



# Mental Health Commission of Canada

## At Home/Chez Soi project

### Early Findings Report

April 2011

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## INTRODUCTION

In the spirit of openness, this initial At Home/Chez Soi Early Findings report is designed to share project knowledge from various sources with community partners and other interested people. This knowledge is being shared without compromising the design of the research study.

This report provides a balanced picture of what we have learned so far, with the understanding that results may change over time as more data is gathered.

Information about participants contained in this particular report is understood to pertain to early results and is based on a partial sample in the first year of the project. Differences across sites do not necessarily reflect differences in the homeless populations in the cities - they are sometimes due to specific definitions of who is being enrolled in the project.

Most of the findings within this report pertain to participants within the Housing First group. No comparisons with people in the treatment as usual group will be released until 12-month data is analyzed.

Early findings reports will be released every few months as the project progresses.

## 1. QUANTITATIVE OVERVIEW: WHO IS IN THE STUDY

- Almost 3/4 of the participants have now been recruited.
- It is now possible to start to describe the participants, keeping in mind that the picture may change as the enrolment process ends.
- It is primarily a middle-aged group, with 1 in 10 being under 25 years of age and 1 in 10 being over 55 years of age. *(The cut-off for older participants is defined differently among the homeless because of the often long term physical and mental stresses they experience.)*
- The typical participant is a middle-aged male who has been homeless on and off for several years and is living in a shelter when he enters the study.
- Most of those in the study have come from the shelters or the streets.
- About 20% of participants were in precarious living situations when they entered the study after having been in shelters or on the streets in the last year.
- The duration of homelessness varies. For one in five, they first became homeless in the last two years approximately 14% had their first episode more than 10 years ago.
- The project has met the goal of having at least 20 % female participants in order to learn about this under-studied sub-group. About 30% of study participants are women. There are many indications that participants have faced multiple challenges in their lives that contribute to their disadvantaged status. For example, only 44% have completed high school. Nine out of 10 are unemployed. One in three reported ever being married.
- Being homeless can increase risks of various kinds. For example, more than 1/3 had involvement with the criminal justice system in the last year. *(We know from other studies that often these were petty crimes related to living in public spaces.)*
- A large proportion of participants have a serious mental illness. Approximately 50% would meet criteria for a psychotic diagnosis if assessed by a medical examiner and many of these individuals also have problems with substance dependence.
- The project also involves a group of participants who have non-psychotic mental health issues (e.g. panic disorder, post traumatic stress disorder). Less is known about them as they have not been studied as often as those with serious mental illness. They too have a lot of addiction issues and one in five have recently contemplated and/or attempted suicide.

- Intentionally, there are differences in the ethno-cultural and First Nations make-up of the samples across the cities. Winnipeg has a much higher proportion (approximately 66%) of Aboriginals.
- In Toronto a targeted approach to recruitment has resulted in approximately 42% of participants having been born outside of Canada. This will provide an opportunity to learn about adapting best practice approaches to diverse communities.
- There are some other differences across the cities, many of which are explained by the differences in study design. For example, Moncton has a rural arm and the face of homelessness looks different outside of an urban area. The Vancouver group has higher rates of psychosis and criminal justice involvement in large part because the team deliberately recruited twice the number of “high need” clients than the other cities.
- There is a lot more in common across the cities than not. This means that attempts to define and implement common definitions and methods of screening have worked well.

## **BACKGROUND**

At the beginning of 2011, 1662 active participants were enrolled in the study.

In all, 2285 people will be involved in At Home/Chez Soi. Of these, 1325 will receive housing and supports to help with their transition to housing. Participants will be followed for at least two years.

At Home/Chez Soi participants receive a range of services to support them in reaching their own goals. Service providers support participants in attaining those goals whether they are to reconnect with family, or to obtain employment or reach treatment goals.

At Home/Chez Soi is recovery–focused. This means there is a focus on participants’ hopes and goals, and those are recognized and supported.

In order to provide services, the project’s service teams continually work to build trust and develop relationships with participants. Teams use a range of strategies to engage with participants and are persistent and consistent in their engagement.

Through this research we will learn about participants’ outcomes related to housing, health status, functioning, quality of life and service use as well as the economic costs associated with this approach. Researchers will meet with participants over 2 years to learn about these outcomes. The research protocol involves over 25 quantitative research tools as well as qualitative interviews.

## 2. QUALITATIVE OVERVIEW: INITIAL IMPACT OF HOUSING FIRST

### Summary of findings/themes

- The participants' comments reflected their perceptions regarding the importance of the project for allowing them to think beyond their immediate survival needs and to orient toward the future.
- The findings revealed that the ability to envision "getting back on track" also provides participants with some initial motivation to make necessary life changes to achieve their goals.
- Against this sense of hope, however, were comments by some participants that reflected profound demoralization. Several participants expressed concerns about the possibility of "never feeling better."
- Another theme reflected the appreciation participants had for the sense of independence, safety, and belonging that came from having their own place. However, other participants expressed concerns that having their own place would lead to isolation and place them at risk for further substance abuse and mental health problems.
- The next theme revealed that the participants see the project as an opportunity to establish a sense of community and to strengthen their social connections, either by disentangling themselves from unhealthy relationships or by re-establishing lost relationships with significant others. In contrast to this, some participants worried that they didn't have the skills or capacity to form healthy relationships.
- The appreciation of the project's support was another strong theme. For instance, the participants noted that receiving unconditional support as they strive toward future goals is especially helpful. However, some participants expressed concerns about the ability of the project to provide them with the type or amount of support required.
- Finally, several participants identified the project as either a high point or turning point in their lives, as it provides them with a strong sense of hope. However, the participants also expressed a sense of urgency about the needs of other deserving people and about the future sustainability of the initiative and its resources.

### Theme: getting back on track

- The most prevalent theme expressed was the participants' sense of the project as an opportunity to "get back on track", "explore new avenues" and otherwise envision what a different future would look like for themselves.

- ‘Having a place allowed people who had previously been “trapped”, a chance to come “out of the dirt”, and gave them the ability to “reflect”, “not feel so overwhelmed,” and “deal with issues” that stood in the way of them moving forward (for example, one person talked about the project as an opportunity to deal with “all the dying” of people around her.)
- Participants expected that by having a chance to address their issues it would then allow them to start to disentangle themselves from their past predicaments and begin to orient themselves to the future.
- People envisioned changes such as reconnecting with significant relationships, going back to school, or reconnecting with past interests and/or work. “I used to be an ice-maker,” said one person. As another participant said, being able to envision a different future gives her “the motivation to do all she can to achieve that.”
- This previous comment fits with a general theme about the project not only helping people think about the future, but also giving them the motivation to actually change their lives. Having a place to call one’s own, for instance, provided motivation to make the changes necessary to “keep my place.”
- Participants also envisioned being able to “give back”, “contribute” or otherwise “be of service”. “I could be of service or something, instead of just doing what I’m doing,” said one man.

#### Theme: Dealing with Demoralization

- Other participants expressed concern about being able to make the changes necessary to move forward in their lives.
- In some cases, participants’ comments expressed profound demoralization. One participant for instance said that he had overheard project staff say “let’s get this guy off the street before he dies”, but acknowledged that the project had helped him “big time.” Nonetheless he also said that he still envisions “dying with a bottle in his hand.”
- Another person said “I can’t imagine a life without drugs”, while still another said he couldn’t imagine that he “was ever going to feel better.”
- Given repeated experiences of failure, other participants expressed concern that they would be able to make the changes (e.g. being assertive enough to stop street friends from “crashing” overnight) necessary to keep their place.
- One participant wondered whether the complexity of his health challenges (memory problems, physical & mental health problems) would prevent him from eventually living in his own place.

### Theme: Housing as an opportunity for independence

- Despite the concerns of some, many participants viewed housing as an opportunity to be independent.
- For people who had experienced the “institutional” environments of shelters or a mental hospital, housing was an opportunity to “live by my own rules”, and “take back control” over their lives, including aspects such as: relationships with their offspring, and being able to come and go freely.
- Connected with a sense of independence of having one’s “own place” was also a sense of privacy, dignity and safety, for instance not having to worry about things such as “getting along with other people”, “having your door kicked in,” or “step(ping) over other people’s piss.”
- One participant noted, “It’s nice to have my own place and to sit in my living room and watch TV and go to sleep every night in a nice double bed.”
- Several participants described how the project allowed them to experience a sense of being at home. One participant noted, “I can come and go as I please, without multiple layers of security and cameras watching my movements.” He went on to remark, “A sense of belonging matters. So if you give people four walls and all the things like a kitchen and everything...they start to belong to something. Developing a sense of home helps people.”
- In contrast to the appreciation of independence and all that comes with it, came the concern by some people about potential drawbacks of having one’s own place, particularly about isolation. As one person put it, “I’m used to having people around me all the time.” Another person expressed worry that without the structure she was used to in the shelter system, and without people around her, she “would slip back” into depression and drinking.

### Theme: The Project as an opportunity to establish new connections and community

- In general, participants saw the project as an opportunity to disentangle themselves from unhealthy relationships and to as one woman said “meet regular people.” Said another: “being around normal people makes all the difference.”
- Participants also expressed appreciation for gaining access to housing and feeling a sense of belonging in more healthy neighbourhoods, where as one man put it “I can stay out of trouble” from drugs, and as another woman said “I can walk somewhere else other than Main St. and not have people looking at me like I’m a piece of crap.”
- Apart from a chance to establish new more healthy support networks, participants also expressed hope that the project would help them re-establish past relationships, and regain the

esteem of people who had been important in their lives. For one woman, this meant wanting to rebuild her relationship with her grandchildren, and having them see that “I’m not such a screw up.” Another participant expressed, “I’d like to get my kid a plane ticket and have her come down and visit- she’d be impressed.”

- For other participants, however, establishing healthy relationships was envisioned as an ongoing source of difficulty. One woman expressed concern that she “was not good at relationships,” and envisioned the possibility of becoming isolated. Other people expressed concern about their ability or opportunity to stay clear of relationships that had been harmful in the past, and “running into (these) people” in the program.

#### Theme: Appreciation for the project’s support

- Comments from participants indicated appreciation for the project’s support, both in terms of the support offered, and the unconditional style in which it was offered.
- One participant expressed, “Everyone that I’ve come into contact with [through the project] has been really supportive and treated me like a human...I’ve never really felt like that before.”
- One woman commented how she appreciated that staff were “not judgemental” when she was struggling (“they didn’t tell me: if you don’t change, you’re going to be on the street...that made me reach up and do my part”).
- Another man talked about how because of adverse effects he’d stopped taking his medication and expressed wonderment that his “psychiatrist still wanted to keep seeing him.”
- In terms of the kind of support offered, participants talked about support for “becoming independent”; another talked about support in keeping with his desire to “go back to school.” Further, several participants described a desire to have a “normal” life and to “live properly”. One participant expressed, “I’d like to have nice, new clothes. I’d like to have dishes...I’d like to have....just everything that a normal person would want.”
- In contrast, another participant talked about his concerns that the project could “become complacent”, i.e. offer him support at the beginning but then not much after.
- Others talked about how the support they needed was quite intense. “I’ve got my name on the door at the detox place”, said one man. “The whole 10 day detox thing doesn’t work,” said another.

### Theme: The project as a turning point

- When asked about critical life events, some participants identified the project itself as either a lifetime high point or turning point, leading to a renewed sense of hope. As one participant expressed, “You don’t know how much hope means until you have none. This [project] kinda gives me hope.”
- Other participants described how the project allowed them to feel that they are getting out of a “whirlpool” or “trap”, which is how they described the precarious housing conditions that they experienced prior to the project. One woman said “I was ready to give up when this project came along.”
- Another participant said: “I’m ecstatic about (the project).” For this woman, being taken from her parents (and dislocated from her Aboriginal culture) as a young child had been her life’s low point. She talked about her life’s highpoint in terms of how the project was enabling her to reconnect with her family, and “who she was.”
- As another person said, he had waited a long time for housing, but finally getting it was “the light at the end of the tunnel.”
- Another participant noted, “I just feel better now about myself....I have a roof over my head and I can go home any time I want.”
- Others described how the project allowed them to feel that they are “restarting life again.”
- While participants appreciated the opportunities the project had brought them, they also talked about lost opportunities both in their own past, and for other people. “I wish the project had come along ten years ago. People are dying out there.”

### **BACKGROUND**

The National Qualitative Research Group put together the above synopsis of early findings, which is based on an analysis of emerging themes focused on one particular question from the baseline narrative interview: “What to do you think of the At Home/Chez Soi project so far?”

Two members of the team independently reviewed transcripts from four of the five sites for a total of 28, and collaborated to identify the emerging themes.

The themes presented reflect the early impact of the initiative on participants who were interviewed shortly after entering the project.

### 3. HOUSING

As of April, 2011

- over 770 people have received housing
- 96 people are housed in Moncton
- 163 people are housed in Montreal
- 175 people are housed in Toronto
- 119 people are housed in Winnipeg
- 220 people are housed in Vancouver (92 in the Bosman, a congregate site, and 128 in private accommodations)
- Project staff members are learning to work with and value the investment of time that landlords and property management companies have made in the project.
- It is not always possible to find the most suitable housing at first because for example, participants may be learning to transition from the street to living indoors and it may take time for participants and service providers to learn about the kind of housing that will best suit the participant's needs.
- Project members work closely with participants and sometimes have to re-house them. Re-housing is an expected part of Housing First programs and an important part of helping people successfully maintain their housing over the long-term.
- Each site has offered re-housing opportunities to a number of participants. For example, in Toronto to date 18 people have been re-housed and teams are working with an additional 12 participants who are waiting to be re-housed, while in Moncton 4 people are waiting to be re-housed and 8 participants have requested new-housing. In Montreal 18 participants have been re-housed, and in Winnipeg 48 participants have been re-housed.
- Things are being learned about one unique aspect of the project: the 'housing' piece of doing housing first. There is limited literature available on finding housing, and the housing teams in each site have been learning about how to successfully engage landlords and secure housing. To help, a "Housing Community of Practice" was formed which provides housing teams the opportunity to learn from one another, jointly problem-solve and support each other in their work.

***Here is one housing team member's thoughts on the Community of Practice:***

*"The CoP allows us in the housing side to engage and learn from others in each site. We continually learn things that are being done in other cities - apply them to our own - and feel that we are not alone in doing things consistent with the project's intention in helping those in need."*

- The project is committed to supporting participants so that they can successfully maintain their housing.
- One of the challenges being faced is that a number of participants have been taken advantage of. In some cases unauthorized people have moved in and taken over apartments.
- Project members are working with participants, landlords and service teams to address challenges as they arise.

***Here is one service team's response to housing challenges:***

*"Guests had taken over his apartment and every time his case manager went over there were people in his apartment. Neighbours were starting to complain about the traffic in the building. With his permission, we were able to immediately get the guests to leave and change the locks, as well as tidy things up to ensure he wouldn't have a pest (or guest) problem. He subsequently wrote a letter to the landlord to apologize for trouble..."*

- The project team is learning about how to support participants in their transition from being homeless to living in housing. This includes helping them to keep their apartments clean, adapt to living with neighbours and dealing with landlords.

***Here is one example from one service team about the success a participant had in building a relationship with a landlord shortly after moving into the apartment:***

*"G's apartment... is always organized and clean. He has decorated the apartment with art work, furniture (including a drafting table) and electronic equipment that he has found (including a keyboard). G has also created a garden off his patio. He has gathered cedar trees that he has found abandoned, and planted flowers and vegetables. The landlord's small children regularly play in the garden/patio area, and he enjoys a mutually trustworthy, respectful, relationship with the landlord."*

**BACKGROUND**

The At Home/Chez Soi project works with participants to offer them a choice of housing based on their preferences; this choice includes private apartments, congregate/group housing in various areas around our 5 cities. The goal is to help participants find the environment that is best suited to their needs and to help them successfully maintain their housing.

One of the key Housing First principles is to work with participants to help them find a housing environment that suits their needs and will support their long-term success in maintaining housing.

#### **LANDLORDS AND PROPERTY MANAGEMENT COMPANIES**

- Landlords and property management companies play a key role in the project by providing housing for participants.
- Landlords and property management companies represent the private sector and the social sector.
- The project is working with all five provincial and municipal governments, with housing organizations, and public and private landlords.

## 4. PEOPLE WITH LIVED EXPERIENCE (PWLE)

Theme: Services (such as peer support)

***A PWLE describes what peer support work means personally:***

*"I am a Peer Support Worker with the At Home/ Chez-Soi project. I am part of the ACT team which provides a multitude of services for the participants of this amazing project. My work has come with many challenges but yet many blessings and has literally changed my life. This experience had transformed me emotionally and spirituality and has helped me to appreciate the many blessings that God has sent my way. The things that used to matter don't matter anymore. These things that used to cause me countless hours of worry have now vanished in a sea of forgetfulness. I have shared their joy and have shared their pain. I have given but have received so much more in return."*

Theme: Research

- There has been pre-testing of some of the research questions with participants to determine the relevance of the tools being used.
- PWLE involved in the project have also provided input that has changed research practices in a number of ways, including:
  1. *Suggestions re: honorarium remuneration for participant interviews*
  2. *Trained research assistants on sensitivity to the lived experience of being on the street and the lived experience of participating in research*
  3. *Suggested including prescription drug side effects to balance items about side effects of street drugs.*
  4. *Identified concerns with prescription medication tracking that led to adaptations of wording and ultimately a decision not to collect medication information directly*
  5. *Suggested inclusion of items on food security*
  6. *Made suggestions regarding the most sensitive terms to use for mental health conditions*
  7. *Supported inclusion of questions about victimization experiences*
  8. *Provided feedback on how to sensitively ask questions about street sources of income that were both balanced and relevant to homelessness*
  9. *Provided detailed advice about relevant and sensitive measurement of gender and sexual orientation*
  10. *Reviewed some suggested revisions to items about interactions with the police and justice system*
  11. *Taken part in focus groups and ranking of the Observer Housing Quality Scale*
  12. *Reviewed proposed Trauma scales and assisted with drafting a sensitive introduction to these questions*

***Two peer researchers describe their work and the value they bring:***

*"From my perspective, as a Peer Research Interview Assistant, I and my colleagues feel fully appreciated that we are making a tremendous contribution to the At Home/Chéz Soi Research Project. Further, the*

*fact that we are being listened to as “peers” and are being taken serious is another unique aspect of this project. That our ideas, observations, suggestions and contributions are given equal consideration and acceptance makes us feel as a valuable entity to the success of the overall project. I have in the past, participated on a number of boards and agencies, where I felt that far too often my ideas or contributions were not given the same serious validation as this project allows. I find that the greatest strength that I bring to the project is that I can relate to where the people are and the struggles they encounter on a daily basis, as I have worn their very shoes and walked their very steps. I have somehow miraculously, managed to overcome the addictions that were keeping me down and dependant on social services and know that I do not ever want to slip into this abyss ever again and have to deal with all the insurmountable roadblocks and bureaucratic hurdles simply to exact a minimal standard of living that is a human right.”*

**Another peer interviewer describes his contributions:**

*“I work on the NCP, PRG and as a peer researcher representing Vancouver. I also work as a peer support worker at Vancouver General Hospital Psychiatric Unit. While working as a PSW I noticed when some patients were being released from the hospital they were ending up in shelters or on the streets. I told the research team about this and was told nobody had thought of it. So I passed on the participant criteria to the hospital and some patients have since been given housing by the project.*

*As Christmas 2010 drew near I started to feel bad that the 200 TAU’s were not even going to receive so much as a Christmas dinner while the other 300 were being given their own apartments. I brought this up at a site meeting but was told it might affect the research. So I took it to the NCP to see what the other sites were doing. Since then the NCP has come up with some ideas and taken them nationally to see what can be done.”*

Theme: Peer Groups

- The Toronto People with Lived Experience caucus has created “on the ground” change within the project by advocating for the Treatment as Usual (Control) group in Toronto to receive higher honoraria as well as transit funding for each research interview visit. This was approved and retroactive reimbursement has been provided to participants of the project.
- Planned move-in dates for participants were being delayed due to non-furniture arrival. A Toronto caucus recommendation suggested that Canadian Tire cards be handed out to purchase air mattresses if furniture was delayed. It was pointed out that the most important thing to someone was moving into a home not the quality of furniture.

**As one Toronto caucus member reflects:**

*“Scholars believe that “Caucus” derives from the Algonquian word for “Counsel.” The PWLE Caucus, ideally, must receive reliable and timely information from the Work Groups so that our recommendations are fact-based. Two way communication is imperative so that our caucus can fulfill its mandate.”*

**Another Caucus member describes his involvement:**

*“The caucus has made great strides as we move forward and many of our recommendations have been implemented into the project. I myself have developed and taught research workshops for the caucus as they were having difficulty understanding the language of research. These workshops were a big success*

*and the caucus now has a better understanding of how research works. I have also had the pleasure of representing the caucus at the O.N.P.H.A. conference where I talked about the project and the role of the caucus, as well as at the At Home/Chez Soi update event where I was asked to co-host with the Toronto site coordinator Ms. Faye More. The successful completion of this project is at the top of the agenda for the caucus, and as we move forward we will continue to advise the Toronto site team on the direction and areas that we feel would be of most help to the participants.”*

- The Montreal peer council (Conseil Ex-Pairs) organizer notes that there have been difficulties that have impeded peer integrations – administrative, project, and morale issues.
- The Montreal peer council organizer now believes things are improving, noting that many start-up issues have been resolved and that the Conseil Ex-pairs now has 7 members:

***The Montreal peer council organizer says:***

*“As a result, we were able to call 6 council meetings in December and January. Attendance from peers on honorarium has been exemplary, the enthusiasm level is high, and peers are showing great initiative. So far we've been able to agree on our team mandate and on the role the council coordinator should have, and each peer has expressed his/her preferences in terms of his/her personal contribution to the council. Finally, we were also able to give peer advice stemming from council debates on many topics. Things are at last looking up. We're now looking to recruit three more peers on honorarium to complete the roster.”*

***Another member reflects on the experience and project learnings:***

*“I have been working as a peer advisor on the project for seven months. There is a great deal of conflict within our Conseil ex-pairs. It seems that the more support we get from project staff, so much the better. There is also a general lack of organization and direction. Apart from that, our Conseil has also been disappointed with the amount of impact we have had. We are rarely consulted when project decisions need to be taken. It would be helpful if project staff understand that the peer contribution needs to be treated like a precious artifact that needs careful treatment and attention to reveal its enormous worth. It goes without saying that its worth needs to be first recognized by project staff.”*

Theme: Advisory

***Perspective from one PWLE, an advisor who sits both on a Local Advisory Committee as well as a peer-only groups:***

*“I have found that the exchange of information between members of our group is most valuable because we are all coming from different experiences and in some cases similar ones. In my role as an Executive Director of a non-profit mental health organization, I have a lot of background in peer support as we have a regular and Chinese peer support program. Two of the other committee members are coordinators of peer support programs so we share some common ground which we can relate to others who are not as familiar. What has come out of our dialogues is the expressed need for peer support and training for persons with addiction, trauma and homelessness issues. Now peer support is mainly focussed on persons with mental illness and it seems that our scope needs to be broader.”*

## Roles of PWLE project-wide

### Nationally

There are 2 national peer positions (consumer research consultant & peer facilitator). There are another 25 positions where peers sit on national committees. One such group, the NCP, is a peer-led panel that works in an advisory capacity to the project.

Part/full Roles

		Part/full	Roles
National 27 roles total	National Research Team Member	p	1
	Consumer Research Consultant	p	1
	Peer Worker Community of Practice Facilitator	p	1
	National Consumer Panel Facilitator	p	1
	National Consumer Panel Member	p	12
	National Working Group Member	p	6
	National Project Team Member	p	1
	National Qualitative Research Team Member	p	1
	National Training Subcommittee Member	p	1
	Safety & Ethics Committee Member	p	2

### Moncton

In Moncton there are currently 4 full-time peers support workers working on the ACT team, a peer research interviewer, as well as 3 peer advisors who sit on the LAC.

8 roles total	Local Advisory Committee Member	p	3
	Human Services Counselor, ACT	f	4
	Peer interviewer, qualitative	p	1

## Montreal

Montreal has peers embedded as workers within the communications, research, and service fields. They also have a Comité de Ex-Pairs, a local peer-led advisory committee led by a peer community organizer.

Montreal	Organisateur Communautaire	p	1
11 roles total	Communications Peer	p	1
	Peer Research Assistant (Qualitative)	p	1
	Participer au comité conseil	p	7
	Peer worker, ACT	f	1

## Toronto

Toronto has 3 full-time peer support workers, a peer qualitative interviewer on the local research team, and a large local peer-only advisory Caucus. The Caucus is supported by a full-time Caucus Coordinator. The LAC has 4 peer representatives on its committee.

Toronto	Local Advisory Committee Member	p	4
24 roles total	Persons With Lived Experience Caucus Member	p	14
	Persons With Lived Experience Caucus Coordinator	f	1
	Qualitative Interviewer	p	2
	Peer Specialist, Ethno-racial team	f	1
	Peer Workers, ACT	f	2

## Winnipeg

Winnipeg has 31 PWLE actively participating in all aspects of the Winnipeg site. Winnipeg is a unique as a site in that their peer-led Circle is made up of PWLE advisors to the project, as well as participants of the project. In addition, it is difficult to separate PWLE from people who have identified themselves to be of Aboriginal decent. Aboriginal decent is defined to be people who are First Nation, Métis or Inuit. Roughly 80 % of the staff at the Winnipeg site are Aboriginal.

Winnipeg  31 roles total	Peer Support Specialist, ICM	f	1
	Peer Support Specialist, ACT	f	1
	Peer Support Advocate, Third Arm	f	1
	Peer Support Worker, Third Arm	f	4
	Assistant Tech I, Peer Research Interview Assistant	p	5
	Local Advisory Committee Member	p	3
	Aboriginal Cultural Lens Committee member	p	1
	Service Team Lead PWLE member	p	1
	Project Consultant	f	1
	Lived Experience Circle Member	p	12

## Vancouver

Vancouver has 4 peers working within service provision and 2 peers working with the local research team. The peer-led local reference group is chaired by a peer organizer, and there are 6 peers who sit on the LAC.

Vancouver 21 roles total	Local Advisory Committee Member	p	6
	Peer Support Specialist, ACT	f	1
	Peer Support Specialist, ACT (half time)	p	1
	Aboriginal Services Coordinator, ACT	f	1
	Peer Worker, ICM	p	1
	Peer Interviewer	p	2
	Peer Organizer	p	1
	Peer Reference Group Member	p	8

Sum Total: 103 roles that peers are involved in with the project. Please note that roles are often occupied by one individual across a number of roles.

## **BACKGROUND**

People with lived experience (PWLE) in mental health issues and homelessness are involved in the project. As service systems users, as well as having experience in what it is like to be homeless and to have mental health issues, it is imperative that people with firsthand knowledge of the issues are at the forefront of tackling them.

- The project has fully engaged PWLE in employment and advisory capacities throughout the project.
- PWLE are engaged across the project in all five sites in a number of ways: employed as peer support workers on ACT and ICM teams; as peer researchers; as peer facilitators; and in a variety of advisory positions.
- Most sites have also developed local PWLE groups, where they meet as peers involved in the project and discuss issues from that perspective.

### Theme: Services

- Peer Support Workers are employed full-time at every site and are available to offer support and council to all project participants.
- As part of the service team, peer support work is an integral component to the recovery-based services that this project offers.
- There is also a project Peer Support Workers Communities of Practice (PSWCoP). This group brings together peer support workers from across the five sites of the project.
- People in the PSWCoP group occupy various job titles, including human service counsellor and peer support specialist. The group recognizes that there are commonalities of peer support work across these different job positions, and works towards best practices through discussion of local practice issues and broader peer support principles.

### Theme: Research

- The research teams have worked to incorporate PWLE perspectives to inform and strengthen the research in a number of ways.
- There are PWLE working in research capacities within national and local sites.
- In the fall of 2011, a peer qualitative research group made up entirely of PWLE will work together to write an article drawing from the baseline national qualitative interviews.

### Theme: Peer groups

- There are also a number of PWLE advisory boards both nationally and at local sites.
- Nationally, the National Consumer Panel is a group of 14 PWLE drawn from across sites that meets monthly and advises on a variety of issues, as well as initiates and acts on issues that are of their own concern.
- In Toronto, The People with Lived Experience (PWLE) Caucus is an advisory group to the project. Its goal is to empower and support PWLE Caucus members while making positive recommendations to improve the project based upon members experience with mental health, addictions and housing to promote more successful project implementation.
- Toronto caucus members act as a sounding board to air concerns and propose solutions on issues raised within the project.
- The Toronto caucus has worked together to create terms of reference, guidelines and suggesting roles and responsibility of the caucus for the project. Individuals with various

backgrounds, cultures and experience with the mental health system, addictions and homelessness were selected to reflect the ethno-specific view of the Toronto site.

- Montreal has a Conseil Ex-Pairs, a local peer-led advisory committee led by a peer council organizer.
- Vancouver has a Peer reference Group, which is led by a peer facilitator.
- Winnipeg has a Lived Experience Circle, which includes both peers and participants as members.

Theme: Advisory

- PWLE are also spread across various advisory and workgroups, to ensure that there is always PWLE perspectives at the table.

## 5. STORIES ABOUT PARTICIPANTS (as told by service providers)

- There is continued learning about how to best support participants.
- Project team members are encouraged by the potential of the Housing First Approach.

***Here is an example from a service provider on what it was like for one participant shortly after joining the program:***

*“A month ago C was living on the street of Vancouver; this was his life for the past 21 years. C was always friendly and polite unless he had used his drug of choice... then the voices in his head would tell him that he should jump over a bridge and end it there. He signed up for the program [AT Home] not really believing... that he would have a place to call home in the next few weeks. The day I went with him to pick up his keys to his new home C burst into tears as he opened the door to his new place and said “this is really mine?” He talked about not being sure on how to function in this world that he called “domesticated life”. Well it has been 1 month and 3 days, the landlady repeatedly tells me that she loves C, his place is immaculate and C tells me that he has not been using for a week. I think this is a great start and can only get better.”*

- It has proven to be challenging to find the appropriate kind of housing for a participant the first time around.

***As the following anecdote suggests, it can take some time for teams and the participant to learn about what they need to help them succeed with new housing:***

*“T was admitted to our program about 6 months ago. When T was admitted to the ICM program ...we housed her in a very large social housing building in the neighbourhood of her choice (west end). About a month after living in her new apartment her mental health appeared to be deteriorating and her substance use appeared to be increasing. There were several complaints from her landlord. [after being briefly hospitalized]... She did not want to go back to her apartment (and her landlord was in agreement that it wouldn't be good to have her back) so we had her dissolve the lease. We approached the subject of rehousing and she stated she felt as though she wanted somewhere with staff present.... her case manager will start to look for apartments with her so she has a safe place to move into.”*

***Here is one description of the kinds of goals and services one participant received in the Intensive Case Management program:***

*“T was admitted to our program about 6 months ago.... She decided she wanted to go to residential treatment for her substance use. We assisted her in the application process and she was accepted.. She was sober for the weeks leading up to treatment and her interactions with the program became very positive – she attended outings and social events and met with different case managers and staff of the*

ICM team (quite the social butterfly when she's well). T is now in the treatment program and will stay there for a few months".

**Here is an example of how project team members are trying to engage in new ways with participants and to work with them along their recovery journeys, to help them reach their goals:**

*"Most people had given up on V. His psychiatrist was disappointed he had been referred to the program as he did not think V could live independently. V is a young man, under 30 years old but has been in the system for several years and well known by pretty much every service provider in town. Prior to entering our program he had been institutionalized almost monthly (whether in jail or hospital). He was banned from many services for threatening and violent outbursts. We assigned two case managers to work with V. We housed V in an apartment in mid February. Since then, he has not gone to hospital and has only had two incidents involving police. He has a good relationship with his landlord and is maintaining his apartment quite well. He relies heavily on the support of the two case managers he has been working with and has attended some of the group events without incident. He goes grocery shopping with a case manager on cheque day and has even managed to get a bank account! He is still very actively using crystal meth but has been able to manage his use so it does not impact his housing negatively. Right now he goes back and forth between two goals – obtaining a job as a hotel door man or going to Tofino (on the island) for a period of time. It has been challenging but so rewarding to be a part of this young man's journey and an honour to be so involved in his recovery."*

**Here is one reflection from one service team on what it means for them to do recovery-oriented work:**

*"All reports of M we received talk about the difficulty in engaging within him, his inability to keep apartments, and that he is delusional, tangential and very loud. When the ACT team first met M he had long wild hair, a heavy beard, and strong body odour. His appearance alienated him even further and people would cross the street to avoid contact with him. M was housed within two weeks of returning to Toronto and has responded tremendously well to the ongoing support. Once we had him housed we could identify where to start, What did Recovery look like to M. M described Recovery as; having a quiet place to sleep, food, cigarettes and most importantly coffee! The simplicity of his request were astounding and quite attainable. He has begun to reconnect to society. He is now a member of a social club and frequents local drop ins, A day would not be the same at the Toronto Site office without M dropping by unannounced just to hi and have a coffee, a family reunion with his sisters has been arranged for the end of June. Although there have a few minor setbacks and bumps on his recovery and housing journey he continues to allow us to support him. He is house in a community that he is familiar with, which helps lessened the isolation. M is a spectacular example of how the Housing First model can change lives."*

**Building trust and engaging with participants is not always straightforward as this quote from one of the service providers illustrates:**

*"D had been homeless on and off for the past 20 years. The difficulty engaging D began shortly after he moved in. He was not following through with meetings with his case manager and was having some*

*tenancy issues almost right away. Guests had taken over his apartment. Neighbours were starting to complain about the traffic in the building. D was then incarcerated for 3 months. D kept in very regular contact with the ICM team while in jail – sometimes phoning several times a week. He wrote a letter to his case manager, as well as sent one to the landlord apologizing for the troubles he caused while he had been living there. As his release date neared, D phoned in a panic as he had looked at a calendar and realized he was being released on his case manager’s regular day off – the same case manager he had previously been having difficulty meeting with on a regular basis. His case manager changed her schedule to pick him up from jail. It has been about a month since he was released and so far he has been following through with his meetings with his case manager and has been working on some great goals with her!”*

***Here is one service provider’s reflections on how things have changed for one participant in the project:***

*“Recently, at a bannock baking and ceremonial drumming event facilitated by Mona (ACT’s Aboriginal Coordinator Specialist), G explained that much has changed since coming into the project. He said, “I no longer talk loud and talk over others; I am no longer intimidating towards the ACT team; and I take the time to listen to other people”. G is compassionate regarding the struggles others’ are experiencing, and regularly brings items he discovers to the office, knowing we can give them to others: boots, shoes, art work, dishes, etc. G has also worked as a volunteer at one of the local Food Banks. G engages regularly with us, and contributes in the therapeutic group ACT currently facilitates. G also co-presented with the group facilitators (Barbara and Brian) at a conference this spring, where his knowledge and wisdom was well received.*

## 6. QUOTES FROM MEDIA

### VANCOUVER

- *"It's been an up and down roller coaster. It's not perfect, but finally I'm getting the help I need, that I've been screaming for 20 years."* (ACT participant)  
<http://www.vancouversun.com/health/Hitting+restart+button/4267434/story.html#ixzz1Ed5mFIYP>
- Before this study, Grimaldi, 48, had been staying in the Regent, a rundown private hotel in the Downtown Eastside where his room was overrun with cockroaches and he shared a filthy communal bathroom. A volunteer at First United Church told Grimaldi about the At-Home study and arranged for him to meet with a staff member in April. *"I was very nervous. I don't really open up to people. Then it was explained to me what they do, and I thought, 'Wow!'"* he recalled with a smile." (ACT participant)  
<http://www.vancouversun.com/health/Hitting+restart+button/4267434/story.html#ixzz1Ed5xUxgm>
- *"Getting into this in-home project is a big step for me. This project has saved my life,"* he said in his spotless apartment. *"It does a lot for your health and mental state to know you have a place to go to."* (ICM participant)  
<http://www.vancouversun.com/news/Housing+homeless+only+beginning/4277084/story.html#ixzz1Ed6i9a1O>
- *"I still have to sometimes get up in the morning and pinch myself. It is so nice to know you have a house to go to. And it's your home. And not have it be a shelter or a SRO,"* (ICM participant)  
<http://www.vancouversun.com/news/Housing+homeless+only+beginning/4277084/story.html#ixzz1Ed6tkBJb>
- *"What she likes about this study is that it does not consider housing a final goal, but a starting point to help people to stabilize so they can "see beyond their next meal and next shelter bed."* (Gallivan Smith ICM service provider)  
<http://www.vancouversun.com/news/Housing+homeless+only+beginning/4277084/story.html#ixzz1Ed7b3M6U>

- However, Gallivan-Smith is quick to note that change is uncertain and that many participants experience setbacks along the way, whether their goal is to get off drugs or keep their apartment clean. *"I don't want to paint a picture that this is all wonderful," she said. "But I'm definitely hopeful [this study] will impact our collective attitude to how we approach homelessness."* (ICM service provider)  
<http://www.vancouversun.com/news/Housing+homeless+only+beginning/4277084/story.html#ixzz1Ed7qHQKr>
- *"With all the people on the project helping me, I'm pretty sure I can achieve this ... Having a home really affects your mental state -knowing you have a place you can definitely call your own," he said. "I wish more people were able to get into this project. It's helped so many people, and it's helped me a lot, too."* (ICM participant)  
<http://www.vancouversun.com/news/Housing+homeless+only+beginning/4277084/story.html#ixzz1Ed81cgdD>
- *"It has been a big relief, now that I'm stable and I'm comfortable," he said, glancing out the window overlooking busy Howe Street. "Everyone out there expects you to fail. Here, everyone expects the best of you."* (Bosman participant)  
<http://www.vancouversun.com/news/place+people+have+never+felt+welcomed/4284388/story.html#ixzz1Ed8DIJoM>

## **MONCTON**

- Moncton's site coordinator talks about the goal of giving participants a choice to grow to their full potential: *"When you see a landlord actually hiring a tenant to do a job, or hear about a resident who wants to pay full rent because they have found a job – that's what it's all about. But more than that, when a resident is simply living in their own apartment, doing well, that's such a hopeful sign."* (Claudette Bradshaw, Moncton site coordinator, Times & Transcript, November 10, 2010)

## **WINNIPEG**

- A Winnipeg participant, Donna, speaks about her experience with At Home: *“This program saved my life.”* (Winnipeg Participant, CTV Winnipeg report, December 1, 2010)

A Winnipeg At Home project principal investigator, Jino Distasio, speaks about why the project is so important: *“To house, to support, to help people in a humane way is less expensive than letting them whither on the streets.”* (A Winnipeg principal investigator, CTV Winnipeg report, December 1, 2010)

[http://winnipeg.ctv.ca/servlet/an/local/CTVNews/20101201/wpg\\_at\\_home\\_101201/20101201/?hub=WinnipegHome](http://winnipeg.ctv.ca/servlet/an/local/CTVNews/20101201/wpg_at_home_101201/20101201/?hub=WinnipegHome)