



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



**Beyond Housing
At Home/Chez Soi Early Findings Report
Volume 3 – Fall 2012**



Photo: from the Focusing the Frame exhibit, a participant

Tall Building

**focusing
the frAmE**

When I took this picture it reminded me of how bad my addiction to alcohol was. It felt like I had to be Superman and leap tall buildings with a single bound to get rid of it. A home gave me the opportunity to deal with that addiction and I don't drink at all anymore. I decide what goes into my body now. Alcohol doesn't decide for me.

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Cover page: Jarrett, an At Home/Chez Soi Participant teaching bead work at Ma Mawi Chi Itata Center, Winnipeg.
Photo source: Focusing the Frame an At Home/Chez Soi participant photography project

WHAT IS THE EARLY FINDINGS REPORT – Volume 3?

At Home/Chez Soi is the Mental Health Commission of Canada’s research demonstration project that is exploring the potential of the *Housing First* approach (recovery-based provision of housing and services) to address the needs of people who are homeless and living with mental health issues.

In response to great interest from stakeholders across Canada, the At Home/Chez Soi series of Early Findings Reports were developed as a way of sharing what we are learning as the project has been implemented. The Early Findings Report Series draws on knowledge from various sources across the project. While they profile some preliminary research findings, they are not research reports since the research data are still being collected and analyzed (*the Interim Research Report was released in the Fall of 2012; the Final research report will be released at the end of 2013*).

This report is the third volume in the series and it complements the Interim Report (released Fall 2012 which contains information on housing outcomes, service use and costing). The Early Findings Report Volume 3 describes activities that illustrate the potential of *Housing First* and this project to have a positive impact on people with histories of homelessness and mental health issues, our services systems and our communities. It looks at the ways we are beginning to see At Home/Chez Soi reach “beyond housing”.

If you would like more information on At Home/Chez Soi, please refer to **Early Findings Volumes 1 and 2**. You can also visit the Mental Health Commission of Canada website for updates and reports on At Home/Chez Soi. Future reports, including the *Interim Research Report* (Fall 2012) and the *Final Research Report* (to be released at the end of 2013) will be posted there. www.mentalhealthcommission.ca

- Volume 1 (released May 2011) provides initial information about who is in the project; findings about participant experiences from our qualitative research; initial housing information; information on the involvement of people with lived experience; stories about participants; and quotes from the media.
- Volume 2 (released January 2012) contains more detailed information about who is in the At Home/Chez Soi project and the implementation of the *Housing First* approach - including information on housing, our service providers and the potential benefits of *Housing First*.

INTERIM REPORT – PARTICIPANT OUTCOMES (QUANTITATIVE)

An Interim Research Report was released (Fall 2012). This report describes some of the research findings based on selected one-year outcomes of the participants. In particular it describes participant demographics, housing outcomes and a costing analysis. In general the Interim Report found that:

- 1. Housing First improves the lives of those who are homeless and have a mental illness.** At 12 months those in the Housing First (HF) intervention had spent an average of 73% of their time in stable housing. In contrast, those in treatment as usual (TAU) spend only 30% of their time in stable housing. This creates the possibility of better long term health and social functioning outcomes for individuals who have histories of trauma and poor health. Once housed many are beginning to take advantage of the safer places and the opportunities that are created to make better life choices – including pursuing opportunities to engage in part or full-time employment.
- 2. Housing first makes better use of public dollars-especially for those who are high service users.** For many participants, more stable living conditions contribute to a shift away from the frequent, heavy, and sometimes inappropriate use of expensive resources (hospital/inpatient care, Emergency Rooms, police detentions) to more efficient and effective alternatives (community services, telephone calls, home visits). For participants who were using the most services before the study began (high service users), this results in an overall savings to government of \$9,390 per person per year. In other words, for every dollar that is spent on Housing First for these participants, \$1.54 is saved through the reduction in other shelter, health and justice services. For the total sample, for every dollar that is spent on Housing First, 54 cents is saved through the reduction in other shelter and health care services. Once people are housed and unmet needs are addressed, there are potential longer term gains that will make that investment even more fiscally worthwhile.
- 3. Housing First can be implemented across Canada.** Existing agencies and organizations can work to put this innovation into action effectively and quickly in regions and provinces. Since the model uses service delivery structures that are often already present in provincial and municipal systems, new infrastructure is not required. Although implementation does often require major shifts in practice and collaboration, we have learned that it is possible to achieve fidelity to the key program principles, while also tailoring it to fit local circumstances.
- 4. A cross ministry approach that combines health, housing, social services with non profit and private sector partners is required to solve chronic homelessness.** Solving this problem can create dramatic improvements for Canadian communities. The implementation of Housing First requires attention to the social determinants of health, i.e. housing, income, education and social integration. Collaboration across government sectors and among different service providers is necessary at the program and the individual level.

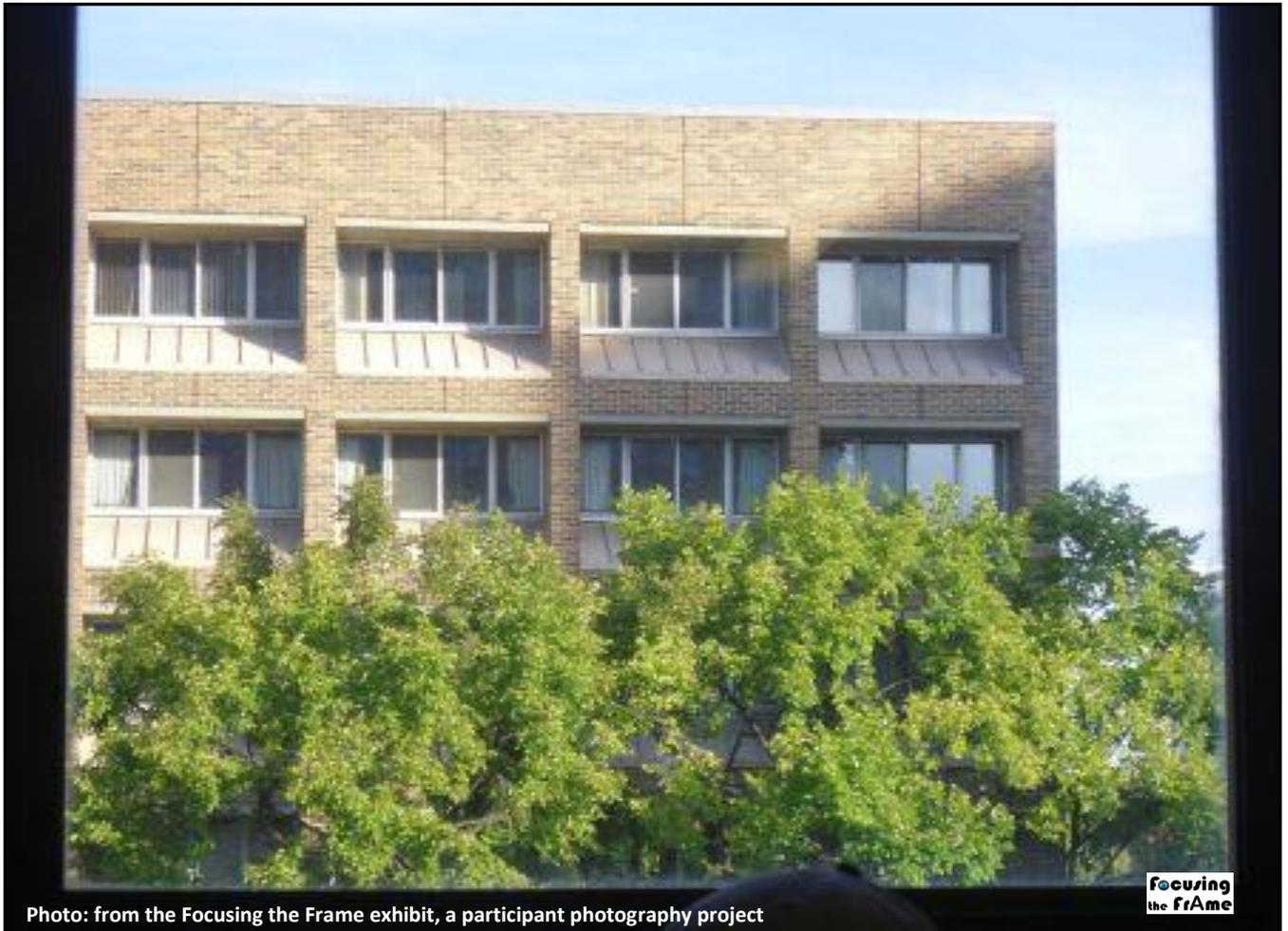


Photo: from the Focusing the Frame exhibit, a participant photography project

The view from my classroom

This is what I see when I look out of my classroom window. The biggest thing the *At Home/Chez Soi* project has given me is options. When you don't have a home you're just trying to survive, you wouldn't even think about going back to school. Now I'm getting my grade twelve. All I used to look at was dirty streets, shelters, and food kitchens.

BEYOND HOUSING

INTRODUCTION

Since it began in 2009, At Home/Chez Soi has provided recovery-based housing and services using the *Housing First* approach to participants who were homeless and living with mental health issues. Currently approximately 950 individuals are in stable housing. At the same time it is conducting research to learn about the potential of the *Housing First* approach to meet the needs of these individuals, and to understand how and why the approach works. We are working hard to ensure the evidence produced will help inform policy and practice in this area.

Housing First is based on the idea that providing immediate access to housing without conditions (e.g. having had treatment, having an official diagnosis, around substance use, etc.) is the first step for people. The *Housing First* approach in this project offers choices to people who are homeless and living with mental health issues – choice around where they want to live, the type of housing they prefer and the goals they want to work on with their service teams. The kinds of goals participants have identified and are working on include:

- getting housed in stable housing, usually independent apartments;
- improving their physical and mental health needs (e.g., dealing with addictions, accessing services);
- reconnecting with family and friends;
- working/volunteering or going back to school, and
- building connections with their communities.

We have learned that housing is only the first step and once people have secure, quality housing it is often a catalyst for people to achieve other goals. We are also seeing that the benefits extend beyond participants and that *Housing First* programs can impact the broader systems and communities we live and work in.

1. PARTICIPANT EXPERIENCES

Initial Findings from Qualitative Research

This early findings report provides a summary of themes from the qualitative research. These themes reflect the changes in participants' lives over eighteen months in the project. Interviews were conducted with participants at the start of their involvement in the project (baseline interviews) and 18 months later (follow up interviews). Thirty-four narratives were analyzed, based on interviews with seventeen participants. Two researchers from the National Team collaborated to code the narratives, specifically analyzing stability and change in participants' typical day to day activities, including the social context of these activities, as well as ongoing social relationships, focusing particularly on family reunification.

Participants reported that once housed they are less preoccupied with safety and survival concerns during a typical day, or with, as some put it, "getting by". Their days also tended to be less dominated or disrupted by illness and/or addictions, although such changes were not linear: some participants had recently experienced setbacks after a period of stability, while for others, turning points for the better happened after they had been struggling for a while. Finally, participants' use of time was more purposeful and future oriented. They no longer spoke about "shuffling around" and "killing time" and talked about establishing "a nice routine". Some engaged in paid employment, volunteered, or planned to go back to work or school; others, however, talked about

“needing a focus” to make their days less “long”, and their lives more “meaningful.” For these participants, future goals remained vague and less concrete.

In terms of changes in the social aspect of day to day life, one emergent theme was that participants experienced more control over their interactions with others once they had their own place, not having to worry, for instance about “getting involved in others’ arguments” or “having someone come over with a bottle.” However, participants still faced some struggles in terms of the social context of their daily life. Participants whose day to day activities were initially isolated tended to remain so; some who kept “bad company” struggled to extricate themselves from negative relationships which may have reinforced addictive behaviour and threatened housing stability, especially when others “crashed” at their place. Others, however, were taking responsibility for “not bringing the wrong people in” to their places. Participants expressed a sense of freedom once they moved out of their previous social milieu and into a new neighbourhood. One person for instance, talked about how “relieved” he was to have moved out of the “war zone” of Vancouver’s Downtown Eastside, where he had been entrenched and “held back” for years. Finding a sense of belonging in the “normal” world could take time, however. One person talked about how he had just recently felt comfortable enough to “walk around on the sidewalks” rather than in the back alleys as he used to. Another had recently become comfortable walking outside the “five block radius” where he used to live “like a turtle in his shell.”

A final emergent theme was the changes in significant relationships. There were numerous examples where participants held high hopes about reuniting with family once they became housed. The actual experience was more complicated, but generally positive. Some found themselves vulnerable to significant disappointment; for instance, one man had “given up hope” after having arranged an apparently successful dinner with his aunts, only to not have them return his calls later. For others, reunification was successful, although expectations may have become more realistic. For instance, a man who had initially hoped to have his fifteen year-old daughter move in had been disappointed when this hadn’t happened. However, he had recently returned from a camping trip with her, and now had his daughter’s pictures “all throughout his apartment” and kept in regular touch. In some cases, hopes for a straightforward reunification appeared unrealistic, given the complicated and conflicted relationships described by participants. In other cases, reunification was less complicated, and was facilitated because the participant now had a phone, and had gained the “self-respect” to initiate contact. For one person, having to tell his son that he was “homeless and an addict” was a life’s low point; in contrast, sending his son an email saying he now was off the street and living in Kitsilano was identified as a project highpoint.



Photo: from the Focusing the Frame exhibit, a participant

The Girls (at Ne Apin)

These ladies make me laugh a lot and make me happy because they care even though it is not a part of the job. I'm not used to that. And what a change for me – they don't even want anything back

2. CONTRIBUTING TO OUR COMMUNITIES –Participant Contributions

The *Housing First* approach means working from a place where services, supports and housing are based on the choice and preferences of each person. Once people have a secure home, they can begin to work on their personal goals. Many At Home/ Chez Soi Participants are re-connecting with their families and friends, building skills and confidence and discovering new interests. Through their art and sharing their stories, by finding jobs and going back to school or volunteering, participants are finding new meaning in their lives, new ways to contribute to their communities – and are helping to change the way people think about homelessness. The following section explores some of the ways participants have been contributing, learning and sharing.

A) Sharing personal stories

One of the ways participants are engaging with their broader communities is through creative expression. For some this artistic expression is a private outlet for their thoughts and ideas; for others it is a way to share their experiences with those around them. At Home/Chez Soi participants are fostering their talents and interests and sharing themselves with their communities through their painting, writing, photography, crafts, music, woodworking, and sharing of traditional beadwork.

National – *Here At Home*, National Film Board of Canada web-documentary

A national initiative that is underway is the partnership between At Home/Chez Soi and the National Film Board of Canada (NFB). This exciting partnership brings together NFB's skill and experience in exploring social issue through documentaries with At Home/Chez Soi and the stories about people's experience being part of At Home/Chez Soi.

Participants' stories are being told through short documentaries that are posted on a unique interactive website, *Here at Home/Ici, Chez/Soi* (<http://athome.nfb.ca/#/athome>). The website was designed to connect viewers with the project participants, share knowledge about the research aspects of the project and generate discussion about the social and fiscal consequences of homelessness and the Housing First approach. Over the course of the project the website will post short films from each of the five At Home/Chez Soi sites.

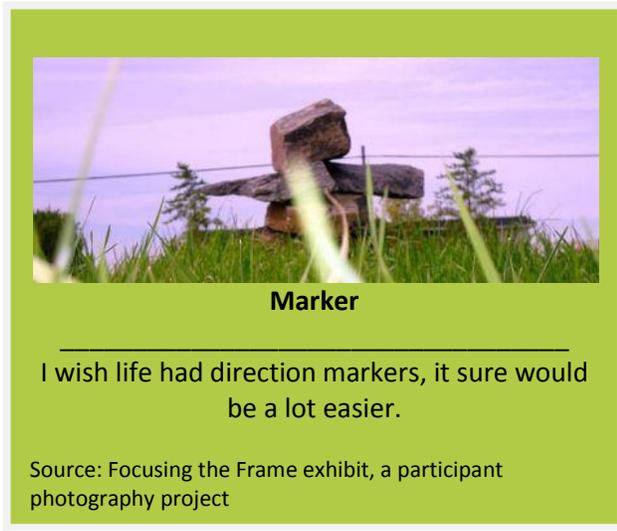
Winnipeg - Focusing the Frame, a Participant Photography Project

Focusing the Frame is a unique participant project that took place at the Winnipeg At Home/Chez Soi site. The idea behind *Focusing the Frame* was for At Home/Chez Soi participants to have a voice to visually represent their experiences as part of the project through photography.

Over a period of six months in 2011, participants in *Focusing the Frame* were given digital cameras and provided with supports to help them develop their photography skills and take photos. These supports were provided by two Participant Mentors (Mike Enright and Joe Hatch who are also participants of the At Home/Chez Soi project) and a Photography Consultant (Stan Rossowski). A series of workshops were held, along with individual meetings. At the end of the project, the participants selected a number of their photos

and wrote about what the photos meant to them with the intent of developing an exhibition of their photos to help describe the impact At Home/Chez Soi has had on them.

The result was a powerful art exhibit which was officially opened in Winnipeg on November 24, 2011. It was also exhibited at the Mental Health Commission of Canada's June 2012 International Conference: *Together Against Stigma* and will be featured in an event as part of Manitoba's Homelessness Awareness week in September 2012.



The participants involved in *Focusing the Frame* reported an increase in their confidence and the development of new skills in photography, visual arts and self-expression. The participants' willingness to share their experiences through *Focusing the Frame* has enhanced our understanding of homelessness. It has taught us about participants' journeys and what their housing means to them. It also challenges us to consider our existing notions about homelessness and mental health which are often negative and stigmatizing. *Focusing the Frame* has allowed participants to share the full range of their experiences and challenge those assumptions by talking about their journeys, family life, education and work. The photos included in this report are from the Focusing the Frame

exhibit. You can also view sample photos from this unique photo project can be seen in the MHCC 2011/12 Annual Report available online at www.mentalhealthcommission.ca

Vancouver – Participants' Speakers Bureau

The At Home/Chez Soi Vancouver Speakers Bureau is a group of participants recruited from the project in that city. Beginning in April 2011 with a group of eleven people, the Speakers Bureau has grown to seventeen core members, each with lived experience of transitioning from homelessness to being housed. Members have a wide range of personal experience before and after being housed. The Speakers Bureau is a practical forum for participants to work together to develop their public speaking skills and talk about their experiences of marginalization and the impacts of a *Housing First* approach in their lives.

Speakers Bureau members are available, individually or collectively, to present to different audiences interested in At Home/Chez Soi. There is a strong peer support component in the work of the bureau and members provide mutual support to one another in the development of their public speaking skills and in the preparation for and debriefing of presentations and media interviews. There is a peer co-chair and availability of peer support for all speaking engagements. Recent media and public speaking engagements of the Speakers Bureau have included: French CBC Radio Canada; the Mayor's Four Pillars Coalition; CMHA National Conference; the Globe & Mail and BC Housing. A Speaker's Bureau member recently participated along with project leadership in providing a half day in-service workshop on the implementation of HF in Saskatoon,

Saskatchewan. Future engagements include a panel presentation at the National Psychosocial Rehabilitation Conference in September 2012 and a plenary presentation at the BC Non-Profit Housing Association's annual conference in November 2012.

The power of people's experiences and insights is consistently reinforced as Speaker Bureau members continue to be engaged in public forums and media events. Individually and collectively, Speaker Bureau presentations help to challenge myths and stereotypes that are often associated with people who have experienced chronic homelessness. It provides alternative stories about who people are and what they need to move forward in their lives.

B) Working, learning and volunteering

For a number of the At Home/Chez Soi Participants, having a home and supports means they can think about finding jobs, returning to school and finding volunteer opportunities – where they can learn new skills, earn some money, and feel like they are contributing. This transition can be difficult as participants have often been marginalized and isolated from mainstream society and many have not been welcome in jobs or volunteer positions for a while. Offering participants supports is key to help them adjust, build new skills, find jobs and be comfortable in their new work or volunteer environment. Many participants are now working, volunteering and interacting within their local communities, schools and local businesses and employers.

Moncton - At Home Services

The Moncton At Home/Chez Soi participants have a full time vocational support specialist working with them to help identify and develop work opportunities (to learn more about one participant's experience go to <http://athome.nfb.ca/#/athome/video/8>).

One recent example of a work opportunity is the unique and collaborative *At Home Services*. *At Home Services* is a community employment project run by At Home/Chez Soi and funded through a grant from Vitalité Health Network/ Réseau de Santé Vitalité (A network of health services in New Brunswick). Through this grant, At Home/Chez Soi participants are employed to provide cleaning, packing and moving services. The idea behind this was to allow participants to gain work experience and reduce the amount of time At Home/Chez Soi staff spent packing, moving and cleaning apartments vacated by At Home/Chez Soi participants.



Hallway

Long. Dark.
Endless. Unknown.
Too many doors.
Panic.
Stand and stare.
Terrified.

My *At Home/Chez Soi* Intensive Care
Worker Claudette gently
guides me into Life.

Source: Focusing the Frame exhibit,
a participant photography project

Currently, fifteen At Home/Chez Soi participants are employed through *At Home Services*. While their work was initially intended to support the At Home/Chez Soi project, *At Home Services* is beginning to be offered to other local community agencies. This has strengthened At Home/ Chez Soi's partnerships with these community organizations. For example, a relationship with Downtown Moncton Inc. was established where *At Home Services* employees do clean up and maintenance around the downtown area. The partner agencies have indicated *At Home Services* is a tremendous service to them and really helped build positive relationships with the project - some have even said they would hire the participants directly because they do such a good job.

Most importantly this initiative creates work opportunities for At Home/Chez Soi participants. The participants involved have indicated they really enjoy being able to work, they feel good about how they're spending their time and money, and they are enjoying working as part of a team. In addition, some of the participants are even more engaged in the supports they receive through the At Home/Chez Soi Assertive Community Treatment team (e.g., meet more regularly with staff, signing up for because it now feels more like an exchange where they can do something for At Home/Chez Soi instead of it being a one directional relationship where they receive services.

Montreal - IPS Supported Employment Program

IPS Supported Employment Programs (IPS stands for Individual Placement and Support) is based on a model from Dartmouth Psychiatric Research Centre. It is built on the premise that individuals living with mental health issues should be offered supports to work. It is based on competitive paid employment, client choice and preferences. There are no requirements around readiness, symptoms or diagnosis. IPS Program staff are integrated within service teams and provide personal supports to clients and conduct outreach to build connections with employers. (For information on IPS go to: <http://www.dartmouth.edu/~ips/page66/page70/page70.html>).

In Montreal, the IPS program is available to At Home/Chez Soi participants in the intensive case management programs and its impact will be formally evaluated as a part of the research design. Interested participants work with the IPS staff who prepare them to look for jobs. This includes assistance with resumes, introductions to employers, and preparing for job interviews. They also receive personalized supports and assistance with job searches based on their strengths, work background and interests. Once they are hired, they continue to receive support and the IPS staff help them develop strategies around issues that come up, including how to approach employers about workplace supports they might need. The IPS staff also work directly with employers to find job opportunities for participants and educate the employers on how to support participants in their jobs.

To date approximately forty-five participants are involved in the program with six currently working and many actively searching for jobs. Examples of the kinds of jobs participants have been hired to do include cleaning, working in a community agency or at a pet store, and doing bicycle repairs. Participants say they like the program because it helps them search for jobs. It is a place where they can talk about their fears and concerns, rely on staff to help them work with their employers, and if situations arise the staff can mediate

on their behalf. One employer shared she is excited about being able to help the participant reintegrate into the community.

Toronto – Learning and Choice through WRAP

WRAP – Wellness Recovery Action Plan – is a unique program developed by people who experience mental health issues. It is an approach that places a person’s recovery in their own hands. It embodies a few main concepts (hope for recovery; personal responsibility; education to learn about your illness; self-advocacy to speak on your own behalf especially when dealing with stigma and discrimination; and support). The goal is that each person who goes through the WRAP program will achieve each of those.

It is an eight week course led by Peers – or workers who have personal lived experience of mental health issues or homelessness, and who work from that perspective. The At Home/Chez Soi Toronto site offered a WRAP program to participants. Two Peer Support Workers co-led the group along with At Home/Chez Soi participants. During the WRAP program group members talk to each other and learn about planning for their daily needs. WRAP has a strong focus on participants building their own plans based on goals and actions they define. A core piece of this is the development of crisis plans. With these crisis plans, participants outline what they would like to occur if they have a crisis, e.g. which hospital they would prefer to go to, and who would have authority to make decisions on their behalf if needed. It is about giving participants control and options. It builds their own problem solving, decision making and advocacy skills and outlines their choices. It also helps them define how they want to interact with the service system around them. WRAP comes from a peer perspective so it encourages personal responsibility and taking care of one’s own recovery.

The first course was completed recently at the AT Home/Chez Soi Toronto site and the Assertive Community Treatment Team in Toronto will be holding more in the future. It was successful in that only one person did not complete the program, while the other participants were able to evaluate their life and daily issues and participate in a group that provided good discussion, support and learning. As a result participants are engaging differently with their services teams (e.g. are more active and in control) and in fact, a number of the participants report increased confidence and a sense of control. Some of them have asked for additional WRAP training so that they can become WRAP facilitators and train others on this peer-led model.



Family

Having a mental illness always kept me apart from my family. Even when I was young it was always like I wasn't really together with them. I could be along side them, but I couldn't be one of them. My mental illness and a bad drinking problem meant that when I got older I lost my kid. I had another one later and I didn't get to see him either. Now that I've got a place of my own, I don't drink anymore, I feel so much better, and I get to see my kids. That never would have happened if I didn't get into the *At Home/Chez Soi* program.

3. CONTRIBUTING TO OUR COMMUNITIES - Building Research Capacity

We believe that incorporating research and evaluation into services is a valuable way to provide evidence to inform policy and practice. At Home/Chez Soi has had the benefit of having many leading researchers from across Canada working on this project and we would like others to benefit from that as much as possible. As a result we are committed to sharing our research through reports, publications and presentations nationally and internationally. For more information on our publications and reports refer to the Mental Health Commission of Canada website (www.mentalhealthcommission.ca) .

In addition to our research findings we are also sharing our research process and protocols in an effort to help build research and evaluation capacity in this sector. We have worked with people nationally and internationally. For example, two Housing First programs in Calgary and Edmonton have chosen to adopt research protocols similar to that of At Home/Chez Soi, which will eventually allow us to compare data between our programs. We also developed a Research Instrument Kit that outlines the research instruments we use, provides information on the use of each tool and directs people to where they can find more information. The hope is that this will help equip other programs to conduct their own research and evaluation.

Building Capacity in France (*Chez Soi D'Abord*)

We have also been excited to provide assistance to a research demonstration project in France called *Chez Soi D'abord*, which is based on the At Home/Chez Soi project and incorporates similar research and service protocols.

Chez Soi D'abord was launched in July 2011 in Lille, Marseille and Toulouse. It includes 100 treatment as usual participants and 100 Housing First participants in each of the three cities. A fourth city (Paris) will possibly be added in 2012. All the participants will be individuals who have high needs and those in the Housing First group will receive housing and services through Assertive Community Treatment services.

At Home/Chez Soi was pleased to assist *Chez Soi D'Abord* to set up their program – both in developing the research as well as the services. A number of At Home/Chez Soi research and service members participated in a training event in 2011. It is a huge and exciting opportunity to be able to collaborate internationally around common issues.

We are excited to consult with a number of other interested programs internationally including in New Zealand and Australia where MHCC's CEO recently travelled by invitation to consult on numerous issues including housing and homelessness and implementation lessons from At Home/Chez Soi.

Observer-rated Housing Quality Scale

In developing the research protocol it was determined that there were no existing tools suited to measure participants' quality of housing. The At Home/Chez Soi team decided to develop a new tool that would be piloted and used for the project and then made available to the field. The Observer-rated Housing Quality Scale (OHQS) will help us understand the difference in quality of housing and the degree to which this quality

relates to participants' outcomes over the course of the study. The tool rates housing on 25 features such as lighting, heating and condition of common areas.

The tool was developed through an inclusive process that involved focus groups with the At Home/Chez Soi Housing providers (through the Housing Community of Practice), as well as with people who have lived experience of mental health issues and/or homelessness (through the National Consumer Panel and the Toronto people with Lived Experience Caucus). Their perspectives were important in helping us to determine which characteristics people commonly agree are important in quality housing.

The OHQS was successfully piloted and is now being used across the study as a whole. While the full instrument is not yet available for use outside At Home/Chez Soi (as we are waiting for final analysis on how it did at the end of the project) we have submitted a scientific article about its development and are happy to provide additional information as requested. Go to www.mentalhealthcommission.ca to learn more.

4. CONTRIBUTING TO OUR COMMUNITIES – Involving People with Lived Experience(PWLE)

In the *Early Findings Report – Volume 1*, we described the involvement of people with lived experience in work and advisory positions on the project. The goal has been to enhance the capacity and skills building and employment opportunities for peers through the project (please refer to this report for background information). The result has been the generation of peer knowledge, reflection and feedback – both in terms of the project itself (such as providing feedback about the research protocols and developing a resource for participants who are invited to speak to the media) as well as in helping us to understand the processes and supports needed for successful PWLE involvement. The following section highlights a few of the ways peer knowledge has been incorporated in the project.

Stigma and Discrimination and PWLE Knowledge Discussion Paper

One of the key resources developed by the National Consumer Panel was the *Stigma and Discrimination and PWLE Knowledge Discussion Paper*. The report values the knowledge produced by the PWLE community. It looks at the ways PWLE have produced knowledge at diverse levels in the mental health system (direct service, policy, research and systems and organizational thinking). It also reflects on the best ways to optimize the knowledge and skills of people with lived experience of homelessness and/or mental health issues who work within At Home/Chez Soi. It provides recommendations for the project as well as ideas for the inclusion of PWLE in projects beyond At Home/Chez Soi. It was developed through an inclusive process that allowed for a variety of voices to be included in the document. It points to the value of peer knowledge within At Home/Chez Soi in order to prevent stigma and discrimination within the project.

Its recommendations focus on three key areas:

- 1) Defining the roles of PWLE
- 2) Expanding the “next level” of peer involvement through employment (At Home/Chez Soi employed PWLE as peer support workers, peer research interviewers and peer organizers in addition to other peer positions throughout the project);
- 3) A blueprint plan for future PWLE involvement that includes peers from the early planning stages rather than just in the later planning or implementation stages.

Spreading the Word - Presentations

A number of the peers involved with the project have been able to present and talk about the work that they have done and how it was done. We were particularly pleased to participate in the recent Together against Stigma 5th International Stigma conference, hosted by the Mental Health Commission of Canada, held in Ottawa in June 2012. Members of the National Consumer Panel (NCP) participated in a symposium titled “Nothing for us without us.” Dawnmarie Harriott presented a talk “Language, Self-definition, and People with Lived Experience,” which explored the importance of thinking through the effects of language as it is used to describe PWLE. Janina Kamaroff’s talk, “A Case Study of Peer Research within At Home/Chez Soi”, profiled the peer qualitative research group’s contribution to peer research. And Freeman C. Simard presented “Talking to the Media: Representing Lived Experience to the Media.” He described the work that the NCP has done on media representations of PWLE, and the work that the Winnipeg site has undertaken to ensure a supportive environment and informed consent for those participants who have been approached to speak to the media. The symposium was well attended, with an engaging Q & A period. It provided a great venue to profile NCP members and their work.

Contributing to the Research - Qualitative Peer Research Group.

The Peer Qualitative Research Group, made up of seven peer researchers, met from Fall 2011 to Spring 2012. Constituted by peers involved in the project, supported by the National Qualitative Research Team, and co- led by Jill Grant and Jijian Voronka, this group met bi-weekly with the goal of publishing an academic paper drawing on the baseline qualitative participant narratives. The process was to read 30 purposively sampled transcripts from the five sites, settle on themes of interest, and code for a few of these themes (recovery, ‘help’, and peer support). Once coded, the focus was on writing an article based on what participants discussed as ‘helpful’ help, ‘unhelpful’ help, and the disconnects between articulated needs and what they receive. Each member drew on their particular strengths and interests in order to contribute to compiling the article. The co-leads are currently editing the article, which we anticipate submitting for publication in early fall 2012.

Contributing to Practice – Peer Support Work Community of Practice Discipline Summary

The Peer Support Worker Community of Practice is a group of Peer Support Workers (PSW) from across the At Home/Chez Soi project who have teleconferences together on a regular basis to learn from one another and to share and support each other. Peer Support Workers are people who have a range of experiences including living with mental health issues, homelessness, addictions, marginalization and poverty. This personal experience is incorporated into their professional practice and the way they engage with At Home/Chez Soi participants. The work of PSW is valuable and yet distinct and unique from some of the other professionals we often see working on service teams in this area (e.g. social workers, nurses, psychiatrists). As a result the group decided to develop a resource called the *PSW Community of Practice Discipline Summary* that would help explain their practice as PSWs within At Home/Chez Soi . It outlines the values and principles they incorporate into their practice. The document is being used throughout the project and has been used to help develop job descriptions and some job evaluations, but also to strengthen the understanding of and commitment to the value of PSW on clinical teams. To access this document, please go to www.mentalhealthcommission.ca .

Summary

This is the last of a series of three early findings reports, which have showcased some of the knowledge that has been generated throughout the life of the project. Still to come are a series of products that will include formal reports to government, scientific articles, book chapters and the ongoing creation of our interactive website in partnership with the National Film Board (website). Please visit it to see film clips and read blogs that bring the project alive (<http://athome.nfb.ca/#/athome>).

We hope that these early reports have given readers a sense of the scope and depth of the learning that has accrued over the course of this project as the many different players have tackled the daunting tasks associated with implementing it. The creativity and dedication behind the activities described in the early finding reports are typical of much of the work to date. Still, much of the knowledge that has been compiled cannot be captured in pictures, words and reports. It will always reside within the hearts and minds of those who have been involved. As we move forward we hope that the skills and wisdom that have developed will be an ongoing resource for those who want to improve the circumstances of those who are homeless and living with mental health issues.



Caterpillars – Bridging the Gap

Having a place to stay through the At Home program has given me peace of mind and given me some opportunities to improve my life. I'm away from the bed bugs, the cold outside, and the hotels. I have a safe place and I can get healthy again.