

'Home, Recovery and Family Unity'

A Position Paper on Housing for Pregnant and Parenting Women in Substance Use Recovery

SUMMARY

**The Provincial Perinatal Substance Use Program,
BC Women's Hospital + Health Centre, PHSA**

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A Note on Gender and Language

In order to acknowledge and be inclusive of individuals who are pregnant or have given birth to a baby but do not identify as female, and to respect those who do identify as women and mothers, this paper uses the terms 'women,' 'people,' 'mothers,' 'birthers' and 'parents.' These terms are used interchangeably in the body of the document. In the title of the document and subheadings, the term 'women' is used, in the interests of concision.

Background

Led by BC Women's Hospital + Health Centre (BCWH, PHSA), the Provincial Perinatal Substance Use Program was developed in response to the need for specialized and enhanced services and supports for pregnant and parenting people using substances against the backdrop of an unregulated drug poisoning crisis. Since its inception, the Program has been providing centralized leadership to transform perinatal substance use services to improve the experiences of women and people affected by substance use across the province, as well as the experiences of their families.

Position Paper Summary

This document summarizes the Position Paper on Housing for Pregnant and Parenting Women in Substance Use Recovery. The position paper and a model of housing was developed in response to housing recommendations within the *Provincial Blueprint for a Perinatal Substance Use Continuum of Care* (released in 2021 by the Provincial Perinatal Substance Use Program, BCWH, PHSA).

As per the Provincial Blueprint, this position paper describes a model of housing provision **developed directly by women and people with lived and living experience** that centres individual choice and reflects the dynamic and non-linear nature of parenting people's housing and support needs. The housing model presented comprises a vision, a set of guiding principles, and recommended key components. The guiding principles frame the proposed approach and establish a set of norms and touchstones for decision-making and implementation. The key components are the structural elements of housing program design. Aspirational in nature, when implemented they will ensure that parenting people in recovery have access to supportive housing that meets their and their families' specific needs, when they need it and for as long as it is needed.

The primary audience for this position paper includes housing policy makers, planners, and provider agencies across BC. It is also intended for policy makers and service providers across all sectors whose work intersects with housing and supports for pregnant and parenting women in recovery.

Methodology

The approach to designing the housing model has been evidence-informed, consultative and iterative. Findings from research, direct experiences and insights of people who are pregnant or parenting and in recovery, and insights from housing providers have all shaped the resulting model.

Consultation with people with lived and living experience has been at the heart of the work. In an effort to centre the voices of pregnant and parenting people in recovery, a Women with Lived and Living Experience Consultation Group was convened. This group, comprised of 12 individuals who met four times over the course of the work. All 12 identified as women, and together represented all regions of the province. Two women identified as First Nations or Indigenous, one as Métis and the remainder as of European settler descent. The participants ages ranged between 23 and 43, with half identifying as 'being in recovery' for between one and three years, and half for over five years. All the women were at different stages of their parenting and recovery journeys, and embraced diverse recovery pathways. About half indicated that they followed an abstinence-based pathway, and half were practising stable active use or harm reduction.

Participants shared their stories, reviewed research findings, provided feedback on draft materials, and guided the principles, practices and components that make up the housing model. The women were candid in describing their experiences and compassionate in their concern for other parents facing the challenges of finding a home and supports for themselves and their children.

Housing Matters – Key Findings from the Literature

This section describes key findings from peer reviewed and grey literature on housing for perinatal women and people with children and summarizes considerations that were presented to the women with lived and living experience.

- Safe, affordable, long-term supportive housing is foundational to meeting the needs of women in recovery and their children.
- Homelessness, unstable housing and unsafe housing can prompt investigations by the child welfare system, lead to child removal, and prevent or delay family reunification. Conversely, improving the housing situation for families, including those experiencing complex challenges, can substantially increase the likelihood that they will be reunified.
- Stable, safe housing before, during, and after pregnancy is critical to promoting positive maternal and infant health outcomes. Homelessness and housing instability have a negative impact on the health and wellbeing of perinatal women, and on that of their children.
- There is an emerging body of research on the importance of culturally-appropriate housing for Indigenous and culturally and linguistically diverse families. Lack of culturally-appropriate housing contributes to the loss of cultural traditions and weakened ties to community, to the detriment of people’s physical, mental and emotional health.

Key Challenges with Current Housing Provision in BC

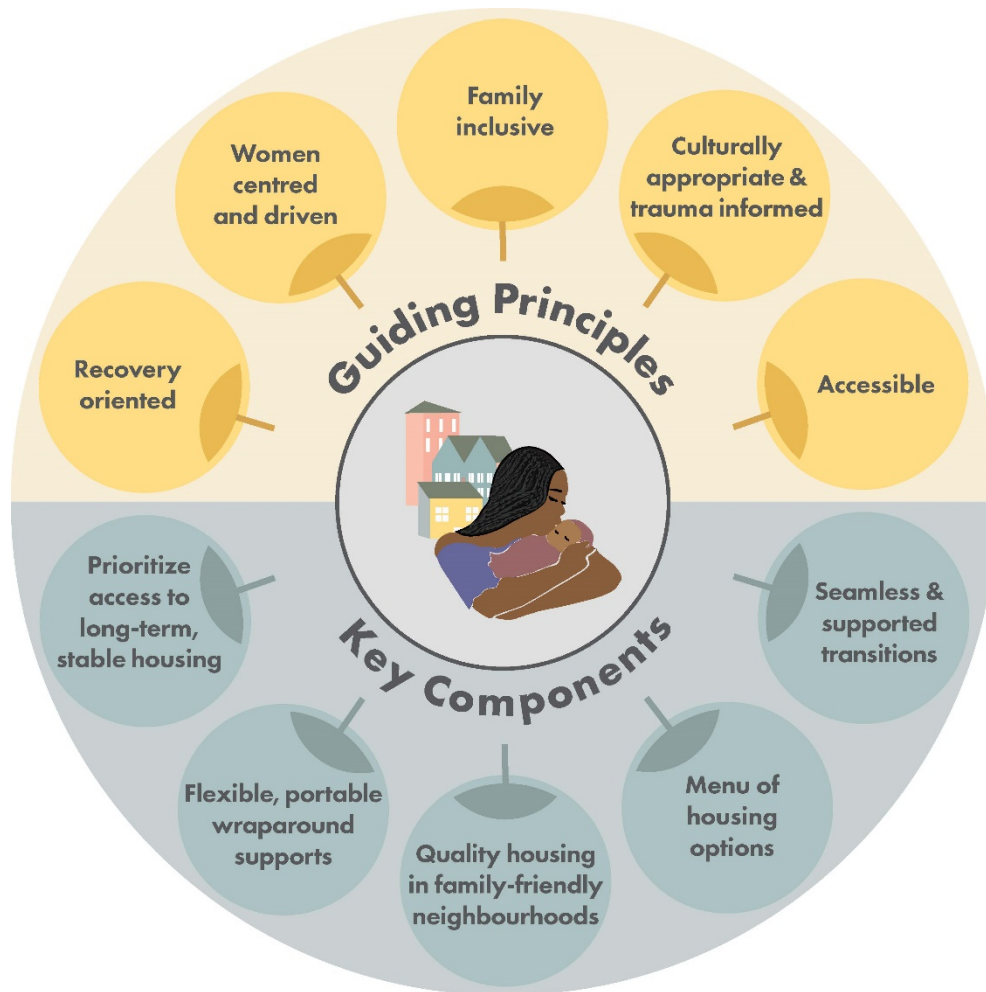
This section describes key challenges derived from an environmental scan of housing available for women using substances with dependent children.

- There are relatively few housing programs in BC that are designed specifically for pregnant and parenting women and people in recovery. Most existing programs have restricted bed capacity and are time-limited. While programs support birthers to stay together with their newborns, they do not all accept older children and most exclude fathers/partners.
- There is a reliance on emergency and short-term housing resources for women with dependent children, and much less of a focus on providing appropriate, long-term homes. Shelter services are rarely equipped to meet the needs of women and people using substances or their children.
- Time-limited programs designed to support parents at different stages of their recovery journey do not typically provide residents who have reached the maximum duration of their stay with a clear and supported pathway to the next stage of housing.
- The lack of coordination increases the risk of parenting women falling back into housing insecurity or homelessness, particularly at points of transition from one housing program to the next. The lack of coordination among key players in the system also creates unnecessary and illogical barriers to family reunification. The issue is further exacerbated by the scarcity of supportive housing spaces for birthers with dependent children.
- Women and people with lived and living experience identified the need for separation between abstinence-based housing programs and those that allow active stable substance use. Accommodating abstinence and stable use recovery pathways, while maintaining safety for all clients, is a particular challenge for housing providers.

A Housing Model by Birthers with Lived and Living Experience

Vision

Pregnant and parenting women / people in recovery have timely access to housing of their choice that sustains their ongoing recovery, keeps families together, and promotes the wellbeing of children and all family members.



Guiding Principles

Recovery Oriented

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

Women Centred and Driven

Self-determination and self-direction are the foundations for healing and recovery. Women in recovery must be able to exercise choice and agency when determining how they will be housed and how they will

heal. As women-centred and driven approach offers individuals and their families' access to flexible housing and support options that meet their changing needs and preferences.

Family Inclusive

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

Culturally Appropriate and Trauma Informed

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

Accessible

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

Key Components

Prioritizing Access to Long-term, Stable Housing

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

Flexible and Portable Wraparound Supports

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

Quality Housing in Family-Friendly Neighbourhoods

Birthers and their children are provided with safe, secure and pleasant homes. Housing units are well-constructed, meet all building codes and safety standards, and are well-maintained by landlords / housing managers. Essential appliances and heating systems are in good working order. Décor is fresh, and flooring

is clean and in good repair. There is sufficient space for all family members. Housing is located close to needed services and supports and provides families with safe neighbourhoods. There is access to green space (e.g. a private yard or public park).

Menu of Housing Options

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

Seamless and Supported Transitions

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

Considerations for Implementing the Model

Considerations on how to initiate planning to deliver this comprehensive model are described below.

Philosophical

- ❖ Recognizing that organizations have different philosophies on ‘recovery’ and diverse policies around abstinence / harm reduction / stable use, work to find common ground that will enable increased collaboration and partnership working, with the goal of establishing more flexible and inclusive approaches that accommodate a spectrum of recovery pathways.
- ❖ Identify and implement actions to improve the living environments in ways that better support both stable active use and abstinence-based recovery pathways.

Funding

- ❖ Revise funding models to enable the provision of portable supports to women and their families so that integrated care management and support services are attached to the woman and not to the program.
- ❖ Shift the allocation of funding away from short-term housing interventions and towards long-term, stable housing with supports.
- ❖ Prioritize investments in long-term, quality housing with supports for women and families to address the current lack of supply.

Partnership

- ❖ Establish closer working relationships and communication with MCFD to ensure parenting women and people are supported with respect to child custody and access to family housing.
- ❖ Establish / strengthen partnerships with local health and social service delivery agencies to help ensure that birthers and families have access to the range of services and supports they need to maintain housing and to make progress on their recovery.
- ❖ Explore opportunities to partner with agencies that have expertise in providing wraparound supports to pregnant and parenting people in recovery in order to provide long-term, stable housing to the individuals and families they serve.
- ❖ Establish / strengthen partnerships with Indigenous agencies and communities to identify opportunities to create culturally safe and appropriate housing for Indigenous birthers and their families.

Policy

- ❖ Review and revise existing housing policies to ensure that they promote and support practices that centre birthers and help to keep families together and/or reunite them.
- ❖ Explore opportunities to build upon current best practice housing programs for parenting people in recovery in BC.

Call to Action

This summary will be shared broadly across all sectors within BC that serve pregnant and parenting people in recovery and their families. Thereafter, a Housing Roundtable will be convened – with membership from key government ministries, BC Housing, community housing providers and people with lived and living experience – to assess the feasibility and phasing of implementing the key components envisaged in this housing model. The Housing Roundtable dialogue will be an important first step on this journey of responding to the needs of birthers with lived and living experience.