



Mental Health
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la santé mentale
du Canada

At Home/Chez Soi Winnipeg Site

Later Implementation Evaluation Report

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AT HOME/CHEZ SOI WINNIPEG SITE REPORT

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KEY MESSAGES

This report is the second documenting the implementation of the Mental Health Commission of Canada's At Home/ Chez Soi project in Winnipeg, covering the late 2010 to late 2011 period. It reports on the changes in program fidelity over this time, and reflects on continued and emerging strengths and challenges in the implementation of the project. The results demonstrate that, while there were challenges, there were also many positive results for participants.

Service teams have built on relationships with individual participants over the past year. Daily drop-in programs were particularly successful, providing participants with a consistent, normal social circle. Other improvements included better supports, increased advocacy, and participants learning to be independent. Increased knowledge in working with solvent users made substantial improvements in working with this group of participants.

Housing procurement remained the most significant challenge into the second year. There was a severe lack of affordable housing and this limited participant choice. Service teams have adapted by using some congregate housing, and increasing staff. Eviction prevention was recognized as extremely important, as was providing diversity in housing types.

The challenge of delivering sufficient services to participants was identified in fidelity reports. Service arms created discussion groups over the last year, which were successful, and are being re-implemented. Staffing problems eased over the last year. All teams have made changes to staffing, and improved workplace culture. Caseloads have eased compared to the first year, and this has allowed teams to focus on long-term case-management solutions for participants. Improvements in communication across the site have also helped, as have the adaptations of the site, including the integration of Aboriginal culture.

Severe addictions, especially to solvents, were identified by the teams as a major barrier to housing stability; yet progress was made. Assertive Community Treatment (ACT) made significant inroads in working with this group, procuring appropriate housing and services. Connecting all participants to adequate external clinical services continues to be a challenge for all service teams.

Teams noted the remarkable recovery that many participants achieved, including housing stability, and the seeking out of education, volunteering and employment opportunities. Family reunification has been especially rewarding for some participants.

Landlords had mixed experiences with the project. They typically liked the programs and services offered and felt that At Home is a positive program for participants. Landlords attributed success stories to good supports and service workers. However, for the failed tenancies, landlords cited insufficient supports for participants, lack of life skills, and addictions as important contributing factors. Landlords interviewed were averse to working with solvent users. Landlords commented on unhelpful changes to the project since its inception, and the need for better communication.

As the project moves into its final year, questions about sustainability have become increasingly important for participants and staff alike. The project is working on continuation, but participants are worried that they will be on the street again. Planning for the transition has begun with a push to get all participants on the waiting list for Manitoba Housing. Site leadership feels that the public is growing more aware of the prevalence of homelessness and attitudes are changing for the better. Lastly, we heard over and over again that harm reduction works, and that the At Home project is working.

EXECUTIVE SUMMARY

This report is the second documenting the implementation of the Mental Health Commission of Canada's At Home/ Chez Soi project in Winnipeg, covering the late 2010 to late 2011 period. It reports on the changes in program fidelity over this time, and reflects on continued and emerging strengths and challenges in the implementation of the project. The results of interviews and focus groups demonstrate that, while there were issues and challenges associated with the site, there were also numerous positive results for participants, many of whom moved towards recovery and stability. These successes revealed the effectiveness of the Housing First model.

Focus groups revealed that service teams built on relationships with individual participants through trust, respect, and a commitment to understanding them as individuals. Daily drop-in programs were seen as particularly successful, providing participants with a consistent, normal social circle. Other successful strategies included better identification of the proper supports for each individual, the ability to be mobile to meet with people in the community, advocating on behalf of participants, and working to teach participants independence. Increased knowledge in working with solvent users contributed to a change of attitude towards this population and generated specific support services for them, though challenges remain.

The Winnipeg site faced numerous challenges over the last year. Housing procurement remained the most significant challenge into the second year. There was a lack of affordable housing and this limited participant choice of housing to more central concentrations of units, in environments many considered unhelpful to recovery. Service teams adapted to this challenge through some use of congregate housing, and changes in staffing to provide more housing support. All stakeholders recognized that more time should be spent on eviction prevention rather than constantly rehousing participants. More diversity in housing types was seen as a key missing component, particularly in terms of shared and communal living. Many stakeholders felt there was a need to broaden the definition of "housing" in the At Home program to include other choices. The ability to quickly house participants was hampered by factors including participants' lack of housing histories or rental records, and the lack of damage deposit funds. There remained significant difficulties in housing and rehousing solvent users.

The teams identified severe addictions, especially to solvents, as major barriers to housing stability, yet progress was being made. High rates of eviction, damage, and rehousing were all symptomatic of solvent use. Teams made extraordinary efforts to work with solvent users. ACT made significant inroads in working with this subgroup, in procuring appropriate housing and providing services. There was recognition of a need for additional or different types of programming for solvent users, and an identified need for general substance use programs across the site. Connecting participants to adequate external clinical services continued to be a challenge for all service teams.

Many stakeholders contended that those who have mental health challenges have been more successful than those with severe addictions. The difficulty of connecting participants to medical and psychiatric help was seen as a significant barrier to success for many participants and Wi Che Win (ICM team) felt that there were many undiagnosed participants.

The challenge of delivering sufficient services to participants was identified in fidelity reports in 2011 and 2012. In response, Wi Che Win and Ni-Apin created groups over the last year, which were successful. However, groups appeared to have declined or stopped for both agencies since then. Wi Che Win intends to restart group work and Ni-Apin remains focused on its successful drop-in centre. Burnouts, staffing turnover and the use of temporary contracts affected the ability of staff to build and maintain relationships with the participants and to provide the necessary service levels. High eviction rates and difficulties in maintaining contact with participants also affected success rates. All teams developed strategies to counter this, including changes to staffing, more productive case meetings, new

management, and improved workplace culture. Site Coordinators recommended creating a pool of casual service staff to cover staff leaves. Also contributing to improvements, caseloads eased compared to the first year, and there was less need to respond to repeated crises and rehousing. This allowed teams to move into more long-term case-management solutions for participants, which is already demonstrating results.

The site had great success with the inclusion of people with lived experience (PWLE) in the project. Teams reported on the great value of the work they did working with participants. There was some concern that high demands were placed on PWLE, resulting in increased stress.

Working with external service agencies and bureaucracies continued to be a challenge for the site. Teams made good contacts with Employment Insurance Canada, and, to a lesser extent, Child and Family Services. However, many external agencies had processes that work at cross purposes to each other and the At Home project, which caused frustration for the teams. More work strengthening relationships with external agencies would have been beneficial to the project.

Most noteworthy for this report was the enthusiasm among service staff for the remarkable recovery that many participants achieved. Many outcomes changed for the participants, including remaining in housing for two years, and seeking out education, volunteering opportunities and employment. Some participants became more confident in advocating for themselves, and family reunification was especially rewarding for some.

Personal change among participants was observed. Participants developed their own voices and strengths, and this was apparent with participants going to a doctor, overcoming anxiety, testifying in court, or with the Residential Tenancy Board. Service teams began seeing participants “going to a deeper level” in their sharing, and Site Coordinators remarked on the long-lasting impacts the project had in communities as people began to embrace Housing First.

Service teams noted some critical ingredients of Housing First—Acceptance, Empowerment and Responsibility—have become the philosophies of the teams. Personal staff qualities of non-judgmental kindness, respect, acceptance, and commitment were also emphasized.

Landlords had mixed experiences with the project. They typically liked the programs and services offered: holding fees, provision of repair services through Manitoba Green Retrofit, assistance with moving problem tenants, and the education component. All landlords felt that At Home is a positive program providing advantages and opportunities to participants. Several identified that participants without addictions were the least trouble for them. At the same time, the guaranteed rent offered by the program was seen as less of a benefit to landlords. All landlords wanted participants that were quiet, clean, and respectful of the property and neighbours. Almost all noted the importance of life skills as a factor in participant success. Most landlords said that they tried to treat At Home participants the same or better than any other tenant.

Landlords attributed success stories to good supports and service workers, and there were many successes. However, for the failed tenancies, landlords cited insufficient supports for participants, lack of life skills, and addictions as contributing factors. There were reports from landlords that a few participants had not received the supports that the program promised, and this was partially supported by the fidelity reports. Landlords suggested transitional housing with life skills learning services, and more ownership on the part of participants in terms of choosing their housing and furnishings, would be beneficial to the project.

Landlords singled out solvent users and stated that they had zero tolerance for solvent use, contending it is a health and safety risk for everyone in the building. Landlords interviewed were averse to working with solvent users.

A common issue raised by landlords was the added layers of bureaucracy that working with the program entailed. This situation was aggravated by poor communication at multiple levels. Landlords offered a simpler line of communication as a solution.

Several landlords also commented that the project had not lived up to verbal agreements. The changes in holding fees, assistance in evicting problem participants, and the reduction in the services of Manitoba Green Retrofit were viewed negatively by landlords.

As the project moves into its final year, questions about sustainability have become increasingly important for participants and staff alike. Service teams are making every effort to be clear with participants that the project is working on continuation, but communication with participants has been a problem. Participants, of course, are worried that they will be on the street within a year, and this is causing anxiety. Staff, as well, have expressed worry, but planning for the transition has begun with a push to get participants on the waiting list for Manitoba Housing.

All stakeholders interviewed for this report offered an enormous amount of information on lessons learned about the project, its implementation, and future directions. Several needs were identified including programming to help tenants who have been evicted, addictions and trauma programming, and additional types of housing. Stronger relationships with outside service agencies, government departments, and Aboriginal agencies were also often remarked upon.

Staff workloads and workplace culture have improved dramatically over the last year, especially with the initial intake now past. Improvements in communication across the site have helped, as have the adaptations of the site, including the further integration of Aboriginal culture by all teams, and the development of the service agencies, Manitoba Green Retrofit and Housing Plus.

Site leadership felt that the public is growing more aware of the prevalence of homelessness and attitudes are changing for the better. Lastly, we heard over and over again that harm reduction works, and that the At Home project is working.

INTRODUCTION

This report is the second documenting the implementation of the Mental Health Commission of Canada's At Home/ Chez Soi project in Winnipeg, covering the late 2010 to late 2011 period. It reports on the changes in program fidelity that have occurred over this time, and reflects on continued and emerging strengths and challenges in the implementation of the project. 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 and the Department of Psychiatry at the University of Manitoba.

METHODOLOGY

Description of Site and Sample

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

Site Coordination: Marcia Thomson¹ and Project Consultant Carla Kematch; Co-Principal Investigators: Dr. Jino Distasio, Associate Professor of Geography and Director of the Institute of Urban Studies, University of Winnipeg and Dr. Jitender Sareen, Professor of Psychiatry and Community Health Sciences and Director of Research, Department of Psychiatry, with 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 holistic and effective partnerships across housing, service and health care sectors, while the Aboriginal Cultural Lens Committee ensures that Aboriginal perspectives are honoured and promoted in site implementation. Persons with lived experience in mental health problems or illnesses 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 issues and homelessness are considered integral to the Winnipeg site.

All interviewees were stakeholders in the Winnipeg site, and had been integrally involved in its implementation of the project over the past year or more. In total, 37 people participated in consultations with more than 17 hours of interviews recorded for this second fidelity evaluation.

The stakeholders interviewed for this report included the three service teams, Site Coordinators, the housing team and the landlords participating in the project. The number of participants in these interviews and focus groups were as follows:

Wi Che Win - ICM	6
Site Coordinators.....	2
Mount Carmel Clinic ACT.....	8
Housing Team.....	3
Ni-Apin - ICM	6
Landlords	12

¹ On June 30, 2012, Marcia Thompson stepped down and was replaced by Lucille Bruce.

Of the 12 landlords interviewed, seven were from independent private companies. The other five interviews were with resident managers or tenant service coordinators of Manitoba Housing, who dealt directly with the project participants. Manitoba Housing was the largest supplier of housing units to the Winnipeg site.

Documentation of Methodological Steps

Feedback sessions between the service teams and the external Quality Assurance (QA) team were observed by the researchers and field notes were taken. Strengths and challenges were noted, as were discrepancies in perspectives and other issues. These field notes were used to inform the focus group interviews with the service teams.

In-depth interviews were conducted with the Site Coordinators, while focus groups sessions were held with the service and housing teams. A subsequent interview with one housing team member unable to attend the group session was also held. Lastly, telephone interviews were completed with landlords participating in the project.

The interview guides supplied by the national team were first simplified by removing extraneous (i.e., instructional) text, and then emailed to stakeholder participants in advance of the meetings, along with consent forms. Upon meeting, participants were invited to sign the consent form and the researchers explained the research purpose and process. Alternating combinations of Dudley, Isaak, Havens and McCullough facilitated these sessions.²

Some of the questions for both interviews and focus groups were adapted while in the field. Questions related to identifying “barriers,” “challenges” and “strengths” tended to reoccur throughout the interview guide. As a result, questions that repeated information previously covered were not restated.

Researchers with the Winnipeg site concluded all sessions with an open invitation to offer comments on anything relevant not already covered, framed as such: “Are there any other perceptions about the implementation of the At Home program you haven’t had a chance to mention that you would like to add?”

In total, 12 interviews were conducted with landlords. Thirty landlords were contacted out of the population of approximately 40 landlords who participated in the At Home/Chez Soi project in Winnipeg, resulting in a participation rate of 40 per cent. Each interview took approximately 30 minutes to complete. Interview data was collected by digital recording over speakerphone with notes also taken by the researcher. Interviews were conducted between March and May of 2012. Open-ended questions and prompts were used to elicit responses. Respondents were given the option of not answering questions, as participation was voluntary. The anonymity of respondents was ensured at the time of interview.

Description of Coding/Analysis Process

A collaborative approach was adopted in the preparation, coding and analysis of the interviews and focus group results. Each report author read the transcripts of interviews individually, and then met to identify common themes. The researchers worked together to ensure that ambiguous words or terminology were clarified and the overall accuracy of the transcriptions was confirmed. Collaborative coding ensured that inputs were readily and mutually interpretable. Usefulness of data was ensured by seeking to maintain focus on fidelity assessment issues.

Findings from the interviews and focus groups were paraphrased, summarized and synthesized. Responsibility for drafting the report was divided between McCullough and Havens.

² This analysis was undertaken by researchers with prior knowledge of the project at the Winnipeg site. The Principal Investigators, Dr. Jino Distasio and Dr. Jitender Sareen, supported research. Researcher Michael Dudley has been involved with the At Home/Chez Soi project since 2010, while Corinne Isaak has been involved as Research Coordinator and in overseeing the consumer narrative research since 2009. Researchers Matthew Havens, Tracy Deboer and Scott McCullough have been involved since 2011.

Description of How the Quality of the Data was Established

Key informant interviews were recorded in person using a digital voice recorder. Dates and interview subjects were identified in the recordings. To ensure security, files were moved from the voice recorder to a password-protected laptop. Focus group sessions with the service teams were also digitally recorded, and were documented by researchers taking detailed notes on a laptop and in longhand. The notes and recordings were later compared and combined. To ensure confidentiality, the task of transcribing focus groups sessions was assigned to a transcriber. The interviewers transcribed landlord interviews. Both mp3 files and typed transcripts were stored on the hard drives of the authors, as well as a collaborative file-sharing site.

FINDINGS

The results of interviews and focus groups demonstrated that, while there were issues and challenges associated with the Winnipeg site, there were numerous positive results for participants, many of whom moved towards recovery and stability. The Winnipeg site continues to develop its resources and approaches, with awareness that the uniqueness of the city's conditions present particular challenges and opportunities.

Developmental Evaluation Issues

Maintained and Emerging Strengths

1. Description of strengths from the Fidelity Report

Ni-Apin (3rd Arm)

The 2012 fidelity report noted that Ni-Apin made effective use of their daily drop-in, which was evident in the appreciation that participants showed for this service. The fact that the team ran groups for participants was a positive that was built upon. Fidelity also noted that the team adhered to the concept of self-determination for participants, being respectful of people as individuals and the path they may choose, and avoided the use of coercion. This contributed to the team's positive efforts in supporting all aspects of the lives of participants.

Ni-Apin benefitted from having a housing specialist on the team, in light of housing procurement being reassigned to the service arms. This specialist was working to build connections with existing and new landlords. The team became more proficient at facilitating the rehousing of participants, and took a more deliberate approach and created a plan to ensure the participant would be successful in the new unit.

Ni-Apin team members had a good working relationship and showed mutual respect and support for each other. This was evident in the efficient and thoughtful discussions that took place at team meetings. This allowed them to effectively plan and share resources, especially when dealing with participants who were facing crisis.

ACT

The fidelity team reported that the ACT team began to focus more on long-term issues for participants, and less on intake. The team made an effort to facilitate the building of more meaningful lives for participants. This was facilitated by the development of a new "recovery plan system." Another important change was the shift away from doing things for participants, to teaching participants to do things themselves.

The ACT team had good success with a family reunification program, allowing participants that have progressed in recovery to reconnect with their children. Fidelity also noted that the team's group work was strong, and continued to attract participants. The trauma group, facilitated by a trauma specialist, especially received praise from participants. The team built good connections with participants' EIA workers, and benefitted from more frequent face-to-face contact with them.

Fidelity notes that the attitude of the ACT team towards solvent use changed as the team gained experience and developed strategies to effectively work with the issues. Fidelity also noted that the team was well versed in the harm-reduction method and made good use of motivational interviewing. The ACT team also developed an eviction prevention plan that includes increased visits with participants, improved landlord relations, and strategies relating to solvent use.

ICM (Wi Che Win)

The 2012 fidelity report highlighted the ICM team's great success in working with and advocating for participants involved in the criminal justice system. This team had the highest number of participants involved in the legal system in Winnipeg, and the experience the staff gained was valuable. The ICM team was committed to using harm reduction approaches and also made use of motivational interviewing techniques. The team was more engaged with participants, and was more thoughtful about each person's situation. The team was well grounded in the concept of self-determination and was respectful of an individual's uniqueness when helping them to plan and meet goals.

2. Service provider perspectives on strengths

For the most part, the service teams' perspectives on their strengths converged with those found in the Fidelity Report. During the focus groups, staff tended to speak more about the positives that they saw with the participants, both generally and as individuals.

All three service teams shared the success they had building relationships with individual participants. Staff members built trust with participants by showing sincere respect and a commitment to understanding them as individuals. Ni-Apin benefitted greatly in this aspect through the running of a daily drop-in that was consistently staffed, which allowed participants to stay connected. The drop-in and the open-door policy adopted by staff facilitated a more relaxed, sociable and community feel among the Ni-Apin participants and staff. A feeling of trust allowed participants of all teams to share their personal concerns, including what they felt they needed, and also allowed them to feel more comfortable speaking up for themselves.

The ACT team developed strategies to better support solvent users; this was also noted by fidelity. Prior to this project, working with solvent users was challenging and the project contributed to the change of attitudes towards working with this population. This experience generated more support for solvent users such as a "solvent user move-in kit." The team was willing to work with other service providers to pass on this knowledge.

Both the ACT and ICM teams said that they had a lot of success helping participants maintain their housing, and many remained in the original unit that they occupied. Almost half of the participants in the ACT program were in their first housing location. ACT team staff said that most participants who had to be rehoused learned from the experience, achieved stability and did not have to be rehoused again. The ACT team worked hard on eviction prevention and worked closely with participants to try to prevent having to be rehoused.

Two of the teams reported on the beneficial changes made in their approach to service. The Ni-Apin team learned to move away from an "authoritarian attitude" when dealing with participants to a more participatory one: "[I]n the beginning we set out to prevent people from making bad choices. Now we provide positive opportunities," said a team member of Ni-Apin. The ACT team developed a move-in checklist that helped them ensure none of the important details of that process were missed. The ACT team also had landlords accept more than a single individual on a lease. This allowed couples to live together without risk of eviction due to violation of the lease, as was a concern in the past.

Both Ni-Apin and Wi Che Win/ICM mentioned that advocating on behalf of participants was an important element of their work. This included staff providing advocacy for participants when dealing with EIA, CPP, and with landlords, especially when unit maintenance was required. Along with advocacy, the service teams worked to teach participants independence, facilitate self-determination and allow them to find resources and supports on their own. The Ni-Apin team commented that having some participants looking for their own

place to live was a very valuable experience for the individual. The ICM team noticed that some participants showed independence and found their own opportunities for personal growth. The ICM team provided volunteer opportunities for participants, which helped them gain experience and use their strengths. Participants from all the service arms achieved a variety of things that indicated recovery, such as returning to school, volunteering, gaining employment or looking for work, and being reunited with families. The fact that participants regained custody of their children as a result of their recovery was especially significant.

Staff of the service teams commented that, despite the very unique and challenging work, the staff were very supportive of each other: *“The atmosphere of the team is positive, caring, and nurturing, and the team has good cohesion.”*

The ACT team said that they were very flexible in providing support for each other. They were more effective at scheduling, and found time to do monthly debriefings with each staff member. No staff left the ACT team due to the nature of the work, which they all found rewarding.

Recurrent Challenges or Trouble Spots

1. Description of challenges from the Fidelity Reports

Ni-Apin (3rd Arm)

The fidelity team reported a concern regarding the Ni-Apin team’s frequency of visits with participants. Ni-Apin saw some participants less than the required three times each month. Participants reported that most of the services they received happened when they dropped by the office: *“The team is struggling to see people at least once a week. Based on the chart review, 60 per cent of participants are seen at least three times a month and several were seen only once or not at all.”* Participants said they wanted to see staff more frequently in their home or elsewhere in the community. The service team would also have benefitted from providing opportunities for participant input concerning the delivery of services.

The Fidelity Report also noted that the team should have rethought the use of “home inspections,” as this may have come across to participants as monitoring and may have interfered with rapport. It was also noted that the team would have benefitted from better use of the motivational interviewing approach.

The role of the peer support worker was uncertain within the team and must be clarified. The team also struggled with connecting participants to psychiatric and other services that they needed for recovery.

ACT

The fidelity review noted that the ACT team needed to work further on providing opportunities to allow participants to give input into the program. This would have allowed participants to take more ownership of the services offered and more pride in successful participation in those programs. Fidelity also reported that rehousing continued to be a challenge, and the ACT team was making efforts to be proactive on this issue.

There was a lack of services in the community for stage-wise substance use intervention, from which many participants would have benefitted. The team had difficulty connecting participants to these services, especially when there were extensive waiting lists for existing programs.

ICM (Wi Che Win)

The Fidelity Report indicated that the ICM team’s service delivery consistency and chart keeping needed improvement. Some notetaking occurred, but fidelity found that some charts did not appear to reflect goal planning.

Also of concern were support groups not being maintained consistently, and most had discontinued altogether. This resulted in a loss of connection with some participants who made use of the groups. The team also struggled to connect participants to existing medical, psychiatric, and addiction services within the community.

Concern was expressed by fidelity that there was some inconsistency in how often participants were seen, some regularly and others rarely. This was attributed to staff turnover, difficulty locating participants, and inconsistent record keeping.

2. Service provider perspectives on challenges

Staff from all three service teams discussed the challenges of trying to contact some participants and the delays involved in recovery planning if a participant missed an appointment. Most participants did not have phones. Budgeting for, or providing phones would have allowed a quick call to confirm a meeting or to check in. Another challenge of keeping in touch with participants was the concern over safety. Home visits often required two staff members for safety, and this was difficult to schedule when all staff had full workloads. Teams also stated that every individual required their own level of involvement with staff, some needing infrequent check-ins and others requiring many hours per week.

Both the ICM and Ni-Apin teams shared their concerns about difficulties and confusion surrounding the role of peer support workers or “peer specialists.” The ICM staff were concerned that some of these peer specialists who were hired had not even recovered from trauma themselves. They also had a concern that the definition of “peer” was unclear, and, as envisioned, was not necessary. ICM felt that people did not have to suffer the same sort of trauma in their lives to be peers, or provide support. Some of the staff felt that life experiences of all types provided people with the ability to give adequate peer support.

The Ni-Apin team’s concern centred more on the job description of the peer support workers. They were originally assigned to strictly provide accompaniment for case workers, to provide safety, and to work during drop-in hours. This evolved into “picking up the slack” when things became busy and undertaking roles that were not suitable, such as doing the work of case workers, one-on-one meetings with participants, and going out alone on house calls.

3. Perspectives on moving forward to address the challenges (from Fidelity Reports and service teams)

The Ni-Apin team categorized participants as high, medium, and low needs and graduated participants as they were ready.

The ACT team placed some common sense conditions on participants who needed to be rehoused and who had multiple units. They also developed a process based on the medicine wheel that helped with rehousing.

A congregate-type setting may have been a viable housing alternative for those who have not had success living in scattered sites.

Service teams might have tried to arrange to have clinicians spend a few hours a week at their office to allow for walk-in appointments.

Emerging Implementation Challenges or Trouble Spots (if evident)

1. Description of challenges from the Fidelity Reports

Ni-Apin (3rd Arm)

The team was challenged by the changes in housing procurement. Lack of available or feasible units due to low vacancy rates, desirability, and quality of upkeep slowed the process of housing and rehousing people. A big concern when attempting to procure units was the limitation of the \$485 subsidy and the lack of quick access to a damage deposit.

ACT

The ACT team's housing specialist worked hard to build connections with landlords. The team had less leverage when procuring units, especially due to the inability to quickly provide damage deposits. It was also unclear who was responsible for making rent stipend payments.

The Fidelity Report noted that the ACT team should have been mindful of when participants were ready for transition to a lower level of service. An important part of this process was ensuring that participants had learned to do things for themselves, as opposed to having had things done for them. Fidelity suggested that staff should have also been mindful of where the participant was at, and if they were ready to be challenged—questions that should have been asked of the participant.

The Fidelity Report also noted that both ACT and ICM, along with the housing team, commented that the regular meeting had changed, with less focus on housing. This meeting was an important chance to share information concerning available units, landlords, repair issues, and other items that facilitated unit procurement.

ICM (Wi Che Win)

The team had been challenged by a significant turnover in staff. This led to varying support and understanding of the model, and how it was to be implemented. There also seemed to be varied levels of understanding of the harm-reduction strategy and motivational interviewing techniques. Staff turnover also resulted in a loss of relationship with EI and other external services, making it more difficult to advocate on behalf of participants.

The ICM team also faced challenges due to the change in the project's housing procurement system. There existed confusion for the team about who was supposed to pay the rent, do repairs, and contact landlords. Landlords were also expecting incentives that were guaranteed in the past, but could no longer be maintained (such as repairs). The change in the housing process raised concerns about the ability to procure units with the limited subsidy of \$485, and lack of immediate access to damage deposits.

2. Service provider perspectives on challenges

Service staff also shared frustration with their lack of ability to procure housing for the program. Teams noted the difficulties encountered when participants became incarcerated (often from pre-existing charges), as EI would not cover the cost of a rental while a person was in jail. This made it difficult to maintain housing, and required participants to be rehoused after release. Acquiring damage deposits was also difficult; these needed to be better budgeted for.

The ACT team said that difficulties were encountered when changes in the service delivery were not communicated effectively to landlords. Promises that were made to landlords concerning consistency in payments and repairs to units were unable to be met as the project went on. One staff member said that they needed a single approved message to give to landlords about what the project could offer. These discrepancies affected relations with landlords.

3. Perspectives on moving forward to address the challenges (from Fidelity Reports and service teams)

The ICM team is working on developing team cohesion. Staff would benefit from a teleconference about the principles of Housing First and harm reduction, especially for new members of the team or those who would like a review. The team is also organizing a visit from the SOS team to learn about strategies for working with solvent users.

The ICM team will benefit from their newly assigned housing specialist and should also consider working closer with the ACT team, as well as try to set up meetings with EIA and other external agency workers in order to build connections.

The entire Winnipeg site is implementing a new goal planning methodology that takes a very holistic approach versus a medical model approach.

Housing specialists from each team should continue to meet on a weekly basis to discuss issues that pertain directly to housing. The purpose of this housing meeting would be to recruit, vet, and share potential landlords and leads.

Other Emerging Implementation Issues (Barriers, Adaptations, Innovations)

1. Description of issues

The speed of intake that was required to meet the project goals presented challenges to providing service. The ACT and ICM teams both discussed how the pressure to bring in the quantity of people required by the research interfered with the quality of service they could provide. The effects of this initial push to house a large number of participants were also commented on by the Site Coordinators. Closer to the start of the project, when participant numbers were still low, staff had more time to spend with people. As numbers increased, it was very difficult to give participants the individual attention they required to help them maintain housing. The housing shortage in Winnipeg caused staff to spend a lot of time finding housing for new referrals, and took time away from working with existing participants. One staff from ICM commented, *“How do we justify chasing housing when I know that people are traumatized and I should really be attending to that?”* The speed of intake and the housing shortage also prevented staff from really getting to know some of the participants. If there was an existing housing stock reserved for the project, service teams felt they would not have to spend a large portion of their time trying to find homes for participants. An additional challenge was that many new participants lacked a housing history or rental record that landlords needed to refer to before offering a lease.

Challenges working with external services emerged. Timing of payments from some services presented ongoing budgeting challenges for staff and participants. Another example was that some staff experienced a situation where they were not allowed to assist participants when the participant was trying to obtain benefits. Agencies required that only the applicant could answer questions being asked over the telephone. If the agency representative heard assistance being given in the background, or was given an incorrect

identification answer, the representative would discontinue the conversation and require the participant to meet somebody in person. Staff and participants also faced difficulties when agencies were frequently reassigning participants to different workers, and team staff felt that some agency workers did not show the commitment required to help people in need.

2. Perspectives on moving forward to address the issues

The ACT team is making efforts to schedule their days more efficiently.

The ICM team has modified their staffing and has new leadership over the last year. ICM also did a complete file review and created more purposeful case-management meetings. ICM management also worked on bringing more work/life balance to the agency staff.

Issues Identified from First Implementation and Fidelity Reports (Housing/Rehousing; Housing Clinical Relationship; People with Lived Experience (PWLE); Staffing)

1. Description of issues and perspectives on moving forward

COMBINED BY TOPIC

The 2011 fidelity reports and 2011 Implementation Report identified many successes and challenges for the service teams.

Housing:

Housing and rehousing remained the biggest challenges at the Winnipeg site. Fidelity reports noted that the ongoing constraints in the Winnipeg affordable housing market remained a problem, including limited participant choice, and that almost all housing was found centrally in environments many considered unhelpful to recovery. Site Coordinators and service teams mentioned the ongoing struggle to obtain damage deposits and the need for housing outside of the core area. The 2011 Implementation Report noted that some participants went months without being housed, some targets had not been met, and some participants ended up in inappropriate housing; it also identified the need for congregate-style housing for some participants.

Ni-Apin (3rd Arm) was applauded in the first fidelity report for its proactive approaches to housing problems, including assigning more staff to housing and developing a transitional housing option. By the 2012 Fidelity Report, this option had developed to more closely follow the Housing First model. Ni-Apin made extensive efforts with rehousing solvent users and made progress in creating a “more thoughtful process.” But in their focus group, Ni-Apin also expressed frustration with the multiple re-housings of solvent users.

The first Fidelity Report noted that ACT experienced significant challenges in housing and rehousing, particularly finding housing in suitable areas and getting participants into housing quickly. ACT now has a housing specialist working to find new landlords.

Wi Che Win (ICM) also struggled to find housing in areas desired by participants. The 2011 Fidelity Reports noted that ICM had a high percentage of participant move-ins within six weeks. They are currently working on better recovery planning for individuals who need to be rehoused. As well, ICM modified their staffing positions to include a half-time housing-support worker.

Site Coordinators reported that the high numbers of rehousing (some as many as seven or eight times), as well as extensive damages to suites, made it increasingly difficult and frustrating for the service teams. They also reported that the service teams have begun to address rehousing differently. Teams are beginning to ask important questions about what can be done differently when a participant needs to be housed a third or fourth time. All stakeholders recognized that more time needed to be spent on eviction prevention rather than on constantly rehousing participants. This is anticipated to be possible with the current shift to more long-term case management.

Service Delivery:

Wi Che Win (ICM) and Ni-Apin (3rd Arm) were identified in the 2011 Fidelity Report as struggling to meet participants often enough (at least three times a month). This was also identified as a challenge in the 2012 Fidelity Report. It was suggested that these agencies look at more formal opportunities to see participants through groups, and this course was pursued by both service teams. However, the regular meeting of these groups declined or stopped for both agencies over the last year. Wi Che Win stated it is re-starting groups while Ni-Apin spoke of the success of its drop-in centre in developing community for participants. Wi Che Win noted the very high staff turnover over the last year, and very high caseloads as contributing to service delivery challenges. Wi Che Win also suggested in the focus group that 20 participants per worker was too high to provide sufficient services. Fidelity noted that Wi Che Win caseloads have hit 30 participants at times. Ni-Apin strongly disagreed with the 2012 Fidelity assessment on service delivery. They suggested that many participants advanced to a point of self-sufficiency so that they did not need as many visits, and that there were other contributing factors for not visiting participants, such as their emphasis on case-worker safety.

Staffing:

Several staffing issues were identified in the first Fidelity and Implementation reports. The burnout of staff due to high stress and high caseloads was identified a year ago in the 2011 Implementation Report. Site Coordinator interviews noted the struggle service teams had in maintaining full staffing, and how hard the work was on service teams. Burnout and caseloads were discussed in all three focus groups, and each service agency developed strategies to lessen the problem. Wi Che Win (ICM) spoke a great deal of staff burnout, short-staffing and high caseloads. They addressed this with new staff and leadership over the year, as well as more purposeful case management meetings. Staff felt these changes were effective at making the project “feel more in control because there’s more direction.” ICM management also worked on bringing more work/life balance to the agency staff. The need for additional training in harm-reduction techniques and motivational interviewing was emphasized for Wi Che Win in both 2011 and 2012.

ACT spoke of the challenging and tremendous workloads as well as their difficulty keeping staff, though emphasized that they had a “wonderful team.” One challenge they noted is the agency did not have full control over its own Human Resources, but operated under Mount Carmel Clinic and tended to be last on the list for new hires. ACT appeared to have good self-care in place for its staff, including monthly debriefs, flexible time off when necessary, and cultural healing at sweat lodges. The management style at Ni-Apin appeared to have changed over the last year with a more open-door policy that resulted in positive relationships with staff and participants. Both ACT and Ni-Apin spoke of the difficulty of finding staff with the possible end of project, a challenge that Site Coordinators also recognized. Positions were posted as lasting for less than a year, making them more difficult to fill. Site Coordinators recommended a pool of casual service staff to cover the team member leaves as necessary, and to lower burnout rates.

PWLE:

The inclusion of persons with lived experience (PWLE) in the At Home project was a fundamental underpinning that brought strengths to the teams, but also challenges. The service teams widely acknowledged that lived experience was important for the staff to have understanding of participants. It was also a powerful source of knowledge exchange, resulting in the staff not seeing themselves as separate from the participants. As a Site Coordinator said, “I would say that 80 per cent of our staff are of Aboriginal descent and have had some lived experience, so the participants have said ‘you can tell who has had the experience and those that haven’t.’” One cannot underestimate the positive effect of lived-experience staff working with participants.

The 2011 Implementation Report warned of the risk of retraumatizing PWLE through exposure to similar life stories during interviews. ACT noted the challenges of including volunteer peer-level PWLE and fully including them in their work. ACT also noted burnout in PWLE who have been asked to do too much and that the expectations of PWLE were too high, with such expectations placing too much demand and stress on these at-risk people. There was also some concern raised over the skill levels of lived experience staff: “Sometimes it is hard to find staff with both skill set and lived experience. For example, we had some sex offenders and the case worker might not have been able to pick up on that [because of lacking skills]. It makes everyone a little vulnerable...”

Generally though, the teams valued the staff with lived experience, noting that participants were so comfortable with the PWLE staff that it made up for a lack of formal skills. Staff with lived experience were seen to have the ability to develop relationships with participants that worked very well. A Site Coordinator noted that if the project had used a traditional route (mostly white, formally trained service workers), the site wouldn’t have participants feeling as good about themselves.

Aboriginal: Housing and Trauma

The 2011 Implementation Report identified that many Aboriginal participants preferred a more collective living arrangement, and the scattered site model of Housing First can cause feelings of isolation and stress for these participants. The effects of long-term trauma on Aboriginal participants were also identified early. These issues continue to be strongly talked about by the service teams.

Most Aboriginal persons would find it unthinkable to not welcome family and friends to share their housing unit. Concern was expressed that the project did not address the validity of this cultural practice as an expected social norm, although it was identified early by Wi Che Win in the 2011 Fidelity Report. These visitors were much discussed by all stakeholders but were not fully anticipated in the model. Yet the presence of visitors was among the primary stated reasons for evictions. The inability to share housing had a huge impact on some participants’ ability to maintain their tenancy. Many stakeholders strongly suggested the need for more flexible or communal housing options in such a project, especially options that take into account Aboriginal social norms. Remarkable on was the need for housing that accommodated extended family, and the need for congregate options outside of the core to minimize isolation and provide community. The site tried two examples of communal housing with limited success to date. Both were transitional housing in nature: one was shared apartments, the other rooming house style. Both housed participants together who may not have known each other and who may not have wanted to live together. Neither accommodated families. Ni-Apin had some success with this housing as it gave the agency options and flexibility during the initial intake. However, these two site experiments with communal living did not appear to have accurately addressed the problem, and the challenge of communal housing needs to be revisited. ACT, Wi Che Win, and Site Coordinators all commented on the ongoing conflict between the housing model and the reality of Aboriginal participants’ lives.

The service teams and Site Coordinators spoke of the damaging effects of intergenerational and complex trauma to Aboriginal participants, including the legacy of residential schools, poverty, addictions, solvent use, violence, sexual violence, and the abuse of children. ACT and Wi Che Win (ICM) both noted that deep trauma affected many of the participants. Wi Che Win stated “trauma seems to be the biggest factor” in participant success; that trauma caused the addictions, and homelessness was merely a symptom. Wi Che Win identified the critical need for complex trauma-addictions treatment in the project.

Substance Use Programming:

The need for substance use programming, particularly for solvent use, was identified in both ACT’s and ICM’s first Fidelity Reports and the Implementation Report. The Implementation Report also noted the high number of solvent users at the Winnipeg site would require adaptations to the project; and that landlords would not accept solvent users. Site Coordinator interviews showed that the project did a lot of work with solvent users after the first year. ACT made the most advances on this front, having developed successful solvent-use strategies (such as the move-in kit), and created a group for solvent users that is regularly attended. The Fidelity team recommended that Wi Che Win pair up with ACT to make use of services, and Wi Che Win stated in their focus group that they are pursuing working with ACT on solvent use programming. ACT also recognized that it has knowledge to share and offered to hold workshops for the other service arms on its solvent use strategies.

Special Lease Provisions:

Landlords’ use of “special provisions” in participant leases continued to be a problem. This included clauses that barred participants from having guests, or enforced mandatory abstinence. Fidelity Reports concluded that all three teams were strong advocates for participants against this problem. Successes were achieved. Many more participants have taken landlords to the Residential Tenancy Board to address issues; and ACT made the important change to no longer work with landlords who use special provisions.

Participant Information/Bureaucracy:

The 2011 Implementation Report noted the lack of participant information sharing within the project. That created a challenge of housing new participants without rental histories, and housing teams learned about serious problems too late. This issue appeared to have improved over the ensuing year with better information sharing and the use of participants’ names instead of identification numbers. Site Coordinators also noted the sharing of knowledge between the teams over the last year and the confidence that created. The service teams noted the issue of obtaining participant information from external organizations, as well as bureaucratic red tape. Even when participants gave consent, medical histories were difficult to obtain. Waiting lists could be two or three years long for external services, and obtaining identification, or handling issues like taxes, continued to be extremely challenging for service teams. Challenges in working with external service organizations and government departments were remarked upon by all three service teams and Site Coordinators.

Housing First Theory of Change

1. **Learnings about what outcomes occurred during the first and second years**

All service teams spoke of the many positive outcomes of the project and the advances participants made

over the last year. Time seemed to be the essential factor; as participants had been with the project for longer periods of time, and they had developed stronger relationships with project staff, they had made greater improvements in their lives. Ni-Apin pointedly commented, “It takes one to two years for recovery; and five to seven years to get their life together”, and spoke of the desire of participants for long-term recovery programming. A Site Coordinator corroborated this assessment by suggesting that the project needed more than five years working with participants for full results.

Success stories included some participants returning to work or school, which was reported by all service teams. Reuniting families was also seen as a major accomplishment of the project. ACT reported a high level of family reconnection, including visits to estranged children, or returning home after a long period away. Site Coordinators noted the difference this kind of connection could make in a participant’s life. Wi Che Win (ICM) expressed how impressive it is for someone to be able to make these kinds of changes within two years.

Personal changes among participants were also remarked upon by the service teams. ACT and Ni-Apin noticed that participants began feeling cared for in a way that was unconditional, that participants had developed their own voices, and that they were capable of great things. Site Coordinators noted that participants began to realize that there “is nothing wrong with them, they aren’t bad, they aren’t sick.” Developing this kind of strength had also been seen in participants going to Residential School Hearings, making victim impact statements, or testifying in court. Site Coordinators noted that the number of participants going to the Residential Tenancy Board to fight evictions or demand improved building conditions had tripled over the last year.

Service teams often remarked on the small successes of participants: learning to pay for a lost key, going to a doctor, managing stress, learning patience, and overcoming anxiety were all mentioned by ACT and Ni-Apin.

For those participants who had been in the project for a while, Wi Che Win saw them going to a deeper level with sharing trauma, and noted that “it’s much more satisfying work, but it’s also more difficult.” Site Coordinators remarked on the long-lasting impacts the project had in communities as people began to embrace harm reduction strategies and began to work together.

2. Learnings about who benefitted the most from Housing First, and who did not

Wi Che Win (ICM) expressed the belief that success came from the participants themselves, and it came to those who wanted to make positive changes in their life. This desire to “make it work” was also identified as important by landlords. Wi Che Win stated that anyone “who can see a future, anyone who has a little bit of hope,” could be reached and could benefit from the project. Those participants who had been diagnosed by a psychiatrist, and had the proper medication, were also cited by Wi Che Win and Site Coordinators as more likely to succeed: “my sense is that those with mental health issues maybe tend to respond quicker and faster [than those with trauma or addictions issues].” The difficulty of connecting participants to medical/psychiatric help was seen as a significant barrier to success for many participants and Wi Che Win felt that there were many undiagnosed participants. Ni-Apin stressed that each participant had a different timeline for independence, or moving to housing.

Ni-Apin noted that those in high-risk categories, especially solvent users, were those whom the program helped the least. Service teams and a Site Coordinator suggested that there was much work to do in addressing addictions. As stated earlier, Wi Che Win found that trauma seemed to be the biggest factor in participant success. They noted that a participant could go for addiction treatment repeatedly, but the trauma re-triggered the addiction.

3. Learnings about the critical ingredients of Housing First (what ingredients were most important for whom and when)

Critical ingredients mentioned by the service teams were enunciated by Ni-Apin as “Acceptance, Empowerment, and Responsibility.” Participant responsibility was highlighted by Wi Che Win and Ni-Apin as an important ingredient that was not emphasized at the beginning of the project, but was later seen by the service groups as critical, “We’re trying to give back the responsibility to the participants to make their own choices. It’s about being responsible for their own lives.” Both teams suggested that there was too much enabling at the beginning of the project.

Two teams stressed that Housing First was a different approach compared to a more institutional approach and that it did not dictate to participants what they had to do and was more accepting of who they were in their progression. It did not say “you have to get here first [before the program will help you].”

Necessary staff qualities for facilitating change were seen as kindness, non-judgment, respect, honesty, acceptance, commitment, and participant-focused.

More learnings were offered on the operation of the project itself. One widely recognized challenge was the high intake numbers at the beginning. It was felt to be extremely challenging for a service team to take on a hundred participants in a year. The teams felt that a more gradual implementation process would have resulted in better outcomes.

Although rehousing frustrated the service and housing teams, they recognized that rehousing almost always worked in terms of creating long-term tenancy. Ni-Apin and Manitoba Housing both commented on the value of a participant learning from an unsuccessful tenancy. ACT found that very few people need to be rehoused again after the first time. This in itself was an important lesson for the project.

Landlord/Caretaker issues

1. What was working well from the perspective of landlords

Landlords typically liked the programs and services offered by the At Home project, and thought they offered significant advantages when they worked well. Mentioned specifically were the holding fees, provision of cleaning/repair services for damaged suites, assistance with moving problem tenants, the roundtable gatherings for landlords, and the education component. Landlords had mixed experiences communicating with the project, some having had positive experiences, others having had difficulty contacting caseworkers or the service teams. There was uniformly high praise for the housing team, notably Lori Hudson, who was repeatedly commended for going beyond the call of duty. The guaranteed rent offered by the program was seen as less of a benefit to landlords because current market conditions in Winnipeg guaranteed the rental of any unit, even without the project.

Landlords had strong feelings on what made for successful tenancies. At a basic level, all wanted participants that were quiet, clean, and respectful of the property and neighbours. Almost all noted the importance of life skills. More importantly, many landlords commented on attributes of participants they saw as leading to success, such as having a positive attitude, a “desire to make it work,” or participants who recognized the opportunity offered and took full advantage of it. Many landlords noted the importance of an active relationship with the support worker. Others commented on the importance of positive surroundings, good communication, and building relationships between participants, landlords, and service workers.

Most landlords said that they tried to treat At Home participants the same or better than any other tenant. Many stated that they had given “extra chances” to participants when there was a problem, with one landlord remarking he was “a bit lenient with them for some of the stuff...because we knew they were trying to settle down.” Other landlords stated that they were very strict with the rules in their buildings.

There were sometimes differences in the way participants were treated compared to other tenants. Of note were different conditions to rental agreements, including forbidding alcohol or drugs on premises and banning all visitors. One landlord stated that such rental clauses were “used as a backup,” giving a landlord an easy way to evict any tenant. In addition, there were differences inherent in being a part of the project: particularly, landlords did not get to screen tenants as they would normally; instead, landlords mostly took what the project sent them. As one landlord said, “I wouldn’t rent to them if it wasn’t for the program; they wouldn’t qualify for one of our apartments.”

2. What was working less well from the perspective of landlords

The initial positive feelings landlords held for the project were, in some cases, eroded by changes to the delivery of the project: “When it first started I found that the supports were magnificent but as the caseload got heavier, they [the case workers] were spread thin, it was a lot harder.” Workers were seen to be overwhelmed with increasing caseloads and, in the words of one landlord, “lost control” and it was felt by some that services declined rapidly over time.

All landlords recognized the delivery of services to participants as the most important part of the project. Success stories were attributed to good supports and service workers, and three of the 12 landlords reported the participant had received good supports. However, four landlords felt that the number of caseworker visits to the participant was insufficient, or that the participant did not have a caseworker for extended periods. Ni-Apin and Wi Che Win were both singled out for this shortfall. This viewpoint of landlords was partially supported by the Fidelity Reports.

A contributing problem was communication with the caseworkers/service arms. Four landlords reported difficulty in contacting the caseworkers/service arms when problems occurred, and four landlords mentioned not being informed of caseworker turnover or being unable to contact the service arm because of staff turnover.

Landlords gave consistent reasons for evictions. The most common eviction reasons were parties, noise/disruption, use of drugs/alcohol, filthy suites, heavily damaged suites, begging or aggressive behaviour towards other tenants, solvent use and problem visitors. Landlords frequently mentioned the last two. They saw that some participants had many people staying with them. Landlords recognized that sometimes it was participants “helping out their street buddies,” or when participants were being taken advantage of by other people. Often visitors were family who travelled from northern First Nation communities. The 2011 Implementation Report also identified this Aboriginal preference for collective living arrangements as a challenge for the project. For landlords, the problem was that visitors stayed in the suite or perhaps caused damages, while the lease stipulated just one tenant.

Solvent use was a serious issue for landlords. Five of the landlords interviewed had dealt with tenants who were solvent users. These landlords stated that solvent users were consistently evicted, and one landlord stated that every eviction they had was due to solvent use. Two stated that there was zero tolerance for solvent use, from both landlords and other tenants, and this is the policy for the largest housing provider, Manitoba Housing. Landlords consider solvent use a health and safety risk for everyone in the building due

to the presence of inflammable liquids, often while smoking. Landlords also noted that zero tolerance was not discrimination against At Home participants, as anyone who had inflammables in their apartment could be evicted. Solvent use was also identified as a challenge a year ago. It was recognized that the service teams worked hard to develop solvent strategies (especially ACT); however, landlords interviewed were not aware of these solutions.

A common issue raised by landlords was the added layers of bureaucracy that working with the project entailed. Normally, a landlord deals only with the tenant when there is a problem. With At Home, landlords had to contact caseworkers and/or housing and wait for them to address an issue, often in an untimely manner. Problems typically occurred on weekends, when service teams were not available. This situation was aggravated by poor communication. Landlords saw the 24-hour emergency line as ineffective, as messages were only taken and forwarded the next business day, which was an inappropriate response during an emergency. About half of the landlords reported good responses by the service teams to problems; half stated that when service teams were contacted about a problem, nothing seemed to happen or be resolved. The consensus among landlords was that contact with the project needed to be single-point, easy to use, and solution-oriented.

The lack of life skills among project participants was another concern for landlords, especially among those who were unsuccessful in their tenancy. Lack of life skills was seen to profoundly affect the ability of a participant to maintain a tenancy successfully, because the lack of skills brought participants into conflict with landlords or other tenants, and sometimes caused damages (e.g., not closing windows in the winter, resulting in frozen or burst pipes). It was felt that for these participants, the service teams were not teaching the necessary life skills or providing adequate case management and this resulted in a strong feeling among some landlords that many of the participants were “not quite housing ready.” It is recognized that the service teams do currently provide some life skills training. The service teams have noted in their focus groups that they are moving to long-term case management now that the initial recruitment has passed, which will allow for more life skills training. The lack of life skills was the most common theme cited by landlords, but should be placed in the context of the successes achieved at the site. The comments made were generally referring to the failed tenancies.

Half of landlords felt the project lived up to expectations and half did not. Of the half who felt it did not, the failure of the project to live up to verbal agreements was seen as one problem. Mentioned was the termination of holding fees, slow or poor repairs to damaged units, declining supports for participants, and a lack of assistance in evicting problem participants. When a service was discontinued, landlords felt that they were left “holding the bag” when having to deal with a problem tenant. Several landlords also commented on the landlord roundtables and the education components (Mental Health First Aid, cultural awareness), which were deemed effective, but were unfortunately also discontinued.

A number of landlords had positive experiences with Manitoba Green Retrofit’s (MGR) repairs to units, but some found that the turnaround time was far too long, sometimes months. Because this affected the ability of a landlord to re-rent a unit, there was often a loss for a landlord that minimized the benefits of using MGR’s services.

Many landlords spoke of, or alluded to, the project’s inability to recognize that landlords and the other tenants in a building also had rights, especially to “some peace and quiet, and to feel safe in their home.” Some tenants were “unhappy to have unstable people moving in.” The turmoil that problem participants cause in a building and the hours this cost landlords was seen as detrimental. Many landlords spoke of the lack of reciprocal rights and responsibilities, that project participants were not accepting the responsibilities inherent in becoming a tenant.

3. Landlord suggestions/learnings/affirmations

Although landlords were critical of the problems they encountered, many had positive suggestions and learnings that may be beneficial for moving forward. All landlords felt that At Home is a positive program providing advantages and opportunities to participants. Several identified that participants without addictions were the least trouble for them and were willing to continue to rent to them. Manitoba Housing noted that even unsuccessful tenancies were a learning experience, closely mirroring the experience of the service teams:

“A failed tenancy is not all negative; it’s part of the journey, part of the learning experience. So it didn’t work this time, but you had your own place, you saw what it felt like, you experienced it all, and hopefully you take away something from the experience for the next time.”

Participation:

Several landlords brought up the problem of “lack of true participation by the participants” because everything was given to them. Landlords felt that participants needed to have more initiative to better themselves. This mirrored comments made during the service team focus groups that suggested greater participant involvement in the finding of apartments and furniture can result in greater ownership and responsibility on the part of participants.

Winnipeg’s Housing Market:

Several landlords noted that the market realities in Winnipeg resulted in participants being housed in problem communities. This was succinctly stated as, “You’re putting a vulnerable person in a [dangerous] setting.” This problem had also been repeatedly identified by the service teams and in the Fidelity Reports.

Communication:

Landlords also expressed a wish to be better informed about the participants and the project. One suggested, “Someone should be calling the landlords regularly, maybe every couple weeks to check in to see if there’s any issue.” In addition, another suggested, “what would be nice is a progress report once a year or so, just to keep in touch.” This may indicate how site communication with landlords could be improved.

Conclusions:

It is difficult to form a narrow conclusion on the experiences of landlords because of the wide variety of opinions expressed. Clearly some improvements could be made to the experiences of landlords, especially around communication with the project and possibly with the need for life-skills training for some participants. The landlords interviewed were averse to working with solvent users, but were receptive to most others. Every landlord interviewed commented on the positive aspects of the project and the benefits to the participants. When asked whether they would recommend the project to other landlords, interviewees were divided. Four gave an unqualified yes, four said no, and four qualified their responses with conditions, such as “if there was more supports.”

Issues regarding sustainability and the future of the project

1. How sites addressed sustainability concerns of participants

Service teams reported they were instructed to communicate to participants that there would probably be

continued supports and continued subsidy within the service community, though possibly with different agencies. Teams made an effort to be clear with participants on this, and produced an information flyer for participants, but misunderstanding was a problem. Some participants believed that their involvement with the project was over at the 24-month mark regardless of the project's future. Teams also reported that there was a big fear among participants about the possible end of the rent top-up. Participants, of course, were worried that they would be on the street again within a year, and it was noted that some were already feeling "alienated" and expecting to be "abandoned" again. This put front-line staff in an awkward position, as they were instructed only to say that the project was working on sustainability, but had no real information or assurance to offer. Inconsistent or nonexistent messaging from the national team was a source of frustration for the service teams and site leadership. There was also some concern for what this would mean for the TAU group: "The TAU group...got nothing and got used. They hung on and answered questions and they got nothing."

2. Sustainability concerns and strategies at the site level

Sustainability concerns also affected staff. As mentioned earlier, it was difficult to fill vacant postings for positions that were advertised as short-term (until March 2013). Site leadership was also expecting increased staff turnover as staff anticipated the end of the project and moved to other jobs. Service teams, site leadership and the QA team all remarked on the difficulty some teams had in maintaining positive messaging, and the resultant impact on the participants. Service teams expressed frustration that the lack of information on sustainability was affecting their lives as well. Staff too, need to plan for the future.

Site leadership is addressing the need to have a plan in place. The site has completed case reviews determining high, medium, and low needs participants. Planning has begun for these participants. Site leadership suggested that there has been good indication from the provincial government for ongoing resources for housing and service, but it will likely not be configured the way it is now. There is currently a big push to get everyone on the waiting list for Manitoba Housing and the housing staff are anticipating a large number of moves.

3. Views about project legacy and lessons learned

All of the stakeholders interviewed offered an enormous amount of information on lessons learned about the project, its implementation, and future directions. Many felt that Winnipeg is unique; that it has a unique homeless population with unique needs, traumas, and addictions. These distinguishing characteristics were felt to have effects on the project implementation.

The need for more realistic project planning was remarked on. It was suggested that the site misjudged its ability to house people, what it would take to sustain people in housing, and to prevent evictions. Many people suggested that the project tried to do too much, too fast.

There was a need for programming for those that had been evicted from their first home. Service teams and participants needed to ask, "What does the participant need to do to keep the home, to prevent another negative experience?" An increased emphasis on life-skills building was an example of such programming. One stakeholder commented that this type of programming would be key to sustainability.

The need for improved knowledge exchange between service teams, housing teams, and participants was commented on, as was the need for improvement of communication between the project and landlords. Some felt that teams were siloed within the site and that communication and cooperation could be improved.

Many felt that communication between the national team and the site could have been improved, especially around sustainability. It was stated that, in a project of this size and complexity, such communication challenges were to be expected. That said, communication between service groups improved substantially over the last year, and site leadership remarked on the improved cooperation and improved working dynamic.

Many people commented on the need for different types of housing: single housing for single people, family housing for families, communal housing for some, scattered sites for others. It was felt that all were Housing First, and there may have been a need to broaden the definition of housing in Housing First.

Many people also commented on the need for better integration with outside service agencies and government departments. The site has made great efforts to work with Child and Family Services (CFS) and EIA; but it was felt that more could be done, especially connecting to Aboriginal organizations. There were also reports of conflict with other service agencies. If a Housing First participant went to another organization, there were instances of service denial because Housing First was seen as having a huge amount of money. Improved connections with other service agencies may have helped. CFS, Manitoba Housing and EIA all have rules and procedures that, at times, work at cross purposes to each other or to the At Home project, to the detriment of participant recovery. There was also a significant need for formal partnerships with professional psychiatric staff to ensure proper diagnosis and medication, which was also seen as a profound barrier. It would have been beneficial for the project to ensure a seamless interface with external bureaucracies and professions.

We heard repeatedly that the project did not fully take into account the effects of generations of complex trauma on Aboriginal participants. Addressing residential schools, the sixties scoop, historic endemic poverty on reserves, and multi-generational abuse was not planned or prepared for. As well, it was felt that the timeline of the project was insufficient for addressing these traumas. Of course, the project was not specifically designed to address these issues; yet the majority of the participants of the Winnipeg site were Aboriginal, and many of these participants were facing these challenges. Service teams made great efforts to address these issues, but again, more was needed.

The sentiments that “we missed the cultural piece,” or “we missed the difference between collective and individual societies” were common in the interviews and focus groups. Many felt that there was a need for greater Aboriginal cultural awareness and cultural safety. As part of this, there was felt to be a need for staff who could speak Cree and Ojibwe, as well as better integration with Aboriginal organizations and acceptance of Aboriginal culture by, for instance, building in some accommodation for the extended families of participants.

CONCLUSION

Discussion: Crosscutting Themes and Lessons Learned

A hallmark of the Winnipeg site was the adaptation of the Housing First model to work within the uniquely challenging environment of Winnipeg. It was seen with the integration of Aboriginal culture and needs into the programming of all three service teams. Adaptation was seen in the changes to housing protocol, with the use of transitional housing adapted to the Housing First model. Adaptation was seen in the development of the service agencies, Manitoba Green Retrofit and Housing Plus, both innovations of the Winnipeg site. Adaptation speaks to the flexibility and the utility of the Housing First model.

Flowing from these adaptations, another characteristic of the Winnipeg site was capacity building within the site. There were initial challenges in acquiring the participation of Aboriginal organizations with the project, but this led to greater cooperation and knowledge exchange within the service community. The development of MGR and Housing Plus has resulted in agencies that are independent and will last, regardless of project sustainability. In addition, new knowledge and techniques of harm reduction and Housing First are becoming disseminated within the service community.

Site leadership felt that the public is growing more aware about the prevalence of homelessness. Service agencies, the City, the Province, the Federal government, and the media have begun to take interest, and attitudes are changing for the better. Site leadership commented that there are the makings of a “homeless network of some kind” at the Winnipeg site.

Lastly, we heard over and over again that harm reduction works, and that the At Home project is working. One service staff said, “I don’t know how many times I have heard, “thank you for treating me like a human” while another noted “I’ve worked in programs for 25 years and helped develop programs in many cities and I’ve never seen a program as successful as this one.” The project’s success could, and should, be measured by the 170 participants who moved successfully into housing.