

Winnipeg Site Implementation Final Report



Report prepared by

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I. Introduction

This report documents the implementation of the Mental Health Commission of Canada's At Home/Chez Soi project in Winnipeg. It reports on the viewpoints and perspectives of the site's stakeholders concerning the fidelity of the Site to its original plans; formative issues related to successes and challenges; stakeholder relationships; the involvement of participants; issues related to Site resources; and the influences and consequences of the local Site context in terms of adaptations made to the Winnipeg Site and the resources upon which it has drawn. The report is the result of a series of interviews and focus groups facilitated by researchers at the Institute of Urban Studies at the University of Winnipeg.

II. Context

a. Site description

The research component of the Winnipeg demonstration project is led by the Institute of Urban Studies, University of Winnipeg and is structured as follows:

- Site Coordination: Marcia Thomson and Project Consultant Carla Kematch;
- Principal Investigator and Lead Applicant: Dr. Jino Distasio, Associate Professor of Geography and Director of the Institute of Urban Studies, University of Winnipeg; and
- Co-Principal Investigator Dr. Jitender Sareen, Associate Professor of Psychiatry and Community Health Sciences and Director of Research, Department of Psychiatry, with and Corinne Isaak as Research Coordinator.

The Ma Mawi Wi Chi Itata Centre undertakes delivery of the Intensive Case Management (ICM) interventions known as Wi Che Win (or "Walk with Me"), while the Mount Carmel Clinic (MCC) is responsible for implementing the Assertive Community Treatment (ACT) interventions.

The Aboriginal Health and Wellness Centre offers the Ni-Apin Program as the site-specific (Third Arm) intervention component. It is an ICM model with an additional day program and provides housing alternatives to its constituents at first point of entry into the program.

The Winnipeg Regional Health Authority (WRHA) coordinates housing procurement in association with Housing Plus and works with the Service Arms to identify appropriate housing. They also have an educational role with landlords in terms of Aboriginal Cultural Awareness and Mental Health First Aid.

The Project Leadership Team, (comprised of the Site Co-Coordinators, the Co-Principal Investigators, the Lead Service Providers, and the Housing Procurement Coordinator),

provides overall management and coordination of the Winnipeg Project. The Advisory Committee helps to secure effective, holistic and effective partnerships across housing, service and health care sectors, while the Aboriginal Cultural Lens Committee ensure that Aboriginal perspectives are honoured and promoted in Site implementation. Persons with lived experience in mental health and in homelessness (PWLE) are represented in various roles of the Project, on the Advisory Committee or as staff of the lead service providers. The inclusion of Aboriginal perspectives and of persons with lived experience in mental health and homelessness are considered integral to the Winnipeg Site (see **Appendix 1** for a chart illustrating the structure of the Winnipeg Site).

b. Characteristics of the Homelessness Situation in Winnipeg Prior to Implementation

According the 2006 Census, Winnipeg is a community of 633,451 people, (337,465-male and 357,205-female) with a median age of 38.7. Winnipeg is home to Canada's largest urban Aboriginal population (68,385) with 32,480-male and 35,905-female persons self-identified during the 2006 Census. This growing population is also much younger with a median age of 24 compared to nearly 40 for non-Aboriginal persons (Census Canada, 2006).

Since 1991 there has been an overall decline in the vacancy rates for rental property in Winnipeg, going from 6.5 per cent to 1.1 per cent as of October 2009. Low vacancy rates in Winnipeg in both the public and private housing market have contributed to long waiting lists for those seeking affordable shelter. As a result, prospective landowners and managers in the public market have the power to be particular in tenant selection. Some property owners and managers may avoid renting to tenants who are considered marginalized due to perceived drug and alcohol use and mental health issues, or as a function of racism and systemic discrimination.

Approximately 40 per cent of the rental housing stock is located within Winnipeg's inner city where housing is older and increasingly in need of major repair. This has placed considerable pressure in the rental market with fewer options. The Core Housing Need in Winnipeg has been estimated at 10 per cent, meaning that the these houses may be in need of repair, the household pays more than 30 per cent for shelter or the household is considered to be crowded (CMHC, 2008). Winnipeg's housing rental stock is decreasing while rents increase, eroding both affordability and availability. According to a 2009 report from Canada Mortgage and Housing, the average rent for a bachelor apartment was \$447, \$615 for a one-bedroom and \$809 for a two-bedroom.

Private Apartment Average Rents: Winnipeg CMA							
Bachelor		One Bedroom		Two Bedroom		Three Bedroom	
Oct-08	Oct-09	Oct-08	Oct-09	Oct-08	Oct-09	Oct-08	Oct-09
464	447	602	615	769	809	920	946
Source: Rental Market Report Winnipeg CMA Fall 2009							

With the average rent this high, a single person on EIA with a budget of \$320 per month to rent an apartment (or \$300 per month for accommodations in a rooming house) would have great difficulty obtaining shelter in Winnipeg. For a bachelor suite, this represents a shortfall of \$147 per month for shelter costs, which must inevitably be taken from other household budget areas.

The wait lists for subsidized housing is also a key issue. The Manitoba Urban Native Housing Association reports that there is an overwhelming shortage of housing, with 2,300 persons on their wait lists (Distasio & Mulligan 2005).

Another key issue in Winnipeg is that there are an estimated 5,000 tenants in 1,000 rooming houses, with Employment and Income Assistance (EIA) paying approximately \$825,000 in monthly rents (Distasio, Dudley & Maunder 2002). In addition, close to 1,000 persons live in residential hotels along the Main Street area of downtown Winnipeg (Distasio & Mulligan). While overall shelter beds have increased over the past several years, there remains no Aboriginal-owned and operated shelter. The last shelter operated by the Aboriginal community was the Neeginan Emergency Shelter. Currently, Winnipeg has the capacity for 500 shelter beds during the winter months

Estimates of the homeless population in Winnipeg range from a minimum of 350 living on the streets, with a further 1,915 making use of shelters on a short-term or crisis basis (Ford 2009). One challenge associated with the Winnipeg demonstration project is that there has never been a comprehensive and coordinated homeless count. However, past efforts and discussions with emergency shelter staff indicate that the average person without shelter in Winnipeg is most likely male (70%) and of Aboriginal descent (70%). This corresponds with a recent “point in time” count orchestrated by the Canadian Institute for Health Information, as shown in the chart below.

Table One: Point in Time Estimate: Winnipeg, Manitoba		
Date of Data collection	Estimate	Gender , Age and Aboriginal Peoples
Night of June 22, 2005	Emergency shelter users 125 (excludes those on the street and hidden homeless)	101 males (81%) 24 Female (19%) Aboriginal Peoples 77 (62%)
Source: <i>Improving the Health of Canadians 2007-08: Mental Health and Homelessness</i> . Canadian Institute for Health Information, Canadian Population Health Initiative. Ottawa, Ontario.P.10.		

c. Description of Service Delivery Environment Prior to Implementation

The standard form of shelter for the homeless in Winnipeg falls under the category of Crisis and Transitional Housing. Main Street Project, the Salvation Army Booth Centre, and Siloam Mission are offer crisis and transitional housing. Such shelter is short-term in nature (with stays of a few days to a few weeks), and is particularly intended for

emergency use, with the goal of transitioning individuals back into the community into more permanent housing. Between them they can easily shelter 435 homeless individuals, with a maximum capacity of 500 under conditions of extreme cold.

In addition, there are emergency and transitional shelters geared towards providing services to particular populations, such as women or youth needing protection from dangerous home environments. Women's facilities include Ikwe-Widdjitiwin, Osborne House, Salvation Army - Women's Services, Alpha House Project, and the Native Women's Transition Centre. Homeless youth are served by MacDonald Youth Services, the Main Street Project, Ndinwemaaganag Endaawaad, and the Neeginan Emergency Shelter.

However, there are major holes in service provision. In 2007, Leskiw and Associates investigated service use and availability among Aboriginal people in Winnipeg and found that, while there are a number of services for adult women there is a lack of similar services for adult males (Leskiw & Associates). This is a particular problem in Winnipeg; as the 2001 Community Plan on Homelessness and Housing pointed out, adult males represent a constituency of "high need" that are frequent users of emergency shelter, and who often have addictions issues. Moreover, the Plan indicated that Aboriginal males experiencing mental illness often seek emergency, transitional and supportive housing in contrast to permanent housing. In general, the report concluded that among the most under-served populations were individuals with mental illnesses (Social Planning council of Winnipeg, 2001).

General services for individuals with mental health issues are provided by the Winnipeg Regional Health Authority. Supportive Housing (with on-site support staff) and Supported Housing (case management provided to residents who need supports) are also available in Winnipeg through the Winnipeg Regional Health Authority's Mental Health Program. The Winnipeg Regional Health Authority also operates mental health residential care facilities through its Community (Supported) Living and Community Mental Health programs. The Province of Manitoba also funds the "ALL Aboard" strategy, which include housing facilities with community-based supports provided by multi-disciplinary teams.

To some extent then, housing is integrated into the delivery of mental health services in Winnipeg. However, there is clearly a lack of such services for homeless individuals with mental health issues.

d. Nature of Participants

It is not possible to characterize the "average" participant that is involved with the project in Winnipeg. Although a large majority is of Aboriginal descent, it is a very diverse population of individuals with unique circumstances and needs. Project staff report that there were unexpected challenges that came with participants, ones that didn't fit into the expected mold of an average or expected participant. Participants with

solvent abuse issues, for example, have been a predominant challenge with which all the service teams, and the Winnipeg site as a whole, have had to deal.

Other situations that were initially unexpected and provided challenges to staff: homeless individuals who are physically disabled and require the use of a wheelchair; those who are in existing relationships and wish to be housed with their partner; and individuals with Fetal Alcohol Spectrum Disorder. It was noted that the existing housing system in the city has not dealt effectively with this population in the past. Many of the participants have had lengthy experience with the social services system, some not positive. It was assumed that all participants would be receiving Employment and Income Assistance, but many weren't and adaptations had to be made.

Some participants had a negative history with the provincial public housing system (Manitoba Housing), in that they had been evicted from Manitoba Housing in the past due to damages or behaviour, or for being in arrears. This eliminated the option of the service team placing the participant in a public housing unit, which lengthened the waiting time and made housing the individual a greater challenge. Participants may also be in arrears with Manitoba Hydro or other utilities from previous rental housing.

Participants with histories of gang involvement or who are closely connected to someone within a gang have found it difficult to maintain housing when their unit is in a central area of the city. Being exposed to gang elements or past associates on a daily basis can be a barrier to maintaining housing. In at least one situation, a participant who had no gang history felt unsafe when housed in the second floor of a house in which the other residents had gang involvement, with gang members coming and going from the residence.

Service teams have found that many Aboriginal participants prefer a more collective living arrangement, and that the predominate model which houses participants on an individual basis can be a source of stress. One story was related of a participant who had had a history of alcohol abuse, and had been sober for some time while living in shelters, but when he was housed by himself the stress, isolation, and responsibility of taking care of himself led him to drink again. Other individuals are proud of their new place, and invite friends over – who sometimes get out of control and cause damages, noise or disturbances, leading to issues with the landlord, and possible eviction.

Site staff stressed that it cannot be expected of all participants to make a full recovery. Some participants will always be in recovery of some form or another and will always require supports. There are participants who have a long history of trauma, in dealing with the residential school system or legacy of dysfunction left from the child welfare system (e.g. the “sixties scoop”, abusive care givers, loss of culture). Other participants are involved in the justice system, and a few have been referred to the project, randomized to housing, and then been incarcerated.

III. Methodology

A. Description of the sample

In total, 37 people participated in the evaluation consultations. The stakeholders interviewed for the report include the Site Coordinators, the Principal Investigators, and the Service Leads. The staff at each service arm and the housing procurement staff all participated in focus group settings, as did the research team, for five focus groups. An additional focus group was held with Consumers representing all three arms. The number of participants in these groups was as follows:

- ICM: 3
- ACT: 7
- Ni Apin: 5
- Housing: 4
- Research: 6
- Consumers: 5

Unlike the procedure for the Proposal Development Report, no effort was made to gather demographic information from the sample. However, with few exceptions (notably the research team and Consumers), the sample is fairly similar.

B. Documentation of Methodological Steps

Question templates supplied to the Site were first simplified by removing extraneous (i.e., instructional) text, and then emailed to Stakeholder participants well in advance of the meetings, along with consent materials and forms. Upon meeting, participants were invited to sign the consent form and explained the research purpose and process. Almost all these sessions were facilitated by both Dudley and Havens, with the exception of two at which only one or the other facilitator was available. The Consumer focus group was facilitated by Corinne Isaak.

C. Description of Coding/Analysis Process

With a sound coding process having already been developed for the purposes of the Proposal Development report, Dudley and Havens adopted a somewhat simplified coding procedure for this phase of the research. Each author read the transcripts of interviews individually, then met to identify common themes. The authors also listened jointly to recordings of interviews and focus groups to augment written notes. Responsibility for drafting the report was divided between the two authors.

D. Description of how the quality of the data was established

To ensure confidentiality, the transcriptions were undertaken by a third party professional transcriber with no previous connections to the personnel associated with the Winnipeg Site. Furthermore, both mp3 files and typed transcripts were stored on the hard drives of the authors, as well as a collaborative file-sharing site to which only they had access.

E. Assumptions and Limitations

It should be understood that the statements in the report are a synthesis of the comments contributed by the individuals interviewed, and are not the opinions of the authors. Direct quotes from interview participants are italicized. Given that the interview process took place over nine months, certain statements may not reflect current conditions.

IV. Findings

A. Program theory i.

Program Model

Services/Service Philosophy

The service teams in Winnipeg have found that a harm reduction approach to participant behaviour is beneficial in building relationships and encouraging success in participants. The harm reduction approach has caused challenges with some clients in maintaining housing in that it does not forbid risky behaviours but these practices are not condoned by the service teams and they make sure not to encourage dependency. Some participants have been assisted with and improved their personal finances by budgeting for their alcohol and/or drugs along with groceries, etc.

Building relationships with participants and treating them as unique individuals has been an important approach for the service teams. Staff members attempt to identify the strengths of individuals, and then facilitate the application of these strengths as much as possible in programming for participants in a non-judgmental way. As one staff member put it, *“People recognize that we treat them with respect in spite of whatever mistakes they make.”* This was confirmed by a Consumer, who reported, *“Other services make you feel terrible, they reject you if you relapse. The workers sit you down, give you a coffee. When I relapsed they said, we still want to work with you...I felt good, they didn’t belittle me.”*

Participants have been provided opportunities to take part in cooking programs, parenting courses, anger management training, and other types of education.

Concerns were raised about the challenges of offering 24-hour support to clients. The Site was initially supposed to have service staff available to clients to assist with crisis situations or landlord concerns, after hours. Due to staff union rules, budgets for overtime, and other limitations, the availability of after-hours service has been limited. An after-hours phone line has been put in place with mixed results. In many situations the phone support is ineffective for clients, as they are not comfortable talking to people they don't know. The phone line "triages" calls and often clients have to wait until Monday morning if they need help on a weekend. The 24-hour line is contracted with WRHA Health Links to do the triaging of calls. If it is deemed necessary and appropriate the call will be transferred to the Main Street Project (MSP) and they can send out the van patrol with two staff to make house visits. The Site in the process of making this line better by taking out the WRHA health links line and MSP would do all the triaging and house visits if deemed necessary.

Consumers expressed concerns about this aspect as well. After-hours availability varies between the program streams, and weekends can be a problem in terms of accessing assistance. Furthermore, some so-called "moderate needs" consumers were disappointed that it was assumed they wouldn't need after hours care as much, but this hasn't been the case.

The ICM arm in Winnipeg is called by the traditional name *Wi Che Win* which means "walk with me" – as aptly described in the following explanation:

[O]ur philosophy is, when they come through our doors, we have to start walking with them, wherever they're going and start where they are. And walk with them [in] their new neighbourhoods, their new homes. Even if they go to jail, we'll walk [with] them. And we don't throw our hands up and give up, but we just keep on searching for solutions to their unique life circumstances.

There are still somewhat contrasting views apparent concerning the purpose of the project. Staff of the program, mainly within the service teams, are more likely to describe At Home/Chez Soi as a program that functions primarily to provide services, while the research teams view the project as a study, but one that provides services as part of the research.

Staff Requirements

The project has benefitted from staff members who have the skills and personal qualities to work well with people of all kinds, especially high-need individuals. Having a warm personality, empathetic listening skills, and a desire to understand the unique circumstances of each individual were highlighted as important strengths for project staff. Combining these interpersonal strengths with staff that have clinical skills, an ability to help participants navigate the social services system, as well as comfort working in challenging settings, make for an ideal service staff member.

Given the importance of relationship-building to the success of the project (see below), staff need to be able to engage in empathetic listening and respond appropriately to people in crisis, and develop case management plans individualized to that person. They must be someone who can work with high-need individuals, have the skills to be able to assess their needs, maintain relationships and carry out interventions when necessary.

ii. Outcomes – Anticipated and Early Outcomes

An important point was made by a project staff that there is a distinction between the success of the Site as a research project (in terms of having valuable findings and data) and the success of the participants about which the project were concerned. An anticipated outcome that was widely reported by staff was that of many participants becoming successful in maintaining housing, and doing this while being more independent.

It was felt by many that the project would demonstrate the value of providing housing to this population. It would show many landlords the benefits of working with a program of this nature and the success that is possible, and being willing to work with people with these issues in the future. Having the larger service and specifically mental health community appreciate a project of this nature was also seen as important, as was the hope that the spiritual element of the services would be embraced. It is evident to many that the project has encouraged a variety of service providers to work closely together and build positive relationships, which is of benefit to clients.

Concerning the success of the participants, some project staff commented that it is still too early to comment on the results of housing stability, with only about half of the target number housed to date. The service teams started with very little knowledge of how to work with the Housing First model, and still have much to learn about how to make it a success. And because the Winnipeg Site has been playing catch-up on the placements in housing, it would be difficult for Staff to say what the outcomes might be.

It was noted by some interviewers that they found some participants were relieved to share their personal story with someone who was willing to listen. Service teams also had many individual success stories to share which will be evident in the consumer narratives. One trend noted was that service staff had seen female clients have more success in maintaining housing than men. It was thought that this is because women are generally more willing than men to seek and accept help if they need it. There were concerns expressed regarding what will happen when the Service Arms reach their quotas for non-Aboriginal participants: will these people be automatically randomized into TAU?

B. Implementation themes

Relationships

The primary theme emerging from the interviews and focus groups is of the importance of relationships: between participants and the service teams; between various levels of staff; between landlords and housing provision; between the service arms, housing and research; between the Winnipeg Site and external partners; and between the Site and the National Team. The integrity of the project and its successes are owed to the strength of its relationships; and its weaknesses and challenges – where they exist – are also owed to the need to strengthen those relationships. It was perhaps expressed best as, *“What’s central to all of the intervention is the relationship.”*

Healthy relationships, particularly with participants, are important because of the traumatic experiences and social challenges participants face, with the result that trust has in some cases been slow to build. The experiences associated with homelessness force people to learn how to survive, which can mean learning to steal from and manipulate people. At the same time some participants often feel like they are losing touch with their friends from the shelter, and feel isolated in their new housing. So the most important thing is the relationship that’s established by the teams with the individual, to ensure that they are engaged in a significant experience with other adults, some of whom are professionals and some peers; and these relationships help participants get stabilized.

The quality of these relationships is directly related to the qualities of the research and service staff; these individuals become a significant intervening variable in the success of the project, based on their ability to form relationships.

Among consumers, there were many moving remarks concerning the importance of the project in their lives, and in particular, the relationships they had formed with Project staff. The following comments were typical:

“This program has saved our lives.”

“People care about you. A year ago I didn’t think anybody cared. ”

“I feel I’m worth something.”

“The workers make you feel like you’re not a reject of society. They help you see your future.”

“It’s not just a job to them. They care. ”

“I feel free to tease my worker and she teases me too.”

There were however some mixed feelings about these positive relationships, in that sometimes the relationships are affected by the institutional barriers of the project; despite the affection they may feel for their workers, consumers recognize that their workers can't actually be friends.

Housing provision – upon which the success of the entire project depends – is premised to a significant degree on good relationships. When there are good relationships in place, landlords may be more tolerant of participant behaviours, and will more readily work with the service team to resolve issues. Many landlords have reacted positively to the Project, saying that they feel like they're giving back to the community. Honesty and credibility are felt to be important for the relationships with landlords.

A sticking point in this relationship may be the attitudes on the part of certain caretakers, some of whom seem to be in the words of one staff, "stalking" the participants and looking out for the slightest perceived infraction. Activities that would be perfectly acceptable for a non-participant – like bringing home a case of beer – appear to be viewed differently in many instances.

However, cases of housing unit damage and multiple re-housings have led to dissatisfaction on the part of some landlords. Staff have tried to keep landlords engaged in the process and from getting upset. Despite their best efforts, however, it hasn't been possible to keep all their initial "guarantees" that had initially attracted landlords; and with the ensuing issues it's been harder to "pitch" the project to landlords. In recent months several landlords have in fact left the project, taking their units with them.

In terms of working relationships, the service teams in particular have very supportive working environments, which are essential for making possible the difficult work they do. Similarly, there is a great deal of camaraderie among the research team. Given the challenging and emotionally difficult nature of their work, their relationships with each other are very important; there is frustration however that there isn't adequate time built into their schedules so that they can debrief and provide support to one another.

Concerns were raised however that some relationships between staff and management were suffering due to inadequate human resource processes and practices. Complaints about disorganized workflow and what were perceived as unfair treatment of some staff members were felt to have "fallen on deaf ears" and there were no structures in place with which to deal with them. This was felt to be in part the result of unclear lines of authority between the multiple organizations involved in managing the site.

Consumer involvement

There is a considerable degree of participant involvement built into the project at the Winnipeg site. As one staff member put it, *"The experts are the constituents...we learn from them."* Manitoba Green Retrofit has hired participants for project-based or short-term work, and the service teams have had some great successes with participant

involvement. Participants are coming to them with ideas, such as a participant-produced newsletter and the participant-led focus group on evictions. Furthermore, some participants, once they get into housing, end up volunteering at Agape, the food kitchens and other agencies, as well as at the service arms. This past winter, for example, one participant regularly shoveled the sidewalks outside the offices of one of the Service Arms.

It was also noted that there are more people in the field team with lived experience than most realize, because of the several ways in which “lived experience” can be defined. The participants themselves are aware of the involvement of their peers on the project and value it. In fact, according to one staff member, *“participants can tell right away if you don’t have lived experience. If the connection isn’t there it isn’t going to work.”* That the project’s staff are able to relate and empathize personally with some of the trials experienced by the participants has been very well-received.

While there was widespread agreement that their contributions have been extremely valuable, there were also concerns that – especially in the case of those conducting interviews – the work may be traumatizing, that sometimes the stories resonate “too close to home.” For both participants in the study and those at the staff level, the stated goal was, finding *“a way to mine [their expertise] without jeopardizing their well-being.”* A recent addition to the Site has been the Lived Experience Circle started by Ma Mawi and the Aboriginal Advisory Committee.

Structures/Governance

The major components of housing and the three service arms are seen by most to be of equal value, in the sense that one part cannot work without the other. This equality extends to the leadership: There is a Project Leadership Team which is made up of the Executive Directors, representatives from Service, Housing, Housing Plus and Research to make the day-to-day decisions, and to make sure all are “on the same page” and working in the same way. This has been a significant challenge, with landlords, service teams and research all separate and, to a degree, compartmentalized. Each Service Arm, in particular, is independent, so interagency collaboration has been a challenge.

Staff saw that shared leadership is good, but some also pointed out how complicated it can be. Joint management has been a structural challenge not entirely addressed, according to some. A consensus style is felt to be good for a community-based project with different groups involved, but it was suggested that sometimes a stronger leadership style was needed to ensure that decisions are reached about some issues, and within a reasonable time frame.

With three different research staffs, and multiple authorities, there seemed to be problems with lines of communication, especially when dealing with issues raised by staff. All too often, no action seemed to have been taken on issues and recommendations

raised, leading to frustration and uncertainty. Issues get tabled but no closure follows – the response is generally “we’re working on it.” As one staff member put it,

“Meetings are too much about ‘what are your numbers’? What are they getting from the numbers? Data doesn’t translate easily into solutions. There’s too much focus on quantitative data, not on qualitative feedback.”

Clarity around decision making was urged. There were also concerns that there wasn’t an adequate means of criticizing the structure from within the structure.

In terms of the structures related to services, there is a strong cultural component to all three. The ACT model through MCC is very clinical, so the team has no dedicated housing person. The clients are very high-needs, with many solvent abusers among them, and so these are very hard-to-house clients. Wi Che Win is very structured in terms of staff roles; they don’t work so much as a team as is the case at MCC, so participants are matched to a staff member. For their part, Ni Apin has followed a service provision model previously used at Aboriginal Health and Wellness, and so didn’t have to build theirs from ground up. It has a dedicated housing person doing interface, working with caregivers and making the needed connections to help caseworkers. Despite the city’s low vacancy rate, Ni Apin reports having managed to house many people within days of initial referral, and never longer than a month.

Housing procurement is augmented with Housing Plus (through Ma Mawi), which coordinates move-ins and the outfitting of participants. A central warehouse supplied with (mostly) locally-manufactured furniture allows participants to choose their new possessions. The involvement of Manitoba Green Retrofit (MGR) has also been extremely helpful on move-ins and re-housing, especially in terms of cleaning. If there are holes in the wall or other issues, MGR can respond right away. MGR has been important to improving the housing and allowing the Site to keep housing.

The Site’s Community Liaisons Coordinator – another Winnipeg innovation – connects the Treatment as Usual cohort with existing resources, not ones directly involved with At Home/Chez Soi as participants.

An important component at the service level is that administrative, front-line staff are included in the training and service roles. One administrative assistant facilitates weekly and bi-weekly drop-ins and focus groups. This makes it easier for participants, who are then on a first-name basis with a staff member from the moment they walk in the door.

The service arms all pointed out that there were insufficient structures to ensure that knowledge about the participants can be known or shared among teams. There were concerns that perhaps the roles have become a bit too compartmentalized and specialized, and this doesn’t allow for a lot of cross-over. Compounding this problem is that when issues are raised that technically lie outside of role of a particular team, there isn’t a recognition on the part of decision-makers that that issue still is of concern to that arm or department.

The Winnipeg Regional Health Authority was felt by some to be too big an organization and not set up for its housing role; some landlords haven't been paid in a timely manner, as had been originally promised. It was suggested that it would have been better if a project-specific organization had been used or established.

Processes

A general consensus about the project is that all teams found the workload light at the beginning, but then it became heavy, and at times excessive, as the number of participants increased. Service teams could offer better individualized service to participants with the initial low numbers, but many feel the quality of service has suffered with the increase in numbers. Many staff commented that the amount of time to complete proper administration and to debrief with coworkers has been reduced or been largely eliminated due to the heavier workload. This was echoed by the consumer group: the demands placed on staff as the project reached capacity meant that participants weren't able to get the same level of one-on-one attention that they'd received earlier in the project. Consumers were concerned that the ration of clients to workers was too high.

There has also been a bottleneck at the pre-screening stage. People are referred to the program and reportedly some wait months to be pre-screened. Research staff felt that the responsibility for this step could be shared (it has resided with a single individual) as it only takes ten minutes and is a simple set of questions.

Service staff have sometimes been challenged in trying to house new participants quickly while having only limited information on a participant – often just name and birth date – and not knowing if this person has a history of addictions, violence, or criminal behaviour. This has led to potentially unsafe situations for staff, and cases of unsuccessful client placement. In light of these issues, service staff members asked if more information from baseline interviews could be passed on to them. There were also concerns that participant/staff ratios are too high.

The project has found that some participants have great difficulty maintaining housing, and have had to be “re-housed,” sometimes four or five times. Some staff have felt uncomfortable continuing to support participants who continue to fail in housing and pursue destructive behaviour, like spousal abuse as one example. *“I didn't sign up for this,”* one service team member said, in frustration.

In response, the Site leadership and housing team recently formed a triage approach, involving a weekly meeting at which such cases are reviewed and assessments made in respect to extremely hard-to-house participants.

By far the biggest problem related to housing was that – owing to the extremely low vacancy rate and the unavailability of appropriate housing units – so many participants were going months without being housed. Researchers were concerned that this backlog

had created fidelity issues, considering the effects on participants, who are not actually receiving the benefits of the intervention.

Resources

Research and service staff regularly faces very challenging conditions. The interviews themselves are often very grueling emotionally, and sometimes in very difficult settings – in front of other people, without a private setting, and being unable to ensure confidentiality. Home visits, too, sometimes require walking into an apartment rented by a solvent abuser, which is a very difficult and toxic environment.

While there have been some “self care” interventions for staff (such as team sweats) interviewers pointed to the need for something to help them to avoid burnout, as it’s very draining work emotionally. Flexibility and supportive working environments are important to allow staff to unload negativity, and to debrief and build positive mental health. A support circle exclusively of women would also be valuable for participants and staff alike, as women’s health and welfare issues are different from those of men.

It was suggested that an audio recorder would be useful to record notes arising from unexpected meetings with participants. Addictions counseling would benefit Service Arms.

The nature of the fieldwork and the joint management of the project mean that there is no centralized workspace for research staff to report to or confer in. Research staff indicated that their work would be much easier if there was a shared, jointly-operated office. The Service Arms cooperate and share some resources, for example, a van for field trips. Service teams try to get the participants out of the city more, for retreats, to escape their circumstances for a few days. Wi Che Win has the 35-bed Windy Hill Learning Centre where multi-day retreats and workshops are held with the support of a network of Elders. A van at each arm would be beneficial, suggested the consumer focus group, which felt that this would enable more outings. And be more fair to staff, who often end up driving their own cars for At Home related purposes..

There were mixed views on the training. The training regarding trauma was generally seen as valuable, but some of it was felt to be *“kind of irrelevant to field operations.”* Requests for specific training seem to have taken a very long time to be acted upon. The housing staff pointed out that the Site wasn’t prepared for how many move outs/ re-housing there have been; there could have been more preparation or training in terms of this possibility and how difficult it would be for the Site. Some interviewers reported learning on the job, and didn’t get any real training when they came on board. There was apparently no tutorial, nothing about dealing with difficult participants.

More sensitivity training was needed in terms of Aboriginal communication styles, body language. For example, checking your watch when you’re speaking with an Aboriginal

person is considered very offensive. Ethical dilemmas, too, could have used more attention in training. More team-building was called for, to encourage more openness and supportiveness. The biggest training gap was felt to be in regards to how to deal with persons at risk of suicidal behaviour: Researchers had no idea how to deal with this and it was a cause of some anxiety, particularly since research questions required them to address this specifically. The guidelines for a researcher are to call the police, but this is not appropriate in many situations.

The other problem with data entry is that sometimes the network isn't available and then the researchers have to re-ask the questions and re-write all the lost data. This was seen as being unnecessarily traumatic for the participants.

Communication problems for Consumers were also raised. It was very important, they argued, for them to have phone service, as it's very dangerous to be without a phone when you have a mental illness. But for many, it's difficult to get approved for a land line, and it is rare to find a public telephone anymore.

The Role of Housing

Just as the Winnipeg Site sought local, small and community-based partners to deliver services, it has also looked for a variety of landlords, particularly those not involved in large mainstream property management companies, as these have been more willing to give people an opportunity.

The concern however is that the challenge the Winnipeg housing market posed for procurement purposes was not sufficiently appreciated at the beginning; now the site is struggling to house its participants. Housing procurement hasn't yet been able to meet the targets set, largely because of Winnipeg's extremely low vacancy rate. The housing team therefore has had to look for whatever they can find – what they think will be appropriate for the project, if not necessarily appropriate for the individual; that's up to the service teams to decide. But some participants do end up in inappropriate housing: Participants as a result have to take whatever is offered, which sometimes leads to unsuccessful placement.

It should be noted however that the challenge isn't strictly speaking because "there's no housing." Indeed, units are taken as soon as they're procured, so on paper the reserve of housing looks flat. There are, in fact, often more units technically available than there are participants, because units are being fixed up and some aren't appropriate for some participants. For example, a participant who has "burned bridges" with Manitoba Housing through arrears, behaviour or criminal activity issues will be unable to take advantage of those units.

There always needs to be more units than there are participants, because of the re-housings that are underway at any given time. Towards the end of the recruitment process, there could be 40 re-housings underway but only a handful of new participants.

But the result is that some participants have to wait for some months – in some cases up to 5 months – for housing. This is not congruent with the plans for the project. Similarly, there is often a delay with “hand-off” to meet their service team. The hand off to a service team generally takes 0-3 days depending on the participant. Participants have said they are tired after the baseline interview so the service teams give them a day or two to recoup before their intake meeting occurs.

The type of housing has played an important role, as has housing location. On one hand, single-unit dwelling have been successful because participants have their own entrances, and don’t have caretakers “stalking” them. Yet, duplexes presented their own challenges: the other tenants in adjacent units may not be participants, and might even be involved in risky behaviours, criminal activity, or gang-affiliated. The condition of the available housing is also an issue: much of what is available has proven to be old, substandard or unsafe. Participants can sometimes end up in situations they find scary, which leads to ethical concerns on the part of housing staff.

Many participants reportedly experience isolation when they move into a new place after having lived in shelters and surrounded by the friends and community they knew there. These clients also come from families or ethnic (largely Aboriginal) backgrounds where they lived with or very close to extended family, with numerous people sharing accommodation. Staff commented that the project should source more congregate-style housing, even recommending that the project design their own. This could serve as interim housing for new participants as well as long-term for individuals who require a communal setting.

However, the new furniture packages have been very well-received. Participants get a dresser, bed, couch, coffee table, a kitchen table with chairs, a TV and \$300 gift certificate for more household items and groceries.

Disconnections

For all the positive aspects of relationships at all levels in the Winnipeg Site, there are also reports of significant disconnections that are the source of dissatisfaction. Some staff reported feeling as if their supervisors don’t understand how stressful the work is, what is actually involved in the interviewing process and the kind of effect it has on them personally. These stressors, they feel, requires sufficient leeway and time for people to “*come down from things*.” Repeated admonitions to be “professional” have also fuelled resentments.

The perceptual disconnections noted in the Proposal Development Report relating to the Site’s purpose are still, to some extent, present. Some researchers feel that the service providers aren’t fully on board with the research aspect and treat it with suspicion. For their part, the Service Arms all reported feeling disconnected from the research arm and from one another, and recommended more opportunities to work together and communicate better.

Service teams are unsure if they're getting the information that the research teams need. Researchers, on the other hand, sometimes feel like they end up being seen as *de facto* service providers as they are the sole contact of any support for those participants who are still waiting for housing months later.

External Structures

No consideration of the structures and relationships of the Winnipeg Site would be complete without due consideration to the many external partners – institutions and organizations with whom At Home/Chez Soi interacts, and upon whom it in many ways depends for its success. There are good and mutually rewarding relationships in place with many of these other organizations.

There has been lots of engagement with other partners; certainly all the shelters have a key role in the success of the Site. Also important are the meal programs, whether it's Winnipeg Harvest, Agape Mission or Gospel Mission etc. The Main Street project will send someone out to the home of a participant and check in on them; has also taken on the case management for three very high-needs participants.

As a result of useful and positive networking, relationships with community groups have improved. When the Site's leadership learns of an organization that is providing a service that's similar to that studied by Site, partnerships were sought. It is important to have the Site integrated in the community, so that wherever participants are living they are able to access those services. At Home/Chez Soi then becomes not the "*be all and end all*," but is part of a larger community.

Organizations and institutions that did not interact regularly in the past are now building relationships. Employment and Income Assistance staff in particular have been very flexible and are represented at monthly meetings. There have also been many informal connections made through family and business associates, which have been key to obtaining donations and other supports for special events and feasts, etc.

The structures in place at some of these external institutions and organizations do present challenges though. The housing team must deal with landlords and Manitoba Housing, but is seeking to deal just with landlords, with no Residential Tenancies Branch involvement. Yet there are still barriers and delays associated with external structures and departments. For example, participants can't sign their leases until they're accepted, and that means waiting for a Canada Revenue check, which seems to take a month and a half.

Another challenge is that when participants entered the project, the supports they may have been receiving from other agencies, and upon which they had depended, were withdrawn. One consumer mentioned that she had been previously assigned a

caseworker, but that the Winnipeg Regional Health Authority took her away because, as she was now enrolled in At Home, she didn't need the caseworker anymore.

Employment and Income Assistance supplements the rent, but not enough to cover utilities. Participants are often housed in old units with high energy bills, which, if they get a \$300 hydro bill from Manitoba Hydro could be setting them up for failure.

Service delivery to participants is also affected by external structures. A good working relationship with Child and Family Services has led to some participants being reunited with their children. On the other end of the spectrum, Indian and Northern Affairs only recognizes and will only allow certain drugs to be prescribed, so some clients who need a specific non-covered drug can't get it. The biggest problem relates to what *isn't* there: There is no programming available for solvent abusers in Manitoba, so nowhere to refer them.

Ethics

Ethics were a concern raised during some interviews and focus groups. Despite the fact that the project had received ethics approval for a research design that included a Treatment as Usual (TAU) cohort, there were still those working on the project who express discomfort with this randomization, and who feel that having a control group was not necessary to achieve valid results. A few staff members reported feeling like they had to regularly defend the nature and processes of the project to outside observers, which can be challenging on top of the difficulties of their work.

While all are aware that nothing is being denied the TAU group, there was still concern that participants are asked to share traumatic experiences as a part of the screening interview – which might re-traumatize them, or at minimum make the baseline interview emotionally difficult for the participant. Interviewers report that the experience can be difficult for them as well, and feel they lack the training and tools to help people experiencing such trauma.

Trying to maintain "objective" distance as a researcher, as well as not having a mandate to provide services for these individuals to assist them, is difficult – particularly when participants express suicidal intentions. Researchers feel more training could have been provided to help them with this potential dilemma.

Communication/Information

The most serious problem reported in terms of communication is that the service and housing teams are not given histories of participants and often have to learn about potentially serious problems – and dangerous tendencies – on their own. Service teams do not get adequate information from the baseline interviews, and have to learn about these clients all over again. This causes delays and even danger to teams – to say nothing

of neighbouring residents and the landlords – when these histories aren't known. In one case a pedophile had to be removed within hours from an apartment housing surrounding families. It is felt to be important for all members of the team to have access to the same information – including that about participants. The fact that photographs of participants aren't taken and shown to the service teams has also led to delays, particularly for the Community Liaison Coordinator dealing with the Treatment as Usual constituency. One staff member noted, *“You can spend hours finding one participant. The time the service people get to spend with a participant can be small.”*

It was suggested that communication needs to be improved between interviewers and the Community Liaison Coordinator to improve procedures for the TAU cohort. Information sharing doesn't always happen in formal situations (like conference calls) but rather in informal or semi-formal settings that allow groups who don't usually have contact, to share information and problem-solve. More opportunities for informal communications, among team staff and between teams which aren't built into the structure, were desired.

Because so much has been learned incrementally and from experience over the past year, it is too easy to lose expertise when staff members leave. For this reason, better and more thorough documentation of procedures and practices was suggested.

Dissemination

While peer-reviewed journals will be important, it was argued it will be essential to spread the information broadly to all levels of government, service agencies, NGOs, emergency workers etc., so that a broad constituency is created in support of the model. Members of the Winnipeg Site will need to keep Housing First on the public agenda, and finding as many ways as possible to get the message out, and sharing results. Having an Advisory Committee made up of representatives from various external institutions will help spread awareness.

One shortcoming was noted in the fact that the many individual success stories that staff hear about won't always be reflected in research. The fact is, that three years – the duration of this project – isn't sufficient time to get over one's addictions and move forward. It is a lifetime journey, one that can't be neatly summarized.

The complication is that At Home/Chez Soi is studying an American model: the Site's leaders need to be able to articulate the mix of housing and services that works in the Canadian context. Yet the most powerfully effective message will need to be a simple one: *“Housing First works, and this is why.”*

Sustainability

Staff are worried about what the outcome will be for the participants when they no longer have access to the subsidy for their housing. The problem is that the rent subsidy

is \$200.00 a month, and when that ends, then there is no longer a way to keep participants in housing. Without the subsidies their costs will easily triple. As one staff member noted, *“you might as well cancel the whole program.”*

Discussions are ongoing to see if the Province will pick up the subsidies at that point. The advantage with the Winnipeg Site is that it has a provincial government that is very engaged in housing issues, and wanting to invest in housing. As a result, Winnipeg may have more success with sustainability than it might have otherwise because of provincial leadership on this issue.

However, the sustainability mechanism for the project needs to be determined well before the project terminates, otherwise staff will be leaving for other work and putting the entire study at risk before it finishes, and taking with them all their embedded knowledge. At Home/Chez Soi needs to fund the next five years before the first five years ends; what may help is that it can be now done for a lot less money than was needed for the first phase, as the infrastructure is all in place.

With each organization in the Winnipeg Site having their own rules, collective agreements and missions, there are also probably limits to how long these different organizations could continue to work on this project. In a functional sense it would likely be more practical and sustainable over the long term to have a future Housing First model directed and coordinated by a single entity.

C. Developmental evaluation

i. Adaptations of the programs to the local context

There was clearly a significant need for a program like Housing first in Winnipeg due to the large homeless population. As one Staff member put it, *“the program came at the right time for Winnipeg.”* At the same time, although the large number of homeless in Winnipeg is evident to many, there exist many more “hidden homeless” people in the city, a segment that the project may miss.

The cultural component that the service arms have adopted has been very important for the Winnipeg site. The majority Aboriginal participant population benefits from services within an Aboriginal context or understanding. The Aboriginal Lens Committee which is becoming more active has been and will be beneficial to the implementation and outcomes of the project. It was felt that other communities could learn from this cultural focus in the implementation of their programs.

The large number of solvent-abusing participants (about 25) has required adaptation on the part of the service teams. While not unique to Winnipeg, it is the scale of the issue that is relevant to the project. The Site has developed a Solvent Network comprised of community organizations and departments who service solvent users. The purpose is to support and learn and test and document best practices for this hard to service and house

population. Service teams have had to take special consideration when dealing with these participants: It is not safe to enter the living space of a person who has used solvents, as the fumes can be quite powerful; solvent abusers cannot be housed in all buildings or areas; and landlords will not accept them, nor are staff willing to house them in situations where young people may be nearby. In response, staff have proposed housing 2-3 solvent abusers in the same house and having a staff assigned to check up on them.

ii. Contextual Influences on Implementation

The low vacancy rate (1.1% in 2009) in Winnipeg was cited by many as one of the biggest challenges to the project. It has contributed to undue delays between baseline interviewing and a participant being housed, sometimes many months. The low vacancy rate is especially challenging for situations when a participant has to be re-housed or does not qualify for public housing.

The city of Winnipeg has many social service agencies providing support to people, and this has been beneficial to the program. There are a lot of resources such as training, food, and drop-in programs; one staff member commented that “*we’ve just scratched the surface*” of the resources that are available to participants. Despite this abundance, service teams have still encountered service gaps and have had help participants deal with these.

The fact that much of the population that requires the services of the program are concentrated in specific areas of the city like Central and the North End, has led to difficulties. Much of the housing available to the project is in these same areas but many participants do not want to live in that environment and feel they would benefit from living in another neighbourhood. Location is thus a double-edged sword: Scattered housing takes participants away from their existing support networks – their friends and contacts at the shelters. Isolation can ensue, and lead participants to leave their new housing and return to the shelter. Yet the social environment in the core presents its own problems:

“[With] housing in the core area people can’t get away from the social networks that they have that are concentrated around addictions and negative relationships. So they’re still in the environment, and so it makes it more of a challenge ...to help them develop case-management plans that address addictions in a holistic way.”

iii. Program Innovations

The Housing Plus component emerged as one of the most significant innovation at the Winnipeg Site. Housing Plus, operated out of Ma Mawi, looks after move-ins, move-

outs, inspections and housing condition reports. It arranges for furniture and personal needs goods (e.g., pots and pans, toiletries), which it distributes from its warehouse, as well as maintenance and repairs. Along with Manitoba Green Retrofit, it has allowed rapid outfitting and housing of participants, while at the same time fulfilling an important local economic development role by sourcing locally-produced bedding and furniture, hiring people with lived experience, and using local companies, rather than a large chain store like The Brick.

The Site has also collaborated with a Metis Information Technology company called UCanDoThat.com to create a Housing Data Bank.

The Community Liaison Coordinator function is another made-in-Winnipeg innovation that is aimed at providing information and referral to the TAU population.

V. Conclusion

Based on the comments and discussions generated in this research, it is possible to draw some key conclusions about the successes and challenges at the Winnipeg Site:

A. What is Working Well in Implementation

- Researchers and service teams have forged very positive relationships with many of the participants;
- Many of those who have been successfully housed have made significant progress towards recovery, and some are “giving back” by volunteering;
- The Site and its component organizations have benefitted from excellent staff resources, with research and service delivery personnel who have the right mix of interpersonal and technical skills;
- Joint management of complex site with multiple entities is for the most part functioning well;
- Service teams are finding new ways to negotiate the system for a clientele that had formerly been poorly served and/or overlooked by the system;
- The cultural component has been integrated at all levels and has had a very positive impact on participants and staff alike;
- The harm reduction model is contributing to relationship-building and participant success;
- The project has encouraged a variety of organizations to work closely with At Home and have built positive community relationships;
- Many landlords have responded positively to the project;
- The Site had found ways to adapt and innovate in the face of unforeseen challenges;
- The Housing Plus component has acted effectively and efficiently to outfit participants;

- Site innovations such as the Community Liaison Coordinator and the Aboriginal Lens Committee have been well-received; and
- People with lived experience have been involved positively in multiple ways and at most levels of the project.

B. What is Not Working Well in Implementation

- The component arms/teams of the project often feel disconnected from the whole and from each other;
- Efforts to offer 24-hour support were initially unsuccessful;
- Service teams need more information on participants from the research team to house them successfully and for safety reasons;
- There are significant gaps in training for the research team – they regularly encounter highly stressful situations (including potentially suicidal participants) for which they feel inadequately trained or prepared;
- As numbers of participants has gone up, the amount of time and level of attention service teams could devote to individual participants has declined;
- Mixed responses to training: some of it was felt not to be relevant while identified gaps in training have gone unaddressed;
- There have been significant delays in housing participants;
- Some participants feel isolated living independently;
- There are insufficient mechanisms for addressing staff concerns about processes, staff-management relations and working conditions;
- Some landlords are backing out of the project because of unit damage and problems with participant tenants;
- The original promised arrangements between the WRHA and the landlords were not able to be kept and had to be adapted and scaled back;
- Research instruments are seen as inflexible, difficult for participants to understand and don't reflect their lived experience; and
- Much valuable information in the form of narratives is not being captured by the Health Diary and is known only to the researchers personally.

C. Cross-Cutting Themes or Issues

Relationships: Key to all aspects of the study – At Home staff, service teams and participants, Site and landlords, etc.;

Adaptation: Site has responded effectively to unexpected circumstances and conditions and is continually looking for ways to adapt appropriately;

Communication: Essential to success of the project and participant recovery; complicated by multiple components and roles;

Delays: Affecting housing procurement, placement, treatment, study outcomes;

Disconnection:

- Extent to which staff at different components of the Site don't feel adequately included, connected or informed;
- Study built around assumed housing norms (i.e., living independently) that are not necessarily appropriate for the participants;
- Perceived lack of a shared understanding of the street-level reality concerning the nature of the work and the extent of participant needs – as well as the demands both have placed on staff – has led to undue stress on the part of some project staff.

D. Reflections & Lessons Learned

The implementation of the At Home Chez Soi project has already had positive outcomes in the form of new relationships between organizations and sectors in Winnipeg that formerly had little contact, with the effect that there is now a growing infrastructure that would be capable of delivering a housing first model, should one be permanently funded. Service teams have gained a wealth of experience that would otherwise not have existed, and by all accounts participants have in many cases achieved significant successes in their housing stability and recovery.

At the same time, there are a number of areas in which the Site could see improvements, in terms of research methods, structure and communications.

By their own account, researchers heard many fascinating and powerful stories during numerous conversations with participants in the process of filling out Health Diary forms. However, these stories have been largely lost to the Site's research because only a small sample will be contributing formal consumer narratives. Some additional qualitative research that would gather anecdotal details from the researchers about their experiences and the stories they heard would be, in the opinion of the authors, a valuable addition to the Winnipeg Site.

On numerous occasions the authors heard that site staff felt they would benefit from more opportunities for informal communication and information-sharing. Just "talking shop" in an informal setting could help resolve problems and the sharing of innovative processes and ideas. At the same time, more gatherings of site personnel could be used as opportunities for staff self-care and team-building, which would help make very stressful and emotionally taxing work more manageable.

There are also structural aspects of the Winnipeg Site that are not operating as well as they could, with the result that some staff feel frustrated, and unsure of how to deal with

traumatic situations for which they feel inadequately trained. Human resource conflicts and problems that should be dealt with at a departmental level are often stymied by problems arising from joint management between several institutions. The Site appears to lack structures commensurate to address some issues in a timely and transparent manner.

The authors recommend that some adjustments to the Site's structures could help address some of these issues. What appears to be needed is some form of intermediary capacity to better connect the disparate components of the Site, and act as a kind of "ombudsman" to which staff could turn in order to seek the resolution of certain issues. It could also better facilitate Site communications and ensure that efficient and accurate information-sharing is being achieved. This addition to the structure could be either a person (not associated with an existing Site entity) or a process.

In the meantime, and in the absence of such a structure, the authors of this report acted as a sounding board for staff concerns that in certain cases had no other outlet. Yet this was only a temporary – and unanticipated – role for this report, which should now be used as a means for self-reflection and a way to move forward on possible adjustments and correction.

Although it may not be revealed in the empirical outcomes of the study, this research has clearly shown that the At Home/Chez Soi has already achieved some considerable accomplishments in terms of community capacity-building and in enhancing social cohesion. In bringing together various social service, clinical and community-based organizations, the Winnipeg Site has contributed to a more resilient community, one that is learning how to better meet the needs of its most vulnerable citizens.

Consistent with the Site's grounding in Aboriginal World Views, and its majority Aboriginal participation, it is appropriate to see the Site not as a static thing, but as an ongoing process. As Leroy Little Bear (2000) describes, the world as seen by Aboriginal peoples consists of energy, rather than objects, and so each and every thing in the world is therefore in a constant state of change. He writes:

"The Earth is where the continuous and/or repetitive process of creation occurs. It is on the Earth and from the Earth that cycles, phases, patterns – in other words the constant motion or flux – can be observed. Creation is a continuity...[this] leads [to] Aboriginal philosophy as being holistic and cyclical or repetitive, generalist, process oriented and firmly grounded in a particular place."

So too is the Winnipeg At Home/Chez Soi Project an ongoing creative and evolving process, fully engaged in learning from the cycles, phases and patterns of participants, but firmly grounded in place – Winnipeg – as well as in our collective and diverse understandings of the importance of home.

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APPENDIX 1:

Structure of the Winnipeg Site

