED PREVENTION

Selected prevention programs are aimed at people at risk due to membership in some group. Examples include:

- **Addressing the social, cultural, and economic exclusion of Indigenous individuals, families, and communities** – The Truth and Reconciliation Commission called on Canadians to address the legacy of colonialism, the Indian Act, residential schools, and other actions that continue to marginalize Indigenous Peoples. Given that Indigenous Peoples are over-represented in the homeless population in virtually every community in Canada, and continue to experience racism, intergenerational trauma, and inadequate housing, education, employment opportunities, etc., it is clear that we will never end homelessness until we come to terms with and reconcile our colonial legacy. Because of this, the causes and conditions of Indigenous homelessness must be considered distinct, and therefore so must the solutions.

- **Addressing systemic violence** – Strategies to dismantle the cultural values and institutional practices that perpetuate violence, specifically gender-based violence that can leave women and families financially and emotionally unable to leave violent situations.
- **School-based programs** – Effective community/school partnerships can help identify young people at risk of homelessness, dropping out, or criminal engagement through ensuring that they and their families receive necessary supports. The Reconnect and Geelong projects from Australia are good examples.
- **Supports for individuals facing discrimination** – Adopting an intersectional lens to prevention requires that we develop unique strategies to support individuals facing discrimination, including women, racialized minorities, LGBTQ2S individuals, and Indigenous Peoples. This systemic discrimination can result in restricted access to housing, reduced income, and educational opportunities, as well as a lack of safety, all of which may contribute to social exclusion and increase the risk of homelessness. Interventions that support people in these situations to access public and private services and supports, and which enhance engagement, are considered preventive programs.

C) INDICATED PREVENTION

Indicated prevention programs target people who face various disadvantages due to some individual characteristic or constellation of characteristics. Individual-level screening is required. Examples include:

- **Supports for families in which there is interpersonal violence** – Many individuals live in situations where they experience, or are in direct fear, of violence or abuse in their current housing situations, such as family violence, child abuse, gender and sexuality-based violence, senior/elder abuse, and people facing discrimination.
- **Supports for individuals with addictions and mental health challenges** – Addictions and mental illness are both a cause and outcome of homelessness. Many people facing challenges in these areas have difficulty accessing necessary supports. The existence and persistence of considerable stigma surrounding mental illness, addictions, and homelessness further

compounds these challenges. Proactive interventions and supports based on the philosophy of harm reduction can contribute to housing stability and wellness.

D) HOMELESSNESS PREVENTION LEGISLATION AND POLICY

Government legislation and policy can and should play an important role in: (a) identifying and addressing the drivers of homelessness, (b) setting out government responsibilities, goals, and objectives, (c) providing policy and funding context to support local communities and (d) articulating how different government departments work together towards that end. In some cases prevention is identified within broader homelessness and/or poverty reduction strategies or policies.

Fortunately, there are many examples of homelessness prevention legislation and policy from around the world. This is the case with the UK's Homelessness Act of 2002 (and follow up legislation in 2005),[5] which mandated that local authorities have a duty to develop homelessness prevention strategies through which those at risk of homelessness would be provided with a range of options that would assist them in either remaining in their home, or finding other options quickly.

More recently in Wales, the Housing (Wales) Act of 2014 went further in articulating a comprehensive and rights-based approach to homelessness prevention. Here, as part of the strategies to address homelessness within the Act, the government outlines its key objective of preventing homelessness through ensuring there is suitable accommodation and satisfactory supports available for people who are at risk of or experience homelessness. Local authorities (local or municipal government) have a duty to provide information, advice,

Housing (Wales) Act of 2014

"Local authorities (are) required to take reasonable steps to prevent or alleviate homelessness for all households that are homeless or threatened with homelessness" (Mackie, 2015, p. 13).

5. Office of the Deputy Prime Minister (ODPM), Sustainable communities: settled homes; changing lives, March 2005.

assistance, and navigation supports to people seeking help, and a "duty to help to prevent an applicant from becoming homeless". The prevention strategy stresses a systems-based approach to collaboration, whereby local authorities are directed to cooperate with other public authorities, non-profit and voluntary organizations, and other individuals and providers to ensure services are in place to meet the needs of particular groups who are deemed to be at higher risk of homelessness (selected prevention). This specifically includes:

a) People leaving prison or youth detention accommodation,

b) Young people leaving care,

c) People leaving the regular armed forces of the Crown,

d) People leaving hospital after medical treatment for mental disorder as an inpatient, and

e) People receiving mental health services in the community.

Such legislation is significant because, from a rights based perspective, it outlines the specific obligations of different levels of government and government departments, as well as addressing the institutional and systems-based drivers of homelessness (see the next section). The Housing (Wales) Act is an excellent example of legislation that supports homelessness prevention, and a similar act, the **Homelessness Reduction Bill**, was recently passed by the British House of Parliament.

In Ireland, a national **Homeless Preventative Strategy** was enacted in 2002 (Departments of Environment & Local Government, Health & Children and Education & Science, 2002) as a result of recommendations in the general Integrated Homelessness Strategy (Department of Environment & Local Government, 2000). The strategy focused for the most part on what we would describe as 'systems prevention' in that it targeted the risk of homelessness for those leaving state institutions such as prisons, hospitals, or child protection. Maher and Allen (2014) suggest that the strength of the legislation was identifying institutional pathways into homelessness that revealed state institutions' responsibility for prevention. However, as the legislation was originally conceived, it did not adequately address the role of community services in the non-profit sector in facilitating transitions and enhancing housing stability (Maher & Allen, 2014, p. 128). The strategy has since evolved to strengthen these aspects (ibid; Downey, 2012).

In the United States, the federal government's *American's Reinvestment Act* of 2009 provided funding for HUD's **Homelessness Prevention and Rapid Re-Housing Program**, which makes funding available for local communities to provide support for individuals and families at imminent risk of, or who have recently experienced, homelessness. Communities are funded to provide a range of services and supports, including: "short-term or medium-term rental assistance and housing relocation and stability services, including such activities as mediation, credit counselling, security or utility deposits, utility payments, moving cost assistance, and case management" (US Department of Housing and Urban Development, 2017).

In Washington State, the **Homeless Youth Prevention and Protection Act** (Second Substitute Senate Bill 5404), was created in 2015. It established the Office of Homeless Youth, which leads statewide efforts to reduce and prevent homelessness for youth and young adults. The act sets out the following measurable goals: "1) decrease the number of homeless youth and young adults by identifying programs that address the initial causes of homelessness, and 2) measurably increase permanency rates among homeless youth by decreasing the length and occurrences of youth homelessness caused by a youth's separation from family or a legal guardian". The Bill contained a strong focus on family reconnection and support, and set as a goal that the State will not discharge children to the streets from state systems such as foster care and juvenile justice facilities, a form of 'systems prevention' (see below).

Other examples exist in which higher levels of government enact legislation, policy, and investment that focus on prevention that targets a specific population. Examples include the United States Government's Homeless Veterans Prevention Act of 2015 and Australia's Reconnect program focusing on youth (Australian Government, 2003, 2009, 2013).

2. Systems Prevention

Systems prevention focuses on three main areas. First, it addresses institutional and systems failures that either indirectly or directly contribute to the risk of homelessness. In some cases, policies and procedures are designed in ways that undermine the ability of individuals to get the necessary supports that would stabilize their housing. Second, systems prevention focuses on addressing unsuccessful transitions from state institutions (e.g., hospital, corrections, child protection) that can result in some people essentially being discharged in to homelessness. Third, institutional reintegration support requires that prevention policy and practices be in place to address systems failures; that the institutions people are discharged from have an expanded mandate and are responsible for the outcomes of those discharged; and that communities and the non-profit sector have the policy and legislation in place to provide necessary transitional supports so as to help people avoid homelessness and/or the recurrence of homelessness. Systems prevention therefore addresses primary, secondary, and tertiary prevention. From a human rights perspective, policies and interventions must guarantee that individuals and families have access to effective transitional planning and supports for as long as they need them. Systems prevention includes three key components: a) fixing policy and procedural barriers to facilitate program access and support; b) enhancing access to public systems, services, and appropriate supports; and c) reintegration support through facilitating effective transitions form public institutions or systems.

A) FIXING POLICY AND PROCEDURAL BARRIERS TO FACILITATE PROGRAM ACCESS AND SUPPORT

Sometimes people fall into homelessness because specific policies, rules, and regulations create barriers for people accessing benefits, entitlements, and supports. These barriers can undermine housing stability and in some cases lead directly to people losing their housing. Some examples include:

- Tight restrictions on the length of time youth and adults can spend in transitional housing
- Public housing policies that require people to move when the composition of their family changes
- Benefit sanctions, which are penalties imposed on claimants who fail to strictly follow program rules, resulting in a loss of income or discontinuance of benefits

The identification of these barriers and remedying them through eliminating or amending policies and legislation may reduce the risk of homelessness.

B) ENHANCING ACCESS TO PUBLIC SYSTEMS, SERVICES, AND APPROPRIATE SUPPORTS

Many people face barriers and challenges in accessing benefits, services, and supports they need. This can include income supports, health care, mental health and/or addictions supports, social services, child and family support, and elder care for instance. In some cases these supports are 'entitlements' and in other cases individuals and families must pay for the service (e.g., dental care, child care, medication). People may experience system barriers because:

- They are unaware a benefit or support exists
- Mobility and transportation challenges
- Linguistic or cultural barriers
- Cost
- Denial of services and supports by providers who have discretionary decision-making power
- Disability
- Lack of availability of a service or support in one's community

- Discrimination
- Citizenship requirements
- Difficulties navigating systems
- Age

Other individuals and families may be receiving care or supports, or be in institutional contexts that are inadequate and/or unsuited to their needs.

Preventive interventions should include public awareness and outreach campaigns, community hubs, public benefits enhancements, and systems navigators to assist people in getting their needs met in a timely, effective, and culturally appropriate way.

C) REINTEGRATION SUPPORT: FACILITATING EFFECTIVE TRANSITIONS FROM PUBLIC INSTITUTIONS OR SYSTEMS

Previous sections identified that for many individuals, a key cause of homelessness involves failed transitions from publically funded institutions and systems including child welfare, hospitals, and corrections. Reintegration support is designed to stem the flow of individuals and families leaving institutional care into homelessness. It involves ensuring that people who are 'discharged' from institutional care have planning support prior to release, and immediate access to housing and necessary supports to enhance housing stability upon release. This needs to be a major area of focus for homelessness prevention. Three key areas that require stronger reintegration supports include:

- **Young people leaving child protection.** When young people are brought into the care of the state, there should be an obligation to provide them with necessary supports until they are adults and to help them transition from care. Unfortunately, there is a very strong link between being in care and future homelessness. The recent national survey on youth homelessness revealed that 58% of currently homeless youth had some kind of involvement with child protection services and almost half (47%) were in foster care or group homes (Gaetz et al., 2016). The reasons for this are complex. Some young people choose to leave because of bad experiences and inadequate support in group

homes or in foster care. Other youth simply 'age out'[6] of the system (at age 18 or 19) and are left to fend for themselves, lacking the necessary resources and supports that would enable them to live independently. Structural changes to the economy, including fewer full-time well-paying jobs for youth and an increase in the cost of housing, make it additionally challenging for young people leaving care to find and sustain housing.

Many jurisdictions in Canada (where it is a provincial/territorial responsibility) recognize this problem and are adjusting and updating legislation, policy, and practice to support young people leaving care. Some key recommendations in this regard were outlined in a report by the Youth Leaving Care Working Group in Ontario. The Provincial government recently responded to many of these recommendations. In the United States, the American Bar Association has also produced examples of Model Reforms to Child Protection laws that can be adapted at the State level. In Europe, countries like Scotland have put forward interesting legislation to extend the age of care, provide 'after care' for young people in their early 20s, and enhance statutory obligations to support young people in making a staged and successful transition towards adulthood and independence. *Staying put Scotland* (2013) outlines strategies to support successful transitions for young people, describing the relationship between the State and other non-profit providers working with youth. More recently, FEANTSA has been working with several countries in the European Union to pilot what they are calling an 'After Care Guarantee'. This involves assigning a young person in care an 'aftercare worker' at the age of 16 and providing them with ongoing supports until they are 24 in the areas of accommodation, finance, employment training and education, mentoring, health (including therapeutic and counselling), 'start up supplies,' and social contact and well-being.

Many community-based agencies have implemented innovative strategies to support youth leaving care. First Place for Youth in Oakland, California pioneered a program to modify Housing First as a prevention strategy to support youth leaving care. This model was successfully adapted in Lethbridge, Alberta.

6. In Canada, child protection legislation is a provincial responsibility. Nonetheless, there are significant jurisdictional differences across provinces, meaning that the actual age at which the state remains responsible for young people in care varies from province to province.

- **Transitional supports for people leaving corrections.** A growing body of Canadian research focuses on the bidirectional relationship between homelessness and prison (Gaetz & O'Grady, 2006, 2009; Novac et al., 2006; 2007; Kellen et al., 2010). While research shows that reintegration supports (including discharge planning and access to housing and supports post-incarceration) has benefits in terms of reduced recidivism, increased public safety, and reduced homelessness (Harrison, 2001; Visher & Travis, 2003; Petersilia, 2001a, 2001b, 2003; Travis & Petersilia, 2001), this evidence often collides with 'get tough on crime' policies that, in many cases, achieve the opposite by creating the conditions that lead to recidivism and the 'revolving door' of the criminal justice system (Metraux & Culhane, 2006; Novac et al., 2007). This is particularly important in the Canadian context, where we have been implementing policies that follow from the mistakes made in the United States from the 1970s to 1990s, such as the increased number of mandatory minimum sentences and curtailing the use of community corrections (Webster & Doob, 2015).

- **Individuals leaving inpatient health and mental health settings.** People who are discharged from health and mental health facilities into homelessness often experience a worsening of the conditions that led them there in the first place. According to Forchuk, emergency shelters – even well run shelters – are "not appropriate places for recovery from mental illnesses" (Forchuk et al., 2006, p. 301). Research from Canada and the United States suggests that necessary reforms and interventions can dramatically reduce the risk of homelessness for those discharged from mental health facilities, with a resultant improvement in mental health and well-being (Forchuk et al., 2008, 2011; Herman et al., 2011; Kasprow & Rosenheck, 2007; Goldfinger et al., 1999; Susser et al., 1997). A randomized control trial by Herman et al. (2011) demonstrates that Critical Time Interventions (CTI) upon discharge are designed to:

> ...prevent recurrent homelessness and other adverse outcomes following discharge in two ways: by strengthening the individual's long-term ties to services, family, and friends; and by providing emotional and practical support during the critical time of transition. An important aspect of CTI is that post-discharge services are delivered by a worker who has established a relationship with the client before discharge (Herman et al., 2011, p. 2).

The City of London, Ontario is in the process of transforming their homeless services into a Homelessness Prevention System. The Implementation Team is tasked with addressing systems barriers for youth, Indigenous individuals, families, and those involved in street-based sex work by creating unique community plans for these priority populations. Also, the City launched a 'Jail to Home' and Court Diversion programs that moved individuals into stable housing rather than emergency shelters (London, 2013).

From a policy perspective, facilitation of effective transitions from public institutions or systems must operate with a goal of 'zero discharge into homelessness'. Key elements of a strategy focusing on homelessness prevention should include:

- A robust policy, funding, and operational framework to ensure that all individuals in such institutional contexts have access to reintegration and transitional supports. This is not a targeted homelessness prevention strategy, per se, but rather one that focuses on successful outcomes for those leaving public institutions.
- Reforming systems to take account of changing demographic and economic circumstances. For instance, expanding the age mandate of child protection services and support.
- A statutory requirement that all relevant public institutions identify those at risk of homelessness upon discharge, and ensure that individuals have access to additional services and supports that facilitate reintegration and access to housing. This requires:
    + Various government ministries and departments to expand their mandate and responsibility beyond their legally required period (for instance, prisons and hospitals do not currently have responsibility for individuals after they are discharged).
    + Collaboration and cooperation between different departments, systems, and sectors to provide supports to individuals at risk of homelessness.

- Engagement with, and funding for, community-based services to provide transitional case management supports, and in some cases 'aftercare' (e.g., income, social and health supports, system navigation) once individuals and families leave the system.

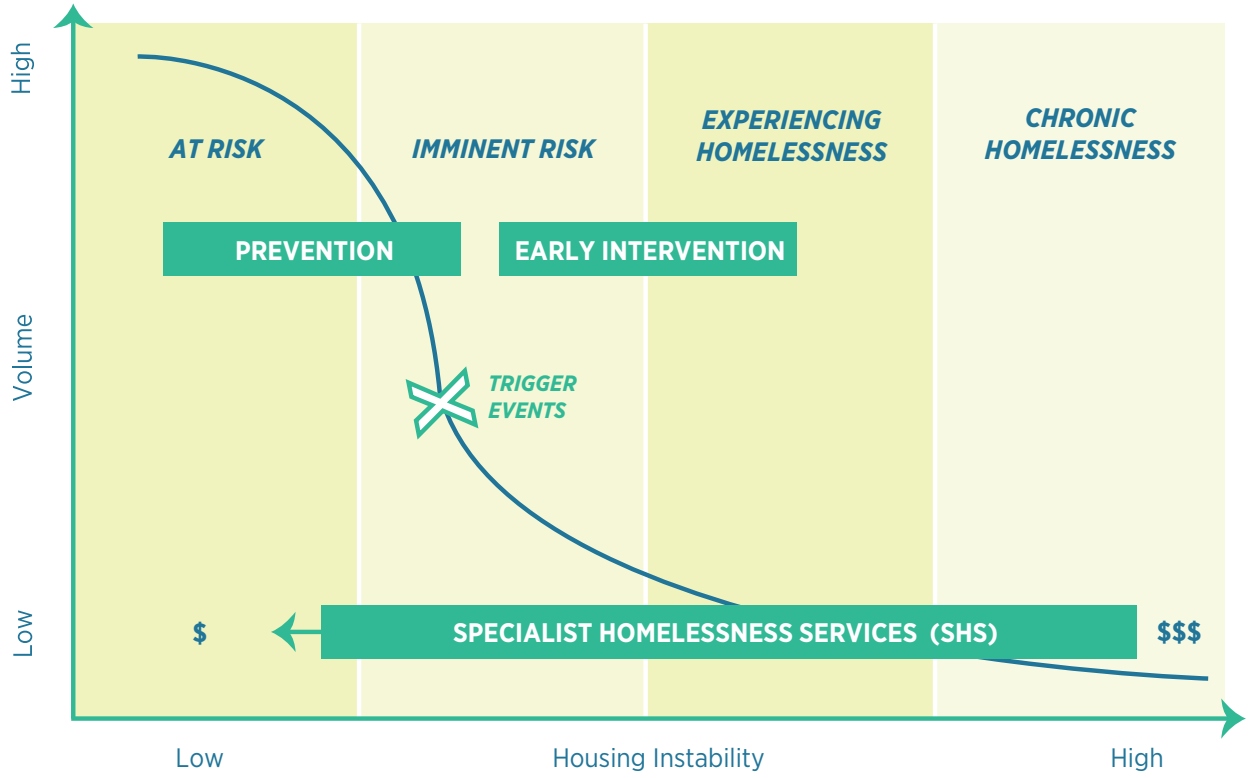
The facilitation of successful and effective transitions from public institutions and systems works best through an integrated systems approach, and relies on significant intergovernmental and intra-governmental cooperation. This requires not only policy shifts to ensure individuals have the right to such supports, but effective models of interventions that will enable effective transitions from institutional settings.

3. Early Intervention

Early intervention strategies target individuals and families who are at imminent risk of, or who have just become, homeless, and involves policies, practices, and strategies designed to address the immediate risk of homelessness through the provision of information, assessment, and access to necessary supports. The goal is to respond to the immediate difficulty or crisis by responding to the underlying circumstances that heighten the risk of homelessness, as well as enhance resilience and mitigate the potential for negative outcomes. For those who are forced to leave home, early intervention also means reducing the risk of protracted homelessness (i.e., homelessness that lasts for more than a month).

When to intervene is subject to great controversy in the literature, mostly due to difficulties involved in demonstrating the effectiveness and efficiency of such programs for funding evaluations. Defining what constitutes 'imminent risk' of homelessness also changes what constitutes prevention interventions (Burt et al., 2005; Culhane et al., 2011; Parsell & Martson, 2012). Pawson suggests that early intervention strategies are implemented "where those at risk are identified and services provided to support the person and their environment before incipient problems or disputes escalate beyond repair" (Pawson et al., 2006, p. 17). **Crisis intervention** involves more targeted supports when homelessness is deemed to be more imminent, or shortly after it has occurred. Crisis intervention should involve an assessment process to determine what caused the crisis and

what kinds of supports are needed, both in the short term and longer run. Culhane et al. (2011) suggest a progressive engagement model that gradually increases the intensity of prevention interventions in order to ensure the cost effectiveness of programs. Similarly, the Australian Housing and Urban Research Institute developed a volume model for different points of intervention, from early intervention during trigger events to specialist homelessness services (SHS).



(Brackertz & Winter, 2016, p. 9)

It should be noted that early intervention is not just about program-based interventions (secondary and tertiary prevention). Early intervention strategies require a robust policy and funding framework that recognizes the importance of early response and counters practices based in the belief that the majority of people new to homelessness should 'bootstrap' themselves out of the problem. Pathways into homelessness are varied and diverse, and many people who experience homelessness will come to the streets already having experienced trauma and/or high acuity mental health and addictions problems. Other individuals – youth in particular – are at incredible risk for further traumatization and exploitation if they spend any time homeless at all (Gaetz et al., 2016; Saewyc et al., 2013).

If we adopt a rights-based perspective, it is our obligation to ensure that individuals and families in need get the supports they require to avoid homelessness or transition out of homelessness as rapidly as possible.

A robust policy and funding framework also ensures a context conducive to early intervention. At its best, early intervention involves integrated systems responses that are designed as much as possible to keep people 'in place' (in other words, provide local temporary housing solutions if people lose their housing). This means that individuals and families in crisis don't have to move distances in order to get temporary housing and supports, and thus are able to maintain natural supports (friends, family, neighbours, and colleagues) and local connections to institutions that they are currently engaged in (e.g., health care, education, community services). Case management is necessary to help people find solutions so that their experience of homelessness is as short as possible. If it is unsafe to remain in their communities, early intervention supports assist people to move in a safe and planned way. This then requires a commitment to ensuring that early intervention supports are widely available and not just located in city centres where most homelessness services often exist.

Supporting early intervention requires a range of strategies, including:

i) Outreach, identification, and engagement

People who are in crisis may not know where to go, or what kinds of help are available. Communication and education strategies, emergency support lines, and community hubs are examples of approaches that can improve access to information for people in crisis.

ii) Intake and assessment

Assessment can involve simple screening procedures to identify immediate needs. More in depth assessments can follow after needs and circumstances are identified, and many of these assessment tools are tailored to understand specific presenting conditions or needs.

Coordinated Assessment (also known as 'Coordinated Intake,' and in the UK as 'Common Assessment') is key to delivering integrated and focused early interventions for those at risk of homelessness. It is a standardized approach to assessing an individual or family's current situation, the factors placing them at

risk of homelessness, the acuity of their needs, and the services they currently receive and may require in the future. Coordinated intake also takes into account the background factors that contribute to risk and resilience, changes in acuity, and the role relational, community, and environmental factors play in the person's development. The National Alliance to End Homelessness in the US argues that coordinated assessment undergirds a more efficient and effective homelessness response through:

- "Helping people move through the system faster (by reducing the amount of time people spend moving from program to program before finding the right match);
- Reducing new entries into homelessness (by consistently offering prevention and diversion resources upfront, reducing the number of people entering the system unnecessarily); and
- Improving data collection and quality and providing accurate information on what kind of assistance consumers need" (National Alliance to End Homelessness, 2013 Coordinated Assessment Toolkit).

Coordinated assessment is key to an integrated systems approach to homelessness prevention and Housing First.

iii) Case management and systems navigation

As part of an early intervention strategy, case management is a comprehensive and strategic intervention whereby a case worker assesses the needs of the client and, when appropriate, arranges, coordinates, and advocates for delivery and access to a range of programs and services designed to meet the individual's needs. The National Case Management Network of Canada (NCMN) defines case management as a:

> Collaborative, client-driven process for the provision of quality health and support services through the effective and efficient use of resources. Case management supports the client's achievement of safe, realistic, and reasonable goals within a complex health, social, and fiscal environment (National Case Management Network of Canada, 2009, p. 8).

A client-centered case management approach ensures that an individual or family has a major say in identifying goals and service needs, and that there is shared accountability. Case management can be short-term (Critical Time Intervention) or long-term and ongoing, dependent upon an identified need for crisis intervention related to problematic transitions, or for supports around chronic conditions. It may involve 'system navigation' through helping people access necessary services and supports, or more complex coordination of access. In reviewing case management as a key component of strategies to end homelessness, Milaney (2011a, b, c; 2012) identified it as a strengths-based *team* approach with six key dimensions:

1. **Collaboration and cooperation** – A true team approach, involving several people with different backgrounds, skills and areas of expertise
2. **Right matching of services** – Person-centered and based on the complexity of need
3. **Contextual case management** – Interventions must appropriately take account of age, ability, culture, gender, and sexual orientation. In addition, an understanding of broader structural factors and personal history (of violence, sexual abuse or assault, for instance) must underline strategies and mode of engagement
4. **The right kind of engagement** – Building a strong relationship based on respectful encounters, openness, listening skills, non-judgmental attitudes and advocacy
5. **Coordinated and well-managed system** – Integrating the intervention into the broader system of care, and
6. **Evaluation for success** – The ongoing and consistent assessment of case managed supports.

iv) Place-based supports and shelter diversion

When people experience homelessness they often rely on others to assist them through the crisis. Friends and family may take people in and help them address the challenges they are facing. When these supports are exhausted – or if they weren't there in the first place – individuals and families are often forced to

move, sometimes to other communities, to access services and supports, or to seek other kinds of help. This often results in a rupture in their natural supports and to their connections to local institutions, both public and private, including health and social services, education, and employment.

Place-based supports involve assessment and case management strategies designed to help people stay in their communities, and at the same time support and build their natural supports and local connections. This also includes crisis housing and shelter diversion strategies that offer people temporary or respite housing in their communities, while the issues underlying their current homelessness are resolved. For families experiencing homelessness, such place-based supports can ensure not only that parents can access supports in an environment that is familiar, but that children are able to remain connected to school, friends, and other adult supports.

Shelter diversion strategies are a kind of place-based support for people who have recently lost their housing. The goal is to help them identify immediate alternate and possibly temporary housing arrangements in their community that help keep people connected to natural supports, so that they do not have to leave and wind up in the homelessness emergency shelter system. In addition, people may be provided with additional supports and services – including financial assistance and case management – to help them return to permanent housing.

A good example of place-based shelter diversion is Host Homes, which are community-based interventions designed to provide young people and their families with community-based supports at the point when a young person is at imminent risk of, or has become, homeless. The goal is to provide young people with temporary shelter – usually in a community member's home - so they are able to stay in their community, remain in school, and stay connected to their natural supports. When young people leave home due to family conflict, Host Homes can provide respite accommodation, allowing young people and their family a 'cooling off' period during which time needs can be assessed and potential supports (such as family mediation) identified. In Host Homes, young people and their families are provided with appropriate community-based case

management and supports designed to help them either return home, or move into age-appropriate accommodation in a safe and planned way. The Nightstop program in the UK has a particularly strong evidence base (Insley, 2011b). They have recently begun adapting the Host Homes model to supporting adults, and early results demonstrate that it is a success[7].

TARGETED EARLY INTERVENTION STRATEGIES

Some early intervention strategies are designed to meet the needs of specific priority populations. Below are a few examples.

- **Family mediation and reunification** – The goal of family mediation and reunification (sometimes referred to as 'Family First') is to help build natural supports for individuals at risk of, or who have experienced, homelessness. It can be an effective element of transitional support strategies for people leaving institutional settings such as prison, including programs that support women exiting prison to reunite with their children. It is also an important strategy to address those situations in which the underlying causes of homelessness are related to family conflict. For instance, with regards to youth at risk of homelessness, the Family First approaches can enable a young person to remain home, return home, or move into more independent living in a safe and planned way and with family supports. As a place-based support, family mediation and reunification involves the provision of a very focused and client-driven intervention that supports young people at risk of, or experiencing, homelessness, as well as their family. Case management supports are intended to help mediate conflicts, strengthen relationships and nurture natural supports to help young people move forward with their lives. For young people who have experienced homelessness, it is a key housing stability strategy that can prevent the recurrence of homelessness. The outcome is not that the young person remains in an unsafe or undesirable household, but rather that they continue to be able to draw on support from family members that are safe and stable. As Gaetz (2014) articulates, "It means much more than merely sending a young person back home into a context where they may once again be at 'imminent risk of homelessness'.

7. M. Braithwaite, personal communication

Rather, the goal is to break the cycle of homelessness by working with the youth and their family on the underlying issues leading to conflict" (p. 51).

- **School-based early intervention programs** – Australia has invested heavily in early intervention supports for youth, which they refer to: "measures to help young people as soon as possible after they become homeless – at the beginning of the homeless career. Preventative strategies focus on young people who have not made a tentative break from home. They include: individual support for young people who are perceptibly at risk; school strategies which are directed towards all young people; and strategies focusing on groups with higher risk levels" (Chamberlain & Mackenzie, 1998, p. 115-116).

Central to these Australian youth-based early intervention strategies are community-school partnerships. The 'Reconnect Program' has been in operation in Australia since 1999 and extensive evaluation has demonstrated its effectiveness in reducing youth homelessness (Australian Government, 2013). Though a government sponsored initiative, the early intervention program (secondary prevention) is delivered through community-based services that work in collaboration with schools. The goal of Reconnect is to work with young people when they are identified as 'at risk' of homelessness and help them stabilize their living situation and "improve their level of engagement with family, work, education, and training in their local community" (Australian Government, 2013, p. 4). These programs are a classic example of a systems level approach to early intervention because it is widely available across the country and works across institutional jurisdictions to provide young people with the supports they need to stay at home, or find alternative supportive living arrangements in their community.

The Geelong Project (TGP) is the next generation of school-based early intervention and is innovative in the way it integrates and delivers early intervention services through system and service delivery development and reform. It begins with the Student Needs Survey (SNS), an evidence-based assessment tool that looks at both risks and assets. It is completed by every student in the school who is 12 and older (and therefore is a population-based form of primary prevention) and the results are combined with knowledge obtained about students from other sources, including teachers and counsellors. Place-based case management support (including family mediation) is provided for students deemed at risk of homelessness, dropping out, or criminal involvement. Raising the Roof recently launched The Upstream Project to pilot a Canadian adaptation of TGP in the Niagara and York regions.

- **Intimate partner violence victim support** – The goal of intimate partner violence victim support is to help individuals (usually women) and families to obtain safe accommodation and supports. The support services for those experiencing intimate partner violence typically involve the provision of temporary accommodation that is safe, secure, and usually with a confidential address. Support services also include specialist support to help individuals plan their next steps, which may be to return home with ongoing supports to reduce future occurrences of violence, or to help them to move into new accommodations in a safe and planned way. In this case, supports need to address the fact that individuals and families may face significant emotional, financial, and legal challenges, including relocation to a new area, helping children settle into new schools, and helping the parent obtain employment and/or re-enter education.

In a two year pilot project, the Women's Homelessness Prevention Project (WHPP) out of Victoria, Australia, prevented the eviction or found immediate alternative stable housing for 62 women and their children. Among these women, 90% had experienced family violence. Women and their children were supported through legal representation, social services such as family violence counselling, and employment services and emergency financial assistance. The WHPP estimates that preventing homelessness for these 62 women and their families saved AU$1,825,900 in health, justice and welfare costs (Adams et al., 2017).

4. Evictions Prevention

Evictions prevention, a form of early intervention and housing stability, refers to a range of strategies and program interventions designed to keep individuals and families at (imminent) risk of eviction in their homes with tenure and thereby help them avoid entering into homelessness.

The starting place to consider evictions prevention is landlord-tenant law and legislation, which governs the rental of commercial and residential properties and defines the legal relationship between a public or private landlord and a tenant. Such laws proscribe the conditions of lease and tenure and define the rights and responsibilities of both landlords and tenants, including the duty to pay rent.

Because these rights and responsibilities include the conditions under which a lease can be terminated and a tenant evicted, landlord-tenant laws can become a basis for universal primary prevention if the rights of tenants are truly protected (which they often are not). Efforts to inform both landlords and tenants of their rights and obligations through education and public awareness can become an important first step in helping tenants avoid the conditions that might result in eviction, as well as make them aware of their rights in the case of wrongful eviction.

Common eviction prevention programs include rent controls and supplements, housing education, and crisis supports for those imminently at risk of eviction. These programs are geared at renters, but the same programs are often effective for homeowners at risk of foreclosure. Eviction prevention is seen as an 'upstream' solution to homelessness by reducing the number of people who become homeless.

As with structural prevention initiatives, evictions prevention is much broader than, and not necessarily synonymous with, homelessness prevention. This is because although eviction is an indication of a crisis, most people who wind up being evicted do not become absolutely homeless.

WHO IS MOST LIKELY TO BE EVICTED?

Some individuals and families are considered to be at greater risk of eviction. In a study prepared for the Government of Canada (Acacia, 2006) the following groups of people were identified most likely to face eviction:

- Single parent families made up over 50% of all those evicted, and most were headed by women
- Single women were twice as likely as men to be evicted
- Youth (under 30) were almost twice as likely as the general population
- Newcomers
- People with mental health and addictions issues
- Seniors
- Working poor
- Welfare recipients
- Indigenous Peoples
- People with a history of housing instability

Further, in the *Analysis of Evictions under the Tenant Protection Act in the City of Toronto*, Lapointe (2004) identified what we know about who gets evicted from social housing:

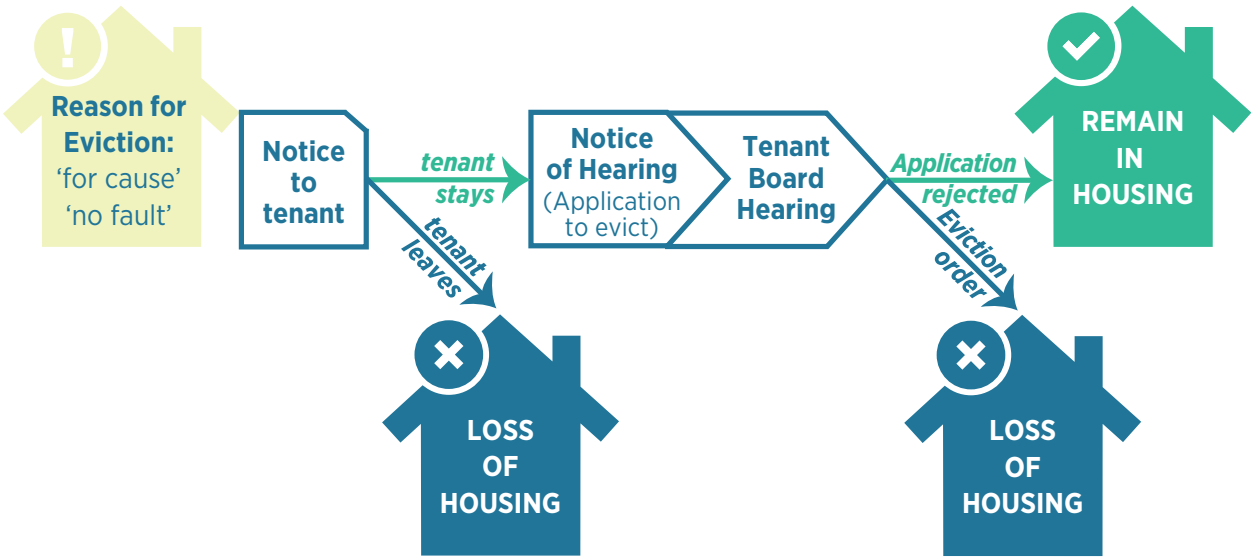
- The majority of tenants in both private and social housing are evicted for arrears
- Eviction rates appear to be lower in social housing than in private housing (at least in the Toronto context)
- A majority of households being evicted from Toronto Community Housing (TCHC) are families with children
- Main reasons for eviction include: job loss, disagreements over rent owed, and health problems
- A large percentage of evicted tenants are immigrants
- The majority of tenants report trying to speak with their landlord when they receive an eviction notice, though a substantial amount (25%) do not contact anyone
- What TCHC tenants said would help for arrears: a repayment plan with the landlord; an advocate to negotiate with the landlord; a better understanding of the eviction process; and a loan for arrears

THE PROCESS OF EVICTION

There are multiple reasons that people may face eviction, some of which are 'for cause', and others are 'no fault'. With respect to 'for cause' eviction, the most significant reason is rent arrears (when tenants owe rent or pay it late), which can be caused by a number of factors, including inadequate income or job loss. Other factors can include damage to property, disturbing the landlord or other tenants, engaging in illegal activities (such as drug dealing), or creating a fearful climate for others. Having too many people living in the unit on an ongoing basis is also a cause for eviction. 'No fault' reasons for eviction have nothing to do with the tenant. Sometimes people are evicted because the landlord decides to use a property for another purpose or occupy it themselves (or bring in family members).

Eviction is an outcome of a process. This is important to consider because it suggests different points of intervention are not only possible, but that we need to think upstream about intervening early. Below is a depiction of how the evictions process works in Ontario.

Evictions Process in Ontario



When a decision is made to evict, the first step involves presenting the tenant with a written **notice** explaining the reason the landlord wants the person or family to leave, and when they must vacate. If the tenant decides not to leave, then the next step for the landlord is to apply to the Landlord and Tenant Board for an eviction order. The Tenant receives a '**Notice of**

Hearing', and an **Application** explaining what the landlord is requesting. At the hearing, for which a tenant can bring legal representation, the board can either reject the application or make an 'eviction order', after which the tenant is required to leave and if they do not voluntarily, a sheriff will evict them (tenants do have the right to appeal).

A review of the process identifies a number of points through which an action or intervention would prevent eviction. This begins with enhancing the tenant's knowledge of not only their rights, but their obligations as a tenant. At any point during the evictions process, it may be possible for the matter to be resolved in a way that allows the tenant to remain – for instance through mediation, reconciling arrears, agreeing to follow the conditions of the lease, etc. It may be in the interest of the landlord to settle, as the evictions process can be costly to them not only because of legal fees, but because they may they have to forgo rent arrears, and there may be a gap between the time the evicted tenant leaves and a new tenant occupies the property. In other words, early intervention on evictions prevention can benefit not only the tenant, but the landlord.

It should also be noted that there are undoubtedly cases where landlords evict people for inappropriate or unjustified reasons (discrimination), or are not ensuring safe and well-maintained premises. Legal advice and representation, as well as mediation, may also help the tenant remain housed in cases where the eviction is unlawful or if the landlord is not living up to their obligations.

POINTS OF INTERVENTION

As pointed out in the section on structural prevention, landlord-tenant legislation and policy provides a framework and basis for thinking about interventions to prevent eviction.

1. Eviction Prevention for Housing Providers

Eviction prevention for housing providers largely concerns evictions from about social housing, not-for-profit housing, and supportive and transitional housing. There are great differences in terms of size and mission of the providers. Some providers proactively engage in tenant engagement strategies that support prevention.

ONPHA has identified a number of potential elements of an Eviction Prevention Strategy[8]:

- Adopting a mission: i.e., 'no evictions'
- Increasing organization/staff understanding that evictions are costly and preventable
- Encourage automatic rent payment processes (Successful Tenancies Report, p. 64)
- Establish tenant support groups where tenants can consult with one another about eviction/ tenancy challenges
- Have a clear, detailed Eviction Prevention policy
- Train staff to accommodate tenant needs and try to find alternative solutions
- Use Eviction Notices as a tool (Successful Tenancies Report)
- Ensure staff make direct contact a set number of times with tenants when notifying them of potential evictions (see LeSage Report on TCHC)
- Institute repayment plans for arrears that can allow tenants to pay back over time that is realistic based on financial circumstances of tenants
- Pursue partnerships for supports for vulnerable clients
- Possibility of planned/proactive moves for tenants with challenges
- Establishment of a financial assistance mechanism to avoid evictions (like a rent bank, or STEP Home's flex funding model)

2. Eviction Prevention for Service Providers

Eviction prevention for service providers largely concerns social and health service providers who may adopt proactive strategies to support tenants who are at high risk for evictions because of mental health challenges, addictions, violent tendencies, hoarding, and other factors. This necessitates funding, training, and professional development to enable such workers to provide more robust supports for people in these situations. This should include not only housing workers with a designated responsibility for housing support, but also other social workers and health care providers as well.

8. I. Coplan, ONPHA, personal communication

3. Supports for Tenants

Supports are needed for tenants in private, social, or not-for-profit housing, which can be provided by housing workers, social workers, and health care workers, among others.

a. Information and Advice

This includes a range of services offered to tenants or landlords (or both) that provides information and advice on rental housing issues and legal rights, with a focus on ensuring the fair and efficient implementation of Tenant-Landlord legislation. This can include educational programs, printed resources, or counselling and advice.

Giving a person who is at risk of homelessness useful advice about their housing options is a key form of prevention. It can be crucial in helping people to maintain their housing, or move into alternative accommodations that might be more appropriate. Housing advice involves an assessment that may then help individuals identify sources of financial support, access landlord mediation, and learn their rights and options. Good housing advice, embedded in a system of care approach, may also be important in identifying the root problems jeopardizing one's tenancy. Individuals may need support with budgeting, accessing benefits, managing debt, or other challenges.

Targeted housing advice is found to be important for specific populations who, due to social exclusion (e.g., racialized minorities, newcomers), or lack of experience in maintaining housing (e.g., youth, veterans), need specific kinds of advice and

support. As Pawson et al. (2006) articulates, "This partly reflects a view that generalist advice services may not adequately cater for the needs of groups such as minority ethnic households or households fleeing domestic violence and that specific recruitment and training may be necessary to achieve this" (p. 39).

b. Legal Support and Representation

This includes any services and supports – including information and legal advice – to tenants who must appear at rental tribunal hearings. It also includes supporting tenants in the case of civil suits or other legal challenges resulting from their tenancy.

In some jurisdictions tenants can get free legal support through legal aid or through Community Legal Clinics. In courts, landlord tenant boards, or tribunals, there may be Tenant Duty Counsels, who are "lawyers and community legal workers who can give basic advice, help work out settlements with landlords, review and fill out some forms and documents and help tenants at hearings, especially related to eviction" (City of Toronto, 2016, p. 8).

c. Landlord Liaison, Conflict Resolution, and Mediation

Landlord liaison, conflict resolution, and mediation initiatives involve third party mediation in the event of conflicts between tenants and landlords to reduce the possibility of eviction. This typically involves some sort of engagement with landlords to address the root of a conflict or disagreement between tenants and landlords. On the landlord side, in addition to arrears, it may also involve dealing with damage to property or addressing other problems associated with a lease. From the tenant side, it may involve addressing concerns they have with landlords that have escalated into conflict. Eviction prevention can also involve supporting individuals who have been served with eviction notices at tribunals (where those exist) to ensure that individuals are not evicted for unfair or unlawful reasons.

d. Rental assistance or supplements

Many individuals and families remain precariously housed and at risk of eviction because their income is so low that they cannot easily maintain their tenancy. Rent supplements which may be tied to a particular housing program

or may be portable reduce the risk of eviction for individuals and families in these circumstances. In the fall of 2016 the Ontario government established a portable housing benefit for survivors of domestic violence so that they can find housing quickly in the community of their choosing. In the American context, homelessness prevention was funded under a Federal program called the "Homelessness Prevention and Rapid Rehousing Program' (HPRP), which included financial support in the form of "short term and medium term rental assistance, and housing relocation and related stabilization services" (National Alliance to End Homelessness, 2009).

e. Emergency Financial Assistance

This involves the provision of emergency financial assistance to tenants who are in arrears and facing eviction. Assistance can take the form of emergency grants or loans, such as those provided by Rent Banks.

The Greater Victoria Coalition to End Homelessness established the Homelessness Prevention Fund in 2011. The fund provides emergency financial assistance to individuals and families who are at risk of losing their housing. Recipients can receive up to $500 to help pay rent, utility bills, or damage deposits. The funds do not have to be repaid, but individuals can only apply once a year.

f. Third Party Financial Management

In some cases it is desirable that a third party assumes direct control of a tenant's finances in order to ensure timely and full payment of rent to a landlord, and in some cases to ensure that a lease can be signed.

5. Housing Stability

Enhancing housing stability involves a broad range of strategies and interventions to reduce the risk that people will become homeless. The different elements of housing stability can be considered as important for both secondary prevention strategy (part of early intervention), but also for tertiary intervention. Many of the housing stability supports described here, then, may also be important for supporting early intervention and evictions prevention interventions described above.

In addressing homelessness, tertiary prevention refers to strategies and interventions to help people who experienced homelessness to achieve and maintain housing stability. Housing First is a key example of tertiary prevention because housing, combined with necessary and appropriate supports, should reduce the risk of people becoming homeless again. Youth-based models of accommodation and supports, such as the Foyer, are also tertiary in that they reduce the risk of someone becoming homeless again.

Of course, Housing First and effective models of transitional housing involve much more than simply a roof over one's head. The level and kinds of support that are needed will depend on the needs and desires of the client. Many people will need a range of supports to retain their housing, while others will have minimal need for additional supports beyond help accessing housing.

Without a doubt, Housing First is the homelessness intervention for which there is the greatest body of evidence; it is truly a 'best practice'. Given the breadth of literature on the subject, a review of the models of accommodation and support that define this approach will not be engaged here. For more information on how Housing First contributes to housing stability, see the following resources: City of Toronto, 2007; Culhane et al., 2002; Falvo, 2009; 2010; Mares & Rosenheck, 2007, 2010; Metraux et al., 2003; O'Connell et al., 2008; Pearson et al., 2007; Rosenheck et al., 2003; Shern et al., 1997; Tsemberis & Eisenberg, 2000; Tsemberis et al., 2004; Goering et al. 2012; 2014; Gaetz, 2013. It is also

worth reviewing the research emanating from the At Home/Chez Soi project, for which there are over 100 peer-reviewed articles.

Below is a summary of the key components of a broader housing stability strategy. Depending on need and an assessment of both risks and assets, such a strategy should ensure that clients have access to the following:

A) HOUSING SUPPORTS

Many people who have experienced homelessness manage to find housing on their own and a large percentage never return to homelessness again. However, for others there is a need for more intensive housing support, including:

- **Help in obtaining housing** – Support in searching for, and obtaining, housing that is safe, affordable, and appropriate.

- **Housing retention** – Getting housing is one thing, maintaining it and keeping it is another. Housing retention means helping people learn how to take care of and maintain housing, pay rent on time, develop good relations with landlords and neighbours, or manage relations with friends or family within their home.

- **Rent Supplements** – Given that many people who have experienced homelessness often have low earning power and educational attainment, providers should ensure that people have access to income supports. In general, supports should be geared towards ensuring that people pay no more than 30% of their income on rent. For those with extremely low incomes, even 30% may impair their ability to survive, so income supplements may be necessary to complement rent supplements.

- **Support when things go wrong** – A successful Housing First agenda must be supported by a 'zero discharge into homelessness' philosophy, so that housing stability is maintained regardless of circumstances or crisis.

- **Eviction prevention** – A range of interventions and supports to prevent evictions, as discussed in Section 4 of this typology.

- **Aftercare** – Once individuals achieve some level of housing stability, continued contact with support workers is encouraged in the event that additional challenges or difficulties develop.

It is important to note that for some individuals and families, such supports may be short term and crisis-based. For others, supports will need to be ongoing and permanent.

> The Region of Waterloo recently conducted an evaluation of adding rent assistance to the STEP Home (Support to End Persistent Homelessness) Housing First model. The findings revealed that rent assistance significantly improved housing stability for individuals facing persistent homelessness. Rent assistance was also associated with a higher perceived quality of housing and overall improvements to participants' quality of life compared to those who did not receive rent assistance. The research provides further evidence that prevention programs are an essential part of ending homelessness (Pankratz & Nelson, 2017).

B) SUPPORTS FOR HEALTH AND WELL-BEING

Central to successful interventions such as Housing First is a recovery-orientation to clinical supports. These are designed to enhance well-being, mitigate the effects of mental health and addictions challenges, improve quality of life, and foster self-sufficiency. Key areas of clinical support include:

- **Health care** – Obtaining access to good primary care is important for a population that often faces barriers to access, particularly for individuals with ongoing health challenges and disabilities. Access to diagnostic testing is also important, as many individuals may have disabilities or conditions for which they can receive additional income and health care supports.

- **Mental health** - Considerable research identifies the degree to which many people who are homeless experience mental health challenges ("CPHI," 2009). As part of a 'system of care', such individuals should be supported in accessing

assessments for mental health challenges or learning disabilities, as well as finding effective, timely, and appropriate interventions, as required.

- **Trauma-informed care** – Because many people who become homeless have experienced trauma either prior to becoming homeless, or once they are on the streets, it is essential that those providing supports practice trauma-informed care. This is a different way of working with clients based on the knowledge that the experience of trauma can be paralyzing, can affect behaviour and decision-making, and can lead to addictions, for instance.

- **Substance use and addictions** – Many formerly homeless people will need ongoing support to deal with addictions. Harm reduction is a humane, client-centered and evidence-based approach to working with people with addictions, and such supports should help people retain their housing, reduce the risk of harms to themselves, people close to them, and the community. Harm reduction can also provide opportunities for people to become more engaged with education, training, and employment, as well as other meaningful activities.

Homeward Trust's mandate is to end homelessness in Edmonton, Alberta. Among its strategic areas of investment are homelessness prevention and program supports to maintain housing stability for those who have previously experienced homelessness. Through the Housing First model, Homeward Trust and its partner organizations provide case management and address challenges related to physical and mental health, as well as addictions, to support people in maintaining their housing.

C) SUPPORTING ACCESS TO INCOME AND EDUCATION

Inadequate income and employment are well established risk factors contributing to people cycling in and out of homelessness. Supporting both those at risk, as well as formerly homeless people, to earn an income and obtain an education is key to addressing housing stability in the long term.

- **Education** – Many of those who experience homelessness have not completed high school, which puts them at a competitive disadvantage in the labour market. As such, for those who are interested, there should be supports for (re)engagement with education.

- **Employment training** – Some individuals who are homeless have had few employment opportunities and may benefit from training that will support them to get the kinds of jobs they desire.

- **Income and employment** – Many individuals will not need support in the form of education and training – they just need access to employment. On the other hand, many other individuals will need income supports because they may not be easily employable in the short, medium, or long term due to illness, injury, or other forms of incapacitation.

D) COMPLEMENTARY SUPPORTS

Complementary supports are supports designed to facilitate housing stability among those who have accessed housing with the goal to help individuals and families improve their quality of life, integrate into the community, and potentially achieve self-sufficiency.

- **Life Skills** – For those with little experience of independent living or stable housing, life skills training, mentoring, and individual support that focuses on the enhancement of self-care and life skills should be made available.

- **Advocacy** – Clients may face challenges in advocating for their own rights and access to services and supports because of language barriers, stigma,

trauma, and discrimination. Individuals may also be reluctant to enter certain institutional settings such as hospitals or mental health facilities because of past experiences. In such cases, service providers can provide advice, support, advocacy, information, and transportation to assist people.

- **System Navigation** – Navigating systems can be challenging, so providing support becomes important in ensuring that formerly homeless people are able to work their way through systems and gain access to services and supports that they need and are entitled to.

- **Peer Support** – Having someone to talk to or support you who has lived similar experiences can be important for individuals who are marginalized or who have experienced trauma. The At Home/Chez Soi project and other Housing First efforts have demonstrated the value of peer supports in enhancing housing stability (Bean et al., 2013).

- **Legal advice and representation** – People who experience homelessness are in general more likely to be involved with the criminal justice system in one way or another. Legal advice and representation may be important in assisting people deal with a range of problems, including addressing ongoing encounters with the justice system, dealing with accumulated debt resulting from ticketing (the criminalization of homelessness), among other difficulties.

E) ENHANCING SOCIAL INCLUSION

Key to the well-being of any person is their ability to nurture positive relationships with others, connect to communities, and become involved in activities that are meaningful and fulfilling.

- **Developing social relationships and connections** – People should be supported in developing positive relationships with peers, employers, colleagues, landlords, and others. Involvement in communities (of choice) and feelings of belonging are strong protective factors.

- **Family reconnection** – Families are an important source of natural supports for people throughout the life cycle. Given the various ways that family relationships are constituted and understood, reconnection (and reunification) with family for formerly homeless people is an important intervention that can contribute to longer term housing stability.

- **Community engagement** – The opportunity to engage with communities of choice – whether people and institutions in the local neighbourhood, or building cultural connections, is also important to well-being.

- **Cultural engagement** – Cultural and spiritual connections are important for many people, in particular for Indigenous Peoples who may have been cut off from their traditional customs, language, and values due to residential schools and the ongoing over-representation of Indigenous children in child protection services (TRC, 2015). If they desire this, they should be supported in engaging in cultural and spiritual traditions that support their growth.

- **Meaningful activities** – People should be provided with the opportunity to participate in meaningful activities such as arts, sports, and volunteering in order to learn skills, develop relationships, and foster social skills.

As our understandings of how to effectively respond to homelessness evolve, we need to take a closer look at prevention.

OUR RESPONSE TO THE CRISIS OF HOMELESSNESS as a broad social problem has been to invest in emergency responses, including emergency shelters, day programs, targeted services, and unfortunately the use of law enforcement. While for the most part a well-meaning response, this approach has had a limited impact on reducing the scope and severity of the problem.

Over the past 15 years – and even more recently in Canada – there has been a welcome shift to considering how to help people, and in particular, those who are chronically homeless to exit homelessness, and hopefully never return.

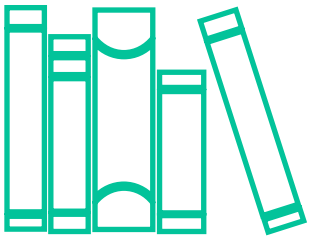
The embracing of Housing First both at the community level and by government is welcome because not only is it a humane and effective client-centered approach, but there is considerable evidence to support it. The broader (but incomplete) adoption of Housing First also represents a paradigm shift in how we have responded to homelessness in Canada and the United States. While pointing to how to help people successfully exit homelessness, it tells us little about how to stem the flow into it. Can we ever truly end homelessness if we don't sufficiently consider addressing the pipeline into homelessness, through a focus on prevention?

This document attempts to answer the question: What do we mean by the prevention of homelessness? While there is no doubt that in recent years there has been more discussion about the need to consider and address the prevention of homelessness, this has occurred in a context in which there is a considerable lack of clarity about what it means, whether it works, how we measure it, and who is responsible for it.

The definition and typology presented here serves several purposes for people in the community – service providers, activists, people with lived experience, researchers – as well as different orders of government.

First, the framework seeks to provide definitional clarity. Both the definition and the typology provide a broader understanding of the nature and scope of homelessness prevention. In defining homelessness prevention, we adapted the public health model as a starting point to think about prevention in the homelessness context. There is a long history of prevention in the health system, with varying degrees of success. Primary, secondary, and tertiary prevention emphasize important points of intervention. Primary prevention strategies apply to the population as a whole. Primary prevention can be broken down further to distinguish the targets for intervention. Universal prevention is available to the population at large, selected prevention focuses on groups more vulnerable to homelessness, and indicated prevention targets individual risk factors. Secondary prevention supports those at imminent risk of losing their housing or who have recently become homeless to ensure that people do not become entrenched in homelessness. Tertiary prevention works to make sure that those who have been homeless never experience it again. As described in section 4, each of the typologies have elements of primary, secondary, and tertiary prevention. In order to successfully prevent homelessness, we need cohesive responses that work at the structural, systems, and individual levels to address all of the pathways into homelessness. Individual interventions will only be successful if they exist within responsive systems, and these systems must be situated within a social and economic context that works for all Canadians.

The typology of homelessness prevention presented here seeks to take the public health model further by articulating the range of laws, policies, and interventions to address primary, secondary, and tertiary prevention. Together, our definition and typology seek to address not only the individual and relational drivers of homelessness, but also broad universal structural factors and systems failures that contribute to the problem.



Our second purpose is to assess the evidence base for homelessness prevention. While there are indeed legitimate concerns about how to measure the outcomes and impact of homelessness prevention, we have nevertheless concluded that there is compelling evidence emerging from around the globe for the effectiveness of prevention measures. The body of research not only makes the case for homelessness prevention, but also helps point to how we might approach this challenge and where we best locate our efforts.

There are great international examples of strategies that have successfully prevented people from entering and returning to homelessness. Australia, the U.S., England, Germany, and Scotland are among the countries that have prioritized prevention in their response to the homelessness crisis. Importantly, many of these countries have introduced legislation on the right to housing as part of their prevention mandate, positioning the government as leaders in prevention efforts.

Third, we have sought to frame homelessness prevention in a way that moves us away from seeing the homelessness sector as exclusively responsible for addressing homelessness. Rather, we need to think of homelessness prevention from an integrated systems perspective, involving many players both within the sector, as well as mainstream services and supports. Systems integration is not only important at the community level, but also within and between higher levels of government where interdepartmental collaboration and sharing of responsibility are needed to address the drivers and sustainers of homelessness.

In addressing homelessness prevention, we need to think not only about community-based programs and interventions, but also the policy framework and funding mechanisms to support this work. In addressing structural changes, we need to address broader universal or public interests in creating a safe, healthy society – one where people have access to housing, health care, income, and other supports. All levels of government must be at the table to make this succeed.

Finally, we situate homelessness prevention within a human rights framework and argue that homelessness is not a choice and that access to safe, affordable, and appropriate housing is a right.

Adopting a human rights approach means thinking differently about homelessness, it means housing is something that everyone deserves simply by virtue of being human. A human rights perspective means addressing systematic inequalities that lead to homelessness. This requires us to look beyond the homelessness sector as the only responder, and instead create an integrative response that engages with numerous systems, including health, education, criminal justice, child protections, and others. Above all, a human rights framework recognizes that supporting people to access and maintain housing before they experience homelessness is the right thing to do.

A New Direction: A Framework for Homelessness Prevention is put forward with the intention of beginning a broader, national conversation. It cannot be considered the final word on the subject, but rather a way to frame future conversations, discussions, and decisions at the community level, within all orders and departments of government, amongst people with lived experience, and with funders. In the coming years we anticipate that our conceptual framing will evolve. In Canada, we need people to take up the issue of homelessness prevention across the country; to hone and sharpen our thinking about how to provide it. We need to continue research to identify more effective responses. We need to demand that government enact policies and legislation and provide new funding to support homelessness prevention.

The homelessness prevention framework we have put forward must be considered a starting place for a potentially radical transformation of how we address homelessness. As a companion to Housing First, a concerted effort to address homelessness prevention will bring us much closer to the realizable goal of ending homelessness.

References

Acacia Consulting & Research. (2006). Policy Discussion Paper on Eviction and Homelessness. Ottawa: Housing & Homelessness Branch, Human Resources & Social Development Canada.

Adams, L., Warner, P., Driver, R., & Perkal, T. (2017). Keeping Women and Children Housed: Women's Homelessness Prevention Project: Two Years, Ten Client Stories and Ten Calls for Change. Victoria: Justice Connect Homeless Law.

Apicello, J. (2010). A paradigm shift in housing and homeless services: Applying the population and high-risk framework to preventing homelessness. *The Open Health Services and Policy Journal,* 3(2), 41–52.

Arnold, E.M., & Rotheram-Borus, Mary Jane. (2009). Comparisons of Prevention Programs for Homeless Youth. *Prevention Science,* 10(1), 76-86.

The Association of Faculties of Medicine of Canada. Basic concepts in prevention, surveillance, and health promotionAFMC Primer on Population Health. Retrieved from http://phprimer.afmc.ca/Part1-TheoryThinkingAboutHealth/Chapter4BasicConceptsInPreventionSurveillanceAndHealthPromotion/Thestagesofprevention.

Australian Government. Department of Family and Community Services. (2003). 'I'm Looking at the Future' Evaluation Report of Reconnect. Canberra, Australia: Commonwealth of Australia.

Australian Government. Department of Families, Housing, Community Services and Indigenous Affairs. (2009). *Housing Assistance and Homelessness Prevention: Reconnect Operational Guidelines.* Canberra, Australia: Commonwealth of Australia.

Australian Government. Department of Families, Housing, Community Services and Indigenous Affairs. (2013). *Reconnect Departmental review. Phase 2 evaluation: Departmental review of the Reconnect program.* Canberra, Australia: Commonwealth of Australia.

Backer, T.E., Howard, E.A., & Moran, G.E. (2007). The role of effective discharge planning in preventing homelessness. *The Journal of Primary Prevention,* 28(3-4), 229–243.

Baker, C.K., Billhardt, K.A., Warren, J., Rollins, C., & Glass, N.E. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior,* 15(6), 430-439.

Barrett, B., Clark, C., Peters, R., & Caudy, M. (2010). A Review of Homelessness Among Veterans: Policy and Practice Implications for Prevention and Intervention Efforts: National Center on Homelessness Among Veterans.

BC Non Profit Housing Association. (2015). Ready to Rent Literature Review: Ready to Rent BC. Retrieved from bcnpha.ca

Bebout, R.R. (1999). Housing Solutions: The Community Connections Housing Program: Preventing Homelessness by Integrating Housing and Supports. *Alcoholism Treatment Quarterly,* 17(1-2), 93-112.

Benach, J., Malmusi, D., Yasui, Y., & Martínez, J.M. (2013). A new typology of policies to tackle health inequalities and scenarios of impact based on Rose's population approach. *Journal of Epidemiology and Community Health,* 67(3), 286-291.

Brackertz, N., & Winter, I. (2016). Effectiveness of the homelessness service system: Discussion paper. Melbourne: Australian Housing and Urban Research Institute.

Burt, M.R. Pearson, C., & Montgomery, A.E. (2005). Strategies for Preventing Homelessness. Washington, DC: Department of Housing and Urban Development.

Burt, M. R., Pearson, C., & Montgomery, A. E. (2007). Community-wide strategies for preventing homelessness: Recent evidence. *The Journal of Primary Prevention,* 28(3-4), 213–228.

Busch-Geertsema, V. & Fitzpatrick, S. (2008). Effective homelessness prevention? Explaining reductions in homelessness in Germany and England. *European Journal of Homelessness,* 2, 69-95.

Canadian Alliance to End Homelessness. (2006). A plan, not a dream: How to end homelessness in 10 years. Calgary: Canadian Alliance to End Homelessness.

Canadian Mortgage and Housing Corporation. (2005). Cost effectiveness of eviction prevention programs. Ottawa: Government of Canada.

Canadian Mortgage and Housing Corporation. (2012). Housing in Canada online: Definitions of Variables. Ottawa: Government of Canada. Retrieved from http://cmhc.beyond2020.com/HiCODefinitions_EN.html

Canadian Observatory on Homelessness. (2012). Canadian Definition of Homelessness. Retrieved from: www.homelesshub.ca/homelessdefinition/

Carey, G., Crammond, B., & De Leeuw, E. (2015). Towards health equity: a framework for the application of proportionate universalism. *International Journal for Equity in Health,* 14(1), 81-88.

City of Toronto. (2007). What Housing First Means for People: Results of Streets to Homes 2007 Post-Occupancy Research. Toronto: Shelter, Support and Housing Administration.

City of Toronto. (2016). Evictions Prevention Framework. Toronto: City of Toronto, Shelter, Support and Housing Administration.

Chamberlain, C., & Mackenzie, D. (1998). Youth Homelessness: Early Intervention & Prevention. Sydney: Australian Centre for Equity through Education.

Council to Homeless Persons. Preventing Homelessness. Retrieved from http://chp.org.au/

Crane, P. (2009). Youth Homelessness and Early Intervention: Key Characteristics and Challenges. *Parity,* 22(8), 15-16.

Crane, M., Fu, R., & Warnes, A.M. (2004). Building Homelessness Prevention Practice: Combinig Research Evidence and Professional Knowledge. Sheffield: Sheffield Institute for Studies on Aging.

Crane, M., Warnes, A.M., & Fu, R. (2006). Developing homelessness prevention practice: Combining research evidence and professional knowledge. *Health & Social Care in the Community,* 14(2), 156-166.

Crane, P., & Brannock, J. (1996). Homelessness Among Young people in Australia: Early Intervention & Prevention. Hobart, Tasmania: National Clearinghouse for Youth Studies.

Culhane, D., Metraux, S., & Byrne, T. (2011). A prevention-centered approach to homelessness assistance: A paradigm shift? *Housing Policy Debate,* 21(2), 295-315.

Culhane, D., Metraux, S., & Hadley, T. (2002). Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing. *Housing Policy Debate,* 13(1), 107-163.

Cunningham, M., Henry, M., & Lyons, W. (2007). Vital Mission: Ending Homelessness Among Veterans. Washington: National Alliance to End Homelessness.

Dasinger, L.K., & Speiglman, R. (2007). Homelessness prevention: the effect of a shallow rent subsidy program on housing outcomes among people with HIV or AIDS. *AIDS and Behavior* 11(6), S128–S139.

Dickens, S., & Woodfield, K. (2004). New Approaches to Youth Homelessness Prevention: A Qualitative Evaluation of the Safe in the City Cluster Schemes. York: Joseph Rowntree Foundation.

Distasio, J., & McCullough, S. (2014). Holding on!: Supporting successful tenancies for the hard to house. Winnipeg: Institute of Urban Studies, The University of Winnipeg.

Doherty, J., & Stuttaford, M. (2007). Preventing homelessness among substance users in Europe. *The Journal of Primary Prevention,* 28(3-4), 245–263.

Durham, Christin, & Johnson, Martha C. (2014). Innovations in NYC Health and Human Services Policy: Homelessness Prevention, Intake, and Shelter for Single Adults and Families: The Urban Institute.

Emberson, J., Whincup, P., Morris, R., Walker, M., and Ebrahim, S. (2004). Evaluating the impact of population and high-risk strategies for the primary prevention of cardiovascular disease. *European Heart Journal,* 25, 484-491.

Evans, W.N., Sullivan, J.X., & Wallskog, M. (2016). The impact of homelessness prevention programs on homelessness. *Science.* 353(6300), 694-699.

Falvo, N. (2009). Toronto's streets to homes program. In J. D. Hulchanski, P. Campsie, S. Chau, S. W. Hwang & E. Paradis (Eds.), *Finding Home: Policy Options for Addressing Homelessness in Canada.* Toronto: Canadian Observatory on Homelessness Press.

Falvo, N. (2010). Homelessness, Program Responses and an Assessment of Toronto's Streets to Homes Program. CPRN Research Report. Toronto: Canadian Policy Research Networks Inc.

Forchuk, C., Csiernik, R., & Jensen, E. (2011). Homelessness, Housing, and Mental Health: Finding Truths - Creating Change. Toronto: Canadian Scholars' Press.

Forchuk, C., Macclure, S. K., Van Beers, M., Smith, C., Csiernik, R., Hoch, J., & Jensen, E. (2008). Developing and testing an intervention to prevent homelessness among individuals discharged from psychiatric wards to shelters and 'No Fixed Address'. *Journal of Psychiatric and Mental Health Nursing,* 15(7), 569-575.

Forchuk, C., & Richardson, J. (2014). National Veterans Project: Addressing Homelessness Among Canadian Forces Veterans. Retrieved from: http://www.caeh.ca/wpcontent/uploads/2014/11/RP8_RichardsonJ.pdf

Forchuk, C., Richardson, J., & Atyeo, H. (2016). Addressing Homelessness Among Canadian Veterans. In N. Nichols & C. Doberstein (Eds.), *Exploring Effective Systems Responses to Homelessness* (pp. 368-377). Toronto: The Canadian Observatory on Homelessness Press.

Forchuk, C., Russell, G., Kingston-Macclure, Turner, K., & Dill, S. (2006). From psychiatric ward to the streets and shelters. *Journal of Psychiatric and Mental Health Nursing,* 13(3), 301-308.

Frederick, T.J., Chwalek, M., Hughes, J., Karabanow, J., & Kidd, S. (2014). How stable is stable? Defining and measuring housing stability. J*ournal of Community Psychology,* 42(8), 964-979.

Gaetz, S. (2013a). Ending Youth Homelessness in Canada is Possible: The Role of Prevention. In S. Gaetz, B. O'Grady, K. Buccieri, J. Karabanow, & A. Marsolais (Eds.), (2013), *Youth Homelessness in Canada: Implications for Policy and Practice.* Toronto: The Canadian Observatory on Homelessness Press.

Gaetz, S. (2013b). A framework for Housing First. In S. Gaetz, F. Scott & T. Gulliver (Eds.), *Housing First in Canada: Supporting Communities to End Homelessness* (pp. 6-23). Toronto: The Canadian Observatory on Homelessness Press.

Gaetz, S. (2014). Coming of Age: Reimagining the Response to Youth Homelessness in Canada. Toronto: The Canadian Observatory on Homelessness Press.

Gaetz, S., Donaldson, J., Richter, T. & Gulliver, T. (2013a). The State of Homelessness in Canada 2013. Toronto: The Canadian Observatory on Homelessness Press.

Gaetz, S., & O'Grady, B. (2006). The missing link: Discharge planning, incarceration and homelessness. Toronto: The John Howard Society of Ontario.

Gaetz, S., & O'Grady, B. (2009). Homelessness, incarceration, and the challenge of effective discharge planning. In J. D. Hulchanski, P. Campsie, S. Chau, S. W. Hwang & E. Paradis (Eds.), *Finding Home: Policy Options for Addressing Homelessness in Canada.* Toronto: The Canadian Observatory on Homelessness Press.

Gaetz, S., O'Grady, B., Kidd, S.A., & Schwan, K. (2016). Without a Home: The National Youth Homelessness Survey. Toronto: Canadian Observatory on Homelessness Press.

Gaetz, S., & Scott, F. (2013b). What Works and for Whom? A Framework for Designing & Implementing Promising Practices Research in the Homelessness Sector. Toronto: The Canadian Observatory on Homelessness Press.

Goering, P., Velhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., & Ly, A. (2012). At Home/Chez Soi Interim Report. Mental Health Commission of Canada.

Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., . . . Aubry, T. (2014). National At Home/Chez Soi Final Report. Calgary: Mental Health Commission of Canada.

Goldfinger, S.M., Schutt, R.K., Tolomiczenko, G.S., Seidman, L., Penk, W.E., Turner, W., & Caplan, B. (1999). Housing placement and subsequent days homeless among formerly homeless adults with mental illness. *Psychiatric Services,* 50(5), 674-679.

Goodman, L.A. (1991). The relationship between social support and family homelessness: A comparison study of homeless and housed mothers. *Journal of Community Psychology,* 19(4), 321-332.

Gubits, D., Shinn, M., Bell, S., Wood, M., Dastrup, S., Solari, C.D., . . . Abt Associates. (2015). Family Options Study: Short-Term Impacts of Housing and Services Interventions for Homeless Families: U.S. Department of Housing and Urban Development.

Harrison, L.D. (2001). The revolving prison door for drug-involved offenders: Challenges and opportunities. *Crime & Delinquency,* 47(3), 462-485.

Herman, D., Conover, S., Felix, A., Nakagawa, A., & Mills, D. (2007). Critical Time Intervention: An Empirically Supported Model for Preventing Homelessness in High Risk Groups. *The Journal of Primary Prevention,* 28(3), 295-312.

Herman, D., Conover, S., Gorroochurn, P., Hinterland, K., Hoepner, L., & Susser, E. (2011). A Randomized Trial of Critical Time Intervention to Prevent Homelessness in Persons with Severe Mental Illness following Institutional Discharge. *Psychiatric services* (Washington, D.C.), 62(7), 713-719.

Holl, M., van den Dries, L., & Wolf, J.R.L.M. (2016). Interventions to prevent tenant evictions: a systematic review. *Health & Social Care in the Community,* 24(5), 532-546.

U.S. Department of Housing and Urban Development. (2017). Homelessness prevention and rapid re-housing program. Retrieved 25 March 2017, from https://portal.hud.gov/hudportal/HUD?src=/recovery/programs/homelessness

Insley, E. (2011a). Homelessness prevention - Can we afford not to?: Reconnecting families to prevent youth homelessness. London: Depaul UK.

Institute for Work & Health. (2015). What researchers mean by primary, secondary and tertiary prevention. At Work, 1–8.

Jahiel, René I. (1992). Homelessness: A Prevention-Oriented Approach. Baltimore: Johns Hopkins University Press.

Jahn Moses, D., Kresky-Wolff, M., Bassuk, E. L., & Brounstein, P. (2007). Guest editorial: The promise of homelessness prevention. *The Journal of Primary Prevention,* 28(3-4), 191–197.

John Howard Society of Ontario, O'Grady, B., & Lafleur, R. (2016). Reintegration in Ontario: Practices, Priorities, and Effective Models.

Kasprow, W.J., & Rosenheck, R.A. (2007). Outcomes of critical time intervention case management of homeless veterans after psychiatric hospitalization. *Psychiatric Services,* 58(7), 929-935.

Kenna, P., Benjaminsen, L., Busch-Geertsema, V., & Nasarre-Aznar, S. (2016). Pilot project - Promoting protection of the right to housing - Homelessness prevention in the context of evictions. Luxembourg: European Commission, Directorate-General Employment, Social Affairs and Inclusion.

Lapointe, L. (2004). Analysis of evictions under the Tenant Protection Act in the City of Toronto: The non-profit housing sector. Toronto: City of Toronto, Housing and Support Division, Community and Neighbourhood Services Department.

Leavell, H.R., & Clarke, E.G. (1953). Textbook of Preventive Medicine. New York: McGraw-Hill.

Leavell, H.R., & Clarke, E.G. (1958). Preventive Medicine for the Doctor in his Community: An Epidemiologic Approach. London: McGray-Hill.

Letiecq, B.L., Anderson, E.A., & Koblinsky, S.A. (1998). Social support of homeless and housed mothers: A comparison of temporary and permanent housing arrangements. *Family Relations,* 47(4), 415-421.

Lethby, M. (2014). Youth Reconnect Works. St. Catherines, ON: RAFT.

Lindblom, E.N. (1991). Toward a comprehensive homeless- prevention strategy. *Housing Policy Debate,* 2(3), 957-1025.

London, Ontario. (2013). A Homelessness Prevention System for London, Ontario: A Three Year Implementation Plan. London: Neighbourhood, Children and Fire Services.

Mackenzie, D. & Thielking, M. (2013). The Geelong project: A community of schools and youth services model for early intervention. Melbourne: Swinburne Institute for Social Research, Swinburne University.

Mackie, Peter K. (2015). Homelessness Prevention and the Welsh Legal Duty: Lessons for International Policies. *Housing Studies,* 30(1), 40-59.

Maher, C., & Allen, M. (2014). What is preventing us from preventing homelessness? A review of the Irish National Preventative Strategy. *European Journal of Homelessness,* 8(2), 119–134.

Mares, A.S., & Rosenheck, R.A. (2007). Disability benefits and clinical outcomes among homeless veterans with psychiatric and substance abuse problems. *Community Mental Health Journal,* 43(1), 57-74.

Mares, A.S., & Rosenheck, R.A. (2010). Twelve-month client outcomes and service use in a multisite project for chronically homelessness adults. *The Journal of Behavioral Health Services & Research,* 37(2), 167-183.

Metraux, S., Caterina, R., & Cho, R. (2008). Incarceration and homelessness. Paper presented at the National Symposium on Homelessness Research, Washington, DC.

Metraux, S., & Culhane, D.P. (2006). Recent incarceration history among a sheltered homeless population. *Crime & Delinquency,* 52(3), 504-517.

Metraux, S., Marcus, S.C., & Culhane, D. (2003). The New York-New York housing initiative and use of public shelters by persons with severe mental illness. *Psychiatric Services,* 54(1), 67-71.

Milaney, K. (2011a). Dimensions of promising practice for case managed supports in ending homelessness. Calgary: Calgary Homeless Foundation. Retrieved from Retrieved from http://www.homelesshub.ca/ResourceFiles/Case%20management%20dimensions%20of%20promising%20practice_final%20report.pdf

Milaney, K. (2011b). The 6 dimensions of promising practice for case managed supports to end homelessness, Part 1: Contextualizing case management for ending homelessness. *Professional Case Management,* 16(6), 281-287.

Milaney, K. (2011c). The 6 dimensions of promising practice for case managed supports to end homelessness, Part 2: The 6 dimensions of quality. *Professional Case Management,* 17(1), 4-12.

Ministry of the Environment. (2016). Action plan for preventing homelessness in Finland 2016-2019: Decision of the Finnish Government.

Montgomery, A.E., Fargo, J.D., Byrne, T.H., Kane, V.R., & Culhane, D.P. (2013). Universal Screening for Homelessness and Risk for Homelessness in the Veterans Health Administration. *American Journal of Public Health,* 103(S2), S210-S211.

Montgomery, A.E., Metreaux, S., Culhane, D. (2013). Rethinking homelessness prevention among persons with serious mental illness. *Social Issues and Policy Review,* 7(1), 58–82.

National Alliance to End Homelesness. (2013). Summary of Coordinated Assessment Toolkit. Retrieved from http://www.endhomelessness.org/library/entry/coordinated-assessment-toolkit

National Alliance to End Homelessness. (2009). Summary of the HEARTH Act. Retrieved from http://www.endhomelessness.org/page/-/files/2098_file_HEARTH_Act_Summary_FINAL_6_8_09.pdf

National Case Management Network of Canada. (2009. Connect, collaborate, communicate: The power of case management. Retrieved from http://www.ncmn.ca/resources/documents/english%20standards%20for%20web.pdf

National Collaborating Centre for Determinants of Health. (2013). Let's Talk: Universal and Targeted Approaches to Health Equity. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.

National Youth Commission. (2008). Australia's Homeless Youth: A Report of the National Youth Commission Inquiry into Youth Homelessness. Brunswick Victoria: National Youth Commission.

Nelson, G., Aubry, T., & Lafrance, A. (2007). A Review of the Literature on the Effectiveness of Housing and Support, Assertive Community Treatment, and Intensive Case Management Interventions for Persons With Mental Illness Who Have Been Homeless. *American Journal of Orthopsychiatry,* 77(3), 350-361.

Netto, G., Pawson, H., & Sharp, C. (2009). Preventing homelessness due to domestic violence: Providing a safe space or closing the door to new possibilities? *Social Policy & Administration,* 43(7), 719–735.

Noble, A. (2015). Beyond Housing First: A holistic response to family homelessness in Canada. Toronto: Raising the Roof.

Novac, S., Hermer, J., Paradis, E., & Kellen, A. (2006). Justice and injustice: Homelessness, crime, victimization, and the criminal justice system. Toronto: Centre for Urban and Community Studies, University of Toronto.

Novac, S., Hermer, J., Paradis, E., & Kellen, A. (2007). A revolving door? Homeless people and the justice system in Toronto Research Bulletin #36. Toronto: Centre for Urban and Community Studies, University of Toronto.

O'Connell, J. J. (2007). The need for homelessness prevention: A doctor's view of life and death on the streets. The *Journal of Primary Prevention,* 28(3-4), 199–203.

O'Connell, M.J., Kasprow, W., & Rosenheck, R.A. (2008). Rates and risk factors for homelessness after successful housing in a sample of formerly homeless veterans. *Psychiatric Services,* 59(3), 268-275.

Pankratz, C., & Nelson, G. (2017). An evaluation of rent assistance for individuals experiencing persistent homelessness in Waterloo Region. Waterloo, ON: Wilfrid Laurier University.

Parsell, C., & Marston, G. (2012). Beyond the 'At Risk' Individual: Housing and the Eradication of Poverty to Prevent Homelessness. *Australian Journal of Public Administration,* 71(1), 33-44.

Pawson, H. (2007). Local Authority Homelessness Prevention in England: Empowering Consumers or Denying Rights? *Housing Studies,* 22(6), 867-883.

Pawson, H., Netto, G., & Jones, C. (2006). Homelessness Prevention - A Guide to Good Practice London: Department for Communities and Local Government.

Pawson, H., Netto, G., Jones, C., Wager, F., Fancy, C., & Lomax, D. (2007). Evaluating Homelessness Prevention. London: Department for Communities and Local Government.

Pearson, C., Locke, G., Montgomery, A., & Buron, L. (2007). The applicability of Housing First models to homelessness persons with serious mental illness. Washington: US Department of Housing and Development.

Petersilia, J. (2001a). Prisoner reentry: Public safety and reintegration challenges. *The Prison Journal,* 81(3), 360-375.

Petersilia J. (2001b). When prisoners return to communities. *Federal Probation,* 65, 3-8.

Petersilia J. (2003). When prisoners come home : parole and prisoner reentry London: Oxford University Press

Pleace, N., & Culhane, D. (2016). Better than the Cure?: Testing the Case for Enhancing Prevention of Single Homelessness in England. London: Crisis.

Prothrow-Stith, D. (2012). The promise of prevention: Public health as a model for effective change. *The Sentencing Project,* 28-29.

Quilgars, D., Johnsen, S., & Pleace, N. (2008). Youth homelessness in the UK: A decade of progress? York, UK: Joseph Rowntree Foundation.

Raising the Roof. (2009). Youth Homelessness in Canada: The Road to Solutions. Toronto: Raising the Roof.

Rapoport, L. (1961). The concept of prevention in social work. *Social Work,* 6(1), 3-12.

Rosenheck, R.A., Kasprow, W., Frisman, L., & Liu-Mares, W. (2003). Cost-effectiveness of supported housing for homeless persons with mental illness. *Archives of General Psychiatry,* 60(9), 940-951.

Roman, C.G., & Travis, J. (2004). Taking Stock – Housing, Homelessness and Prisoner Reentry. Washington DC: Urban Institute – Justice Policy Centre.

Sanabria, Jhon. (2006). Youth homelessness: Prevention and intervention efforts in psychology. *Universitas Psychologica,* 5(1), 51-67.

The Scottish Government. (2013). Staying Put Scotland: Providing Care Leavers with Connectedness and Belonging. Edinburgh: The Scottish Government.

Shelter, Support & Housing Administration. (2016). Evictions Prevention Framework. Toronto: Shelter, Support and Housing Administration.

Saewyc, E.M., Drozda, C., Rivers, R., MacKay, L., & Peled, M. (2013). Which Comes First: Sexual Exploitation or Other Risk Exposures Among Street-involved Youth? In Gaetz, S., O'Grady, B., Buccieri, K., Karabanow, J. & Marsolais, A., (Eds.), *Youth Homelessness in Canada: Implications for Policy and Practice.* Toronto: Canadian Observatory on Homelessness Press.

Shern, D.L., Felton, C.J., Hough, R., Lehman, A., Goldfinger, S., Valencia, E., . . . Wood, P.A. (1997). Housing outcomes for homeless adults with mental illness: results from the second-round McKinney program. *Psychiatric Services,* 48(2), 239-241.

Shinn, M., & Baumohl, J. (1999). Rethinking the Prevention of Homelessness. Paper presented at the 1998 National Symposium on Homelessness Research, Arlington, Virginia.

Shinn M., Baumohl J., & Hopper K. (2001). The prevention of homelessness revisited. *Analyses of Social Issues and Public Policy,* 1, 95-127.

Shinn, M., Greer, A.L., Bainbridge, J., Kwon, J., & Zuiderveen, S. (2013). Efficient Targeting of Homelessness Prevention Services for Families. *American Journal of Public Health,* 103(S2), S324-S330.

Spinney, A., & Blandy, S. (2011). Homelessness Prevention for Women and Children who Have Experienced Domestic and Family Violence: Innovations in Policy and Practice. Melbourne: Australian Housing and Urban Research Institute.

Stefancic, A., & Tsemberis, S. (2007). Housing First for long-term shelter dwellers with psychiatric disabilities in a suburban county: A four-year study of housing access and retention. *The Journal of Primary Prevention,* 28, 265-279.

Susser, E., Valencia, E., Conover, S., Felix, A., Wei-Yann, T., & Wyatt, R.J. (1997). Preventing Recurrent Homelessness among Mentally Ill Men: A "Critical Time" Intervention after Discharge from a Shelter. *American Journal of Public Health,* 87(2), 256-262.

Thomson, M. (2014). Preventing Homelessness through Mental Health Discharge Planning: Best Practices and Community Partnerships in British Columbia. Vancouver: M. Thomson Consulting.

Travis, J., & Petersilia, J. (2001). Reentry reconsidered: A new look at an old question. Crime & Delinquency, 47(3), 291-313.

The Truth and Reconciliation Commission of Canada. (2015). Honouring the Truth, Reconciling for the Future. Winnipeg: The Truth and Reconciliation Commission of Canada.

Tsemberis, S. (1999). From streets to homes: An innovative approach to supported housing for homeless adults with psychiatric disabilities. *Journal of Community Psychology,* 27(2), 225-241.

Tsemberis, S., & Eisenberg, R.F. (2000). Pathways to housing: Supported housing for street-dwelling homeless individuals with psychiatric disabilities. *Psychiatric Services,* 51(4), 487-493.

Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health,* 94(4), 651-656.

Turner, Alina, Albanese, Tom, & Pakeman, Kyle. (2017). Discrening 'functional and absolute zero': Defining and measuring an end to homelessness in Canada. The School of Public Policy SPP Research Papers, 10(2), 1-41.

Tutty, L.M., Bradshaw, C., Waegemakers Schiff, J., Worthington, C., MacLaurin, B., Hewson, J., . . . McLeod, H. (2010). Risks and Assets for Homelessness Prevention: A Review of the Literature for the Calgary Homeless Foundation. Calgary: Calgary Homeless Foundation.

Tutty, L.M., Bradshaw, C., Hewson, J., MacLaurin, B., Waegemakers Schiff, J., & Worthington, C. (2012). On the brink? A pilot study of the Homelessness Assessment and Risk Tool (HART) to identify those at risk of becoming homeless. Calgary: Calgary Homeless Foundation.

US Department of Housing and Urban Development. (2015). Veterans Homelessness Prevention Demonstration Evaluation. Washington: US Department of Housing and Urban Development.

van Laere, Igor, De Wit, Matty, & Klazinga, Niek. (2009). Evaluation of the signalling and referral system for households at risk of eviction in Amsterdam. *Health & Social Care in the Community,* 17(1), 1-8.

Visher, C.A., & Travis, J. (2003). Transitions from prison to community: Understanding individual pathways. *Annual Review of Sociology,* 29, 89-113.

Waller, Irvin. (2008). Less Law More Order: The Truth About Reducing Crime. Ancaster, ON: Manor House Publishing.

Webster, C.M., & Doob, A.N. (2015). US punitiveness 'Canadian style'? Cultural values and Canadian punishment policy. *Punishment & Society,* 17(3), 299-321.

Wireman, K.R. (2007). Preventing homelessness: A consumer perspective. *The Journal of Primary Prevention,* 28, 205-212.