Experiences of Social Connection and Sense of Community Amongst Participants of Housing First Programming

By

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B.A., University of Winnipeg, 2005

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Abstract

In a recent report on the state of homelessness in Canada, it is estimated that at least 200,000 Canadians access homeless emergency services or sleep outside per year, with approximately 30, 000 homeless on any given night (Gaetz, Donaldson, Richter, Gulliver, 2013, 5). A strategy to address homelessness is Housing First. Housing First is an evidenced-based housing intervention strategy which provides homeless individuals with immediate access to housing and supports. A unique feature of this program is that participants are offered immediate housing of their choice. Prior to the introduction of Housing First, housing intervention strategies focused on "housing readiness" and often required sobriety or psychiatric treatment prior to entry.

The Housing First approach has demonstrated significant recovery, cost savings and housing retention rates in The Mental Health Commission of Canada's (MHCC) At Home/Chez Soi project—one of the world's largest research studies utilizing a randomized control trial to study the outcomes of the Housing First approach. The At Home/Chez Soi project operated in five cities across Canada; Toronto, Montreal, Moncton, Winnipeg and Vancouver. Approximately 14% of At Home/Chez Soi participants had three or more moves and a portion of individuals in the MHCC's study struggled to achieve stable housing. In an early findings report released by the MHCC one of the main themes that emerged from qualitative interviews conducted by At Home/Chez Soi project researchers included "changes in the social aspects of day to day life" once acquiring housing. Some of these changes were described to be

negative. This finding highlights the impacts that the acquisition of housing may have on the experiences of Housing First participants. This demonstrates a need for further research to explore how social experiences relate to housing retention and mental health recovery in Housing First programming. In this research, I address this gap by focusing on understanding the social experiences of participants of Housing First programming for whom the transition into stable housing was difficult. More specifically, I ask “In relation to factors that impact housing retention, what is the experience of social connection and sense of community for a group of participants who had difficulty transitioning into housing provided through the At Home/Chez Soi Housing First program?”

In this thesis, I present qualitative findings from narratives collected from 5 participants of the At Home/Chez Soi project for whom the transition to stable tenancy was difficult. Semi-structured interviews were conducted with five participants who had a range of experiences with housing retention including one participant who remained in their first apartment, and four others who had between 1-4 moves during their involvement in the At Home/Chez Soi project. In this research, I explored whether the fundamental needs of social connection and sense of community are instrumental in producing positive outcomes such as mental health recovery and housing retention in Housing First programming. Using narrative methodology and interpretive description, I further explore how the unmet needs of social connection and sense of community can assist in understanding the challenges experienced by individuals who struggle to transition into stable housing.

The findings demonstrate that participants experienced a shift in social connection and sense of belonging to the “street”, to a feeling of connection to the housed community. All of the participants expressed wanting to disassociate themselves from the DTES. This was difficult because of stigmatization particularly on the part of the landlords and neighbours in their new communities. Discriminatory treatment in their housing served to reinforce negative feelings of self. The process of

shifting to a sense of belonging to the housed community presented additional challenges, such as periods of isolation and/or being in the difficult position of saying “no” to friends in order to preserve their tenancy by abiding by the rules of the Residential Tenancy Act (RTA). Participants overcame these challenges by making adjustments in meeting their social needs. Some ways that participants demonstrated resilience included connecting with professionals, creating community in local shops, setting boundaries with old friends, and in some instances, cutting off from old friends. I conclude that social connection is paramount for these individuals. I also contend that the participants are resourceful in ensuring these needs are met. Recommendations for new or existing Housing First programming are made to ensure sensitivities and practices are geared to supporting these connections including offering flexibility and choice around locations and activities for weekly meetings with case managers. Other recommendations, specific to the transition into housing include incorporating a survey of important shops or services during the housing search process, and ensuring a good landlord-tenant fit during the housing selection process.

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LIST OF ACRONYMS

ACT-Assertive Community Treatment

DTES-Down Town East Side

ICM-Intensive Case Management

ID-Interpretive Description

MHCC-Mental Health Commission of Canada

MSD-Ministry of Social Development

RTA-Residential Tenancy Act

SRO-Single Room Occupancy

TAU-Treatment As Usual

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I especially thank my friends and family who have always been my greatest supporters. I am forever grateful to my parents for your unconditional love, countless motivational phone calls, and generous care packages which always seemed to arrive in the timeliest of manners. You taught me to stand-up for what I believe in, and have lived by example in your tireless advocacy for mental health awareness. Thank you Mom and Dad for convincing me that it is never too late to pursue my goals. Thank you to the University of Victoria administrators for kindly agreeing with them.

There is an African proverb that goes as follows "If you want to go fast, go alone but if you want to go far, go together". This journey has taken much longer than I had planned, but it has also taken me considerably farther than I could have ever imagined. There is no doubt that I would not have made it here without all of those who have supported me along the way.

DEDICATION

This thesis is dedicated in the loving memory of my sister Alyssa Irene Stevenson. You are undoubtedly my greatest and most influential teacher.

1-CHAPTER 1-Introduction

A poll conducted by Ipsos Reid (2013) suggests that as many as 1.3 million Canadians have experienced homelessness or extremely insecure housing at some point during the past five years (Gaetz, Donaldson, Richter, Gulliver, 2013, 5). It is estimated that homelessness costs the Canadian economy $7.05 billion dollars annually (Gaetz et al., 2013, 8). Homeless and marginally housed people living in shelters, rooming houses, and SRO's have much higher mortality and shorter life expectancy (Hwang, Wilkins, Tjepkema, O'Campo, Dunn, 2009, 1). There is a greater likelihood that pre-existing and emergent health problems such as mental illness or addiction issues worsen the longer that an individual remains homeless (Gaetz et al., 2013, 28). There is also an increased risk of criminal victimization and sexual exploitation (Gaetz et al., 2013, 28).

The Canadian government, service providers and stakeholders alike have espoused a strategy to address these high rates of homelessness (CMHA, 2009; Parliament of Canada; Gaetz et al., 2013; Kirby, Keon, 2006; MHCC, 2012b). Housing First is widely considered to be an effective approach to addressing homelessness. Housing First approaches are centered on the theory that a homeless individual's primary need is to first obtain stable housing and then other issues related to mental health or addiction may be addressed once this housing is provided (Padgett, Gulcur & Tsemberis, 2006; Tsemberis, Gulcur & Nakae, 2004). Thus, Housing First involves providing homeless individuals immediate access to housing and support without any expectations or requirements of treatment for substance use or mental health issues (MHCC, 2012b; Padgett, Gulcur & Tsemberis, 2006, Tsemberis, Gulcur & Nakae, 2004).

Amongst the six key recommendations outlined in the 2013 *State of Homelessness in Canada* report, was the recommendation that "communities and all levels of government should embrace Housing First" (Gaetz et al., 2013, 40). The authors of the report describe Housing First as a "key response to homelessness" and praise the success of a national Housing First project-The At Home/Chez

Soi project, stating "The success of the At Home/Chez Soi project demonstrates that Housing First works. The successful application of the model in communities across the country demonstrates how it can be done and adapted to different contexts" (Gaetz et al., 2013, 40).

The Mental Health Commission of Canada (MHCC) operated The At Home/Chez Soi project from 2008-2013. At Home/Chez Soi is a research study exploring a Housing First approach in five cities; Toronto, Montreal, Moncton, Winnipeg and Vancouver (MHCC, 2012b). The unique feature of this project compared to other Housing First projects is its scope. The project is one of the largest Housing First studies in the world, with 2,255 participants, 1,265 of whom were randomized to receive the Housing First intervention and 990 randomized into a "Treatment As Usual" (TAU) group who did not receive housing or supports through the project (MHCC, 2012b, 15).

The implementation of At Home/Chez Soi, Housing First has saved the system a yearly average of $9,390 per person in costs related to health and emergency services. In addition to cost savings the program has contributed to increased stability in the lives of this population: 86% of housed participants are still residing in their first unit (MHCC, 2012b, 18 & 24). As impressive as these results may be, there continues to be a portion of individuals who still do not achieve stable housing. Approximately 14% of participants had three or more moves (MHCC, 2012b, 24). This amounts to approximately 177 of the 1,265 participants living with one or more serious mental health issue[1] who have experienced homelessness, or may be at risk of becoming homeless. Little is known about the experiences of this group and what might be needed to increase housing stability.

For two and a half years, I was employed as a Housing First Intensive Case Manger with the At Home/Chez Soi project. My involvement in this project provided me with a unique opportunity to

[1] The eligibility criteria for the At Home/Chez Soi project included a requirement for the presence of a mental disorder with or without a co-existing substance use disorder, determined by DSM-IV criteria on the Mini International Neuropsychiatric Interview (MINI44) at the time of entry (Goering, et al, 2011).

witness the challenges faced by those who have difficulty maintaining housing, or have difficulty adjusting to the changes associated with moving into stable housing. Some of these changes included experiences of loneliness and isolation once acquiring housing. Challenges included evictions resulting from participants having multiple unauthorized guests visiting/staying in their suites. These observations generated my interest in understanding how the social experiences of participants of Housing First programming relate to participants' difficulties transitioning into stable housing. The primary research questions for this study are: "*What is the experience of social connection and sense of community for individuals in Housing First programming who have difficulty transitioning into or maintaining housing? Can the unmet needs of social connection and sense of community assist in understanding some of the challenges experienced by individuals who struggle to transition into stable housing? How can we better support Housing First participants in their transition into housing?"*

I will begin with an overview of the research and statement of the research objectives. After a note on the significance of the study I "situate myself" by illustrating how my professional background relates to the research. Next, I describe the theoretical considerations informing the research, using a conflict resolution approach to human needs. I then provide a review of literature surrounding the Housing First approach. In subsequent chapters, the methodological premises of the study-narrative inquiry and interpretive description are reviewed. The methods, data analysis and research findings are described including a summary of themes that emerged in the findings. I then relate the study findings to practice and conclude with recommendations for service delivery.

1.1-Overview

The Mental Health Commission of Canada (MHCC) estimates that 25 to 50% of homeless people have a mental illness (2009, 9). In recent policy discussions and deliberations around providing services

to those who are homeless and living with mental illness, Housing First models have been at the forefront (Centre for Addiction and Mental Health & Canadian Council on Social Development, 2011, 20; Falvo, 2009; Greenwood, Schaefer-McDaniel, Winkel, Tsemberis, 2005; Kirby, 2008, 14; Padgett, Gulcur & Tsemberis, 2006, 76). Previous studies reveal that programs providing housing combined with supports to people with severe mental illness are effective in reducing homelessness and hospitalizations and in producing improvements on well-being (Falvo, 2009; Goering, et al., 2011; Greenwood, et al. , 2005; Padgett, Gulcur & Tsemberis 2006). In April 2008, the Federal government allotted a substantial $110 million to the MHCC to operate the At Home/Chez Soi project. The study marked a significant contribution to the limited body of research that previously had consisted of evidence on the “Pathways to Housing” model in the USA (Goering, et al., 2011). Goering et al. note that “while previous research examining Pathways to Housing focused on outcomes such as housing stability, housing problems, psychiatric symptoms, substance use, service utilisation and perceived housing choice, none of the studies examined other important outcomes of interest, such as community integration, social functioning, employment, recovery or physical health”(Goering, et al., 2011). Key outcomes examined under the At Home/Chez Soi project include housing stability, quality of life, medical, psychological and physical health status, social functioning and community integration (Goering et al. 2011).

Housing retention rates in the At Home/Chez Soi project are similar in outcome to other U.S. Housing First programs (MHCC, 2012a, 11). Though the Housing First approach has attempted to effectively address the recovery needs of its consumers, and is considered highly successful when measured against other intervention strategies for this population, researchers of the At Home/Chez Soi project note that for a small group of participants, Housing First does not work adding “we hope to learn more about the people for whom this approach did not work” (MHCC, 2012a, 12). Project researchers puzzle that though “overall, [the program] has been very successful . . .” they acknowledge that for

some individuals in the At Home/Chez Soi project ". . . the transition to a successful tenancy can be difficult" (MHCC, 2012a, 10).There are suggestions why this may be so. For example, in an *Early Findings Report* (2011) on the At Home/Chez Soi Project published by the MHCC, it was observed that "[s]ome participants expressed concerns that having their own place would lead to *isolation* and place them at risk for further substance use and mental health problems" (italics added, MHCC, 2011, 5). It is this sense of "isolation" that I am particularly interested in understanding. My research addresses this gap and explores experiences of participants related to social connection and sense of community.

More specifically, in this study, I explore experiences of social connection and sense of community amongst participants in the Intensive Case Management intervention arm of the At Home/Chez Soi project for whom the transition to stable tenancy has been difficult. I want to understand more fully how to support individuals through their transition into housing. Using a narrative methodology and interpretive description approach, the aim of this study is to gain a deeper understanding of selected tenants' lived experience of community integration and social connection participating in Housing First programming.

1.2-Research Objective

The objective of this research study is to explore the lived experiences of participants of Housing First programming who had difficulty transitioning into housing, to facilitate a deeper understanding of the challenges that participants experience. By understanding these challenges of transitioning we may be able to better support participants to retain housing, and, or to understand their service needs. Aiming to support the voices of those who live on the margins, this study provides a forum to honour the participants as expert in their own experience and thus view their contributions as integral to facilitating a deeper understanding of the Housing First model.

In this study, the key question is "*In relation to factors that impact housing retention, what is the experience of social connection and sense of community for a group of participants who had difficulty transitioning into housing provided through the At Home/Chez Soi Housing First program?"* The knowledge gained from this research may inform the design and delivery of future social programming particularly with respect to Housing First and Intensive Case Management (ICM) models. In the next section I will describe the significance of the study.

1.3-Significance of the Study

This research aims to make a significant and original contribution to the study of the Intensive Case Management (ICM)-Housing First model. To date, little research has been done that specifically addresses the relationship between experiences of social connection and sense of community, and difficulties transitioning to/maintaining housing. By learning about these challenges we may be better able to understand their service needs, and, or to support participants to retain housing. This offers potential benefits to not only the participants of Housing First programming but also to the various service providers including shelters, hospitals, soup kitchens, etc., that are impacted by homelessness. Furthermore, this research advances the current body of literature that explores the lived experiences of chronically homeless individuals living with mental illness in Canada to better understand the role that social connection and sense of community may play.

The Chief Executive Officer of the Canadian Mental Health Association acknowledges the need for policies informed by lived experiences of those affected by mental illness in the following statement "Policies have also been driven by deficit perspectives and incorrect assumptions of the real lived experience of those affected by mental illness, inevitably preventing the adoption of recovery-oriented legislation" (Alexander, CMHA, 2009, 2-3). In a paper exploring the role of harm reduction in addressing

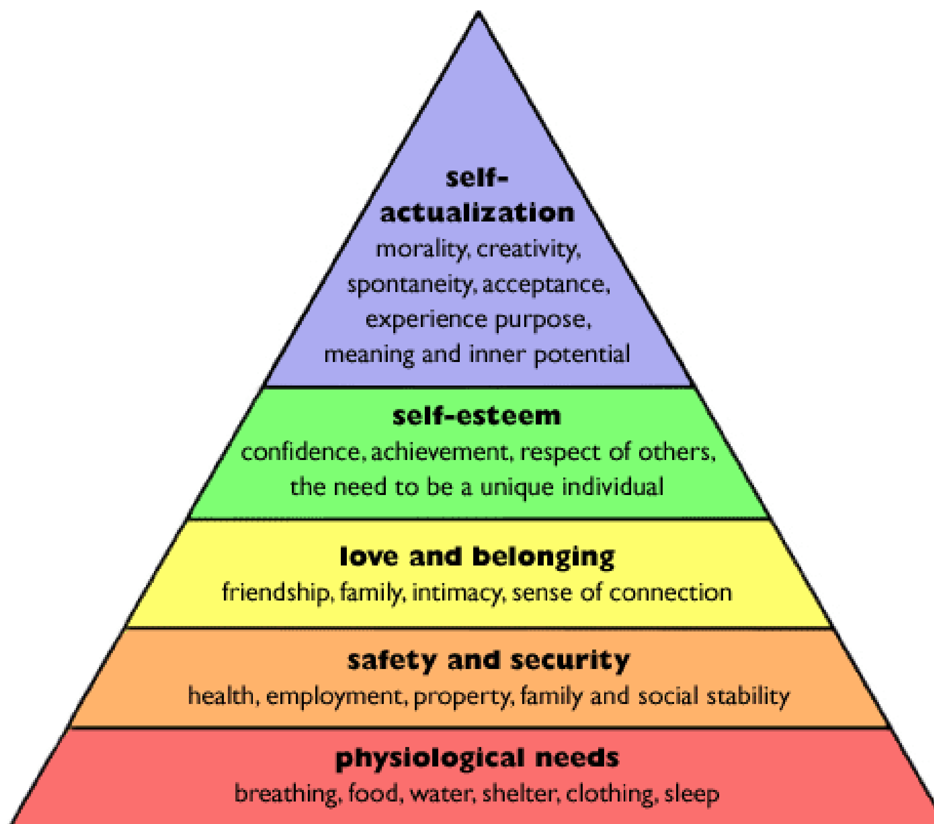
homelessness, researchers Pauly, Reist, Belle-Isle, and Schactman describe the significance of inclusion as follows “involving people with lived experience can help break the stigma attached to homelessness, mental illness and/or substance use, improve the efficiency of services, and promote health by promoting self-esteem and increasing individual control over health and determinants of health” (286). As discussed under the section “Research Objective”, one of the goals of this research is to provide a platform for those who live on the margins to share their lived experiences, and to form policy and practice recommendations based on the expert knowledge shared by those whose lives are directly impacted by Housing First programming. Next, I will situate myself in relation to the At Home/Chez Soi program and the research I undertook.

1.4-Situating Myself

The germination of my research focus is largely the product of an employment opportunity that changed my life and ignited a passion for understanding and eliminating homelessness. Since 2005, I have been working with homeless populations in various capacities including outreach, counseling and intensive case management. As previously noted, I was most recently employed as an Intensive Case Manager with the At Home/Chez Soi Project, Vancouver ICM team. In my work with At Home/Chez Soi I observed many successful tenancies. However, I also observed situations where individuals chose not to utilize the housing provided. They often cited loneliness as a driving force that influenced their decision to return to the streets or shelter accommodations. I observed incidents where Housing First participants jeopardized their tenancy by allowing unauthorized guests to stay with them. In one instance, I recall an evictee telling me that it was better to be evicted than not be allowed to have friends visit or stay with him. This was an eye opener for me.

As I began to review literature surrounding Housing First, I soon found that references to "needs" are ever present in discussions about Housing First at both an academic and service level (Centre for Addiction and Mental Health & Canadian Council on Social Development, 2011, 20; 76; MHCC 2012a, 5; Padgett, Gulcur, Tsemberis 2006, 76; U.S. Department of Housing and Urban Development, 2007). In various discussions with colleagues as well as in boardroom presentations Abraham Maslow's "Theory of Human Motivation" is used to describe human needs in relation to a hierarchy of importance. The theory is predicated on the notion that people are motivated to fulfill basic or fundamental needs before moving on to more complex needs (Maslow 1970, 17-18). This hierarchy, composed of categories of needs, is arranged by order of importance from the lowest need to the highest level of needs. According to Maslow, the lowest level of needs must be satisfied before an individual will be motivated to fulfill higher level needs. These categories of needs include: physiological needs, security and safety needs, affiliation and acceptance needs, esteem needs, and need for self-actualization (Maslow,1954, 17-22).

A. H. Maslow (1943) originally published in Psychological Review, 50, 370-396 (http://www.researchhistory.org/2012/06/16/maslows-hierarchy-of-needs).



The physiological needs, which form the base of the pyramid, include basic needs required to sustain life, such as food, air, shelter and sleep (Maslow, 1954, 15). The security and safety needs involve being free from physical harm, and from fear of losing the things that satisfy our basic physiological needs such as employment or shelter (Maslow, 1954, 18). Belongingness and love needs, refer to the need for belonging and acceptance in groups (Maslow, 1954, 20). The esteem needs describe the need to be held in high regard (Maslow, 1954, 21). The self-actualization need, the highest level of need, involves the ability to develop creative potential (Maslow, 1954, 22).

Specifically, his theory of “hierarchy of needs” was cited as a reference point for illustrating the philosophy of the Housing First model. Maslow’s theory of “hierarchy of needs” was regularly applied to

demonstrate the rationale that an individual's primary need is to obtain stable housing, and that other issues such as mental health or substance use issues are best addressed once housing is obtained (Padgett, Gulcur, Tsemberis 2006, 76; Tsemberis, Gulcur & Nakae, 2004, 651).

Maslow's model has indeed been questioned and even criticized by other scholars who challenge the notion that higher level needs can not be satisfied if lower level needs are not met (Hofstede, 1984, 396; Waha & Bridwell, 1976). When applying Maslow's "Theory of Human Motivation" to Housing First, I began to see discrepancies between the practical application of this theory and my own observations involving situations where participants' difficulty maintaining or transitioning into housing appeared to be directly related to other more complex psychological needs such as need for social connection. Assuming that physiological needs, security and safety needs would be met by adequate housing, it was puzzling that individuals would forgo the security of their fully furnished private market housing and in-house meal programs for shelter accommodations.

I also observed incidents where clients allowed unauthorized guests to stay with Housing First participants that jeopardized or resulted in termination of their housing. In such situations, the evictee maintained the position that it was better to be evicted as a group than to preserve tenancy for only himself. This seems contrary to Maslow's theory, which places shelter as a more basic and imminent priority than affiliation or belonging. The linear and hierarchical nature of Maslow's model oversimplified the complexities of human needs.

These observations impelled my interest for understanding the relationship between the need for social connection and sense of community, and participants' experiences in Housing First programming. It is for this reason that I have chosen to pursue a study with a research focus that will examine experiences with social connection and sense of community from the perspective of participants in Housing First programming in the At Home/Chez Soi project. Based on these observations

as well the problems that have been identified in the research, I asked: *"How does Housing First meet the needs of participants who have difficulties transitioning into housing? Can the unmet needs of social connection and sense of community assist in understanding some of the challenges experienced by individuals who struggle to transition into stable housing? How can we better support Housing First participants in their transition into housing?"*

My academic background includes a Bachelor's degree in Conflict Resolution Studies. My current Master of Arts degree in Dispute Resolution through the School of Public Administration provides me with a unique lens from which to address these issues and questions. In the next section, I will present a perspective on human needs from theorists in my academic field as an alternative to Maslow's theory on human needs. These perspectives serve as the theoretical premises for this study.

1.5-Theoretical Premise-A Conflict Resolution Approach to Needs

As noted under "Situating Myself" my academic background is in the field of Conflict and Dispute Resolution. Therefore, theoretical considerations for this study surrounding fundamental needs are addressed through a theoretical lens of conflict studies. I selected theories within the conflict and dispute resolution field because the tenets of the theories resonated with me. Utilizing theories which were derived from my own academic discipline also provided me the opportunity to actually apply some of the theories which I had learned throughout my studies. In particular, in the next section I incorporate the work of John Burton (1990 & 2001) and Mary E. Clark (2002), both noted for their contributions on the topic. Burton is synonymous with discussions on human needs and conflict, and Clark is widely known for her holistic views on human nature (Mertus & Helsing, 2006, 138; Clark, 2002). Key concepts addressed include John Burton's perspective on "Human Needs Theory" (1990) and Mary E. Clark's conceptions of psychic needs, which include "the necessity for bonding, autonomy and meaning"(Clark,

2002, 233-236). Additionally, in the next section, I revisit the “hierarchy of humanistic needs” model posited by Abraham Maslow previously discussed under “Situating Myself” to compare Maslow’s model to the theories offered by Burton and Clark (Maslow, 1954, 17-22). I then reveal how Burton’s and Clark’s theories help to inform this study.

1.6-Understanding the Conflict Lens

The participants’ narratives in this study are examined under a lens which views homelessness as a state of social conflict. Through this analytical lens, conflict, more specifically, homelessness is considered to be the result of a failure on the part of society to fulfill individual fundamental needs. Thus, the relationship between conflict and needs must be understood in order to comprehend and address the issue of homelessness. The perspectives on conflict and needs captured by Burton (2001) and Clark (2002) offer a useful recognition of the psychological aspects of the human experience while also encouraging consideration of the social environment. These authors bring attention to the role of society’s institutions in perpetuating conflict. Burton’s and Clark’s orientation to conflict resolution and their focus on social and systemic factors relating to needs provides a relevant theoretical framework for interpreting the findings of this study.

John Burton offers an approach to understanding universal needs in relation to conflict, which is noted not necessarily for pioneering the concept but largely for giving credence to the theory. He asserts that universal needs must be satisfied if we are to prevent or resolve destructive conflicts (Burton, 1998, para. 3; Rubenstein, 2001, para. 1). In his work Deviance, Terrorism and War-The Process of Solving Unsolved Social and Political Problems (1979) Burton credits Paul Sites for inspiring his work on universal needs (Rubenstein, 2001, para. 2). Sites defined eight essential needs whose satisfaction was required in order to produce "normal" (non-deviant, non-violent) individual behaviour in Control:

The Basis of Social Order (1973). These "primary needs" included the need for "consistency of response, stimulation, security, and recognition", as well as "derivative needs" for "justice, meaning, rationality, and control" (Rubenstein, 2001, para. 2). Sites is known to have cited theories from Abraham Maslow concerning human needs, a concept that was explored by a predecessor Karl Marx in the 1800's with postulations that humans have needs whose satisfaction is impacted by alienation and social conflict (Rubenstein, 2001, para. 2).

John Burton's (2006) theories which served as a resounding alternative to the predominant paradigms characterized by postwar social science such as utilitarianism, behaviourism, and cultural relativism, hold that humans possess universal needs for identity, recognition, security, and personal development which when compromised or deprived can catalyze social conflict, largely resulting from the failure of existing systems to satisfy these vital needs (Burton, 1998, para. 3; Rubenstein, 2001). Burton's view of conflict includes the belief that conflict manifests when society has failed to evolve or change norms or institutions in order to allow for the individual satiation of these needs (Burton, 2001b). Burton asserts that "societies must adjust to the needs of people, and not the other way around" (Burton, 1998, para. 4; & 2001a, para. 21). Burton also subscribed to the notion that humans require a consistent response from their environment in order for learning to occur, as well as a degree of control over their environment in order for their needs to be adequately satisfied (Mertus & Helsing, 2006, 138). When applied to the issue of homelessness, this concept not only removes the focus from the individual as the "source" of the problem, it also serves to expand the responsibilities of society and social service systems to extend beyond simply providing housing or shelter. It illustrates the need for strategic responses to homelessness which foster the development and satisfaction of these vital psychological needs. In the context of this study it also serves to illustrate why the provision of housing alone, was not adequate in resolving the problem of homelessness. Though the need for shelter was

met through the provision of housing, the participants in this study had many challenges and conflicts associated with transitioning into housing which in most cases resulted in the loss of that housing.

The provision of housing is evidently a necessary component to addressing homelessness. However, from a conflict resolution perspective, the significance of the housing is not simply in providing physical shelter, but rather in the psychological needs which are impacted by the acquisition of housing. Distinguishing between interests, values and needs, Burton (1998) acknowledges that material elements are at the rudiments of some conflicts, particularly those involving costs. While he recognizes a necessity for bargaining and legal institutions to address such matters, Burton contends that material interests are seldom the root of an existing conflict stating that “both experience and theory suggest that material acquisition is rarely if ever the primary source of conflict” (Burton, 1998, para. 7). Instead, Burton explains conflict to be the manifestation of “inappropriate social institutions and norms” in which individuals experience difficulties and even inabilities in adjusting (Burton, 1998, para 3.). With regards to the experiences of the participants in this study, this idea suggests that the challenges associated with transitioning into housing may relate to difficulties adjusting from the difference of the norms of living on the streets/shelters, to that of living indoors as a member of the housed community.

“Identity” and “recognition” needs are described as “the basis of individual development and security in a society” (para. 3), making the point that such needs “would seem to be even more fundamental than food and shelter”, (para. 3). This theory implies that an effective response to homelessness should not only include housing or shelter but also, consideration for the ways in which identity and recognition are impacted by the procurement of housing.

Where there is a sense of injustice, Burton argues, there often exists a situation where identity and recognition needs are being frustrated. The deprivation of identity or recognition needs is

recognized as being a problem in and of itself. However, Burton reinforces the connection to conflict by pointing to anti-social behaviours, aggression, and gang violence as examples of situations where the frustration of identity and recognition needs set the climate for potentially larger social issues. Burton is a clear proponent of focusing on the aforementioned needs, and in societal responsibilities to supporting the acquisition of these needs. This, he suggests will better allow for the long-term resolution or even transformation of social conflict (Burton, 2001b, para. 5). Also stating that "only when the whole person and the total environment in which the person lives become the focus of analysis can there be an identification of the real problems that lead to social conflicts, and, therefore, to the resolution of conflicts between societies and their members, and amongst their members" (Burton, 2001b, para. 3).

Similar to Burton's view that society has a responsibility to respond to the psychological needs of its citizens, Clark states "In my judgment, modern industrial society is increasingly failing to meet human needs" (Clark, 2002, 376). Writing, that in situations involving problematic behaviours, a strict focus on pathology absolves society of any responsibility in the resolution process by individualizing and containing the "blame" or problem "source". Consequently, the process of resolution does not involve questioning the environment, or the institutions that comprise the environment. By investigating "triggering social stresses" one can avoid what Clark referred to as "the tendency to seek genetic deficiencies" as the causes of ill-defined mental "abnormalities" (Clark, 2002, 201). This entails broadening the often narrowed approach to thinking about conflict; both the analysis of causes, as well as decisions around who is ultimately responsible for taking part in the resolution process.

While Burton and Clark do share the view that conflict relates to universal needs involving identity, their positions differ slightly. Clark holds the view that the human experience innately involves the internal conflict of attempting to satisfy three psychological needs: bonding, autonomy and

meaning. This, she proposes comes from “the central human problem” which is to be “an unconditionally accepted member of a meaningful community” (Clark, 2002, 229).

Clark posits that the human psyche requires bonding not only during the important developmental stages of infancy but also in adulthood. This is evidenced by indications that feelings of rejection can cause depression and/or aggression simply through limbic-system responses alone (Clark, 2002, 234). In Clark’s assessment of the axis of culture and biology, acceptance is thus equated with bonding when discussed in terms of interpersonal or larger group/societal experiences. Equally as pressing is the innate need for autonomy within the communities in which we have been accepted (Clark, 2002, 230). In the context of this study, Clark’s theory on the importance of social bonding highlights how experiences with isolation, as well as lack of sense of community can be viewed as examples of unsatisfied fundamental human needs. Since conflict is the result of unsatisfied fundamental needs, this theory serves to illustrate the link between these experiences and the challenges that occurred in transitioning into housing.

This paradigm puts into question how society addresses matters of autonomy or individual identity. Clark contends that the manner in which a cultural narrative addresses such issues can be highly indicative of the kind of tactics that a society must resort to for the sake of maintaining order. Clark maintains that a community, which successfully provides balance between “social constraints” and “personal action” or autonomy, need not resort to forms of coercion in order to have individuals conform to the needs of the group because cooperative behavior is something that becomes spontaneous (Clark, 2002, 230-234). Spontaneous co-existence or natural cooperation occurs when there is strength in the shared cultural narrative. This is particularly important when considering the fact that the participants in this study are extremely marginalized. Living indoors requires adjustments to rules and restrictions under the Residential Tenancy Act, as well as societal expectations regarding what

it means to be a “contributing member of society”. This pressure to conform and abide by a new set of rules may potentially contribute to challenges associated with transitioning into housing after living on the streets.

For Clark, the third need is one for meaning. A strong cultural narrative is one that provides a sense of meaning. An adequate meaning system, according to Clark is one that provides us with explanations of both our “function in the universe” and “how to fulfill that function” (Clark, 2002, 236). This meaning system, in turn, forms the fabric of the cultural narrative by informing how the intrinsic universal needs for autonomy and bonding are met (Clark, 2002, 237). It is within our meaning systems that we find the answers to questions surrounding the nature of what constitutes “belonging” and the ways in which individual freedom can be exercised. When a flaw exists in the meaning system this inevitably results in the frustration of needs, and ultimately the manifestation of conflict. Clark writes that “[b]y using our insight about the human propensity to defend meaning systems we can develop new psychologically more valid approaches to resolving human conflict” (Clark, 2002, 64). With this in mind, the participants in this study were asked questions that specifically probed for meaning systems. Participants were asked to share their thoughts, beliefs and feelings around their experiences with transitioning into housing.

In this chapter, I have provided an introduction into the theoretical considerations which guided the process of inquiry into this study. As an alternative to Abraham Maslow’s overly simplistic hierarchy of humanistic needs, John Burton’s and Mary Clark’s works were offered in support of the notion that consideration of human needs are indeed highly important if we are to successfully address social issues.

Abraham Maslow’s Theory of Human Motivation is a prodigious contribution to understanding human needs. However, his theory is questioned in relation to the hierarchical nature in which the

natural pursuit of needs is understood to be. Furthermore, Maslow's suggestion that love and belonging needs fall secondary to the need for shelter or security fails to explain the phenomena of individuals forgoing, and/or knowingly jeopardizing the security of a furnished apartment (through evictions due to guests) in order to tend to social bonding needs, for example. Burton's and Clark's works view human nature and the pursuit of human needs in a more expansive and fluid way. Their approaches allow a better appreciation for the complexities of human development and human relationships. As opposed to Maslow, they support the view that needs are not necessarily pursued in a linear fashion whereby one need takes precedence and must be met to the exclusion or deferral of other more complex needs.

With the theoretical groundwork of the study now laid, I next provide a review of the literature pertaining to homelessness. I then discuss the service intervention model provided to the specific participants in this study-Intensive Case Management (ICM).

2-CHAPTER 2-Review of Literature

In this chapter, I will first define and describe homelessness in order to lay the foundation for analysis in this study. In drawing from a diverse range of literature from various academic disciplines I provide an interdisciplinary perspective on social determinants of homelessness, impacts, and current intervention strategies that exist in the field of research. Next, I review literature specifically pertaining to Housing First. My findings reveal a shortage of studies on Housing First which specifically address the role of social connection and sense of community in understanding challenges experienced by those who struggle to achieve stable housing. This review of literature highlights a gap in research which serves to further support the rationale for this study.

2.1-Definition of Homelessness

An official Canadian definition on homelessness was released by the Canadian Homelessness Research Network (CHRN) in 2012. The definition is as follows:

> "*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*" (CHRN, 2012, 1).

The definition developed by the CHRN includes a range of different types of homelessness. The rationale for this was explained as follows "homelessness is not one single event or state of being, it is important to recognize that at different points in time people may find themselves experiencing different types of homelessness" (CHRN, 2012, 2). The definition includes a typology consisting of the following living circumstances: 1) Unsheltered or absolutely homeless-living on the streets or in places not intended for

human habitation; 2) Emergency sheltered-staying in overnight shelters for people who are homeless, as well as shelters for those impacted by family violence; 3) Provisionally accommodated-accommodation is temporary or lacks security of tenure, and finally; 4) At risk of Homelessness-not homeless, but current economic and/or housing situation is precarious or does not meet public health and safety standards (CHRN, 2012, 2-5).

This definition offered by CHRN captures the multifaceted aspects of homelessness. The breadth of the definition captures the fact that homelessness is something that can and does impact a vast range of people. In the following section I will describe the demographic of individuals who are homeless in Canada.

2.2-Profiles-Faces of People Without Homes

In a 2001 study on “Health and Homelessness”, Hwang found that single men represented the largest segment of the homeless population in most Canadian cities; occupying approximately 70% of the homeless population in Vancouver, Edmonton and Calgary, and about 50% in Ottawa. Hwang also cites statistics from Toronto showing that single men age 25-44 years old were found to account for 75% of chronically homeless individuals (those who stay in shelters for 1 year or more). According to Hwang’s findings single women accounted for only 10% of homeless people in Calgary and Ottawa, but represent about one-quarter of homeless people in Vancouver, Edmonton and Toronto (Hwang, 2001, 230). A more recent study conducted in 2013 found that single adult males, between the ages of 25 and 55, accounted for almost half of the homeless population in Canada (47.5%)(Gaetz et al., 2013, 8). They also reported that youth represent 20% of the homeless population in Canada (Gaetz et al., 2013, 8). The demographics of homelessness have changed. The 2013 Vancouver Homeless Count found that the number of homeless persons in Vancouver over the age of 55 has doubled since 2005 (Eberle Planning and Research, 2013, 1).

Aboriginal people are significantly overrepresented in Canada's homeless population. Hwang's research also noted individuals of Aboriginal origin accounted for 35% of the homeless population in Edmonton, 18% in Calgary, 11% in Vancouver and 5% in Toronto, but only 3.8%, 1.9%, 1.7% and 0.4% of the general population of these cities respectively (Hwang, 2001, 230).

In the first national "report card" on the state of homelessness in Canada compiled by the Canadian Homelessness Research Network (Homeless Hub) and the Canadian Alliance to End Homelessness, causes of homelessness were described as an "intricate interplay between structural factors (poverty, lack of affordable housing), systems failures (people being discharged from mental health facilities, corrections or child protection services into homelessness) and individual circumstances (family conflict and violence, mental health and addictions)" (Gaetz et al., 2013, 5). As noted, the factors that impact homelessness involve various overlapping issues. I will now briefly explore various determinants and impacts of homelessness.

2.3-Social Determinants of Homelessness- Mental Illness and Poverty

Poverty has been identified as a "warning sign" or potential indicator of risk of homelessness (Gaetz et al., 2013, 7). Since the 1980's due to a combination of factors including a reduction in rental housing and economic changes, Canadians have increased the percentage of their earnings spent on housing. It is estimated that there are now roughly 380,600 spending more than 50% of their income on rental housing and living in poverty (Gaetz et al., 2013, 7). The average earnings among the least wealthy Canadians were reported to have declined by 20% between 1980 and 2005 (Gaetz et al., 2013, 7). Poverty is not only linked to homelessness, it is also strongly connected to compromised health and wellness (CMHA, 2009, 1).

There is an undisputable link between mental illness, poverty and homelessness. The relationship between mental illness and poverty in Canada is confirmed by the simple fact that in Canada, persons who suffer from mental illness constitute a disproportionate percentage of persons living below the poverty line (CMHA, 2009, 1). Problems related to, and symptoms of mental illness can become greatly exacerbated by the challenges associated with poverty. Poor mental health and poverty seem to operate in tandem. Some contributing factors include the fact that a high proportion of those with mental illness are also unemployed and underemployed (CMHA, 2009, 1). Approximately 70% of unemployed individuals with a psychiatric disability are subsisting on social assistance payments and living in poverty (CMHA, 2009, 4). In 2009 the National Council on Welfare published a study indicating that in the ten provinces, the yearly income of an individual with a disability was reported to be as low as $7,851 (CMHA, 2009, 4).

The high incidence of poverty and mental illness is further evidenced by the perturbing findings in the 2006 Participation and Activity Limitation Survey, which found that of the 4,635,185 individuals with disabilities, 15% of those individuals had a psychological disability. Of that 15%, 70.8% were unemployed (PALS, 2006). Poverty and consequential difficulties with paying rent is but one aspect of the multifaceted issue of homelessness. One study on homelessness in Toronto found that one third of the individuals interviewed reported that they became homeless because they could not afford the rent, while one third said that it was actually their physical or mental health conditions that were preventing them from finding and keeping housing (Cowan, Hwang, Khandor, Mason, 2007, 6).

Low-socioeconomic status is identified as a risk factor for homelessness and individuals with mental illness are significantly more likely to experience poverty. Thus, individuals living with mental illness are at an increased risk of becoming homeless. When we consider the prevalence of mental illness in Canada it becomes clear that there is a large portion of the population who are potentially at

risk of becoming homeless. It is estimated that more than 25% of the population worldwide, will develop one or more mental or behavioural disorders, during their entire lifetime (Dieterich, Irving, Park, Marshall, 2011, 7).

Historically, trends in providing care for people with mental illness have also been linked to homelessness, particularly, the "de-institutionalization movement" which resulted in a preponderance of psychiatric hospital closures and discharges during the mid 1960's to the mid 1980's (Nelson, 2010, 124). In the early stages of deinstitutionalization, individuals did not receive suitable supports upon discharge into the community. Many individuals were unable to maintain housing upon hospital discharge (Harris, Hilton, Rice, 1993, 267). This issue is further explored under "Historical Approaches to Housing Individuals with Mental Illness".

The effects of homelessness are substantial and can result in adverse physiological effects on an individual. Next, I will review some of these impacts.

2.4-Health Impacts of Being Homeless

Poverty and mental illness are significant factors that can increase an individual's risk of homelessness and in turn, being homeless can also have adverse impacts on an individual's health. In 2007 a report on health issues amongst homeless populations in Toronto produced some alarming findings. Of particular concern, is the fact that homeless individuals were found to be significantly more likely to have or develop serious or life threatening health issues. The results were as follows: "Homeless people in our survey are: 29 times as likely to have hepatitis C, 20 times as likely to have epilepsy, 5 times as likely to have heart disease, 4 times as likely to have cancer, 3 ½ times as likely to have asthma,

3 times as likely to have arthritis or rheumatism and twice as likely to have diabetes" (Cowan, Hwang, Khandor, Mason, 2007, 4).

Homeless individuals are at an increased risk of dying prematurely (Hwang, Wilkins, Tjepkema, O'Campo, Dunn, 2009; Hwang, 2001, 229). In 2009 Hwang et al. released a study on mortality rates amongst homeless Canadians that showed a drastic decrease in life expectancy for individuals who were homeless or precariously housed. Compared with the entire cohort, life expectancy was shorter by 13 years for men and eight years for women living in shelters; 11 and nine years, respectively, for those living in rooming houses; and eight and five years, respectively, for those living in hotels (2009, para 28).

A 2001 study found that mortality rates among homeless Canadians are lower than reported in the United States of America (Hwang, 2001). Plausible reasons for this which have been suggested include lower reported rates of homicide, HIV infection and, Canada's system of universal health insurance (Hwang, 2001, 230). Despite having lower reported mortality rates than the United States of America, homeless Canadians face many challenges that jeopardize their health and quality of life.

Health conditions and symptoms of mental illness can become greatly exacerbated by the challenges associated with any period of homelessness. In a 2010 report prepared by the Wellesley Institute titled "Precarious Housing in Canada" affordable housing is actually posited as being a contributor to better health (1). The correlation between poor health and lack of housing is also described: "People's ability to find and afford good quality housing is crucial to their overall health and well-being and is a telling index of the state of a country's social infrastructure (Wellesley Institute, 2010, 1). The report speaks to a privation of affordable housing stating "Lack of access to affordable and adequate housing is a pressing problem, and precarious housing contributes to poorer health for many, which leads to pervasive but avoidable health inequalities (Wellesley Institute, 2010, 1).

In a document prepared for The Public Health Agency of Canada in 2007, entitled, "Lessons Learned From Canadian Experiences With Intersectoral Action to Address the Social Determinants of Health" the undisputable link between health and social conditions are noted: "throughout the world, vulnerable and socially disadvantaged people have less access to health resources, get sicker and die earlier than people in more privileged social positions" (Chomik, Public Health Agency of Canada, 2007).

When considering the adverse impacts of any period of homelessness, the need for accessible housing seems all the more pressing. Below, I address the need for accessible housing by providing examples of housing concerns voiced by various stakeholders.

2.5-The Need for Accessible and Affordable Housing

A lack of affordable and accessible housing exists across North America, as evidenced in the following statement by researchers Pauly, Reist, Bella-Isle and Schactman "In Canada and the U.S., it has been the erosion of the social housing supply and privatization of the housing market that left many people homeless and living in extreme poverty" (2013, 286). Barriers related to low income and unemployment are social determinants of poor mental health. However, more than 30% of individuals accessing homeless shelters in Canada have employment but are unable to secure affordable housing (Kirby, 2008, 10). In a review of thousands of submissions entered by Canadians living with mental illness, the Standing Senate Committee on Social Affairs and Technology found that an overwhelming number of respondents listed safe, affordable housing, and employment assistance among the most important factors in coping and supporting recovery from the problems of mental illness and essential to well being (Parliament of Canada, Kirby, Keon, 2006, 1.3).

The current state of affordable and accessible housing in Canada can be described as dismal at best. Government, mental health organizations, and social service providers who lament the horrendous lack of resources are drawing attention to the undeniable correlation between mental health and homelessness, as evidenced in the following statements from key stakeholders:

- The Senate Social Affairs Committee states *"It would be hard to overestimate the importance of adequate housing for people living with mental illness, in particular those whose illnesses are serious. The scale of the problem is indicated by studies showing that somewhere between 30% and 40% of homeless people have mental health problems, and that 20-25% are living with concurrent disorders, that is, with both mental health problems and addictions"* (Parliament of Canada, Kirby, Keon, 2006, 5.6.1.).
- The Canadian Mental Health Association (CMHA) echoes these assertions, calling for government action: "*Homelessness and lack of affordable, safe housing have become problems for many Canadians. But, these factors particularly affect persons living with mental illness because of their vulnerability and limited financial resources. We are experiencing a severe housing crisis in Canada, which must be addressed by all levels of government*"(CMHA, 2009.6).

A description of the present state of homelessness in Canada would not be complete without also taking into consideration the past. The following section will focus on historical approaches to housing individuals with mental illness as this quite arguably continues to impact homeless individuals today.

2.6-Historical Approaches to Housing Individuals with Mental Illness

For Canadians living with mental illness during and/or prior to the 1950's-1960's, home for many included a long term, if not indefinite stay, in a psychiatric hospital (Nelson, 2010, 123). The prognosis

for community rehabilitation, or independent living in a community of the patient's choice was practically non-existent (Nelson, 2010, 123). During the 1990s, advances in and availability of psychotropic medications (medications used to treat mental illnesses and/or behavioural disorders), as well as changes in social conditions resulting from war and changes in social welfare, so began the "de-institutionalization movement" (Nelson, 2010, 124). Between 1965 and 1981 Canadian provincial psychiatric hospitals experienced a 70% reduction in the inpatient population, dropping from 69,000 patients to 20,000 (Nelson, 2010, 124). Similar trends were also observed in the U.S.A as well as the United Kingdom during that time (Nelson, 2010, 124).

Though many of the challenges faced by individuals admitted to psychiatric hospitals are often social, economic, or interpersonal in nature, the support that they received upon discharge in the early days of deinstitutionalization consisted solely of medication (Harris, Hilton & Rice, 1993, 267). Individuals were not provided with adequate supports in their community and some individuals eventually ended up homeless or in precarious living conditions. A 1984 study examining the effects of aftercare supports in Toronto, Canada found that six months after discharge from psychiatric facilities in Toronto, one-third of the sample was readmitted to the hospital, only 38% were employed, 68% reported moderate to severe difficulties in social functioning, and 20% were living in inadequate housing. (Goering, Wasylenki, Farkas, Lancee, Freman, 1984, 672).

The evolution of housing approaches for people with serious mental illness was traced by researchers in the field such as Trainor, Morrell-Bellai, Ballantyne, and Boydell in 1993. These authors concluded that housing has shifted from a "custodial approach" to "supportive housing approach" to "supported housing" (Nelson, 2010, 125). Custodial care models typically include in-patient care homes where residents receive care, consisting of medications and meals, much like that which is provided in psychiatric hospitals. These patients receive arguably little active rehabilitation or support that would facilitate independent living or better integration within the community.

Housing which provided active rehabilitation programs with a focus on the promotion of social skills, independence, and employment was eventually developed in response to the inadequacies of the custodial model. Trainor, Morrell-Bellai, Ballantyne, and Boydell (1993) describe this as “supportive housing” (Nelson, 2010, 126). Examples of this include halfway houses, group homes, lodges, and supervised apartments (Nelson, 2010, 126). With a wide range of settings that vary in terms of the intensity of supports provided, patients were expected to transition into less supportive settings as their rehabilitation progressed. The end of the continuum involved independent housing which consisted of market housing which often did not include financial or rehabilitation support (Nelson 2010, 127). This presented many challenges as individuals faced barriers to housing including affordability, isolation, and challenges in accessing supports in their communities.

In contrast to the supportive housing approach, the supported housing approach described by Trainor, Morrell-Bellai, Ballantyne, and Boydell (1993) prescribes that mental health consumers choose the housing that they prefer. The role of support staff is to assist the individuals in finding permanent “homes,” as opposed to specialized housing programs (Nelson, 2010, 127). The supported housing approach is now widely known as Housing First. In the following section I will describe the history and philosophy of the Housing First strategy.

2.7-The “Housing First” Strategy

Pioneered in 1992 by the New York based organization “Pathways to Housing”, Housing First offered a new perspective to deal with homelessness. Creator and CEO, Dr. Sam Tsemberis, repositioned the point of departure in the treatment continuum by challenging the “treatment first” approach which largely dominated government and social service responses to homelessness (Centre for Addiction and Mental Health & Canadian Council on Social Development, 2011, 20; Padgett, Gulcur & Tsemberis, 2006,

76). Housing First programming provides immediate access to housing through rent subsidies and mental health supports (Mental Health Commission of Canada, 2012, 5; Pauly et al., 2013, 285; Tsemberis, Gulcur & Nakae, 2004, 651). Housing First approaches are premised on the concept that a homeless individual's primary need is to first obtain stable housing, and then other issues related to mental health or addiction may be addressed once this housing is provided (Padgett, Gulcur & Tsemberis, 2006, 76; Pauly et al., 2013, 285; Tsemberis, Gulcur & Nakae, 2004, 65). This response to chronic homelessness marks a notable departure from traditional programming that required homeless individuals to first address addictions, mental health issues, or employability before being considered "housing ready" (Centre for Addiction and Mental Health & Canadian Council on Social Development, 2011, 20; Tsemberis, Gulcur & Nakae, 2004, 651). Under the traditional service delivery model, abstinence and compliance with psychiatric and, or substance use treatment was required before housing was provided. The problem with this "treatment first" approach is apparent: individuals with severe or chronic psychiatric disabilities could not stabilize without housing; yet housing would never be available until stability was achieved (Tsemberis, Gulcur & Nakae, 2004, 651).

In the Housing First model, this "catch 22" conundrum is addressed using a harm reduction perspective as opposed to one that commands abstinence or psychiatric treatment (Padgett, Gulcur & Tsemberis, 2006, 75; Pauly et al., 2013, 285). Harm Reduction is a "pragmatic approach that aims to reduce the adverse consequences of drug abuse and psychiatric symptoms. It recognizes that consumers can be at different stages of recovery and that effective interventions should be individually tailored" (Tsemberis, Gulcur & Nakae, 2004, para. 7). Under Housing First, treatment and housing are separated. The former is deemed voluntary while the latter is considered a fundamental need and human right. Support is provided by way of immediate access to housing. The Housing First model recognizes the significant role that substance use may have on perpetuating homelessness, and thus operates in a way that attempts to mitigate these impacts. As evidenced in the following statement linking the connection

between harm reduction, homelessness and Housing First “Homelessness and drug use often overlap and the harms of substance use are exacerbated by homelessness. Responding to the twin problems of homelessness and substance use is an important aspect of strategies to end homelessness” (Pauly et al., 2013, 284).

While Housing First was developed two decades ago, the model has taken quite some time to build momentum both in the USA and in Canada. The need to deal with housing more urgently in Vancouver became apparent with the tabling of the 2008 Vancouver/metro-wide homeless count showing a total of 2,407 people homeless in Vancouver (MHCC, 2012a). The homeless population in Vancouver grew an estimated 235% between 1994 and 2006. During the same time period, Calgary reported an alarming growth rate of 740% (Kirby, 2008, 9). In Toronto there are a reported 100,000 families currently on lists for social housing with an 18 year wait (Kirby, 2008, 9).

The Housing First model developed by Pathways to Housing in New York eventually came to inspire the design and development of Housing First programming in cities across Canada (Falvo, 2009; MHCC, 2011, 4). A Canadian variant of Housing First, “Streets To Homes”, was developed by Toronto City Council in 2005 (City of Toronto, 2011). These earlier projects came to inform the development of the At Home/Chez Soi project (Goering, et al, 2011). By 2009 Housing First programs had been established in Lethbridge, Calgary, Sudbury, Ottawa and London, with plans for programs in Edmonton and Victoria as well (Falvo, 2009, 29). As of 2012, Housing First programs have also been established in Australia, Finland, Ireland and Sweden (Wagemakers Shiff & Rook, 2012, 16).

Providing market homes to individuals with mental illness created a need for a de-centralized approach to providing services, as staff were no longer located on-site. In order to be able to provide the intimate and personalized service that occurs with in-home/on-site support, service providers needed to mobilize their services by meeting their clients in their own homes and communities.

Today, there are a variety of approaches currently practiced to support individuals with mental illness living in the community. Models such as Assertive Community Treatment (ACT) and Intensive Case Management (ICM) provide support through in-home visits. ACT offers a multidisciplinary team including psychiatrists, nurses and social workers and ICM is comprised of case managers (MHCC, 2012a, 16).

The ICM model is the focus of the subsequent section as the interviewees in this study were participants of the ICM intervention model of the Housing First study the At Home/Chez Soi project. The model will be described in terms of design and service delivery as these have direct implications on experiences of social connection and sense of community among the participants that it serves in that, the meetings which occur between case manager and participant are in and of themselves, a form of social interaction. The frequency, length and intended purpose of the meetings are thus potentially significant factors impacting experiences with social connection and sense of community within Housing First programming.

2.8-What is Intensive Case Management?

Intensive case management is a service approach that involves providing outreach services to individuals with persistent mental illness while brokering and coordinating with other programs and services to provide appropriate assistance and referrals (MHCC, 2012b, 15). It should be noted that there can be a range in the ways in which the services are delivered under ICM. This is also reflected in some of the research where ICM is not clearly defined. Many studies conflate ICM with a similar form of community-based case management-Assertive Community Treatment (ACT) (Dieterich., et al, 2001; Issakidis, Sanderson, Teesson, Johnston, Buhrich, 1999; Nelson, Aubry, Lafrance, 2007). ACT teams

include psychiatrists, nurses, and case managers, whereas, ICM teams in the At Home/Chez Soi study consist solely of case managers.

The Ontario Ministry of Health and Long-Term Care developed and published a document in 1999 that set out ministry standards for various aspects of ICM such as outreach, assessment, direct service provision and collaboration (Ontario Ministry of Health and Long-Term Care, 2005, 8-12). This included a standard of no more than a 20:1 ratio of case manager to participant (Ontario Ministry of Health and Long-Term Care, 2005, 8). The At Home/Chez Soi project used a 16:1 ratio for ICM when possible (MHCC, 2012b, 15).

Typically, under the ICM service model, teams are available 12 hours per day. The development of a caring, supportive relationship between the case manager and the participants is an integral component of the intensive case management process (Ontario Ministry of Health and Long-Term Care, 2). Case managers meet the person where they are at, striving to build a “trusting and productive relationship” and to provide the support and resources that the participant needs to achieve their personal goals, and stabilize or improve their quality of life (MHCC, 2012b; Ontario Ministry of Health and Long-Term Care, 2).

ICM has even been utilized in several federal and state initiatives in the United States to promote the development of community-based interventions to help divert people with a serious mental illness away from the criminal justice system and into the more appropriate mental health system (Boyle & Loveland, 2007, 130). The Ontario Ministry of Health and Long-Term Care (2005) has defined the key functions of an Intensive Case Manager as follows: (1) Assessment and Case Planning, (2) Direct Service Provision/Intervention, (3) Support, Evaluation and Follow-up, (4) Information, Liaison, Advocacy, Consultation and Collaboration

The ontological foundations of (ICM) include the belief that choice is an important element in the approach as evidenced in the following statement from the Ontario Ministry of Health and Long-Term Care in describing (ICM) “It is an intensive service that involves building a trusting relationship with the consumer and providing on-going support to help the consumer function in the least restrictive, most natural environment and achieve an improved quality of life” (Ontario Ministry of Health and Long-Term Care, 2005, 6). The issue of incorporating choice in the ICM practice will be explored further under “Implications for Practice”. The section also discusses ICM in comparison to standard case management models.

In 2004, the Community Mental Health Evaluation Initiative (CMHEI), the first-ever multisite assessment of community mental health programs in Ontario, published the following in their evaluation of ICM programs: “The percentage of consumers admitted to hospital for psychiatric reasons declined, as did visits to hospital emergency departments. Many people moved into stable housing, and those experiencing medium or high levels of symptom distress declined” (Ontario's Community Mental Health Evaluation Initiative, 2004, 20). In their implications for the mental health system CMHEI recommended the following: “To reduce discrimination against people with mental illness, programs should do more to facilitate the involvement of clients in their communities” (Ontario's Community Mental Health Evaluation Initiative, 2004, 6).

While some Housing First programming may utilize the ICM model, it should be noted that not all Housing First programming includes an ICM component, and ICM programming also exists independently of Housing First programming.

In the next section I will describe the development of Housing First in Canada and ultimately the At Home/Chez Soi project which is the focus of this thesis.

2.9-National Canadian Mental Health Strategies-The Birth of Housing First in Canada

In May of 2006, The Senate Social Affairs Committee conducted the first national investigation into mental health in Canada (Kirby 2008, 1320-2). This groundbreaking study offered new insights into the current state of the Canadian health care system. The report titled, *Out of the Shadows At Last* noted that Canada was the only G8 country that did not have a national mental health strategy (Kirby 2008, 1320-2). Along with an underscored tone of urgency regarding the formation and operation of a Canadian Mental Health Commission, the report outlined a commitment on behalf of the Government of Canada to provide $17 million per annum to fund the operation and activities of the Commission (Parliament of Canada, Kirby, Keon, 2006, 16.3). The prime minister's announcement of the long anticipated creation of the Mental Health Commission of Canada (MHCC) occurred in August 2007 (Kirby 2008, 1320-2).

Nearly one year following the initial launch of the MHCC the newly formed commission produced a response paper titled, "*Mental Health in Canada: Out of the Shadows Forever*". Significantly, the strategy, forward thinking and holistic in nature, also includes the need to house those living with a mental illness. Other significant recommendations from "*Out of the Shadows At Last*" which have translated into practice include the following: "That the Government of Canada create a Mental Health Transition Fund to accelerate the transition to a system in which the delivery of mental health services and supports is based predominantly in the community (Parliament of Canada, Kirby, Keon, 2006, 117-118). That, as part of the Mental Health Transition Fund, the Government of Canada create a Mental Health Housing Initiative that will provide funds both for the development of new affordable housing units and for rent supplement programs that subsidize people living with mental illness who would otherwise not be able to rent vacant apartments at current market rates" (Parliament of Canada, Kirby, Keon, 2006, 123; Kirby, 2008 12).

These recommendations from "*Out of the Shadows At Last*" materialized through the establishment of a fourth initiative supported by the MHCC under the national mental health strategy which was announced by the Honourable Michael Kirby, Chair of the MHCC at the "Collaboration for Change Forum" held on April 28, 2008. In his speech perceptibly titled, "The Homeless and Mental Illness: Solving the Challenge" Kirby avowed to utilize the $110 million promised by Ottawa for research projects to help the mentally ill who are homeless, by supporting the operation of five demonstration research projects across Canada examining effective ways of helping a distinct group of people living with mental illness who are homeless (Kirby, 2008, 14). He committed to five projects that would

> *"develop a body of evidence that will enable Canada to lead the world in providing services to people living with mental illness who are homeless. This research will also contribute to the Commission's development of a national mental health strategy. But most important of all, it will give the governments and service-providers in each of these cities the opportunity to look at the problems of homelessness and mental illness in a new way*" (Kirby, 2008, 14).

In the subsequent sections of this chapter I outline the At Home/Chez Soi project then describe the function and operation of the project, as well as the population in which the project serves. Finally, I review results from early findings reports of the At Home/Chez Soi project.

2.10-The At Home/Chez Soi Project

At Home/Chez Soi was the name given to the MHCC's research demonstration. Housing First under the At Home/Chez Soi project includes at minimum "access to rent subsidy and accommodation in a chosen location, as well as one visit a week by the service team" (MHCC, 2012b, 16).The five sites chosen were based in Moncton, Montreal, Toronto, Winnipeg and Vancouver. Each location included

collaboration between provincial and municipal governments, regional health authorities, service providers and service users. Criteria for admission included the presence of at least one persistent mental health issue, as well as homelessness. The At Home/Chez Soi project defined "homelessness status" as follows: " . . .not having a place to stay for more than 7 nights and having little chance of finding a place to stay in the next month. . . including people who are absolutely homeless or are precariously housed. Absolutely homeless means people who are living 'rough', which refers to places not usually used for sleeping (such as outside on the streets, in parks, in cars, or in parking garages); staying in shelters or hostels; or leaving an institution, prison, jail or hospital with no place to stay. Precariously housed refers to people who are staying in Single Room Occupancy (SRO), rooming houses or hotels/motels and have been 'absolutely homeless' at least twice" (MHCC, 2012b, 47).

The research focus of each site varied in relationship to the unique issues related to the sub-populations. The cities' target populations and issues are identified as follows:

- Moncton: People in a rapidly growing city with a shortage of mental health services, with a focus on the rural population.
- Montreal: Outcomes for people related to vocational interventions.
- Toronto: People from different ethno-racial backgrounds.
- Winnipeg: Urban Aboriginal people.
- Vancouver: People who also have substance use issues.

<u>2.11 How Does the At Home/Chez Soi Study Work?</u>

While each site varies in specific focus, the study operated by randomizing approximately 2500 participants stratified by high and moderate need levels, into intervention and Treatment As Usual (TAU) groups (MHCC, 2012b, 15). Intervention groups were assigned to a service team based on their assessed needs level. Those with moderate needs were assigned to the Intensive Case Management

(ICM) model, and those assessed as high needs were randomized once more into either the Assertive Community Treatment (ACT) model, and/or a third site-specific intervention (MHCC, 2012a, 16). At the Vancouver site of the At Home/Chez Soi project the third intervention arm involved a congregate living model that concentrates the placement of approximately 82 Housing First participants into one apartment building with team support services (MHCC, 2012a, 16). Support staff at the congregate site include a psychiatrist, a general practice physician, a licensed practical nurse, a registered nurse, a pharmacist, a peer employment coordinator, two social workers/case managers, two peer support workers, three mental health workers and a team leader. In addition, one staff person is present at all times to oversee the secure entrance into the building (MHCC, 2012a, 16).The Intensive Case Management (ICM) team was comprised of professionals/case managers available 12 hours/7 days per week providing counselling, outreach and brokerage services linking individuals to existing supports in their community (MHCC, 2012a, 16). Assertive Community Treatment (ACT) involved a larger multi-discipline team consisting of a psychiatrist, occupational therapist, nurses, social workers and peer specialists providing intensive support services available in the home 24/7 (MHCC, 2012a, 16).

Participants under the ICM and ACT interventions reside in a scattered site model which involves integrating participants into the community of their choice via placement in market apartment buildings that are otherwise occupied by private renters or non-Housing First participants. They also received support services in the community. While it is important to note that the congregate model does not require treatment criteria for the individuals the model does include on-site staff supports from a multi-disciplinary team, which is typically uncharacteristic of traditional Housing First approaches (Padgett, Gulcur & Tsemberis, 2006, 75).

The project added enriched data and findings through the study's unprecedented, broadened definition of the target population, which included those with moderate mental illness and disability.

2.12-Who is the At Home/Chez Soi Project Serving?

All of the participants in the study have one or more serious mental health issue, as per the eligibility criteria of the study (MHCC, 2012a, 7). The typical At Home/Chez Soi participant is a middle-aged male (average 41 years) who has been homeless on and off for several years (average nearly 6 years) (MHCC, 2012a, 7). The project set a goal of including at least 20% female participants and exceeded that goal by reaching a 32% female demographic (MHCC, 2012a, 7). At the time of entry into the study 93% were unemployed (MHCC, 2012a, 8). Social Assistance programs were the most common source of income cited (MHCC, 2012a, 8). The average income reported for the month prior to study entry was only about $691.00, and nearly half received less than $ 400.00 in that month (MHCC, 2012a, 8). Upon entry into the At Home/Chez Soi project 35% of the participants reported symptoms consistent with moderate to high suicide risk (MHCC, 2012a, 7). Many also reported experiencing victimization in the 6 months prior to entering the study: 35% assaulted; 9% sexually assaulted (MHCC, 2012a, 7). 36% of participants also reported having had involvement with the criminal justice system in the last year (MHCC, 2012a, 7).

2.13-Results from At Home/Chez Soi Project's Early Findings Reports

The primary outcomes for assessment of effectiveness are housing stability (as defined by a joint function of number of days housed and number of moves) and social functioning; secondary outcomes include mental and physical health status, community integration and quality of life (Goering et al., 2011). Project researchers are currently working on producing a final report. Since the launch of the project three early findings reports have been released, as well as an interim report. Overall, the findings

thus far appear to be quite positive. At Home/Chez Soi project demonstrated that stable living conditions contribute to a shift away from the frequent use of expensive emergency services saving the system a net average $9,390 for those who were high users of services (MHCC, 2012b, 19). The average cost per person in the TAU group (not receiving study services) was $56,431. The Housing First group was found to average only $30,216 of services (MHCC, 2012b, 27). The MHCC highlights this notable cost savings in the At Home/Chez Soi *Interim Report (*2012*)* explaining that "the difference of $26,215 not only covers the annual cost of $16,825 for the Housing First intervention, it creates a savings of $9,390 per person per year"(MHCC, 2012b, 27).

The third volume of the early findings of the At Home/Chez Soi project was released by the MHCC in Sept 2012. The report included the initial findings from 34 narratives based on interviews conducted at baseline and at 18 months into the project. One of the main emergent themes discussed is "changes in the social aspects of day to day life" once acquiring housing (MHCC, 2012d, 9). Changes in social interaction were reported to be both positive and negative. While some participants discussed the positive experience of "having more control over their interactions with others once they had their own place", others "still faced some struggles in terms of the social context of their daily life" (MHCC, 2012d, 9). According to project researchers "participants whose day to day activities were initially isolated tended to remain so"(MHCC, 2012d, 9). There were also reports of participants struggling with individuals coming to "crash" in their apartments, which ultimately "threatened housing stability" (MHCC, 2012d, 9). Participants also spoke of "taking responsibility" by "not bringing the wrong people in" (MHCC, 2012d, 9). Researchers note that while many expressed feeling relieved to get out of the DTES, some still struggled to feel comfortable in their new communities, "Finding a sense of belonging in the "normal" world could take time" (MHCC, 2012d, 9).

Another prevailing theme that emerged was "changes in significant relationships" (MHCC, 2012d, 9). Many participants reported high hopes of reuniting with family. Though the experience was found to be complicated for some who found that family did not want to connect, the overall experience was reportedly positive (MHCC, 2012d, 9). One participant spoke of how having a phone and stable housing provided him with the "self-respect" to initiate contact with an estranged family member (MHCC, 2012d, 9).

The MHCC plans to release a final report to Health Canada in 2014 summarizing the findings of the At Home/Chez Soi project (MHCC, 2012b, 31). The MHCC's early findings highlight a need for further Housing First research exploring experiences with isolation, changes in social relationships and sense of belonging. In this study, I dig deeper into these issues by investigating further into these experiences. In the ensuing section I will describe some of the evidence for Housing First. The results of this review will demonstrate a lack of research pertaining to understanding experiences of social connection and sense of community amongst participants of Housing First programming.

2.14-Review of Literature on Housing First

Literature on Housing First has become increasingly more abundant in recent years. A review of the literature pertaining to Housing First revealed that while there is a fair bit of depth in the research, there is comparatively little breadth. The vast majority of research on Housing First is densely concentrated on the same three Housing First programs; Pathways to Housing, Streets To Homes and the At Home/Chez Soi project. With the exception of the At Home/Chez Soi project, the research tends to be largely quantitative in nature and narrowly focused on housing retention and "treatment outcomes" such as substance use and mental health symptoms. Despite the fact that difficulties concerning social connection and sense of community have been observed and reported in previous

Housing First studies (City of Toronto, 2007; Falvo, 2009; MHCC, 2012a; Tsemberis, Gulcur & Nakae, 2004), there is very little qualitative research that seeks to understand these challenges. I was unable to locate any studies on Housing First which specifically addressed the role of social connection and sense of community in understanding challenges experienced by those who struggle to achieve stable housing. This thesis addresses this gap in research by reaching beyond program outcomes to capture and understand the experience of transitioning into housing.

The Homelessness Hub, a Canadian web-based research library published a review of the literature on Housing First conducted by Wagemakers Shiff & Rook in 2012. Their review found that while citations of Housing First were plentiful on the internet, a search of academic journals on the subject produced 66 academic journals; only 18 qualitative studies, 11 of which had used data from the "Pathways to Housing" project in New York (Wagemakers Shiff & Rook, 2012, 16). My own search of literature on "Housing First" conducted (2013) produced a search result of 538 journal articles (when limiting the search criteria to scholarly publications and peer reviewed publications). Consistent with Wagemakers Shiff & Rook 's findings, my review on the literature concerning Housing First revealed a profusion of research focusing on "Pathways To Housing" in the USA. Falvo (2009) and Goering et al. (2011) also note that the majority of research on Housing First has been conducted by American researchers in the USA. With respect to Canadian research on Housing First, the majority of research pertains to the two Housing First projects "Streets To Homes" and the "At Home/Chez Soi project".

Housing First literature outside of North America is rather scarce. The Australian government is reportedly moving towards a Housing First philosophy but as of 2012 there were no research studies examining Housing First in that context (Wagemakers Shiff & Rook, 2012, 10). A report on the Housing First approach was produced out of Finland but it mainly focused on the fact that evidence of the

applicability of the approach across geographical and political contexts has yet to be established (Wagemakers Shiff & Rook, 2012, 10).

As noted, there is an apparent focus on treatment outcomes and housing retention in Housing First literature. Some qualitative studies have explored other areas including housing satisfaction, choice versus coercion, and quality of life. In the next section, I summarize some of the studies on Housing First.

2.15-Studies on Housing First Programs/Projects

In a study of the New York City's Housing First program "Pathways to Housing" researchers Tsemberis and Eisenberg (2000) explored housing retention by comparing a sample of 242 individuals housed through Pathways to Housing between January 1993 and September 1997, with a citywide sample of 1,600 individuals who were housed through a linear residential treatment approach during the same period. The findings showed that after five years, 88% of those in the Pathways program remained housed and only 47% of those in the comparison group remained housed after five years (Tsemberis & Eisenberg, 2000, para. 28).

Another study on the "Pathways to Housing" program conducted by Tsemberis, Gulcur and Nakae (2004) compared 99 participants assigned to receive housing with 126 participants assigned to a control group (who did not receive housing though a Housing First program). Interviews were conducted every 6 months for 24 months (Tsemberis, Gulcur & Nakae, 2004). The study examined psychiatric symptoms, housing retention, substance use and choice (Tsemberis, Gulcur, Nakae, 2004). In terms of psychiatric symptoms there were "no significant differences" found between the two groups (Tsemberis, Gulcur & Nakae, 2004, para., 31). Housing retention was found to be higher in the Housing

First group as participants had “significantly faster decreases in homeless status and increases in stably-housed status relative to participants in the control condition” (Tsemberis, Gulcur & Nakae, 2004, para, 28). With respect to substance use, no significant differences in either alcohol or drug use were observed between the two groups. However, the control group reported significantly higher use of substance abuse treatment programs than the Housing First group (Tsemberis, Gulcur & Nakae, 2004, para., 30). Participants in the Housing First group perceived their choices to be “more numerous” than did participants in the control condition (Tsemberis, Gulcur & Nakae, 2004, para., 27).

A report detailing findings from 88 surveys conducted with formerly homeless individuals housed through the City of Toronto’s Streets To Homes program demonstrates that “the vast majority are satisfied with their housing and have seen improvements in nearly all quality of life indicators” (City of Toronto, 2007, 1). Findings showed that “70% said their health had improved, 72% reported improved personal security, 69% said sleeping had improved, 60% said their level of stress had improved, and 57% said their mental health had improved” (City of Toronto, 2007, 1). The study also found positive outcomes related to substance use with 32% of survey respondents reporting a reduction in alcohol consumption since acquiring housing, and 17% reporting having quit drinking. Of those who said they used drugs, 31% said they had quit using drugs completely, and 42% had decreased their use (City of Toronto, 2007, 44). A reduction in service use was observed with a 38% decrease in individuals using drop-in centres, and a 67% reduction in those using meal programs (City of Toronto, 2007, 52).

Social Interaction was the one area noted for showing the “least improvement of all the quality of life indicators” (City of Toronto, 2007, 41). While 40% reported that their social interaction had gotten better, 34% said their social interaction stayed the same and 26% even reported that it had gotten worse (City of Toronto, 2007, 41). The majority of participants reported seeing their friends less. Some reportedly saw this as “an improvement since they often described their friends as getting them into

trouble or using alcohol and other drugs too much", while others described it as a negative (City of Toronto, 2007, 41). Other respondents also spoke positively about "being able to be more selective with who they were friends with and being better able to deal with people in general because they could get away by closing their door" (City of Toronto, 2007, 41). A substantial 39% reported that they had thought about leaving their housing. Among the reasons listed for this were "problems with roommates (particularly roommates using drugs), missing friends, because of problems with neighbours, and because of a problem with a relationship" (City of Toronto, 2007, 31). The most commonly cited reason for staying included 24% reporting that their follow-up worker had either "convinced them to stay" or had "fixed" whatever problem was making them want to leave (City of Toronto, 2007, 31).

Using both primary and secondary research Falvo (2009) conducted a review of Toronto's "Streets To Homes" program. Falvo concluded that the Streets To Homes program is indeed effective stating "Toronto's S2H program should not only continue to operate but also be seen as a model for other Canadian municipalities to emulate" (Falvo, 2009, 31). Falvo's criticism of the program included a critique of the fact that the program only offers case management supports for up to one year. Falvo recommends extending the program to provide long-term case management to those who so desire (Falvo, 2009, 31). He also notes that a 26% of participants in a post-occupancy survey reported that their social interaction had "gotten worse" (Falvo, 2009, 26).

In 2010 Stergiopoulos, Dewa, Tanner, Chau, Pett and Connelly evaluated a Toronto based Housing First program comprised of a "multi-disciplinary outreach team" (MDOT). In their study, 25 Housing First participants who received support through (MDOT) were assessed upon time of intake into the program, and then once again 6 months into the program (Stergiopoulos et al., 2010, 6). Four main categories of data were collected which consisted of (a) sociodemographic, (b) housing, (c)functioning, and (d) substance use/dependence status (Stergiopoulos et al., 2010, 7). Sociodemographic information

revealed that 40% of the study's participants were female, 40% of clients were over 50 years old; 28% between 21 to 29 years of age (Stergiopoulos et al., 2010, 7-8). Housing status was seen to have significantly improved. At the time of intake into the program 84% percent of clients reported that their main living arrangement was on the street or in a shelter. After six months in the program more than two-thirds of clients were no longer living on the street or in a shelter (Stergiopoulos et al., 2010, 11). Functioning was assessed using the Global Assessment of Functioning (GAF) Scale. Significant improvements were observed in functioning with about 40 percent of clients with a GAF scores 60 or higher at the six month check-in, compared to time of baseline where all of the participants had GAF scores below 60 (Stergiopoulos et al. 2010, 11). Substance use was shown to decrease although rates of substance use did not reach "statistical significance". Close to half reported a moderate to high level of drug use at the time of intake, versus one fourth reporting a moderate to high level of drug use six months later (Stergiopoulo et al., 2010, 11).

A study conducted by Stergiopoulos, O'Campo, Gozdzik, Jeyaratnam, Corneau, Sarang and Hwang in 2012 looked at the application of Housing First for individuals with mental illness from ethno-racial groups. The study involved qualitative interviews with participants of the Toronto site of the At Home/Chez Soi project who were randomized to a unique "Housing First Ethno-Racial Intensive Case Management" (HF ER-ICM) arm, as well as a control group. The HF ER-ICM program combines the Housing First approach with an anti-racism/anti-oppression framework of practice. The study concluded the following "Adapting Housing First with anti-racism/anti-oppression principles offers a promising approach to serving the diverse needs of homeless people from ethno-racial groups and strengthening the service systems developed to support them" (Stergiopoulos et al., 2012, 1).

These studies offer a valuable contribution to the existing body of research surrounding the Housing First approach. There is a rich collection of literature illustrating the various strengths of the

Housing First model, yet there is very little research seeking to understand weaknesses or areas where the model was ineffective. The literature clearly captures evidence to support the case that Housing First is an effective response to homelessness, in that the majority of Housing First participants are successfully housed and tend to report improved quality of life once housed. The general focus of the existing literature largely concerns outcomes such as substance use, health and housing retention. The studies which addressed housing retention offer quantitative data regarding evictions and days housed, but fail to offer insight into the factors that impact housing retention. Other studies which examine outcomes such as quality of life provide interesting data concerning social interaction/isolation; however the studies do not explore the connection between social needs/experiences, and the experience of maintaining housing under Housing First programming. The evident lack of research on experiences with social connection and sense of community within Housing First literature, serves to reinforce the significance of this study. The focus will now turn to the specific tools, or methodologies used in the study. In the next chapter, I describe the methodological premises of the study-narrative inquiry and interpretive description. I then discuss the methods employed for data collection in this study.

<u>**3-CHAPTER 3- Methodology, Research Design and Methods**</u>

The purpose of this study is to gain an understanding of the way in which the social experiences of participants of Housing First programming relate to participants' difficulties transitioning into stable housing. This study draws on a narrative inquiry and interpretative description. Narrative inquiry served as the compass, which guided the overall inquiry and the philosophical approach to the research, while interpretive description was utilized as a tool for engaging in the data analysis process. Data for this research was obtained through qualitative, semi-structured interviews. The following section will explore the tenets of the narrative methodology and the ways in which the theoretical underpinnings compliment the research goals of this study. I then outline how the interpretive description analytic approach influenced the analysis of data in this study. After reviewing of the process of participant recruitment and approvals to conduct research, the chapter concludes with an outline of the ethical considerations impacting the research, as well as the methods and of data analysis employed in the study.

<u>3.1-Narrative Inquiry</u>

This study employs a narrative inquiry approach to examine the lived experiences of participants of Housing First programming under the Mental Health Commission of Canada's (MHCC) At Home /Chez Soi project for whom the transition into housing was difficult. This methodology was chosen because of the focus into the meaning making aspects of human experience, while also paying close attention to the location of power (Maloney & Ney, 2008, 56). These concepts are paralleled in the Housing First philosophy employed in the At Home/Chez Soi project, in that the service model recognizes power and seeks to distribute it by honouring client choice over recovery and housing options. The At Home/Chez

Soi project values the input of "people with lived experience" and has a declared commitment to incorporating such feedback into policy and programming considerations (MHCC, 2012a, 14; MHCC, 2011, 13). The philosophical tenets of narrative inquiry give credence to the research participant being experts of their own lived experience (Maloney & Ney, 2008, 57; MHCC, 2012a, 14; MHCC, 2011, 13). Below, the key tenets of the narrative paradigm are described along with illustrations of the ways in which these tenets have shaped the spirit of inquiry and analysis of this study.

Narrative is a specific organizing tool by which people organize and represent their experience in, and knowledge about, events taking place around the world (Cortazzi 1993, 1). The narrative researcher is concerned with the "how and why" of the voices of those who live on the margins (Maloney & Ney, 2008, 59). The location of power is of particular importance in narrative inquiry. As Maloney and Ney explain, "the narrative inquiry is always conscious of where power resides (who gets the final say), who has and is seen to have authority, how authority is represented, and what the varying world views are" (Maloney & Ney, 2008, 56).

The narrative paradigm differs conceptually from traditional positivistic approaches. Maloney and Ney (2008) capture some of these practical differences: "(1) the relationship between researcher and subject, (2) the kinds of data used for a study, (3) the focus of the study, and (4) the kinds of knowing embraced by the researcher" (Maloney & Ney, 2008, 53). These themes have influenced this research in various capacities including the very design and approach to the study and its participants. I will now expand on these themes and describe the ways in which they relate to this research.

The researcher-subject relationship is viewed as a dynamic social and cultural relationship. As Maloney and Ney (2008) explain, what is being researched is considered to be a socially constructed concept that emerges in the relationship between researcher and subject. Thus, data collection, analysis, and interpretation must also include clear descriptions of the relevant context such as

personal, social, cultural, historical, or political factors, in order to accurately understand the topic of research (Maloney & Ney, 2008, 53). This study includes an explicit description of the aforementioned contextual elements, as well as a personal background, which addresses previously held epistemological and ontological views. The context of my research includes not only researcher-subject but also, case manager-client because I am a Master’s student conducting research with subjects who are clients of the same project where I was employed as an Intensive Case Manager. Transparency regarding the nature of these relationships and the potential/inevitability for this to impact the data was deemed essential and discussed further under ethical considerations.

Within the narrative perspective words are favored over numbers (Maloney & Ney, 2008, 54). All science is represented in language, according to the narrative perspective; therefore, numbers can only hold meaning when represented in language (Maloney & Ney, 2008, 54). Thus, narrative seeks to understand the meanings associated with language and the context from which the meanings were derived. Hence, the meanings of words are equally as important as would be accuracy of numbers in mathematics per se. This concept informed the data collection process to ensure that the participants’ stories and the meanings they ascribe to their stories were recorded and interpreted accurately. During the interviews I regularly checked-in with the participants to clarify whether or not I had properly interpreted the meaning of what they had said. This often involved asking follow-up questions and probing into the meaning that I had ascribed to descriptions of experiences. I also personally transcribed all of the interviews collected in this study and exercised great diligence in the transcription process.

Narrative research focuses on the particular rather than the general and is interested in the complexities of individual experiences rather than the generalizability of research. The “local and particular” are viewed as instrumental in understanding the way individuals engage their worlds and conversely, how their worlds engage them (Maloney & Ney, 2008, 54). This study seeks to understand

the particulars of a small group of individuals' experiences of having difficulty transitioning into housing in Housing First programming with the hopes of understanding their unique experience rather than the universalities of the Housing First experience.

The epistemology of narrative includes "alternative ways of knowing" largely rejecting notions of cause and effect, objectivity and validity, which characterize the positivistic approach (Maloney & Ney, 2008, 48). As writer Anais Nin once said "we don't see things as they are, we see them as we are" (Brainyquote.com). It is precisely this perspective on the subjectivity of individual perception, captured in narrative theory and methodology that renders this methodology highly suitable for this study which honours the lived experiences of an exceedingly marginalized population. This concept resonates with post-modern social constructivism which asserts that all knowledge is: (1) one "truth" among many possible "truths;" (2) experiential; (3) relational, and (4) is produced through the interactions of people with their environments, including biases, privileges and power dynamics (Potts & Brown 2005, 261; Winslade & Monk 2000, 37).

Utilizing a narrative approach, participants involved in the scattered site ICM model who experienced difficulties transitioning into housing were asked to share their stories and perspectives on how the acquisition of stable housing has impacted their experiences with social connection and sense of community. Participants were also asked to share their views on how social connection and sense of community have impacted their overall experience in Housing First programming, particularly with respect to tenancy issues including moves and evictions.

The selection of narrative methodology helped to describe the "how" and "why" of the phenomena explored in the study. The sole source of data in this study is the narratives of individual participants in the At Home/Chez Soi Housing First project derived from the aforementioned semi-structured one-on-one interviews. Through the use of narrative, the ontological and epistemological

nature of this study is grounded in a theoretical frame of analysis which allows space for exploring agency, meaning, context, and experience.

While the narrative methodology addresses theoretical and philosophical components of the research, the interpretive description methodology offers specific direction regarding an investigative and data analysis process specifically designed for practitioners conducting research in their particular field of practice. Interpretative description was used to sort and analyze data as well as formulate theory in this study. This method of analysis recognizes the expertise that the practitioner brings to informing the development of the research, as well as the application of the findings for practice (Thorne et al., 1997, 175).

3.2-Interpretive Description

In qualitative health science research prevailing methodologies have been developed within the disciplines of sociology (grounded theory), anthropology (ethnography), and philosophy (phenomenology) (Hunt, 2009, 1284; Oliver, 2012; Thorne et al.,1997). Thorne, Reimer Kirkham, and MacDonald-Emes (1997) developed interpretive description as a non-categorical methodological approach to investigate complex social phenomena. Offering an alternative to the overly prescriptive approach of the then prevailing methodologies, they were interested in understanding practice problems and informing clinical practice (Hunt 2009, 1284; Oliver, 2012, 410).

In keeping with the less prescriptive nature of interpretive description, the approach does not include a formal conceptual framework as seen in traditional descriptive research, but rather, an analytic framework assembled on the basis of critical analysis and investigation of the existing knowledge on the topic of study (Thorne et al. 1997, 173). Employing inductive theory construction, the emerging theory is compared with the existing literature. The researcher examines the nature of these

theories to address similar or conflicting frameworks and "makes explicit the theoretical assumptions, biases, and preconceptions that will drive the design decisions" (Oliver, 2012, 412; Thorne et al., 1997, 173). This inductive approach often involves field research, in which the researcher observes aspects of social life, then seeks to understand and identify patterns or universal principles (Oliver, 2012, 412). Given that in this particular study the researcher has been immersed in the field for over 8 years, and in the specific project being examined for over two and a half years, as well as the fact that the research question emerged organically out of an interest in understanding a phenomenon observed during the everyday operations of the project, this provides a clear fit with interpretive description.

A strong appreciation for both the researcher's observations, as well as the lived experiences of research participants, largely influence the data sources of interpretive description research as evidenced by Thorne et al. who contend that "people who have lived with certain experiences are often the best source of expert knowledge about those experiences" (Thorne et al., 1997, 173-174). Thus, this study involved a sample comprised of the very individuals whom were being served by the housing intervention being studied-Housing First and interpreted through the experiences and perceptions of a the researcher with practical experience in Housing First.

Calling on the work of Giorgi (1985), Knafl and Webster (1988), or Lincoln and Guba (1985) the interpretive descriptive approach to analysis demands repeated immersion in the data prior to beginning coding, classifying, or creating linkages, and encourages analytic procedures such as synthesizing, theorizing, and re-contextualizing rather than simply sorting and coding (Oliver, 2012, 413; Thorne et al., 1997, 175). Thorne et al. caution the researcher not to rush the coding process with premature coding or sorting (Thorne et al. 1997, 173-174; Throne, 2008, 144-145). Rather, the researcher is expected to move from broad patterns to fuller descriptions (Oliver, 2012, 412) This is achieved by comparing individual instances with each other as well as with their context, while

simultaneously alternating between asking "what is going on?" and "how does this relate to what else is known?" (Oliver, 2012, 412).

The interpretive description approach involves a rigorous analytic process which includes questioning and challenging the preliminary theoretical framework, in order to fully engage the processes of inductive reasoning (Thorne, 2004, 5). Interpretive description involves a comparative approach to analysis, which caters to the exploration of context, and allows for the organic growth and formation of findings by taking into account the natural landscape of the inquiry. The narrative approach, which inherently produces insight into power, choice and structural issues, served as the overarching philosophical approach in this study. Interpretive description provided the analytical tools which catered to my dual role as a practitioner in the immediate field of my study. Under this methodology the focus is on tapping into the knowledge of practitioners and generating higher levels of interpretation which can subsequently be applied to practice. As explained here by Thorne, Reimer Kirkham, and O'Flynn-Magee "the products of interpretive description ideally ought to have application potential, in the sense that a clinician would find the sense in them and they would therefore provide a back drop for assessment, planning and interventional strategies" (2004, 7).

With the methodological approach of the study now laid, the focus will turn to the sample of participants in the study. The next section provides an overview of the participants including their housing history with the At Home/Chez Soi project.

3.3-Sample

The At Home/Chez Soi project from where the research candidates were selected, specifically involves homeless individuals who have been homeless and living with a mental health issue (Mental

Health Commission of Canada, 2012). Subjects were specifically recruited from the ICM or moderate needs intervention group at the Vancouver site of the project.

As noted previously under “Self-location”, the researcher is employed full-time as an Intensive Case Manager for the ICM intervention group of the At Home/Chez Soi study. Also noted under “Participant Recruitment and Data Collection”, the sample was restricted to participants who have not at any time received direct case management services from the researcher. The suitability of the research candidates was discussed for consideration in consultation with the Team Leader of the ICM team. History and current psychiatric wellness of the potential interviewees proved rather limiting in-terms of accessibility to research candidates. The vast majority had maintained housing under the project, however those who had not, had often either disengaged with staff, were placed on in-active status due to safety/service concerns, or were not assessed to be an appropriate candidate for reasons concerning psychiatric wellness. This element was also noted under “Limitations of the Study”.

A total of five participants were interviewed for the study. Two participants identified as male and three as female. All of the participants interviewed are between the ages of 30 to 50 years. All of the participants identified a history of being homeless or being precariously housed in SRO’s in the DTES, as well as a history of substance use. Though each interviewee resided in different neighbourhoods, they all shared the common feature of being at least roughly 5 kilometres or more from the DTES.

Housing history during At Home/Chez Soi project

- One move due to un-renewed lease
- One planned move by participant’s preference
- One interviewee was homeless at the time of the interview
- One participant still residing in their first unit
- Two participants who received evictions, one of whom received two evictions

- All housed interviewees resided in different neighbourhoods
- Rental costs of units ranged from $800-1100 per month

3.4-Participant Selection and Data Collection

Subjects were recruited from the ICM or moderate needs intervention group at the Vancouver site of At Home/Chez Soi project. All participants have one or more serious mental health issue, as it is a requisite under the eligibility criteria for the At Home/Chez Soi project. While males are more numerous, in keeping with At Home/Chez Soi guidelines, the study set a goal of having at least 20% of the sample female in order to learn more about this under-studied group.

In accordance with the objective of the study which is to understand the lived experiences of Housing First participants who struggle to achieve stable housing, the selection criteria included Housing First participants in the Vancouver Intensive Case Management model or moderate needs group, who have represented a variety of scenarios including those whereby the individual had multiple moves, as well as situations where the participant had maintained their housing during their involvement with the At Home/Chez Soi project. The research focus in the study examines the specific needs of the individuals within this particular group and seeks to understand the particulars of each participant's unique experience. The process of obtaining approval to conduct research is described in the next section.

3.5-Approval to Conduct Research

The At Home/Chez Soi project is a registered study with the International Standard Randomised Control Trial Number Register and assigned ISRCTN42520374 (Goering, et al, 2011). For the study, Research Ethics Board approvals were received from universities or healthcare institutions in each of the five sites (a total of 10 institutions, mostly universities). The possibility of harm to the participants,

research staff and clinical personnel, due to the nature of the participants' psychiatric problems and their living situations, is acknowledged by the At Home/Chez Soi project. Thus, the project operates a Safety and Adverse Events Committee, composed of representatives from the national research group, participants, clinical staff and an ethicist (Goering, et al, 2011). The committee reviews and addresses reports regarding any serious events associated with the project (Goering, et al, 2011).

Approval to conduct interviews and access raw data obtained through the project was obtained by Julian Somers, Lead Investigator for the Vancouver site of the At Home/Chez Soi project (operated through the Mental Health Commission of Canada). As such, the design of the invitation to conduct research was made in consultation with a member of the At Home/Chez Soi research team.

Additional ethical review of the research was conducted by the University of Victoria-Human Research Ethics Board (HERB). The process of applying for approval from HERB included three requests for revisions over the duration of nearly two months. Of particular concern was the issue of power or conflict of interest given that the researcher also works for the study from which the research participants were being recruited. These issues were resolved through various modifications to the invitation to participate, as well as the incorporation of a 3rd party in the actual participant recruitment process. These issues, along with other ethical considerations will be explored further in the following section.

3.6-Ethical Considerations

The nature of the relationship between the researcher and participants in this study includes dual roles for both the researcher and participant. The researcher role includes being both a student conducting research in fulfillment of a Master’s thesis in Dispute Resolution, as well as an Intensive Case

Manager employed in the very research study from which the participants are recruited. Thus, the relationships in this study include not only researcher-subject but also, case manager-client. Transparency regarding the nature of these relationships was deemed paramount and thus significantly impacted the selection of candidates as well as the invitation to participate in research.

Having personal experience as a member of the Vancouver ICM team, I have developed an intimate knowledge of the housing, psychiatric, and physical health history of the participants selected in this study. The researcher is privileged to information regarding participants through employment with the ICM team. Each Intensive Case Manager on the ICM team works directly with a “case load” which follows the ICM guidelines of 1 case manager per 20 participant ratio, with whom they meet with in the participant’s home a minimum of once per week (MHCC, 2012b, 15). Despite only working directly with a designated case load I was already acquainted to the general history and current progress of all participants, as it is general practice for the ICM team to meet once per week to discuss all participants in a weekly case conference.

For ethical reasons, the participants selected for this study were limited to participants of the At Home/Chez Soi project who have not/do not receive direct case management services from the researcher. The selection of the participants was also made in consultation with my direct supervisors and team members at Coast Mental Health (the organization contracted to operate the Vancouver ICM team). The consultation process involved consideration of both the history and psychiatric wellness of the potential subjects in assessing the suitability of the research candidates.

In order to avoid any potential for coercion it was decided that the participant recruitment come in the form of a letter which would be hand delivered. Regular challenges around participants’ access to mail box keys made hand delivery most advisable. This form of delivery also ensured that the participant would have someone available to answer general questions regarding the letter directly upon delivery.

In order to abate any pressure to participate, potential participants were approached by their assigned case managers. These case managers were coached to emphasize the voluntary nature of the study when approaching participants. The potential research candidates were then left to choose whether or not to initiate contact with the researcher if they wished to participate in the study (See Appendix A-Invitation to Participate).

3.7-Research Methods

The selection of methods utilized in this study was influenced by the research goals as well as a desire to provide a degree of familiarity to the individuals participating in the research. As part of their involvement with the At Home/Chez Soi project the participants in this study are accustomed to routinely meeting with members of a research team who administer over 25 quantitative research tools over a series of eight follow-up interviews. Qualitative interviews also occur at two points in time with a subset of participants.

In this study, the method of face to face interviews was utilized with participants of the Vancouver site of the At Home/Chez Soi project who have been randomized to the Intensive Case Management model. All interviews were digitally recorded and transcribed, with verbatim transcriptions used for both hand, as well as digital, analysis.

The line of questioning and methodology used in the study utilized some of the same techniques used in the At Home/Chez Soi project- Qualitative Narrative Inquiry (MHCC, 2012a). This provided some familiarity with the interaction, increasing the likelihood that their participation in the study would pose no greater risk than what they choose to do in regular aspects of their daily life.

Open-ended questions[2] (Appendix B) that followed the lead of the participant were utilized in the interviews. This method was selected in an effort to support empowering the participant to have control and direction of the interview. This approach was also employed in order to capture the ideologies; expectations; interests and worldviews of the interviewees from the perspective of their own lived experience engaging in Housing First programming. An open-ended question approach provides the interview participants with the opportunity to shape their answers, and to ultimately decide what information they value, or would like to share. This awards a certain degree of agency and power that is particularly important when working with marginalized individuals, as the principal goal of the methodology involves the redistribution of power through providing a platform for the participants to voice their own experiences or opinions. In the next section I describe the process of data analysis.

3.8-Data Analysis

The analysis of the data was performed according to the methods described by interpretive description researchers Thorne, Reimer Kirkham, and MacDonald-Emes (1997). A key feature to an interpretive description involves “attention to rigor in the process and the reporting of that process” (Thorne et al., 1997, 175). Thus, the study includes an account of the formulation of the research question (under “Situating Myself”) and the subsequent reflective process of sorting the findings in order to offer a means by which to retrace the development of abstractions and analysis. Thorne, Reimer Kirkham, and MacDonald-Emes (1997) write “sufficient information must be available in

[2] “Open-ended” questions are those whose categories of response are not listed for respondents. Instead, respondents answer the question in his or her own words and have an opportunity to comment on the list of questions or the survey itself (Statistics Canada 1996, 62).

research reports for readers to follow the analytic reasoning process and to judge the degree to which the analysis is grounded within the data". The subjective nature of this form of research is one reason for engaging in ongoing and continuous verification of the emergent relationships with the data collected (Oliver, 2012, 412).

In the context of this study, my work entailed organizing the narratives expressed in the data according to specific variables such as ideologies, interests, expectations and worldviews. These variables formed the categories of analysis or "themes". Data was interrogated for emergent themes related to perceptions and experiences with social connection and sense of community, particularly concerning participants' experiences with guests in their apartments as well as their reports of loneliness.

With respect to the analysis of the data, the process of familiarizing with the data began with self-transcribing each interview. According to Sally Thorne (2008) repeated immersion of the audio – transcription produces familiarity and focus on the bits of data or words long before any stage of seeking out larger themes (Thorne, 2008, 143). This is succinctly articulated by interpretive description researcher Thorne who writes "it can be amazing what you can hear when you focus on words and sounds and silent spaces rather than simply on story line" (Thorne, 2008, 144). Similarly, the narrative perspective promotes an awareness of the "local" and "particular" when conducting research and data analysis (Maloney & Ney, 2008, 54). This was certainly the case in my experience, as I found that intimate knowledge of not only the words spoken, but of the accompanied intonation and phrasing, enabled a focus on statements and areas which might not have otherwise seemed as significant. In many situations, I came across statements or even words, which seemed to elicit powerful or curious responses prior to having established themes of the data (Thorne, 2008, 149). For this reason, I created

a “quotable quotes” file which I continuously updated throughout the transcription process. This later proved to be a central document, which was valuable in the coding process.

After transcribing the interviews, the transcripts were then read through and initial reactions were recorded including areas that seemed fitting, or congruent with my expectations and assumptions, as well as areas that seemed curious or unexpected. This was done in an effort to bring increased awareness to my own assumptions, which inform the research, and subsequently, the analysis process, as well as to avoid the tendency of discounting that which does not fit with the original research hypothesis. In order for research to be defensible and well grounded in the data, the interpretive description researcher makes explicit the ways in which bias may influence the research.

The highly recommended practice of “memoing’’ or writing “analytic notes” was also employed in this study (Glaser & Strauss, 1967; Thorne, 2008, 147 & 153). Memos, which included notes from the researcher documenting initial impressions, as well as justifications/rationale which informed the process of grouping and categorizing data, were invaluable both during analysis and later in summarizing findings and formulating theory as they provided a reference to map the evolution of the emergence of theory. Polit and Beck (2008) encourage journaling as a method of “enhancing rigour” (p. 545). Throughout the data analysis process I re-visited my memos file, adding and reflecting on the development of my analysis. This entailed documenting what I was seeing and thinking throughout the process of analyzing the data. In addition, it also involved capturing patterns and relationships I was seeing in the data, and exploring possible meanings.

To capture the lived experience or the “story”, the narratives expressed in the data were first organized into sub-categories intended to capture a range of experiences within the project including “Initial Experiences with the Project; The Process as Described by Participants;’ The Experience of Moving-in; The Experience of Re-Housing” (for those who had experienced moves) and finally;

"Recommendations for the Project". These categories also served to guide the initial formation of the interview questions. These categories were selected with the intent of capturing not only the range of experiences but also any shifts or turning points during their involvement with the project, as well as systemic issues related to power and choice. By inquiring into initial experiences including feelings and expectations with the project, the data was anchored with a starting point on which to compare subsequent experiences or changes that occurred over time. The category pertaining to "the process" was utilized to tease out the role that the participants felt they had in regards to choice around issues such as selecting their housing and communities.

These categories were then organized into themes that indicated and/or pertained to experiences with social connection and sense of community. These became the principal categories of analysis or "codes" upon which the subsequent coding system was based leading to the emergence of "dominant narratives" in this study. Thorne (2008) states "a good coding scheme is one that steers you toward gathering together data bits with similar properties and considering them in contrast to other groupings that have different properties" (p. 145). In honouring both the general and the particular of the data, any "counter-narratives" or statements that differed with respect to expressing an opposing or dissimilar view to the dominant narratives and views of the research participants were also noted.

Thorne, Reimer Kirkham and O'Flynn-Magee (2004) note that the interpretive description researcher "constantly explores such questions as: Why is this here? Why not something else? And what does it mean?" (p. 13) and emphasize the need to "remember to move in and out of the detail in an iterative manner, asking repeatedly, 'what is happening here?'" (p. 14). During the process of gathering and analyzing the data in this study, I continuously posed these questions. Doing so allowed me to delve more deeply into what the data meant. This process of analysis led to the identification of more specific

themes which offer insight into the experience of having difficulty moving from homelessness to stable housing.

As themes began to emerge, they were frequently considered in relation to each other, and in relation to my own previously held beliefs and knowledge base to challenge preconceived expectations and bias. Themes were analyzed in order to draw larger abstractions or theories which relate to service and practice. The interpretive description researcher must “engage in both the ethereal abstractions of theorizing and the earth-bound concrete realities of the practice context in order to produce sound and usable knowledge” (Thorne et al., 1997, 175).

In this section I have outlined the ways in which the narrative methodology served to frame the philosophical approach to this research, as well as the ways in which the analysis of data followed the interpretive description approach. The sample of this study was described along with the process of participant recruitment and selection. The process of acquiring consent to conduct research was then outlined. The chapter concluded with a review the ethical considerations which impacted specific facets of the design and the execution of the study, as well as a description of the methods and data analysis employed in this study. In the next section, I will review the themes which emerged from the research findings and analysis.

4-CHAPTER 4-Interview Findings and Analysis

In this chapter, research themes are explored including those that were and were not initially anticipated in my original postulations.

4.1-FINDINGS

The research objective of this study is to understand more fully how to better support participants of Housing First programming in their transition into housing. In particular, the focus on this thesis is on the relationship between experiences with social connection and sense of community, and difficulties transitioning into stable housing. Findings demonstrate that experiences with social connection and sense of community impacted participants' experiences transitioning into housing in various ways. Prevailing issues that emerged within the narratives included the experience of having difficulty managing guest issues, as well as finding new avenues of addressing social needs once having acquired stable housing. This research found three major areas of findings, two categories of themes which capture the experience of transitioning into and maintaining housing, and one category of themes which illustrates the outcomes or impacts of maintaining housing. The first set of themes titled "A Shift in Sense of Belonging" involves a shift from belonging to the street, to feeling a sense of belonging to the housed community. These shifts in sense of connection are captured under the sub-themes "Finding Connection in a New Community" and "Feeling Isolated-Experiences with Stigmatization and Loneliness". The second set of themes titled "Exercising Choice" captures a shift in power and exercise of choice and autonomy. Participants had to accept certain structural sources of power and authority by abiding by the rules of the Residential Tenancy Act in order to maintain housing. This was explored under the sub-themes "Dealing with Policies and Rules, Tough Choices-Learning How to Say No to Guests". The third and final thematic area titled "Impacts of Maintaining Stable Housing" describes the

sub-themes “Improved Self-Esteem”, “Forming New Social Connections”, “Improving Old Relationships”, and “A Reduction in Unhealthy/Addictive Behaviours”.

4.2-“A Shift in Sense of Connection”

A shift in sense of connection was one of the central themes that presented in the findings in this study. The narratives demonstrate that participants experienced a shift in social connection and sense of belonging to the “street”, to feeling a connection and sense of belonging to the housed community. Though participants clearly articulated a desire to disassociate themselves from the DTES, this was reportedly made difficult by stigmatization particularly on the part of the landlords in the participants’ new communities. These findings will be described in the next section under the sub-themes of “Finding Connection in a New Community” and “Feeling Isolated-Experiences with Stigmatization and Isolation”.

4.2.1-Finding Connection in a New Community

A shift in sense of connection to their new communities was reported by all five participants. This occurred for various reasons, a common one being a conscious decision to avoid the DTES, due to bad memories, and/or concerns of compromising substance use goals by frequenting an area where drugs are highly accessible. For all of the interviewees, the opportunity to leave the DTES was viewed as a coveted opportunity to leave the “streets” behind and sever unwanted ties to their past. Other reasons included the fact that in choosing their new communities the majority of participants reported having intentionally selected communities which were dense with amenities. All of the participants described finding a sense of connection in their new communities through frequenting shops and amenities in their new neighbourhoods. As a result, finding connection in a new community lead to a

substantial reduction in the use of social services located in the DTES. This was reported by all five participants as being one of the most significant changes that occurred since acquiring housing through the project. Describing a substantial reduction in the use of soup kitchens and drop-ins, the interviewees shared a general appreciation for, and utilization of services and amenities such as coffee shops, banks, grocery stores, volunteer/subsidized-meal programs and/or libraries in their new communities.

While each participant reported valuing their current communities for the amenities and services, for at least two participants regular patronage of services and amenities in their community only occurred after a period of approximately one year. For one individual this occurred after having moved from a community he was unhappy with to a community that better suited his needs. For the other, this occurred once he felt secure in his tenancy and in the likelihood that he would not have to move due to eviction.

One of the reasons that participants reported a shift in services was a conscious decision to avoid places and locations associated with their past. For one participant this “shift” occurred out of a deliberate desire to stay away from the DTES. He described avoiding the DTES because he felt that being there would compromise his goals around reducing substance use stating “the only reason people go down there is to get high. I’m tryin not to use much these days so I, I try not to go”. When asked how this impacted use of services the participant cited an example of no longer needing to go to the DTES to access free food because he was able to secure a position as a volunteer at a grocery store in his community. The store provides free food to volunteers. He stated “I used to go to the to the food bank, now I don’t have to because I volunteer at Quest, um, and I get free food for volunteering every week”. Participants highlighted that being able to distance themselves from their past, gave them an opportunity to find a sense of belonging in their community. One interviewee explained how his initial goal in the project was to be able to distance himself from the DTES stating “my hope was to get outside

of the, what I consider to be a ghetto, the downtown East side". He went on to say that spending time at local coffee shops in his new community had provided him with a sense of belonging as described here "Oh, it's really mellow. Like, I know coffee shops down there and that's basically where I hang. Coffee shops and beach in the summer time and I'm just really comfortable you know? Like I don't really interact with people at all but I just feel like I still have a place uh, where I'm happy in life and um, you know I'm, it, it's just very peaceful".

Some participants selected their housing based on proximity to certain amenities. In response to questions around reasons for selecting her community/apartment one participant stated "I love that it's close to like a meat shop, a produce store, a library…I was totally going after convenience". When asked about how often she returned to the DTES she replied "I never go there anymore. There's memories down there, everywhere, bad memories. Bad, bad memories". A similar experience was described by another participant who stated that when choosing his apartment he took comfort knowing that there was a nearby meal program, stating "Just like a few streets down um, there's also an outreach program there that has uh, a hot meal the first Wednesday and the third Wednesday of every month, so I felt good knowing that if I needed to, I go to that". An appreciation for the convenience of local services was articulated by another participant as follows "I have a local pharmacy there that I get my medication from, I have a walk-in clinic that I go to um get my prescription for my medication. Uh, they're re-building a Safeway so there will be a nice new uh, grocery store. Everything's there I need. My Scotia bank is there. Um, sky train is close, bus stop right outside the door. It's perfect and it's like I say it's far away from all the shit in the East side".

Finding ways of having basic needs met whether it be physiological needs such as access to food and medication, or more complex needs such as the need for sense of belonging, this research found examples where participants were able to satisfy these needs once provided with support and housing

in a community of their choice. The participants' quotes demonstrate that satisfying needs is indeed important as illustrated by the example that when presented with a dilemma of not wanting to go to the DTES where he had once accessed services, the participant chose to seek out new avenues of satisfying his basic need to accessible food. This is further evidenced by the fact that for three other participants, access to services proved to be an important factor in the very selection of their housing and community. The most compelling evidence to support the importance of sense of community came from the example of the participant who shared that simply being at coffee shops in his community where he felt "a part of" provided him with a sense of peace and belonging.

It would seem specious to have a discussion about sense of community without acknowledging the fact that all of the interviewees reported having come from a community (the DTES) in which they not only wanted to vacate but avoid all together. The opportunity to re-locate to a new community was described as attractive to all, but presented the new challenge of finding different ways of accessing services, medication and affordable food outside of the DTES. This finding demonstrates the need for thoughtful consideration during the housing selection process. This finding also serves to highlight how we can better support participants in their transition into housing by working with participants to identify the shops, services and amenities that they regularly frequent, and ensuring that these shops, services and amenities are accessible in their new communities. The need for accessible services may be of heightened importance given that all of the participants are living in poverty and have limited access to funds for transportation. This can be further exacerbated by the fact that many of the participants also have complex health needs which require multiple outings/appointments.

When relating this finding to the research question of understanding how experiences with social connection and sense of community relate to difficulties in transitioning into housing, it is clear that for all of the participants interviewed, sense of connection to their community was a factor which

directly impacted their interest and willingness to maintain their housing. As we saw in one example, not feeling connected to his community was enough to cause one participant to leave his housing. Conversely, this research found several examples where participants who had maintained their housing listed accessible amenities as being a key attraction of their current accommodations.

The shift in sense of connection to a new community did not occur instantaneously, as illustrated in this section. The process of finding connection was further complicated by experiences of isolation. This finding is described in the next section which captures participants' experiences with stigmatization and loneliness.

4.2.2-Feeling Isolated-Experiences with Stigmatization and Loneliness

Experiences with stigmatization particularly on the part of the participants' landlords, had significant impacts on experiences of social engagement. Many of the participants reported that they avoided having any guests over, as well as having interactions with neighbours out of fear of being unjustly evicted. Consequently, this fostered feelings and experiences with loneliness. In this section, I first describe examples of stigmatization, followed by participant accounts of feelings of loneliness.

Three of the participants interviewed reported feeling "targeted" or "discriminated against" by their landlords. In three cases, the individuals moved due to eviction or un-renewed lease, and in one situation the participant felt that his relationship with his landlord and other tenants in the building improved over time but only after "proving himself " to be a quiet tenant.

As one participant explained, her landlord reportedly told other people in her building that he would have her evicted shortly after she had moved in stating "He told people in the building that he'd have me outta here within two months and he did". The participant felt that she was evicted not

because of legitimate tenancy concerns but rather due to what she described as "The stigma that comes with being in such a like, in a homeless, mental health related program". This participant moved a second time and was once again evicted. The participant stated that she felt that the second landlord was also discriminatory towards her stating that the landlord was "just waiting for me to fail" going on to say that "…they nit-pick at little things that everybody else can get away with but you know, not the At Home". This participant was homeless at the time of the interview.

For another participant his lease was not renewed after a six month period of demonstrating what he felt was "good tenancy". When asked about possible reasons for this he replied

> "Being that I am with the At Home program, uh, knowing that uh, they were taking addicts from the street and uh, and uh homeless and um, as far as they were concerned we were uh, low-life's to start off with. I don't give a fuck what they say, that's what they thought of us. And so, uh, they found a way to, to justify my uh, they couldn't evict me so they, they just terminated my lease".

The participant felt that the stigma of being in a project for individuals who had been homeless resulted in discriminatory treatment regarding the renewal of his lease. This participant ended up moving to a building where he immediately "hit it off" with his landlord. The participant still resides there to this day and reports that he feels "completely accepted" by his landlord and neighbours. Another participant received a complaint after having his first guest. The guest had been smoking on the balcony during a weekday afternoon. Though smoking on the balcony was permitted, the complaint was due to "noise violation". The participant maintains that he was not being noisy by any means. In another instance of feeling "targeted", the same participant was reportedly accused of a theft that occurred in the laundry room. He was also accused of leaving threatening notes for the custodian. He stated "they assumed it was me because I was homeless before I came in to the building" adding "you know, it's just the typical stigma of mental health and addiction". After being asked to provide a sample of his handwriting to clear his name, the real culprit was caught several months later after video surveillance was installed. The participant states that there was never any kind of apology issued for the false accusations;

however, it was felt that shortly after this the other tenants became “nicer” to him. Despite the initial negative experiences the participant later came to feel positive about the apartment building and community, stating “I love it!”

Feelings of stigmatization were clearly enunciated by these participants. This was particularly true in the early stages of their transition into housing. In two cases, participants felt that stigmatization compromised their tenancy in the first apartment for one, and in both the first and second apartment for another, as they were forced to move for what they felt were unjust reasons. In one case the participant was able to overcome stigmatization by building rapport with his landlord and neighbours, however, this was only accomplished once his name had been cleared from false accusations.

Such experiences with stigmatization serve to generate isolation. This is illustrated in the next two examples of experiences with loneliness as we see how feelings of “not belonging” resulted in negative impacts on social engagement and ultimately, social connection. Experiences with loneliness, particularly in the first year of receiving housing were reported by two participants. For both, this improved over time. The reasons for loneliness were varied. In one case, the participant felt uncomfortable in his neighbourhood, and in another case the participant experienced discriminatory treatment which led to him her ceasing to have guests over or interact with neighbours.

For one of the participants, the first year of tenancy was described as “extremely isolating”. As he explained “I was very isolated in my environment and there was nothing but traffic around where I lived and it was really hard for me to connect with anything”. The participant explained that he had selected the first apartment shown to him which was located in an industrial neighbourhood. He stated “The area I didn’t want, the place I did” going on to say that after roughly one year he moved to a different neighbourhood where he began regularly frequenting coffee shops and a nearby beach. The

participant explained that in his new neighbourhood he began leaving his apartment more because he enjoyed spending time in his community stating “my environment is like a thousand times better”.

The term “living a hermit’s life” was used to describe the early experiences post move-in for another interviewee who even regularly used the stairwell at the far end of the building to avoid interaction with neighbours in the elevator. Also citing examples of taking the trash and recycling out at midnight in order to avoid neighbours, the respondent explained that that he did not feel welcomed by other tenants in the building because he had been falsely accused of a theft in the building. The participant explained “it was just assumed that anything that went wrong it was me”. The participant stated that “I was threatened basically, that if anything else happened in the building that I would be kicked out”. The participant also received a noise complaint during the day which he feels was completely unfounded. Consequently, he isolated himself from other tenants in the building and ceased having guests over out of fear of further accusations or unjust complaints. The participant stated that this experience also impacted his involvement in getting to know his community because he was reluctant to “get attached” to his new community, fearing that he would be evicted and have to move again. For this reason it was close to one year before the participant began connecting with local services and amenities. It was only after being absolved of the accusations of theft that occurred in his building, that people in the building reportedly became much friendlier to him. He reports that he now uses the elevator and has small conversations with his landlord and neighbours stating “the people there I’m starting to now associate with. Not, it’s like, I never have them over or anything like that but I just say hi at the mail box, or walking in the door, or in the, in the laundry room or something like that”.

Both of these participants explained that isolation improved within the period of approximately one year. Key elements in overcoming isolation were in one case, moving to a community that the participant felt comfortable in, and in another case feeling a sense of acceptance by his neighbours as

well as a sense of security in his tenancy. This finding confirms the importance of environment and presents the case for the value of checking-in with participants around how comfortable they feel in their new community, as well how they feel about the atmosphere in their building. Both of these factors were shown to have direct impacts on experiences with isolation and the impact on moves out of housing. This finding is vital to understanding the ways in which experiences with social connection and sense of community impact participants' difficulties transitioning into housing, as it illustrates how feeling disconnected to their communities led to feelings of isolation which ultimately burdened the experience of transitioning into housing.

These experiences also underscore the importance of tending to tenant-landlord relations. This raises questions about the need for confidentiality regarding the status of participants' involvement in the At Home/Chez Soi project, as it demonstrates that there is a potential for individuals to feel stigmatized and even discriminated against simply due to their landlords knowing their history of homelessness. Furthermore, it highlights the importance of finding a "good fit" between landlord and participant. Clearly, it is beneficial to ensure that both the participant and the landlord feel positively about the move, as doing so in the beginning may potentially alleviate some of the challenges that these participants experienced post-move in.

4.3-"Exercising Choice"

Given that choice is a key aspect of the Housing First approach/philosophy it is perhaps not surprising that it presented as a dominant theme in the research findings. Housing First is centered on the belief that participants should have the autonomy particularly around making choices about their housing and mental health and/or substance use recovery. While the concept of offering choice is indeed a valuable practice, this research found that the ability on the part of the participants to exercise choice was hampered by two main factors. The first factor which is captured under the theme "Dealing

with Policies and Rules" relates to past experiences with strict rules or policies which characterize shelters, SRO's and some subsidized housing programs. The second factor titled "Tough Choices-Learning How to Say No to Guests" involves the challenges that come with having new found autonomy in market housing. In this section, I offer examples which illustrate how living under these strict rules and policies in the DTES later hindered the participants' abilities to exercise choice particularly around managing guests in market housing.

4.3.1-Dealing with Policies and Rules

All five of the interviewees shared frustration and negative experiences with guest policies in Single Room Occupancies (SRO's). Whether it be guest policies limiting the hours and length of stay of each guest, or supportive housing with sobriety clauses that require random urine sampling. All of these policies were noted for being a source of frustration for the participants. All of the interviewees reported having spent considerable time residing in SRO's in the DTES under what was frequently described as "strict guest policies" which often included the requirement for guests to show ID upon entrance to the building and restrictions on the hours they are permitted to visit. One interviewee explained that all she had hoped to receive from the project was to find somewhere where she could "have some privacy and some freedom as to who comes over and what time they come over". Similar feelings were expressed by another participant who made the following statement about where she had been living at the time that she entered the At Home/Chez Soi project "I hadn't uh, lived in anything but a single room occupancy in the downtown East side, kind of thing for a whole lot of years, which is basically like living in jail. People watching your every move." The participant explained that she was very much looking forward to no longer having a "gatekeeper" at her front door, as was the case while residing in an SRO.

The comparison of an SRO to jail was also made by another participant who stated "It was jail! It's the same thing, jail had the same thing. When you walk in your unit there's max security, everybody's watchin ya". In this case the participant felt that their freedom and autonomy was being compromised. These experiences were shared by another participant who made a very similar comment stating "I mean living in a tent while I was homeless was much, much better for me than living in an SRO. At least I don't got nobody tellin me who's allowed to come by."

Another participant explained that prior to entry into the At Home/Chez Soi project he opted to reside in emergency shelters where he lived for several months, in lieu of the transitional housing where he had lived for 2 ½ years. He reported that during the entirety of his tenancy he stored a jar of "clean" urine in his fridge. The participant's marijuana use posed a potential risk to his housing as the tenancy agreement included an abstinence clause calling for customary, routine drug testing. Speaking to what was referred to as "standards of morality based on 18th or 19th century modes of custom", he expressed being conflicted about feeling the need to lie or deceive in order to maintain his housing. This is illustrated in the following statement "I had to be a trickster and a fraudster to stay ahead of the game which I really didn't appreciate about myself but understood that that's the price I had to pay". The participant inevitably chose to forgo his housing to reside in shelters.

The opportunity to move away from the oppressive nature of the policies that characterize either SRO's or supportive housing in the DTES, was articulated as being a major attraction of market housing for two of the participants interviewed, while one individual chose to reside in a tent, and another to reside in shelter in order to avoid dealing with policies and rules of SRO's or supported housing. This finding serves to bring context to the environment in which the participants had been living when they joined the At Home/Chez Soi project. Given that all of the participants had spent time living under the strict policies of SRO's and supported housing, it serves as a reminder of the disparities

between SRO's and supportive housing as compared to market housing. Moving from stringent rules to arguably less strict rules can be liberating but may also be challenging for some. This is explored further in the next section.

<u>4.3.2-Tough Choices-Learning How to Say No to Guests</u>

With the acquisition of private market housing comes an escape from the watchful eye of the staff present to enforce the various policies and rules of the SRO's. This however, forces the need for the participant to exercise a level of discretion that had not been required previously, as the participants are now left alone to make the decisions around who comes and goes from their suite, compliance with the house rules, and so on. While this arrangement empowers the participant to make choices, it requires being responsible and at times making difficult choices.

No longer having the policy enforcers whom they openly resented, three participants expressed having great difficulty "taking responsibility" and learning how to "say no" to guests. Whether it was out of fear of what one participant referred to as the "domino effect" of too many people finding out where the participant lives, or whether it was the concern that even one guest would eventually overstay their welcome or want to move in, every participant spoke to some degree about being put in the position of having to "say no" to their friends/peers. Consistent with all of the interviews were reports of disengaging with former peers or friends to some degree, or entirely.

A powerful example of such an occurrence involved one participant's account of having refused a friend from staying the night only to learn that shortly after that weekend the friend had passed away from an overdose in an SRO in the DTES. In this particular case, the participant refused the guest not only out of fear of "one night turning into several" and eventually being in the difficult position of having

to ask the guest to leave, but also out of a concern of making her friend feel worse by “rubbing in” the nice housing that she now had. Though the respondent expressed deep sadness around the loss of her friend, she explained that the process of coming to terms with making such decisions was difficult, and involved learning to “put [herself] first”.

During one interview, a participant who formerly dealt drugs joked about checking his once very active phone/buzzer to verify whether it is working because of how seldom it now rings. When asked about having so few guests the interviewee answered, “That’s how it’s gonna stay cause I want to keep my place!” After managing multiple guest issues and eventually being forced to move due to not being offered to re-new a term lease, the participant stated that he’d “learned [his] lesson”. The participant described the experience of turning away his friends as follows “Well, it wasn’t very, no, it wasn’t nice at all. These are people I grew up with downtown. I’d been downtown 20 years. It was so hard”.

One of the most memorable moments in an interview for this project included a participant’s heart-wrenching account of his experience of turning away a long-time friend. The participant described giving an old friend who reportedly had once been his primary support after the tragic death of his partner, a $50 parting gift as both a thank you for the years of friendship and an apology for asking the friend never to return to the suite again. This was a sacrifice made in the name of tenancy preservation after the participant had learned that this particular friend had been involved in an incident that compromised the tenancy of another building resident.

Though there were consistent reports of turning away or refusing guests in order to protect tenancy, these reports were far outweighed by discussions about the positive benefits of having market housing and support. The bulk of all of the interviews were spent discussing positive outcomes that had occurred since acquiring housing and support. These positive outcomes or “themes” are explored in the subsequent sections “improved self-esteem, forming new connections, improving old relationships and

a reduction in unhealthy/addictive behaviours”. Positive outcomes aside, this finding exposes the need for additional counselling and support in the area of managing guests or setting boundaries. It also serves to highlight the challenges that participants may face as they transition from SRO’s or supported housing to market housing.

Under the themes “Finding Connection in a New Community” and “Exercising Choice” we have seen examples of how social connection and sense of community were both compromised, and achieved during the transition into market housing. The next section explores how the acquisition of stable housing resulted in positive changes which had direct impacts on experiences with social connection and sense of community.

4.4-“Impacts of Maintaining Stable Housing”

While there were many challenges associated with the transition into market housing, as evidenced in the previous sections, this research also found examples of how the acquisition of stable housing resulted in positive changes which had direct impacts on experiences with social connection and sense of community. Though the transition into stable housing was indeed difficult, once achieved, stable housing served to act as a catalyst for improvements in health and overall wellness. This finding is described under the sub-themes “Improved Self-Esteem”, “Forming New Social Connections”, “Improving Old Relationships”, and “A Reduction in Unhealthy/Addictive Behaviours”.

4.4.1-Improved Self-esteem

Self-esteem was reported to have improved in some way for all of the respondents. Many used language such as “proud of myself”, “feeling better about myself”, “no longer feeling ashamed of myself” when asked what had changed for them since receiving housing and support through the

project. For example, one participant spoke of not caring if others looked down on him because he took comfort knowing that he was being responsible and had a nice place to go home to stating "I'm paying my bills and you know? I have a T.V and colour, you know? And nice furniture you guys bought me and I'm styling. I'm part of society right. You know and I don't mind being looked down on by so many people you know and what not, cause I mean like, I mean fuck, look what I got here, I'm stylin". The interviewee went on to say that the program had helped him tremendously stating "the program, I love the program, it's helped me in a thousand and one ways". He also shared how he improved his health and reduced his substance use after forming meaningful relationships with both his doctor and case manager. Here we see an example of an association between the housing as well as the things that go along with having a home such as possessions and paying bills, and feeling connected to larger society. This feeling of being "part of society" is particularly important considering that this participant had in many ways been living on the margins of society. This finding demonstrates how this feeling of connection served as a source of self-esteem for this participant as he found a new source of confidence that helped him to deal with feelings/experiences of discrimination or judgement from others.

Similar experiences were echoed by another participant as evidenced in the following statement "I feel a lot better about myself. . . so I'm much more comfortable when I meet people". The participant explained that she had a sense of pride in being able to maintain her housing. This for her was a source of confidence. She also articulated a connection between her sense of pride and having a home away from the DTES as shown in the following statement "I was relieved, uh, to be getting out of downtown, to be getting out of the lifestyle. I was excited to be able to you know, have somewhere to pride myself. Somewhere to you know, call home". In this particular case the participant secured an apartment in a community where she was pleased to live. She reports having improved confidence since acquiring housing and support. This example also demonstrates a correlation between having a home as well as a community of the participant's choosing, and her sense of pride.

Another interviewee described how the conditions of living in an SRO had once impacted his sense of self stating “You know the downtown east side you know you carry that, you know you carry those pictures with you of where you live all the time so when you have a bathroom that’s unusable and unspeakable and you meet people, it’s kinda like there’s certain barriers that you don’t cross because you don’t want them to know that part of your life, so it impacts your relationships with other people, and it impacts your uh, your sense of self as well”. The participant went on to explain how he now feels much more confident about himself stating “I think environment is very important for people, for me personally in order to be able to have good head space. I’m in a much better environment now that I have a nice place, and I don’t feel like such a scum bag”.

The acquisition of market housing served as a catalyst to improved self-esteem for three participants who spoke directly to the impacts that living conditions can have on self-esteem. As articulated in the examples, for these participants there was a direct correlation between the environment in which they lived, and their feelings of self worth. As their environment improved so too did their self-esteem. This finding serves to emphasize the significance that environment, and in particular the impact that living conditions can have on overall wellness. When considering the barriers faced by individuals who are homeless it underscores the significance of providing adequate housing as well as opportunities for choice around the communities in which we live.

This finding also highlights the ways in which outcomes or impacts of securing stable housing served to support a shift in sense of belonging to the housed community which in turn acted as a source of improved self-esteem for participants. Conversely, one participant explained how living in substandard living conditions resulted in feelings of shame and poor sense of self which ultimately prevented the participant from making social connections with others. The acquisition of stable housing was shown to foster improved self-esteem. This positive outcome served to support the transition into

stable housing, as participants experienced feelings of connection to the housed community which provided a sense of pride and belonging. Having meaningful social connections to others can also serve to increase feelings of self-worth and self-esteem. In the next section I offer examples of how feelings of self-worth and acceptance ultimately lead to new and meaningful social connections.

4.4.2-Forming New Connections

Forming new social connections either with their case managers or doctors was another theme apparent in the interviews. Reports of connection with their case managers, in particular, came through in questions examining thoughts or feelings on having a case manager visiting the home weekly. Interestingly, the case manager visits are not optional, as per the program agreement which mandates one weekly in-home visit. Despite this, all of the interviews contained positive reports of experiences with case managers.

While the visits are not optional, participants report being offered flexibility in selecting meeting times and venues. Several participants shared an appreciation for being presented with a range of options for the duration of time and activities of the weekly engagements. The aspect of being expected to attend meetings with a worker and having set appointments was described by one participant as "a big deal!" Despite noted challenges in adjusting to new expectations/responsibilities when asked if it was challenging for them, the participant replied "they do make it pretty easy" and described the various modes of contact, home visits, meeting in the community, and phone contacts.

While choice and flexibility around the times and location of the meetings was a principal theme so too was an appreciation for structure. Some interviewees spoke of appreciating "their weekly time" and valuing the consistency of the visits. One participant referred to the weekly visits as "re-assuring".

Responses to questions around feelings of being monitored and checked-up on during the weekly visits with case managers showed overwhelmingly that the interviewees felt that the case managers were there “out of care or concern” and not to “spy” or “check-up on” the participants. As one interviewee stated “it feels like somebody gives a shit”. Some participants shared examples of situations where their case manager would offer advice. Responses consistently resulted in the use of terms such as "friend, love, cares, re-assuring, gives a shit, trust, helps me". Four of the five interviewees even went further to say that they not only appreciated the weekly visits of case managers, they even welcomed opportunities for additional engagement. Two participants even suggested that the program offer more opportunities to engage with staff through organized group outings (which typically occurred once per month).

One respondent even articulated feelings of connection with his case manager stating “I love (my case manager). Like, I’m not in love with her, I love (my case manager) you know as like I love my sister”. He went on to explain how he had formed a strong bond and sense of trust with his case manager stating “she knows everything about me”. The participant also credited her support as being the main catalyst for addressing anxiety or “panic attacks” with his doctor. He shared how his case manager had provided information and resources and had also supported him by accompanying him to the doctor. He explained how having the support to address these issues made him feel as though he was “not alone” adding that without the support he would not likely have addressed these mental health concerns. The participant now takes medications and reports that while he still experiences “panic attacks” the situation has vastly improved. This has had subsequent impacts on the participant’s ability to spend time in his community as he explained that he now frequents coffee shops with less anxiety. This finding illustrates how the social connection formed between case manager and participant acted as an avenue of supporting both improved wellness as well as connection to the participant’s community.

Another interviewee credits the support received through case management as making "80% of the difference" in his ability to keep his tenancy and "stay on track" with his goals around substance use reduction, and describes his relationship with his case manager as being very positive, explaining that he attends their weekly appointments practically without exception. Going further, the participant also extended a warm invitation welcoming any of the ICM team members to come visit stating "Door's always open for you guys". When asked what it was that he liked most about the ICM team the participant stated "you guys just accept me". The participant expressed what he saw as a direct correlation between the support offered by his case manager and his recovery goals. This reinforces the case that for this participant social connection and sense of belonging were fundamental in supporting housing retention and substance use recovery.

Despite high-levels of reports indicating positive experiences with case managers, four of the respondents shared frustrations in dealing with high turn-over of case managers, as many case managers quit or left the project for other reasons. One participant even offered the suggestion that the staff should be better screened as articulated here "I think a lot of people were just in shock and awe of having to deal with us. Because, uh, not everybody is easy to deal with! …they should have been more aware of just the types of things that they may run into and make sure that they're really comfortable with doing that before they get hired because I uh, ya, I've seen a lot of people come and go". Three interviewees spoke of the difficulty of repeatedly having to get re-acquainted with new workers.

Meaningful connections were established by all of the participants through various avenues during and after the transition into market housing. Staff turnover was found to be exceptionally difficult for the majority of participants who found it challenging to have to "start from scratch" in building rapport and trust with new case managers.

This finding also serves to illustrate that the support provided through the Housing First program served to foster the development of social connections which ultimately led to a sense of acceptance, which in turn generated a feeling of belonging to the housed community and a connection to larger “society”.

4.4.3-Improving Old Relationships

Two participants reported improved relationships and rekindling family relationships. For example, one participant shared the impacts that housing and support had on her life stating “I mean it’s just made every difference, every difference, I mean I’ve been able to get back together with my family after 28 years of estrangement because I’m finally stable” going on to say “I’m no longer embarrassed to show them where I’m at”. The participant explained how her recovery from mental illness served as the main factor in facilitating the re-connection but added that having housing also helped stating “well, two years of therapy was the main thing but having a place for them to come visit really helped too”.

Another participant explained that having the option of finally being able to have her partner stay overnight to watch movies had a significant positive effect on their relationship explaining “we spend a lot more time together here now that we actually have somewhere good to hang out. Like, he comes over all the time”. This example demonstrates how social connection was supported through the acquisition of housing. While this supports Maslow’s theory regarding the significance of satisfying basic needs in order to progress to pursuing more complex needs, one could also argue that the need for shelter or housing, and the need for healthy relationships or social connection and sense of belonging were not exhaustive of one another but rather, acting in tandem as equally important needs. When homeless, the need for healthy relationships still exists. It would seem though, that the acquisition of

housing provided an opportunity for the more complex need of social connection and sense of belonging to be pursued.

Having both the privacy and physical space provided by housing in addition to improvements in overall wellness allowed participants to improve existing relationships. This research demonstrates examples of how the acquisition of housing and the support offered through case management can support the satisfaction of the need for social connection. The sense of connection experienced through improved social relationships may also result in increased sense of belonging which may impact participants' abilities to navigate other impacts of transitioning into housing such as experiences with stigmatization, or isolation. Improving old relationships can only serve to better enable participants to address other challenges of transitioning into housing. As evidenced in the next section, simply having stable housing and support in a community of the participant's choice served to help facilitate positive changes in overall health and wellness. These changes in turn served to support and/or reinforce social connections and sense of community as participants were able to shed their identity of "being an addict" or "belonging to the street" and experienced a shift to feeling a connection to the housed community and ultimately society as a whole. This is explored under the following heading "A Reduction in Addictive and/or Unhealthy Behaviours".

4.4.4-A Reduction in Addictive and/or Unhealthy Behaviours

Reduction in substance use was also reported by all those who shared their struggle or continue to struggle with substance use dependency. Over half of the participants interviewed reported registering for harm reduction services for opiate use (E.g. methadone treatment.). A sense of hope and optimism germinated a plan to "get clean" or reduce substance use for three of the participants, who reported viewing the acquisition of stable housing as an opportunity to pursue substance use recovery

goals. As one participant explained, “I wanted to change my life. I’ve been uh, screwed my life up pretty good for a while and it was time for a change. Um, before I got my housing I got so excited for it, I got on Methadone”.

Two interviewees also spoke of a reduction in criminal justice involvement, with one participant explaining “I was on uh, probation uh, about 6 months before I moved and I haven’t been on probation for almost three years now. Haven’t been to court, nothing”. The participant explained how she felt that once she had obtained housing she had “something to lose”. She also shared that she felt she had “come so far” and made such strides in improving her life by maintaining her housing and reducing her substance use, that she “didn’t want to fuck it up” by having to go to jail, thus losing her apartment. Here, we see how having housing acted as a deterrent for criminal behaviour. The same participant also spoke at lengths about the connection that she felt to her new community, as well as the benefits of the support that she had received from her case manager (as explored in the previous sections). Here, we see examples of how the acquisition of housing acted as a motivator for positive change regarding addictive or unhealthy behaviours which had previously compromised the ability to access or maintain stable housing. Since we have also seen examples of how stable housing can help support social connections and sense of community it can be argued that the acquisition of housing, by motivating the participant’s goals around reducing unhealthy/addictive behaviours, has consequently contributed to the development of social connections and sense of community.

Another participant shared that at the time he entered the project he was routinely engaging in criminal behaviour stating “I was an addict, uh, homeless, stealing every day just to support my heroin habit.” This reportedly changed after he started the methadone program. He explained that his decision to begin the methadone program largely came from a desire to “make the most of [the opportunity of being offered housing]”. When asked what connection if any, could be drawn between having stable

housing and the reduction in substance use, the participant replied, "Uh, because I enjoy being here. You know, I don't always want to escape myself." In this case, his substance use went down, and so too did his involvement in criminal activity. Again, we see an example of how the opportunity to secure housing acted as a catalyst for the participant to make healthy decisions towards recovery. In doing so he gained a sense of wellbeing. While this does not speak directly to the role of social connection or sense of community, the finding serves to highlight how the acquisition of housing can act as a catalyst for positive outcomes that may not have otherwise occurred in the absence of stable housing. As demonstrated in other findings, social connection and sense of belonging can be instrumental in supporting a participant's ability to maintain their housing and overall wellness.

Another participant explained that simply having a home was not what has aided him in his reduction in substance use but rather in having the support from a doctor and case manager stating "without support uh, and if I only had the housing uh, it wouldn't have worked... I would have had the housing and I probably would have continued in my drug use, and bringing people over and partying". This demonstrates the significance of medical and case management support on positive outcomes such as wellness, recovery and housing retention for this participant. This brings relevance to Burton's and Clark's work on human needs which posits that in addition to basic needs such as the need for shelter, complex needs such as the need for social connection and sense of belonging are indeed paramount in supporting wellness.

Another participant explained a reduction in heroin use shifting to "once a day instead of all day every day" going on to say that "once I was in the project it was actually easier than I thought it would be". When asked, the participant was unable to identify one specific factor in attempting to describe what had helped her to facilitate the change but stated that it was a number of factors which included both having a "safe place to come home to" as well as the relationship she had built with her case

manager who “gives a shit about [her]”. Once again this finding speaks to the importance of both housing and support or social connection with respect to wellness and recovery.

The reduction in substance use was explained by another participant as follows “I’m not dope sick. I’m not turning tricks. I’m not scraping by anymore, living one toke to the next. I’m not you know, hiding from drug dealers that want to fucking cut my throat cause I owe them money. Ya, I’m not barricading my door because I’m scared”. Here we see by being in a safe environment and having the stability which housing provided, the participant was less likely to abuse substances. Housing First is centered on the philosophy of honouring the participant’s choice over housing and substance use recovery, thus there are no requirements to abstain from drugs or alcohol in order to obtain housing. This finding demonstrates how such practices can facilitate harm reduction, as simply providing stable housing and support allowed the participants to reduce the harms of substance use and unhealthy behaviours. The link between housing, harm reduction and recovery can be understood as follows “Housing can provide a safe haven and secure place to support recovery from trauma and homelessness as well as reduce the harms of drug use by providing safer environments for people who use drugs (Pauly et al., 2013, 286). As participants began to “reduce harms” in their lives, they were then able to improve social connections and sense of community as improved relationships and self-esteem led to feelings of belonging and connection.

A number of factors were found to contribute to the mitigation of substance misuse and criminal activity including the safety, security and professional support provided through the acquisition of housing in communities of the participant’s choice, as well as the support from case managers.

4.5-Summary of Analysis

Research findings demonstrated an overall reduction in the use of social services, particularly those located in the DTES. This shift in the use of social services was consistent with the At Home/Chez Soi project's finding as well (MHCC, 2012b, 27). As participants were able to distance themselves from the DTES they were able to find a sense of connection in their new communities. This occurred through the regular patronage of local shops and amenities in their new neighbourhoods. Findings in this study show that participants experienced a shift in social connection and sense of belonging to the "street", to feeling a connection and sense of belonging to the housed community. Though participants clearly articulated a desire to disassociate themselves from the DTES, this was reportedly made difficult by stigmatization particularly on the part of the landlords in the participants' new communities. Some participant's efforts to shed the stigma of being "from the streets" were hindered by discriminatory treatment in their housing. This served to reinforce negative feelings of self. The process of shifting to a sense of belonging to the housed community presented other challenges, as for some it entailed periods of isolation and/or being in the difficult position of saying "no" to friends in order to preserve their tenancy by abiding by the rules of the Residential Tenancy Act (RTA). These impacts were exceeded by the numerous reports of positive changes that occurred since acquiring housing such as eventually forming a connection and sense of belonging in their communities, improved self-esteem, and repaired/rekindled relationships with once estranged friends and family.

With regards to negative impacts, reports of isolation were said to have improved after a change in neighbourhood, or in time (feeling more comfortable to have guests over once more established in the building). The weekly support of the case manager served to satisfy the need for social connection which was articulated as being particularly important once housed. All of the interviewees reported a change in their use of frequenting shops and community services in their new communities. This finding underscores the importance of social interaction and sense of community in that, when social needs were being compromised through isolation the participants sought out ways of satisfying the need for

social connection and sense of community through connecting with their case managers, as well as being engaged in their communities.

While all the participants shared an appreciation for the comparatively less stringent rules of market housing, all of the participants also experienced challenges in having to make choices involving turning away visitors who could potentially threaten their tenancy through problematic behaviours, or simply “taking over” their suite. This shift in social engagement was eased though the formation of new relationships, as well as the improvement of some pre-existing relationships. Other positive outcomes included a report in a reduction in substance use and criminal activity, as well as improved feelings of self-worth.

The original research question asked, “*What is the experience of social connection and sense of community for individuals in Housing First programming who have difficulty transitioning into housing? Can the unmet needs of social connection and sense of community assist in understanding some of the challenges experienced by individuals who struggle to transition into stable housing? How can we better support Housing First participants in their transition into housing? ”* For the participants in this study the experience of transitioning into stable housing involved a shift in the communities where they spent their time, as well as the individuals with whom they spent their time , as all of the participants utilized the project as an opportunity to distance themselves from their current community (the DTES). This shift involves various elements which impact social connections. Despite seeing some reports of individuals experiencing loneliness when first housed, social connections improved for participants in different ways. For example, one participant reported overcoming loneliness when he started having guests over (only after having established “good tenancy”) while another found connection by visiting the amenities in his local neighbourhood, while yet another found connection in moving to a more fitting neighbourhood. The frequency of social interaction appears to decline due to the absence of forced

interaction in densely populated venues such as soup kitchens and shelters with the acquisition of stable housing. Though all experienced challenges in being responsible for managing visitors/guests, an appreciation for having choice over social interaction in the home was consistent amongst all the interviewees.

In the following chapter I will describe the limitations of the study. I then discuss theoretical reflections as well as implications for policy and practice.

5-CHAPTER 5-Theoretical Reflections and Implications for Practice and Policy

In this next chapter, I connect the findings to specific theories within my field of study-conflict and dispute resolution. The key question in this study is "*In relation to factors that impact housing retention what is the experience of social connection and sense of community for a group of participants who had difficulty transitioning into housing provided through the At Home/Chez Soi Housing First program?"* As previously discussed under the section "Research Objective", the findings in this study are intended to generate knowledge to inform the design and delivery of future social programming particularly with respect to Housing First and Intensive Case Management (ICM) models. In this chapter I will begin by outlining some of the limitations in this study. This is followed by a discussion on the theoretical reflections of the study where I revisit the work of John Burton as well as Mary E Clark to contextualize the findings. Lastly, I outline implications for practice and provide specific suggestions regarding Housing First policy and programming.

5.1-Limitations of the Study

The inability to draw quantifiable conclusions from qualitative data must be acknowledged as an inherent limitation to this study. While it may be possible to derive some knowledge of Housing First programming by evaluating statistics, a quantitative approach measuring success in terms of days housed, or analyzing surveys alone does not sufficiently account for the lived experiences of the participants. Doing so requires us to direct our attention away from the quantitative aspects of this issue, and instead, to focus on the human element by studying the factors which affect the individuals and their perceptions rather than the statistics alone. I feel that the depth of the findings derived from this study's narrative analysis outweighs the need for breadth which may otherwise be obtained

through alternate methodologies. While this is noted as a limitation to the generalizability of the research, it is not considered with any regret with respect to the methodology selected.

The fundamentally subjective nature of narrative analysis raises limitations to a study in regards to its reliance on interpretation and perspective. Ken Cloke and Joan Goldsmith concede that in the narrative context “to understand the meaning of any communication, it is necessary to be aware of the visible and invisible contexts in which it takes place” (Cloke and Goldsmith 2000, 12). For this reason, it is included as a limitation of the study and an ethical consideration as well.

Since the process of recruitment involved the very appropriate process of consulting ICM management regarding the suitability of research candidates, there is a natural potential for skewing or varying the research findings that occurs with the strategic selection of interviewees based on insider knowledge of perceived states of wellness. Though psychiatric wellbeing and ethical considerations were of course paramount in the selection of candidates, other factors including the need to capture a range of participant experiences with housing under the project was also imperative. While all five participants were assessed to be apt candidates, they represented a range of experiences with housing under the project including one interviewee with multiple evictions, one individual forced to move due to an un-renewed lease, and one person who was homeless at the time of the interview.

5.2-Theoretical Reflections

As previously discussed under “Theoretical Considerations Framing the Research” this study uses a conflict resolution paradigm to frame the problem investigated in the research and address issues regarding ontology. John Burton’s and Mary E. Clark’s works on universal human needs were applied in a research context to both the design of the interview questions as well as the data analysis process.

This section will demonstrate the theoretical concerns which shaped the analysis process and ultimately the conclusion of findings. Interview findings demonstrated two broader sets of themes surrounding shifts in power and exercise of choice and autonomy and a third set of themes which relates to outcomes of stable housing. The first set of themes titled “A Shift in Sense of Belonging” highlight a shift in social connection that is aligned with a sense of belonging to the “street”, to a sense of belonging with the housed community. The second group of sub-themes titled “Feeling Isolated-Experiences with Stigmatization and Loneliness” illustrates factors which hampered the process of “shifting” to a sense of belonging to the housed community. The third and final set of themes titled “Exercising Choice” captures a shift in power and exercise of choice and autonomy. Participants had to accept certain structural sources of power and authority by abiding by the rules of the Residential Tenancy Act in order to maintain housing. This was explored under the sub-themes “Dealing with Policies and Rules, Tough Choices-Learning How to Say No to Guests”. The third and final thematic area titled “Impacts of Maintaining Stable Housing” describes the sub-themes “Improved Self-Esteem”, “Forming New Social Connections”, “Improving Old Relationships”, and “A Reduction in Unhealthy/Addictive Behaviours”.

The Housing First philosophy is premised on the concept of honouring choice. As such, the aspect of choice was at the forefront of my analysis. Beginning with the need for choice, this need was specifically voiced in relation to the ability to exercise choice around social interactions. All of the participants interviewed spoke at lengths to feelings of frustration and powerlessness when living in shelter or SRO’s on account of the strict rules which govern guest activity, as well as the forced level of interaction that characterizes shared accommodations. Conversely, they also shared experiences of having difficulty with choice once in the position to independently make decisions around managing guest issues (as is the case when residing in market housing). This “managing of guests” consistently resulted in the participant having to turn away visitors, distance themselves from others, or terminate old relationships altogether in order to safe guard against jeopardizing tenancy through potential

violations of the Residential Tenancy Act (RTA). For many participants this induced a sense of guilt which also catalyzed identity questions around self-worth as participants were in a position to choose whether or not to put their own needs first by essentially choosing to protect their long-term tenancy in lieu of helping a friend with their immediate need for shelter for the night.

The conflict or sense of turmoil expressed by participants with respect to exercising choice around social interaction, and the social impacts which result from such choices can be understood in relation to Mary E. Clark's theory on "bonding and autonomy" (Clark, 2002, 229-236). Clark would explain the thirst for choice or agency (which is arguably more present in Western cultures) as the direct result of an internal needs conflict over mastering the balancing of belonging with the needs for autonomy and independence (Clark, 2002, 235). As participants exercised autonomy by making their own choices around restricting visitors, they inadvertently, and in some cases intentionally impacted their experiences with social bonding by distancing themselves from their former peers. While such difficult decisions proved to be vital in tenancy preservation and in substance use recovery (as explored under "Learning How to Say No to Guests-Tough Choices" and "A Reduction in Addictive/or Unhealthy Behaviours) they had significant impacts on social bonding. Some even experienced social isolation, though it was reported to be alleviated with time (feeling more comfortable having guests over) or a change in neighbourhood.

With such changes in social engagement comes a renewed or altered need for social bonding. In the At Home/Chez Soi project an opportunity for the satisfaction of this need presents in the form of mandatory weekly visits with case managers; a practice which proved to be effective not only in assisting with the satisfaction of bonding needs but also in supporting the maintenance of other basic or fundamental needs such as shelter through assistance with tenancy issues, particularly those which involved guests.

Challenges around managing guest issues, amongst other support needs were said to be effectively addressed through the design of the Housing First ICM service model which incorporates a level of structure by requiring regular weekly engagement with a case manager. Though upon initial consideration the imposing nature of this rule may seem to pose a threat to the ever pressing need for autonomy, this appears to be negated by the value which is attached to the experiences of having the weekly visit. Compromises of autonomy were also somewhat circumvented through a demonstrated effort on the part of the case managers to provide participants with choice around meeting times, durations and activities.

All of the interviewees attached value statements to their descriptions of the weekly meetings with overwhelmingly positive reports indicating that the visits, despite being mandatory in nature, were instrumental in satisfying bonding needs through the development of meaningful relationships, in addition to playing a central role in facilitating/supporting the attainment of recovery goals and tenancy preservation. The mandatory visits were reported to have aided in participant adherence to the RTA by providing some structure with a protected time and space to address any potential conflicts or challenges in a way that is timely and pro-active.

Case managers were reported to have assisted not only with social needs concerning managing guests, they also assisted social needs by they themselves providing fulfillment of this need through bonding which occurred in the relationships which developed between case manager and participant. Expressing a strong need and appreciation for case management support, many stated that in addition to the practical functions of the role such as assisting with appointments, finances personal goals etc., the participants explained how their relationships with their case managers became deeply important to them. To articulate this some interviewees even used the term “my friend” with one participant even going as far to say “I love them like a sister”. This brings relevance to John Burton’s theory which holds

that particularly with respect to regulating anti-social behaviours (such as breaking rules, laws or social norms) it is the value attached to a particular relationship or institution that impacts adherence or compliance with expectations or rules which govern that engagement (Burton, 1998). Though weekly meetings with case managers were indeed mandatory, impacts on autonomy were compensated for through the value that the engagement itself represented as it satisfied bonding needs and supported other additional needs related to housing, self-esteem, health and recovery.

The discussion of human experiences with autonomy and bonding would not be complete without consideration for how these basic psychic needs are valued and thus, pursued. Our meaning systems consist of a set of beliefs about the purpose of our existence (Clark, 2002, 235). These beliefs ultimately inform the avenues of pursuing our needs, which is relevant to our next section which addresses meaning systems that are present in the context of the research.

To formulate findings around meaning systems the interviews were surveyed for statements involving values in relation to sense of self. Participants' personal goals, reflections and recommendations for the project were also reviewed. The purpose was to gain a sense of not only what was important or meaningful to each individual participant but also to establish some understanding of each of their worldviews. This revealed patterns of a shared narrative bound by negative feelings stemming from experiences of oppression which restricted autonomy (particularly in SRO & shelter living), and a damaging sense of identity resulting from feelings of marginalization and stigmatization of mental illness and addiction. These feelings were found to significantly improve post-acquisition of stable housing and intensive case management supports. All of the interviewees communicated a sense of appreciation for choice, as well as a direct correlation between having stable housing and feeling as though they are a "member of society". With a new sense of identity and improved self-esteem and self-worth, participants were reportedly better able to make changes in their lives to benefit their

recovery. These changes often resulted in the termination of old relationships and the formation of new ones. Though the housing and support was said to have been instrumental to their overall success in recovery, interviewees expressed in numerous ways, their belief that in order to become accepted by society they would need to change certain things about themselves, particularly their housing, substance use and mental health status.

This suggests that a common meaning system held by the participants is the set of beliefs that in order to be considered a contributing or worthy member of society one must have stable housing, and find a way to be living free of mental illness and addiction, or be forced to live on the margins of society. This way of making meaning out their experiences of subjugation or discrimination is an example of what Mary Clark would call an "imbalance of the shared narrative". Similar to Burton's view that society has an obligation to change to meet the needs of its members, not the other way around; Clark speaks to social responsibility to change and adapt in order to meet the needs of those who are marginalized in society in this statement "the social task is to constantly correct the worst imbalances of the shared narrative, modifying it over time" (Burton, 1998; Clark, 2002, 230). Recognizing that social, institutional and cultural change cannot happen overnight, Clark explains that the route to resolution is an "ongoing process" which "requires some form of social dialogue" (Clark, 2002, 230).

Despite the fact that the changes which the participants made in their lives were arguably highly positive (reduction in substance use and hoarding behaviours, improved self-esteem and relationships), the impetus for the change which was the opportunity to access stable housing and intensive case management supports, was hindered by negative beliefs around self-worth resulting from the residual effects of marginalization or feelings of "not belonging". This reinforces findings which indicate that social needs or the need for acceptance or bonding are indeed elemental in both mental illness recovery and substance use recovery. The shared appreciation for choice or autonomy indicated by the

interviewees also supports the theory that empowerment models of housing and case management which offer agency are effective in cultivating an environment conducive to recovery and wellness.

A review of the theoretical implications of the findings revealed that the need for autonomy to make decisions about social interaction, and bonding through the formation of meaningful relationships impacts participants experiences transitioning into housing. The environment which the participants had come from at the beginning of their involvement with the At Home/Chez Soi project was one in which these needs were being compromised due to constraints related to their lack of stable housing and support, as well as the impacts of social relegation and structural violence. In order for these impacts to be addressed for the ultimate creation of a humane cultural narrative, society must assess the ways in which our institutions, policies and cultural norms effect social conflicts and the environmental conditions of inequality or oppression, and make modifications or changes to rectify this (Burton, 1998 & 2001a, 2001b; Clark 2002). Doing so, will support the growth of new meaning systems whereby individuals can feel accepted by society, and society will in-turn feel a sense of obligation to support all of its members' essential needs for bonding and autonomy.

5.3-Implications for Practice

This study began with the goal of better understanding the role of social connection and sense of community in challenges that participants of Housing First programming experience in transitioning into housing. This research found that the participants in this study experienced many challenges around social connection and sense of community however these challenges were overcome in various ways. While the project served as a welcomed opportunity for participants to disentangle themselves from their current community (the DTES), this presented other challenges such as finding new avenues of accessing services, and being faced with discrimination in their new communities due to stigmas

associated with homelessness, mental health and addiction. Other challenges in transitioning into housing included difficultly in managing guest issues. These findings have implications for practice in that there are ways that case managers can better support participants to overcome these challenges such as ensuring that the process of finding and acquiring housing involves thoughtful consideration of the services and amenities in the community, taking the time to develop relationships with prospective landlords to better support an accepting and welcoming environment, and finally, including regular support on how to say “no” to guests prior to, and once housed.

With regards to selecting a community it may be helpful for case managers and participant to compile a list of services currently utilized by the participant. This list could then be referred to during the housing search to ensure that prospective communities offer the services and amenities that the participant values or needs access to. The importance of providing options and choice around selecting housing and community is well illustrated in the following statement by researchers Pauly, Reist, Belle-Isle and Schactman “To reduce homelessness, it is imperative that a range of housing options be available in the community to address the barriers that some people face in obtaining housing” (2013, 288).

One possible way of reducing the impacts of stigmatization and prejudicial treatment is to take the time to explore a prospective landlord’s attitudes towards homelessness, mental illness and addiction. It is important that the landlord be “on board” with the move in order to best support feelings of acceptance in the building and the participant’s new community. This can be achieved through education, awareness as well as through simply having direct conversations about the nature of the project. Since total confidentiality is not always possible, transparency offers the opportunity to expose negative attitudes and prejudices which may later impact the participant’s transition into housing.

Support around saying "no" to guests can also serve to alleviate some of the challenges experienced during the transition into housing. Case managers can offer this support through engaging in on-going dialogue with participants about managing guest issues. Some participants may benefit from role playing, while others may find it helpful to write a script to guide difficult conversations around setting boundaries with friends. Participants should also be offered support around managing some of the negative impacts of setting boundaries and saying "no" to friends such as feelings of guilt and loneliness.

This section has reviewed some recommendations for intensive case managers to utilize in every day practice in order to better support participants of Housing first programming through their transition into housing. In the next section I review implications of findings with regards to Housing First policy and program design.

5.4-Implications for Housing First Policy and Program Design

Knowing that autonomy and bonding play a significant role in some participants' ability to maintain housing and achieve personal recovery goals, Housing First policies must include mandates of empowering client choice whenever possible. Housing First is already noted for its philosophy of honouring client choice around housing location. Substance use (harm reduction) may benefit from broadening this philosophy of choice to include room for agency in decisions regarding their interactions with guests and with case managers (Padgett, Gulcur & Tsemberis, 2006, 75; MHCC, 2012b, 13). Awarding space for such agency requires policies which allow for flexibility in the case manager's scheduling in order to be able to accommodate a model which offers a range of options in meeting location, times and duration.

In a (2013) review of the role of harm reduction in addressing homelessness researchers Pauly, Reist, Belle-Isle, and Schactman describe the need for social inclusion and harm reduction practices in Housing First practices as evidenced in the following statement “There is substantial evidence to support both Housing First and specific harm reduction strategies. As a key principle of harm reduction, social inclusion of people affected by homelessness and substance use is foundational to developing a system that is responsive and relevant” (Pauly, Reist, Belle-Isle, Schactman, 2013, 288).

Findings suggest that social needs have significant impacts on participants’ ability to maintain housing and quality of life when transitioning from homelessness to housing. Thus, Housing First programming which best supports its participants includes skill building support around assertiveness of saying “no” to guests, as well as support of managing feelings of loneliness. Effectively supporting participants to manage loneliness requires programming which offers opportunities for recreational social interaction, as well as a shift in the way that the relationship between case manager and client is viewed. Many participants spoke to their appreciation for the project’s recreational programs which allowed participants to attend events with new or unfamiliar people, while accompanied by their case managers with whom they had built a rapport. This was reportedly very helpful for some participants who had an interest in forming new connections, yet who also experience anxieties about meeting new people.

The case manger however, offers far more than a familiar face, in some cases they acted to help ease the void of loneliness that some participants experienced after terminating old relationships with individuals with whom they associated when homeless. While the nature of the relationship includes some issues atypical of “friendship” including the power imbalances inherent in any service provider scenario, the role of the case manager was found to function to effectively satisfy some of the needs which are satiated by “friendship” such as bonding, trust and sense of belonging. It is therefore

important that case managers be mindful of the potential significance of their role in supporting social interaction and community integration by encouraging, when appropriate, that meetings be held in a local coffee shop, park, or library. Many participants expressed an appreciation for these practices as it provided them with opportunities to get to know their communities while tending to therapeutic needs.

5.5-DISCUSSION AND CONCLUSION

This study began with a question regarding the nature of human needs surrounding social connection and sense of community, eventually growing into an investigation into the complexities of resolving social conflict. More specifically, the study developed out of a desire to better understand the service needs of participants in Housing First programming after personal observations in the field catalyzed an interest in understanding how the Housing First model impacts social needs. The study realized the research goal of acquiring insights into ways of best serving and supporting participants of Housing First programming through the formation of recommendations such as providing a balance between structure and choice with regards to weekly meetings with case managers, as well as providing additional support in the area of guest management.

The study incorporated theories from my academic field of study conflict and dispute resolution. As discussed under "Situating Myself" the original research question in this study grew from an interest in connecting the learning that I had obtained during my education, to my professional field (Intensive Case Management) in order to better understand a phenomena that I had observed in the work place. Conflict and dispute resolution theory acted as not only the lens from which the research was viewed but also as the anchor grounding the study in my own academic field of expertise. Turning to the work of John Burton and Mary Clark for considerations regarding fundamental human needs, the study applied these theoretical concepts to the data analysis process in order to contextualize the findings.

Doing so required an examination of structural and systemic factors which impact the total environment of the participants in Housing First programming. The qualitative nature of the study and the privileging of individual lived experience served to unearth data regarding the whole person. To capture and focus on the total environment of Housing First programming, the study also examined assumptions regarding fundamental human needs which are embedded within the Housing First philosophy.

As noted under “Forming New Relationships” and “Summary of Analysis”, both the relationships shared with case managers, and an adjustment to having the responsibility of enforcing guest rules were among the most prevailing themes captured in the research findings. As John Burton has suggested, perhaps it is so that human behaviours are influenced by the values attached to relationships with others and with institutions. Though, Burton was more specifically speaking to approaches to understanding human aggression, he wrote that conflicts at all social levels are the result of past failures to include a “human element” in institutions and in decision making, or to reassess institutions and social norms (Burton, 2001). Bearing this in mind, it seems only logical to conclude that Housing First policies and practices must be structured in a way which allow for focus on the human element, particularly issues related to the fundamental needs for identity, recognition, security, autonomy, bonding and meaning in order to best serve its participants.

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APPENDIX A: INVITATION TO PARTICIPATE/LETTER OF CONSENT

Exploring Perceptions and Experiences of Social Connection and Sense of Community among ICM participants in the Vancouver At Home Study

Student: Jynene Stevenson, Jynene_s@hotmail.com, 778-877-6752
Supervisor: Dr. Tara Ney tney@uvic.ca, 250-721-8199

Introduction

You are being invited to take part in this project because you are a participant in the *Research Demonstration Project on Housing and Mental Health*. We would like invite you to participate in an in-depth qualitative interview to help us understand the challenges associated with moving into housing after being homeless and adjusting to a new community.

What are we asking you to do in this study?

Each interview will take about 1 to 2 hours. You can ask questions at any time during or after the interview. You can stop participating at anytime. If you are getting housing and services through this study, they will not be affected if you decide you do not want to participate in the interview. You may choose not to answer any questions. The interview will be audio recorded and kept in a locked filing cabinet until it is transcribed at which time the audio recording will be destroyed.

What are the risks and benefits of being in this study?

The risks of participating in the interview are minimal. The only risk is that you may feel uncomfortable, stressed, angry or upset sharing some details of your life. It is your choice whether you want to talk about something or not. If, at any time, you feel uncomfortable, you can take a break or decide not to talk about that topic. The benefits of participating in this study are that you will help us learn more about what homeless people need to get and keep housing. Also, you will receive $30 at the end of the interview.

Confidentiality:

All information from the interview will be kept in a locked filing cabinet and will be confidential. The information will be used only for research purposes. Your name will not be on any research materials or reports from this study.

This research has been approved by Simon Fraser University's and the University of Victoria's Ethics Boards. If you want to get more information about your rights as a research participant, or if you have any questions or complaints about this study, please contact Howard Brunt, Vice President, Research, University of Victoria (email; vpr@uvic.ca;phone: 250-472-5416).

You can get copies of the results of this study by contacting Jynene Stevenson email: Jynene_s@hotmail.com; phone: 604-617-3678.

Your signature below means you agree with the following:

•I have read and understand what this research is about and what I am being asked to do.

•I understand the risks and benefits of taking part in the study.

•I understand that my participation is voluntary and that I can stop participating at any time.

•I understand that I can make a complaint with the Vice President, Research, University of Victoria, Howard Brunt, (250)-472-5416 vpr@uvic.ca.

Participant Signature:______________________________ Date: ___________

Printed Name of Participant: ______________________________

You will receive a signed copy of this consent form.

APPENDIX B: DRAFT INTERVIEW GUIDE

Guiding Questions for Narrative Interview with Housing First Participants

Initial experiences with the project:

- Can you tell me about what it was like for you when you first learned that you would receive housing and supports through the project?

-What was going on for you at the time?

- What were some of your initial thoughts or feelings?

-Did you have any particular hopes or expectations?

- What happened next?

The process as described by the participants:

- Can you describe what the process of finding housing was like for you?

-How did you find/secure your first apartment? How many places did you view?

-How did you feel about the housing options?

-How much say did you have in choosing your apartment?

-Who else had a say in the selection?

- Is there anyone who was not included who should have been?

The experience of moving in

- Can you describe what it was like for you when you first moved in?

-How did you feel about the neighborhood/community?

-Can you tell me a bit about where you lived?

-How did you utilize the space? How often were you there? Did you sleep there? Did you have friends/guests over?

-What impact if any, did housing have on your social life?

-What were some of the highlights of living there, if any?

-What were some of the challenges, if any?

-Is there anything you would have changed?

<u>The experience of re-housing</u>

-Can you describe what it was like for you to leave your first place?

-Do you mind discussing the circumstances around why you left?

-What was happening then?

-How did this impact you?

-How did you obtain your next accommodations? What options were available?

-Can you tell me about your current accommodations?

<u>On recommendations:</u>

-Do you agree/disagree with process? If so, what do you agree/disagree with, and why?

- Do you have any recommendations for the process of housing or re-housing?