Introduction

The achievement of housing is an important milestone in the life of any individual that has previously experienced a period of homelessness. Even more important than the attainment of housing is the security of it, which is often referred to as housing stability. Research, policy and program provisions that focus on housing and homelessness have continued to study and grapple with various concepts that contribute to an individual's ability to maintain stable housing. Though there is a general consensus that a house alone does not represent housing stability, there is debate surrounding the level of importance various factors (educations, employment, legal history, etc.) have on maintenance of a house. A majority of literature on housing stability centers on experiences and actions independent of housing (i.e. employment and education) that in turn influence stability. There is no doubt that being stably employed has a direct influence on security of housing, but it is also important to pay attention to the ways that activities that center around having a house (i.e. cooking, cleaning, laundry, shopping, etc.) contribute to housing stability.

Self-care activities or activities of daily living (ADL) are a dimension of life that Dupuis and Thorns (1998) noted allow anyone - including the formerly homeless - to exert control over their life. This feeling of control stems from a person's autonomous ability to identify and carrying out processes of daily needs that in turn establish a baseline expectation of what life in housing entails. The ability of an individual to consistently perform self-care activities while housed reveals how they adapt to their new environment to ensure the longevity of their current situation, which directly correlates with housing stability.

Effects of Self-Care Activities on Housing Stability

The spectrum of experiences that are characterized by the term homelessness is vast. One loosely defined category of the homeless experience is that of youth. Often with histories of harmful home environments that lead to their entrance into
homelessness, youth typically have a lapse in development of self-care activities that are important for maintaining housing. A study conducted by several academics in conjunction with the Canadian Homelessness Research Network (CHRN) (2013) revealed that youth often have issues with prioritization of health concerns because of an ingrained mentality of street survival. Thus the recommendation of the study was to establish life and living skills development in transitional housing and housing first approaches to aid youth in acquiring ADL skills.

One program that adamantly incorporated living skills development is Australia’s national Supported Accommodation Assistance Program (SAAP). Servicing people who are homeless or at risk of becoming homeless, SAAP had the goal of facilitating the development of self-reliance of individuals. While documenting the transition of 'young people' into SAAP accommodations Martin Brueckner (2011) noted the importance of self-care skills to housing stability. The youth that took part in Brueckner’s study recognized that their new home was a "vehicle for gaining independence" and consequently took great pride in maintaining their housing and completing self-care responsibilities that contributed to the functionality and presentation of their home. This revealed recognition by formerly homeless youth that having a home was not in itself independence. What was immediately recognized as independence was the development and maintenance of self-care activities that resulted in the creation of a home atmosphere. This atmosphere subsequently became a way of life that the youth wished to maintain, thus the routinizing of self-care activities contributed positively to establishment and maintenance of housing stability of the formerly homeless.

Moreover, formerly homeless individuals with mental illness are susceptible to struggling with self-care activities when housed since there is often an element of functional impairment that makes it difficult to acquire and maintain skills central to daily living such as cleaning and shopping on a budget. Consequently, these individuals benefit in the same way that youth do from living skills development supports. Christine Helfrich (2007; 2011; 2013) has studied the experiences of formerly homeless individuals and found that money management, food and nutrition and hygiene support services contribute positively to the housing stability of persons with mental illness. The retention of ADL skills disrupts the continuous cycle of mental illness
and relapses into homelessness by setting a standard and routine for life in housing that contributes to the empowerment and independence of individuals.

The impact of physical dimensions of daily life on psychological dimensions are further discussed in depth by Gulcur, Tsemberis, Stefancic and Greenwood (2007). Collectively they emphasize that repetition of activities of daily living represent the active attempt of an individual to physically integrate with a community by engaging with it through shopping and performing daily tasks that positively contribute to its social health. This physical integration in turn feeds and develops the notion of psychological integration which is conceptualized as an individual's belief that they belong to a particular community. This sense of belonging continues the cycle of self-care and community integration which subsequently stabilizes favourable conditions of housing for individuals.

Alternatively, a lack of self-care activities has negative impacts on housing stability. For example interviewee's of the Canadian Homelessness Research Network (2013) study with histories of homelessness and drug use feared that becoming housed was not enough. They voiced concern that they needed a stable environment to reduce the risk of falling back into routines of daily life that are detrimental to the continuation of housing. Though interviewees did not describe in detail what was meant by a 'stable environment' it can be assumed that one aspect of this vague concept is keeping the space and the occupant in healthy condition since that is how stable or 'normal' housing is conceptualized in many societies. The fear of falling back into habits that inhibit the maintenance of housing stability can be alleviated by variation in housing configurations which can be congregate or scattered in arrangement.

**Self-care Activities in Congregate and Scattered Housing Sites**

Housing options for formerly homeless individuals typically are encompassed by two categories of facilities: congregate living and scattered site. The first refers to housing facilities that offer living situations for formerly homeless populations in proximity to other individuals from similar circumstances who require support services and on-site staff to acclimatizing themselves to indoor living. Congregate facilities can
have shared common areas such as kitchens that ideally lead to the development of relationships and a sense of community among tenants with similar backgrounds. Often individuals that were previously chronically homeless require this support to help them address barriers to employment and housing stability. Levitt et al. (2012) noted that chronically homeless individuals that have been on the streets for over 20 years have heightened difficulty with developing and maintaining house rules and shedding street mentality that in some instances influences them to bring lots of things from the street into their dwellings. In such cases housing facilities with supports that directly cater to the needs of the formerly homeless are necessary to assist in the development of ADL skills that replace street survival mentalities and consequently contribute to increased housing stability. Moreover, the concept of scattered sites refers to independent dwellings inhabited by the formerly homeless found within 'normal' or unassisted settings that allow them to take advantage of general local supports and resources. Both types of housing facilities have positive and negative impacts on the development of ADL skills that are strongly related to housing stability.

Congregate housing facilities often provide tenants the ability to choose to engage with supportive services at their leisure but participation is typically not a condition of ongoing tenancy. The support services are typically accessible at the place of residence in attempt to acknowledge social inequalities that left unaddressed may cause social exclusion and housing instability, leading to re-entry into homelessness. In Dartmouth, Nova Scotia, Supportive Housing for Young Mothers (SHYM) offers congregate facilities to young mothers in an effort to provide residents the tools to develop life management and parenting skills that are central to their success as individuals and guardians. As they foster confidence in their role as single mothers, tenants must adhering to limited house rules that are put in place to develop healthy relationships with their children as well as a clean and comfortable living environment. SHYM is a congregate housing facility on the stricter end of the spectrum as it requires tenants to attend a certain number of programs on a weekly basis, restricted the amount of time they could leave their children in the care of others and limited the number of guests they could have for company. Many women at SHYM believed that the housing arrangement allowed them to break out of the street-survival mindset of living day-to-day and focus on the future. Conversely, when they were interviewed by the CHRN (2013) some of the SHYM tenants voiced concerns that the requirements of
program attendance were an "imposition on their lives" that limited the time they
could spend focusing on their children and completing activities of daily living. The
experiences of these young women reflect the benefits that stem from the social
structure of congregate living facilities, as well as possible obstruction to the mastery of
ADL skills. In this way stricter congregate facilities foster housing stability but on the
regimented terms of the facility's operating staff and not individual tenants.

Additionally, Bruckner's study revealed that other individuals in congregate
housing facilities voiced concerns about feeling like outsiders as a result of the
presence of staff. Several young tenants stated that the power imbalance between the
staff workers and themselves made it difficult for them to genuinely feel as if they were
becoming part of the 'normal' community of tenants. For many, being instructed to
change their bedding or notify support workers about having friends over disrupted
their formation of an identity as 'normal' tenants and negatively influenced their
confidence as independent persons capable of being responsible for the maintenance
of their housing. Moreover, another study based in New York compared the
experiences of the formerly homeless with mental health issues now housed in
congregate facilities versus independent or scattered sites. The study conducted by
Yanos et al. (2007) revealed that those in a congregate housing setting were able to
foster solidarity with other tenants with mental health issues, however they were often
unable to pursue activities alone in their room which impacted their independence.
The experiences of the formerly homeless youth and mentally ill reveal that the
structure of congregate housing facilities can conflict with the path of independence
and subsequent housing stability pursued by these persons despite its overall
congenial atmosphere.

The amplitude of choice that scattered site housing offers tenants has been
linked to the psychological and social integration of formerly homeless individuals by a
number of studies. The previously mention New York study revealed that formerly
homeless tenants in scattered site housing that were able to choose the extent to
which they engaged in community integration activities did not lack social functioning
skills. Despite not being required to interact with others, the study by Yanos et al.
revealed that tenants in scattered site housing had significantly higher social
functioning than congregate dwellers. Furthermore, a study by Barbarin et al. (2014)
found that residential arrangements that most closely resemble dwellings of the general population (such as scattered site apartments) positively influenced the social integration of the formerly homeless. Such settings routinize the behaviour of tenants to match the social flows of the broader community around them that engage in various activities (i.e. working, shopping, socializing, cleaning and cooking) on a daily basis. As a result of this emersion with 'normal' settings scattered site tenants exhibited more stable patterns of self-care, shopping, cooking and cleaning, all of which illustrate confidence in their housed independence (Frederick et al., 2014).

However, differences in types of scattered sites impact the ability of tenants to engage in activities of daily living and maintain housing. Frederick et al. (2014) noted that formerly homeless individuals that live in single-room occupancy (SRO) dwellings are thought to be at increased risk of housing instability than those living in apartments. The sharing of kitchens and bathrooms in SROs among complete strangers are not reflective of housing typically inhabited by the general population as previously discussed by Barbarin. Consequently, they may not be experienced as authentic, private and independent living spaces by the formerly homeless leading to underdevelopment of ADL skills and decreased social integration, both of which threaten housing stability. The major downside to scatter site housing in general is that living within a community with a lack of established social relations can lead to feelings of loneliness and difficulty coping with the responsibility and stresses of tenancy. The pressure of creating a stable housing environment and simply being a person in society following a daily routine can take a toll on any individual, and those with histories of vagrancy may succumb to these pressures, falter in their daily routine and re-enter homelessness.

**Conclusion**

Both congregate and scattered housing facilities have the potential to foster the development of self-care skills that contribute to housing stability of the formerly homeless. The structure and management styles of facilities can also inhibit the development of these skills by depersonalizing the housing experience of tenants. One cannot be said to be a better situation than the other for the formerly homeless because each individual thrives in different circumstances depending on their histories
and present needs. What can be taken as fact is that housing alone does not solve the issue of homelessness. Housing stability depends heavily on the formation of routines, the most rudimental being those of self-care that maintain the integrity of dwellings and their occupiers. Occupants who feel that a particular housing situation represents a chance at independence will work towards maintaining this autonomy permanently by completing daily tasks that solidify their place within the broader environment of housed society.
References


