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**Supportive Housing for the Vulnerable: Assessing the
Health and Socio-Economic Outcome of the
Beneficiaries and Non-Beneficiaries in Akwa Ibom
State Nigeria**

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Supportive Housing for the Vulnerable: Assessing the Health and Socio-Economic Outcome of the Beneficiaries and Non-Beneficiaries in Akwa Ibom State Nigeria

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Abstract

Purpose: This study adopts the mixed approach to analyze the health and socio-economic outcome of 65 beneficiaries and 30 non-beneficiaries of the supportive housing scheme (FEYRep Shelter of Hope) in Akwa Ibom State, Nigeria.

Materials and Methods: A sampling frame containing the list of vulnerable groups who were beneficiaries and those on the waiting list (non-beneficiaries) was obtained from the FEYRep office and used to randomly select the samples. Oral testimony and questionnaire were used to collect relevant data for the study. Whereas, a thematic analysis of the transcript of oral testimony was done; the independent t-test was also employed to compare outcome between the two samples. Findings revealed a harrowing and degrading experience reported by the respondents who are still homeless or living in despicable housing. Furthermore, health

and socio-economic outcome were found to differ significantly in favour of the beneficiaries.

Findings: Reinforce the fact that supportive housing has the potency to mediate and ameliorate the housing predicament of the vulnerable and also enhance their health and socio-economic status.

Implication to Theory, Practice and Policy: Further gains in this direction can be reaped if the FEYReP or other stakeholders in the supportive housing project can expand their scope of beneficiaries as well as providing social services for the beneficiaries.

Keywords: *Supportive Housing, Health Outcome, Socio-Economic Outcome, Vulnerability, Comparative Analysis, Akwa Ibom State*

1.0 INTRODUCTION

Homelessness and despicable housing condition are very complex and vexing social problem facing populations in developing societies including Nigeria. Variety of public housing policies and schemes have emerged over the years in response to this problem yet the reality remains that over 53.6% of Sub-Saharan Africa people live in inhabitable abode (World Bank, 2021) or are homeless (Udoh, Atser and Etteh, 2019). In recent times, both federal and State agencies, the Non-Governmental Organisations and the private Sector have worked hard to developed and implement programmes to solve the problem of shelterlessness and inadequate housing around the world. In 2010 the United State government identified Supportive housing model as a "clear solution" to homelessness for people who have a disabling condition and other vulnerabilities and have experienced longer term homelessness (Rollin and Bello, 2021) by offering grants through the Federal Department of Housing and Urban Development to organisation and local government for the construction and operation of Supportive housing facilities.

Supportive housing therefore refers to a type of housing and social services provision model that emphasise assistance to people experiencing homelessness and despicable housing situation with a comprehensive package of aid that secure affordable housing, medical rehabilitation and social services. According to Jill, Dickson and Weeks (2015) Supportive housing programme are proposed as a way of increasing housing access and stability for the chronically homeless, improving access to needed services and decreasing vulnerability to diseases. According to Semborski, Brain and Henwood (2019) Supportive housing provides a more comprehensive and sustainable solution than emergency shelters and short term housing by providing holistic approach that addresses the many varied factors involved in homelessness. Supportive housing combines affordable housing concepts with social services providers to help vulnerable segment of the population experiencing hardship and homelessness transition to permanent housing.

Studies have shown that Supportive housing works in multiple ways to improve outcomes for the health, social and economic status of beneficiaries. In parts of Europe and America According to Aubry and Pottie (2020), Supportive housing was found to be a valuable intervention for homeless individuals as occupants were found to appreciate in physical, social well-being as well as reduction in public health risk and imminent death. In a pilot survey conducted in South Africa by Gbadegesin et al (2020) it was affirmed that the social and emotional health of homeless children rehabilitated through the Supportive housing scheme correlated strongly with sub scales in the home inventory/attributes. Furthermore, recent studies by Carnemolla and Skinners (2021) comparing occupants of permanent Supportive housing provided by the collaborative initiative on chronic homelessness with those on usual care for a period of two years' reveals marked positive improvement in mental health, physical health and general health behaviour in favour of supportive housing.

However, in most places where the Supportive housing model is implemented, little evidence is provided to confirm outcome in terms of health and socio-economic outcome of beneficiaries. The purpose of this paper is to x-ray the Supportive housing project of Akwa Ibom State Nigeria popularly known as "Shelter of Hope" initiative and to examine the outcome of this housing intervention on individuals who were homeless and provided with stable and secure accommodation and further compare this outcome with the other group who are yet to benefit from the "Shelter of Hope " initiative. The essence is to provide further empirical evidence to Support those policy and agencies who are interested in developing long term

consistent and systematic approaches to homelessness instead of the Ad hoc and short term policy solution.

Description of the Study Area

The study was conducted in Akwa Ibom State - one of the 36 states in Nigeria federation. Akwa Ibom State was created in 1987 with 31 Local Government Area and a State capital at Uyo metropolis. It is located on the south Eastern corner of Nigeria where it opens to the Gulf of Guinea. Geographically, Akwa Ibom lies between latitude $4^{\circ} 32'$ and $5^{\circ} 33'$ North of the Equator and Longitude $7^{\circ} 25'$ and $8^{\circ} 25'$ East Greenwich meridian (Fig 1). The climatic condition of the areas is controlled by the two prevalent air masses - the continental and maritime, thereby producing the dry and wet seasons respectively. In the South, and Central part of the state, the rainy season last for about 10 - 11 months. This result in very heavy rainfall which varies from 3000mm along the coast to about 2000mm inland accompanied with severe flooding in the urban areas (Udoh and Uyanga, 2013).

Akwa Ibom State has a land mass of 8,412km² and an estimated population of over 6million-people most of whom reside in rural areas. It remains one of the most densely populated areas in Nigeria with population density of over 500 persons per square kilometre (Udoh and Essien, 2015)



Figure 1: The Study Area

Akwa Ibom State is home to diversities of biological and geological resources including crude oil which have given rise to livelihood such as farming, fishing, sand mining, hunting, lumbering, fire wood gathering and oil mining with attendant effect on the social-economic and physical land scape of the area. In spite of these resources Akwa Ibom State remains one of the states with the highest indices of multi-dimensional poverty in Nigeria (National Bureau of Statistics, 2022). There is limited access to basic services including safe drinking water, sanitation, health care, electric power and decent housing. The housing condition especially for the rural dwellers is despicable (plate I) and fell short of standards for human habitation (Udoh, 2016). In the urban areas, the housing conditions are characterised by overcrowding, absence of sanitation facilities (plate 2) - where shared latrine and open defecation are widely practiced. Household water is unsafe - drawn from untreated boreholes. Home owners are few while tenancy is wide-spread with exorbitant rent and insecure tenure (Udoh, 2020). The effect of insecure and stressful tenancy in the urban area and large-scale sub-standard housing in the

rural areas is manifested in homelessness for some citizens of the State especially the orphan, widow, poor, elderly, sick, disable and other vulnerable people. Essentially the Supportive housing model christened " Shelter of Hope initiative" which came as humanitarian response to the plight of the homeless and its effect on the social-economic and health status of the beneficiaries forms the main thesis of this research.



Plate 1: Typical Rural Housing in the Study Area



Plate 2: Typical Urban Housing setting in the Study Area

Akwa Ibom State Model of Supportive Housing: The Shelter of Hope Initiative

The Shelter of Hope initiative is a modified and domesticated model of Supportive housing as implemented in the developed Societies. Though the mode of operation differs, the philosophy and spirit of Supportive housing is embedded in the Shelter of Hope initiative. The Shelter of Hope initiative is a pet project of the Akwa Ibom State government and supported by Non-governmental organisation (NGO) named Family Empowerment and Youth Re-Oriented Path-initiative (FEYReP). The organisation was inaugurated on September 21, 2015 alongside the Shelter of Hope initiative as a social intervention programme. The aim is to create a robust social/economic empowerment for the poor, widows, orphans, disabled, elderly, sick and other vulnerable segment of the population (Emmanuel, 2018).

Within the past 7 years, FEYReP has provided homes and care for the orphans. Through the Shelter of Hope initiative, decent housing and services have been provided for the vulnerable in the Society. Beneficiaries are often selected from the three Senatorial districts of the state where they are provided with two or three-bedroom apartment, newly built and furnished with adequate facilities and services. Additionally, a start-up grant of a hundred thousand Nigeria Naira are provided to get the poor back to life. According to document obtained from the FEYReP's office at Ewet Housing Estate, Uyo, till date, more than 90 people considered to be

"chronically homeless" or living in despicable thatched homes that are degrading of humans have benefited from the Shelter of Hope initiative. Plates 3-8 captures the mood of some of the beneficiaries before and after the intervention.



Plate 3: Before FEYRep Intervention



Plate 4: After FEYRep Intervention



Plate 5: Before FEYRep Intervention



Plate 6: After FEYRep Intervention

The Study Processes

Results reported in this paper are part of a larger mixed method study that captured the experience and reality of vulnerable population (elderly / sick, widow, orphan, disable and are poor) who are beneficiaries and non-beneficiaries of the Akwa Ibom State Supportive housing scheme also known as the " shelter of hope initiative". The qualitative aspect of the study involved the use of interview and oral testimony to understand the realities of being vulnerable and homeless. Samples were drawn from across the three Senatorial Districts of the state. To select sample, the list of both the beneficiaries and those yet to benefit were obtained from the FEYReP Office of Ewet Housing Estate, Uyo, Akwa Ibom State.

The list contains the names and addresses of 95 beneficiaries ($N_1=95$) and 40 non-beneficiaries ($N_2 = 40$), which serves as the sampling frame for the study. From the sampling frame, a random sample of 65 beneficiaries ($n_1 = 65$) and 30 non-beneficiaries ($n_2 = 30$) were used for the study. The participants were contacted to explain the study purpose, secure their commitment to participate, exchange contacts and agree on interview schedules. Further issues regarding ethical concern were worked out and their consent duly obtained. The field work lasted for three weeks between October and November, 2022. Each interview/oral testimony session lasted for at least one hour and was held in three different locations - one for each Senatorial district.

The quantitative component of the study included the administration of questionnaire (95 in all) to each participant to indicate the extent of their agreement to statements measuring their current health and socio-economic status on a 5 point likert scale (5-strongly agreed; 4-agree; 3-neutral; 2-disagree and 1-strongly disagree) The t-test statistics was applied to compare mean outcome for each variable between the beneficiaries and non-beneficiaries of the Supportive housing in order to confirm the hypothesis that Supportive housing can mediate positively on the health and socio-economic wellbeing of the vulnerable.

2.0 FINDINGS

4.1 Socio-demographic and economic characteristics of the respondents covering age, gender, family size, education, income, marital status and vulnerability status were analyzed (Table I). The age cohort of the respondents showed that majority of the beneficiaries (61.5%) were middle aged (between 31 and 59 years). However, for the non- beneficiaries, about 50% were elderly (aged 60 and above). It is obvious that the supportive housing scheme in Akwa Ibom State seeker to target the middle-aged people who can be empowered to live productive life in the future. Majority of the respondents (both beneficiaries and non-beneficiaries) were female (71.9% and 68.0% respectively). Obviously in Nigeria, most social intervention programmes normally target more female than male. This so because, the female folks are considered more vulnerable than the males (Effiong, Essien and Patrick, 2020) and most time female are considered as home builders and better managers of resources.

Average family size among 70% of the respondents reported from family size above 5 persons, indicating preponderance of large families in the study area. Majority of the respondents (47% of the beneficiaries and 50% of the non-beneficiaries) lacked formal education which has somewhat affected their income status as majority (65% and 71%) earned less than the national minimum wage of ₦30,000. The marital and vulnerability status of the respondents showed the widow forms the majority. Widows are more vulnerable in the African society because of the rejection and maltreatment usually meted to them by family members. Most widows are often evicted from their husband's home to become homeless after the demise of their husband

(Effiong, Essien and Patrick, 2020). This is perhaps the reason for targeting more widows for supportive housing.

Table 1: Socio-Demographic and Economic Characteristics of Respondents

Status	Category	Beneficiaries (n=65)	Non-Beneficiaries
		(%)	(n=30) (%)
Age	Under 30	15.4	10.5
	31 – 59	61.5	39.0
	60 and above	23.1	50.5
Gender	Male	29.1	32.0
	Female	71.9	68.0
Family size	Under 5	8.0	9.5
	5	22.0	20.5
	Above 5	70.0	70.0
Educational attainment	No formal education	47.0	50.0
	Primary	23.0	31.0
	Secondary	20.0	15.0
	Tertiary	10.0	4.0
Monthly income	Below N30,000	68.0	71.0
	N30,000	20.0	25.0
	Above N30,000	12.0	4.0
Marital status	Married	25.0	25.0
	Single	10.0	15
	Widow	60.0	55.0
	Separated	5.0	5.0
Vulnerability	Elder/Sick	10.0	10.0
	Widow	60.0	55
	Disable	10.0	10.0
	Orphan	5.0	5.0
	Core poor	15.0	20.0

Source: Author's Field Exercise

Respondents Housing Experience

Both beneficiaries and non-beneficiaries' respondents share common experiences of poor access to services, particularly, electricity, telecom, health, transport and credit service. The narrative among the respondents revealed that electric power supply is epileptic and sometimes non-existent. According to respondent (A): 'we live in perpetual darkness... no electricity, my child of 5 years has never sighted electric light...' some of the beneficiaries narrated having experience with good latrine and borehole water produced through the supportive housing: 'I now have water supply in my home... my child no longer trek a long distance to fetch water from the village stream... the house built for me by FEYRep contains water closet toilet and sewage...' However, a non-beneficiary respondent (B) narrated thus: 'there is no latrine here... we defecate openly in the bush ... since my husband died I have been living in this poor condition... I have no one to help me... I have eight children... we need help from FEYRep...'

Most of the respondents were conscious of the serious health implication of their poor housing condition.

Some reported having frequent illness with no health service available. Others narrated how dilapidated and despicable housing caused difficulty in breathing and sometimes pneumonia, and general feeling of depression and insomnia. Our findings is in line with that of Udoh (2015) who found similar report on housing related illness among rural dwellers in Akwa Ibom State. On the other hand, a beneficiary respondent (C) reported having improved physical and mental health as well as enhanced living standard: ‘...I can now sleep well at night... I no longer worry about rain dripping in my room due to leaked thatched roof... I’m no longer depressed ... the money I received from FEYRep has improved my living condition ...’ The summary of the respondents housing experience has been presented in Table 2.

Table 2: Summary of Respondents’ Housing Experience

Major Theme	Summary of Oral Testimony		Remarks
	Beneficiaries	Non-Beneficiaries	
Physical/mental health	Experienced improved sleep; less anxiety about their housing condition; free from mosquito attack/malaria; feel good mentally; free from rain dripping in the rooms	Suffer serious mosquito bites; poor ventilation caused difficulty in breathing, anxious about the future; feel highly depressed; falls sick frequently; sometimes feel mentally unstable	For the non-beneficiaries, the poor housing condition increases their vulnerability and can lead to untimely death if there is no intervention
Access to services	Good latrine/sewage system; there is borehole water; but electricity is epileptic. No mobile health service and access to credit scheme	There is no good latrine; open defecation; open kitchen close to pig pen; no access to water, electricity and health services. Telecom services are expensive. No access to credit.	There is need to provide services for the vulnerable population in the rural area especially.
Economic/living standard	Living standard is improved; income levels appreciates; consumption levels improved; lower ratings in multi-dimensional poverty	There is accelerated poverty; poor nutrition is reported; income is low and uncertain; living conditions are gloomy; self-pity accelerates.	Prompt intervention in housing can mediate on the living standard of the vulnerable
Social connection and inclusiveness	There is improved relationship with neighbours and improved self-esteem. Social connection is enhanced; less segregation and exclusion	The people connect to them out of pity; but segregation and stigmatization still abound.	Poor housing can become a stigma for the vulnerable of there is no intervention

Source: Author’s Fieldwork



Plate 7: A Widow Narrating Her Experience with Poor Housing Condition



Plate 8: Some of the Beneficiaries of the Supportive Housing Narrating Their Experience



Plate 9: Poor Latrine Situation in the Study Area

Ranking of Respondents Health and Socio-Economic Outcome

The quantitative aspect of this study involved the rating of respondents' health and socio-economic outcome on a 5 – point likert scale (5 – 1, where 5 in the highest point and 1 represents the lowest. Based on the above, the mid-point score of 2.50 was used as the benchmark for assessing the performance of the respondents on the health and socio-economic variables. Accordingly, variables with mean score below 2.50 were adjudged as poor performance while those with mean score of 2.50 and above showed a relatively better outcome. Table 6 displays the mean (\bar{x}), standard deviation (SD) and ranking of the variables (from 1-9 based on the mean score).

Table 3: Ranking of Health and Socio- Economic Outcome of Respondents

Beneficiaries (n=65)					Non- Beneficiary (n= 30)				
S/N	Variables	\bar{X}	SD	Rank	Remarks	\bar{X}	SD	Rank	Remarks
1.	Being free from insomnia	4.65	.75	1	Good outcome	2.04	.82	6	Poor outcome
2.	Not being hospitalized	3.95	1.67	5	Good outcome	3.90	.90	1	Good
3.	Reduced anxiety and depression	3.83	.60	6	good	2.20	.87	4	Poor
4.	Improved self esteem	4.50	.67	2	good	1.66	.69	8	Poor
5.	Respect from neighbors	4.40	1.80	3	good	2.10	.93	5	Poor
6.	Social connection with people	2.04	1.53	8	poor	3.20	.89	2	Good
7.	Improved income	3.80	.81	7	good	2.40	.70	3	poor
8.	Access to social services	2.01	.88	9	poor	.1.93	.81	7	Poor
9.	Being happy and fulfilled	4.01	.95	4	good	1.58	.63	9	Poor outcome

Source: Author: Analysis

N/B: variables with mean score below 2.50 were rated as “poor outcome”, while those with mean score 2.50 and above were rated as “good outcome.”

As data in Table 3 indicated, the beneficiary’s respondents reported good outcome in ‘being free from insomnia ($\bar{x}=4.65$); “not being hospitalized” ($\bar{x}=3.95$) and “reduce anxiety/depression” ($\bar{x}=3.83$). Furthermore, the standard deviation on this health variable was low, implying that all the 65 respondents were unanimous in their health outcome rating. In other words, their responses did not vary significantly. This finding confirms previous studies by Gbadegesin et.al. (2020) in South Africa, where beneficiaries of supportive housing were found to appreciate significantly on physical and emotional health outcome. Findings also showed that the beneficiaries reported good psychological well-being with high mean score ($\bar{x}=4.50$) on ‘improved self-esteem’, ‘respect by neighbors ($\bar{x}=4.40$) and ‘being happy and fulfilled’ ($\bar{x}=4.01$). However, the high standard deviation on ‘respect from neighbors’ showed that some respondents ‘disagreed’ in that outcome.

This circumstance is likely to occur especially in traditional society where some people ‘progress’ may anger their neighbors. This is perhaps the reason, the respondents showed poor outcome on ‘social connection with the people’ as some neighbors will envy their change in housing condition. Respondents also reported poor outcome on ‘access to social service’. This is so because the FEYREP supporting housing scheme fails to incorporate essential services such as power supply, health care service and transport service in areas where the housing project are located. This experience is quite different from those of the developed nations, particularly the United States where services are part of the supportive housing package as documented by Rollin and Bello (2021). In summary, the top three ranked health and socio-economic outcome for the beneficiaries were: ‘being free from insomnia (1st), ‘improved self-esteem’ (2nd) and ‘respect from neighbors (3rd).

In contrast, the non-beneficiaries' respondents showed poor outcome on all the variables considered except on two, those are 'not being hospitalized ($\bar{x}=3.90$) and 'social connection with the people ($\bar{x}=3.20$). The obvious reason for the relatively better outcome on the above two variables are that neighbors involved tend to show solidarity with the vulnerable out of pity for them and not necessarily because they are interesting in their well-being. Furthermore, where health facilities are distant from the people, they would rather resort to herbal medications rather than visiting the hospital. Essentially therefore, the good outcome reported on the variable does not imply absent of sickness among the non-beneficiaries, but an issue of poor access to hospital. The statistical analysis of the mean health and socio-economic outcome between the beneficiaries and non- beneficiaries are presenting in the proceeding section.

Statistical Analysis of the Health and Socio-Economic Outcome of the Beneficiaries and Non- Beneficiaries

To verify statistically whether the observed difference in reported health and socio-economic outcome between the beneficiaries and non- beneficiaries of the supporting housing was significant or had occurred by chance, the independent t-test statistics was used to compare the mean of the two samples. The results are displayed in Table 4.

Table 4: Mean Difference on Health and Socio-Economic Outcome of Beneficiaries and Non-Beneficiaries

S/N	Variable	Groups	\bar{X}	Mean Difference	Df	t-value	Sig.	Remarks
1.	Being free from insomnia	Beneficiaries Non-Beneficiaries	4.65 2.04	2.61	93	6.49	.000	S
2.	Not being hospitalized	Beneficiaries Non-Beneficiaries	3.95 3.90	0.05	93	1.43	.107	Ns
3.	Reduced level of anxiety & depression	Beneficiaries Non-Beneficiaries	3.83 2.20	1.63	93	5.16	.000	S
4.	Improved Self-esteem	Beneficiaries Non-Beneficiaries	4.50 1.66	2.84	93	6.57	.000	S
5.	Respect from Neighbours	Beneficiaries Non-Beneficiaries	4.40 2.10	2.30	93	6.10	.000	S
6.	Social connection with people	Beneficiaries Non-Beneficiaries	2.04 3.20	-1.16	93	4.28	.000	S
7.	Improved income in the last 2 years	Beneficiaries Non-Beneficiaries	3.80 2.40	1.40	93	4.47	.000	S
8.	Access to social services	Beneficiaries Non-Beneficiaries	2.01 1.93	0.08	93	1.47	.109	NS
9.	Being happy and fulfilled	Beneficiaries Non-Beneficiaries	4.01 1.58	2.43	93	6.33	.000	S

Source: Author's Analysis

N/B: *P*-value less than 0.05 showed Significant difference (S)

While *P*-value greater than 0.05 showed No Significant difference (NS). In Table 4, the mean difference between the two groups, including the degree of freedom (DF), *t*-value and *P*-value (sig.) are presented for all the variables. Accordingly, the *t*-value for ‘being free from insomnia’ was significant ($t(93) = 6.49, P < 0.05$). This implies the beneficiaries showed better outcome than the non-beneficiaries. This finding affirms the fact that the incidence of insomnia can be reduced directly with better housing condition (Udoh, 2015). Similarly, other health outcome: ‘reduced level of anxiety and depression’ differed significantly between the two groups ($t(93) = 5.16, P < 0.05$).

Just like insomnia, anxiety and depression which are element of mental health were found to have been reduced for those who benefited from the housing intervention, proving that adequate housing can help to ameliorate mental health issue (Campo, 2022). Other socio-economic outcomes; ‘improved self-esteem’ ($t(93) = 6.57, P < 0.05$); “respect from neighbors” ($t(93) = 6.10, P < 0.05$); “social connection with the people” ($t(93) = 4.28, P < 0.05$); “improve income” ($t(93) = 4.47, P < 0.05$); and “happiness/fulfillment” ($t(93) = 6.33, P < 0.05$); were found to differ significantly between the two groups. These finding are inconsonance with those of Camemolla and Skinner (2021); camp. (2022); and Aubry and Pottte (2020) whom found significant improvement in the health and socio-economic outcome of the vulnerable groups that benefited from supporting housing schemes.

It is therefore clear that the supporting housing model can be relied upon as a potent instrument for ameliorating the sufferings of the vulnerable and also ending homelessness among the poor and vulnerable. For the study area – Akwa Ibom State, these findings have empirically provided the underpinnings for expanding the FEYRep Shelter of Hope Scheme to accommodate more beneficiaries. The vulnerable in the society can find solace if the scheme is well funded to provide social services to the vulnerable. Findings have shown that overtime, the income status and the living standard of the beneficiaries can improve significantly thereby proving the scheme to be a veritable tool for poverty alleviation (Effiong, Essien and Patrick, 2020).

3.0 CONCLUSION AND RECOMMENDATIONS

This study has succeeded where others failed to provide a comparative analysis of the health and socio-economic outcome for beneficiaries and non-beneficiaries of a supportive housing scheme for the vulnerable groups in the society. By adopting a mixed method design, the study admirably balanced the outcome of qualitative analysis with that of statistical test to provide readers with perfect assessment and understanding of the subject matter. The finding of this study has added credence to the body of theoretical and empirical postulations regarding supporting housing models and housing-health hypothesis. Findings have shown that social intervention such as the supportive housing can be catalytic to the enhancement of the mental, emotional, psychological and physical well-being of the poor, homeless and vulnerable in the society.

This study has therefore provided the empirical platform to expand and strengthen the Shelter of Hope initiative in the study area. Furthermore, the aspect of social services is indispensable to cushion some of the setbacks faced by beneficiaries of the housing scheme. There is need therefore for the agencies saddled with the operation of the scheme to provide a well-thought out social service scheme alongside the housing scheme. The provision of more health service, transport services, steady power supply, water and credit services, will go a long way to

stabilize the psycho-physical and economic status of the vulnerable population in the study area.

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