The Implementation of a Rent Assistance Program and Its Impacts on Recovery Outcomes for Individuals Experiencing Chronic Homelessness

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ABSTRACT

This study explored the experiences of persons experiencing chronic homelessness with and without rent assistance. Qualitative interviews were conducted with 12 participants in order to determine if and how rent assistance impacted participants' narratives of recovery. These narrative interviews, along with a focus group conducted with 10 support workers, explored implementation factors impacting recovery narratives. The findings suggest that access to rent assistance helps to promote recovery outcomes, conceptualized as life transitions (streets to home, home to community, and past to future), among individuals experiencing chronic homelessness. These transitions were enhanced by various participant, program, and community factors.

Keywords: homelessness, housing first, rent assistance, recovery, implementation, qualitative methods

RÉSUMÉ

Cette étude porte sur l'expérience de personnes vivant en situation d'itinérance chronique, bénéficiant ou non d'un supplément au loyer. Des entrevues qualitatives ont été menées auprès de 12 participants afin de déterminer si le supplément au loyer influençait leurs récits de rétablissement et, le cas échéant, de

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This research was supported in part by grants from The Region of Waterloo. Courtney Pankratz was supported by a fellowship from the Canadian Institutes of Health Research.

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quelle façon. Ces entrevues narratives, réalisées en conjonction avec un groupe de discussion réunissant 10 intervenants de soutien, ont permis d'explorer les facteurs d'implantation ayant un impact sur les récits de rétablissement. Les résultats suggèrent que l'accès au supplément au loyer contribue à promouvoir le rétablissement chez les personnes vivant en situation d'itinérance chronique en renvoyant au concept de transitions de vie (de la rue à la maison, de la maison à la communauté, et du passé au futur). Ces transitions étaient facilitées par divers facteurs liés aux participants, au programme et à la communauté.

Mots clés : itinérance, logement d'abord, supplément au loyer, rétablissement, implantation, méthodes qualitatives

Since the 1980s, homelessness has emerged as a pressing and persistent public policy challenge in Canada (Hulchanski, Campsie, Chau, Hwang, & Paradis, 2009). Estimates suggest that approximately 35,000 people are now homeless in Canada each night, and 235,000 individuals experience homelessness each year (Gaetz, Dej, Richter, & Redman, 2016). Initial and ongoing efforts to address homelessness included a crisis response characterized by emergency shelters, soup kitchens, and transitional housing. However, rates of homelessness continued to grow as a result of this approach. In light of these circumstances, a concerted effort to identify and implement best practices, such as the Housing First (HF) approach, has become a focal point for policymakers and other key stakeholders striving to end homelessness in Canada (Kennedy, Arku, & Cleave, 2017).

The purpose of this paper is to report the results of a qualitative study of the addition of rent assistance to an existing HF project in one Canadian community. Both consumer outcomes and implementation factors influencing those outcomes were examined. We begin by describing HF and rent assistance, and then review qualitative research on consumer recovery outcomes and the implementation of HF.

LITERATURE REVIEW

Housing First and Rent Assistance

HF is an approach that was developed specifically for persons experiencing chronic homelessness and mental illness (Tsemberis, 2015). In the United States, Kuhn and Culhane (1998) found that a small subgroup of the homeless population (about 10%), the chronically homeless, accounted for the majority of shelter use. In a study conducted in Ontario, Aubry, Farrell, Hwang, and Calhoun (2013) similarly found that persons experiencing chronic homelessness made up only 2–4% of all shelter users, but again accounted for the majority of shelter stays.

HF was first pioneered with this population in New York City to deal with their complex needs including homelessness, mental illness, and addictions (Tsemberis, 2015). HF was conceived as a paradigm shift away from the residential continuum or "staircase" model (Ridgway & Zipple, 1990), which predominated in Canadian and US communities. In contrast to the staircase model, which assumes that people must demonstrate "readiness" to live independently by progressing through a continuum of more structured and restrictive residential settings, HF provides immediate access to housing. Moreover, the focus on the support provided in HF is on promoting recovery, rather than on treating deficits (Tsemberis, 2015).

Reviews of research have demonstrated that HF leads to dramatic reductions in homelessness (e.g., Aubry, Nelson, & Tsemberis, 2015). A key feature of HF is providing consumers access to rent assistance¹ that enables them to acquire normal rental market housing, usually apartments, of their choosing. In this way, housing and clinical supports are separated. While rent assistance is a key component of HF, few studies, all conducted in the United States, have specifically examined its impacts. In a randomized trial with participants experiencing chronic homelessness and mental illness in San Diego, Hurlburt, Wood, and Hough (1996) found that over a two-year period those who received rent assistance achieved significantly better housing stability than those who did not. Rosenheck, Kasprow, Frisman, and Liu-Mares (2003) replicated these findings over a three-year period in a four-city, randomized trial with veterans experiencing chronic homelessness. Similarly, an evaluation of the Family Options Study determined that families experiencing homelessness who had access to permanent rent assistance (without supports) showed significantly better housing stability outcomes at a 20-month follow-up compared to families who either had access to temporary rent assistance, were in transitional housing, or were receiving treatment as usual. Additionally, families in the permanent rent assistance condition experienced significantly better outcomes than participants in all other groups in domains related to family preservation, self-sufficiency, and adult and child well-being (Gubits et al., 2015; Shinn, Brown, Wood, & Gubits, 2016). While these results point to the importance of rent assistance for persons and families experiencing homelessness, none of these studies included qualitative interviews with participants or staff about the meaning or value of rent assistance for consumer recovery or how rent assistance enhances HF implementation.

Qualitative Research on Consumer Narratives and Recovery Outcomes

HF is based on a philosophy of recovery that focuses on the promotion of quality of life, positive life change, and community integration, rather than on reduction of psychiatric symptoms (Tsemberis, 2015). The concept of recovery for persons experiencing homelessness and mental illness and addictions has often been examined through qualitative research, because this approach taps into the meaning of change for homeless people (Macnaughton et al., 2016; Padgett, Tidderington, Smith, Derejko, & Henwood, 2016).

In the five-city, Canadian At Home/Chez Soi (AHCS) research demonstration project, the researchers incorporated qualitative consumer narrative interviews with a subsample (n = 197) of HF and treatment as usual (TAU) participants at baseline and 18-month follow-up. Working from a recovery perspective, the researchers found that HF participants were twice as likely to experience positive life changes compared to TAU participants, while TAU participants were four times more likely to experience negative life changes (Nelson et al., 2015). Furthermore, the researchers identified three themes that capture the major life transitions experienced by participants, from (a) streets to home, (b) home to community, and (c) present to future (Macnaughton et al., 2016). These themes represent three successive transitions that were more prominent among HF compared to TAU participants. Participants who had access to rent assistance described their experiences with moving from the streets to their own home. Once established in their new homes, participants described a move towards greater community integration and, rather than focusing on short-term survival needs, were able to shift their attention towards the future (i.e., long-term goals). These

^{1.} Many other terms have been used to describe rent assistance, including housing vouchers, rent supplements, and housing allowances. In this paper we use the term "rent assistance" as that is the term that is used in the community in which this research was conducted.

experiences characterize what Padgett (2007) has referred to as "ontological security." Once housed, factors that hindered the transition process included experiencing a lack of purpose, a need for more school and employment support, maintaining negative social networks, and isolation. On the other hand, perceptions of control, improved financial and housing stability, supportive networks, and pursuing new directions were factors that promoted recovery. Access to stable independent housing plus supports in two Ontario studies were also associated with more opportunities for establishing supportive relationships with others, increased connectedness to one's culture, and greater involvement in meaningful activities (Kirkpatrick & Byrne, 2011; Nelson, Clarke, Febbraro, & Hatzipantelis, 2005).

In summary, qualitative research has found that housing approaches, such as HF, are critical for moving persons experiencing homelessness forward in their recovery processes. However, there has yet to be a qualitative study of the importance of the rent assistance component of HF on consumers' narratives of recovery.

Research on the Implementation of the Housing First Model

In addition to participant outcomes, implementation research is often conducted in order to identify and assess adherence to the core components of a model (i.e., program fidelity) and determine barriers and facilitators to implementation. Findings are used to identify what components of an intervention may be impacting participant outcomes and what factors may act as a barrier to implementation within the community. Following Bronfenbrenner's (1992) ecological systems theory, these factors can often be understood as occurring at the various ecological levels (i.e., the individual, program, and community levels, which are further impacted by the broader political context). Within AHCS, focus groups and qualitative interviews with key informants were used to explore barriers and facilitators to the implementation of HF programs within each of the five participating sites (Macnaughton et al., 2015). Delivery and support system factors were identified as facilitators to implementation. Delivery system factors include the quality and strength of existing community services and inter-agency partnerships, organizational capacities such as strong leadership, staff cohesion, positive relationships with consumers, and the adaptability of the HF program to the unique needs of the community. Support system factors include the training and technical assistance offered to service providers. Barriers to implementation within AHCS included housing availability, low consumer representation within the operations of the HF programs (i.e., peer support), landlord discrimination, and a limited range of services. These factors can be used to inform the implementation of the HF intervention, particularly as communities across Canada begin to adopt a HF approach. In conclusion, implementation research is an important addition to examining program outcomes. Qualitative methods are suited to exploring both recovery outcomes and factors impacting program implementation at the various ecological levels.

Research Questions

Based upon the literature, the present study addressed the following two research questions.

- 1. Does having access to rent assistance influence participants' recovery outcomes?
- 2. What implementation factors influence participants' recovery outcomes?

METHODOLOGY

Research Design

In this paper, we report on the qualitative research findings of a larger mixed methods quasi-experimental evaluation of a rent assistance program (Pankratz, Nelson, & Morrison, 2017). Two groups were compared. One group received rent assistance, namely, Housing Assistance with Support (HAWS). The other group did not receive HAWS or any alternate form of rent assistance throughout the six month duration of the project. All participants were accessing support services via the Region of Waterloo's Support to End Persistent Homelessness (STEP Home) program. In addition to permanent rent assistance, STEP Home offers intensive case management supports and is the region's Housing First program.

Sampling procedure. In an effort to direct its housing resources towards those considered to be most vulnerable, the Region of Waterloo used the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) to guide the prioritization for housing process such that individuals scoring eight or higher on the VI-SPDAT were either selected to receive rent assistance or were placed on a list of future candidates for rent assistance. Participants for this study had to (a) be 16 years of age or older, (b) have scored eight or higher on the VI-SPDAT, (c) be connected to a STEP Home worker, (d) be living in the Waterloo region during the study period, and (e) be selected to receive rent assistance of up to \$350 per month, or be on the waiting list for rent assistance.

Qualitative sub-sample. A total of 60 participants were recruited to participate in the larger study at baseline (HAWS = 28; non-HAWS = 32). Every 6th participant recruited into the study was selected to participate in the qualitative interview; however, if a participant declined, the next participant on the list was invited instead. Qualitative interviews were conducted with a total of 12 participants (HAWS = 6; non-HAWS = 6) at a six-month follow-up. The qualitative sub-sample did not differ from those not in the qualitative sub-sample on background characteristics except that they were more likely to identify as Aboriginal or First Nations, $X^2(1, N = 59) = 5.025$, p = .025. Previous research has shown that saturation for coding sub-themes is reached with 12 interviews, while saturation for major themes occurs with six interviews (Guest, Bunce, & Johnson, 2006). Thus, we were confident that interviews with 12 participants was sufficient to achieve saturation in coding.

Direct support worker focus group. An open invitation was offered to all STEP Home workers to participate in a focus group. The purpose of the focus group was to explore barriers and facilitators to implementation of the HAWS program, as well as how these factors impacted recovery outcomes among participants. The STEP Home team consists of approximately 38 direct support workers from 14 different agencies. Ten workers from four different agencies participated in the focus group (three males and seven females).

Interviews

Consumer narrative interviews. Qualitative interviews were used to explore the life changes experienced by participants over the course of the study period. The interview protocol was developed based on the AHCS consumer narrative interviews (Nelson et al., 2015) and included questions related to (a) housing, (b) service use (i.e., STEP Home support), (c) health and well-being, (d) relationships and social support, and (e) hopes for the future. Three peer interviewers and a graduate student conducted the qualitative interviewers at various locations in the community. Peer interviewers, who all had lived experience of homelessness, mental illness, and addictions, were trained in qualitative interviewing and research ethics by the co-principal investigators. Routine supervision meetings were also held throughout the data collection period.

Direct support worker focus group. Questions for the direct support worker focus group were also drawn from the AHCS project and included (a) client-worker relationships, (b) barriers to housing, (c) housing choice, (d) rehousing, (e) rent assistance program impacts, and (f) landlord relationships. The focus group was conducted by the two co-principal investigators of the study and took place at a central location during lunch to encourage support worker participation. Because of the time constraints of staff, each question was allotted 10 minutes for discussion. Participants were given the opportunity to discuss other topics at the end of the interview that had not been covered.

Data Analysis

Thematic analysis was used to interpret the qualitative data. Thematic analysis has been determined to be a rigorous approach to qualitative research with a greater degree of flexibility than more established approaches (i.e., grounded theory), as it is not theoretically bound (Braun & Clarke, 2006).

Consumer narrative interviews. The interviews were transcribed and transferred onto NVivo. Initial codes were made by a single coder and organized according to emerging categories. These categories were then grouped into the following domains: (a) housing, (b) service use (i.e., STEP Home support), (c) health and well-being, (d) relationships and social support, and (e) hopes for the future (Nelson et al., 2015). Responses for the HAWS and non-HAWS groups were then compared using matrix displays (Miles, Huberman, & Saldana, 2014). These matrix displays compared the interviews of the HAWS and non-HAWS participants on the three key themes related to life transitions that were identified in the AHCS research: (a) from streets to home, (b) from home to community, and (c) from present to future (Macnaughton et al., 2016). Sub-themes based on the initial coding provided the foundation for each of the main themes.

Focus group interview. Thematic analysis was also used to analyze the direct support worker focus group. Initial codes were developed by carefully reading through the transcripts and assigning key terms to important areas of text. Similar codes were collapsed into broader categories. Three overarching themes were identified, including factors that hindered or supported the housing process at the individual, program, and community levels. Again, sub-themes from the initial coding were used to construct these main themes.

The research was reviewed and approved by the Research Ethics Board of Wilfrid Laurier University. Particular attention was devoted to ensuring that participants were as comfortable as possible with the interview.

FINDINGS

The findings are presented in terms of the two research questions pertaining to (a) recovery outcomes, and (b) implementation factors that impacted recovery outcomes.

Table 1		
Recovery Outcomes: Themes and Sub-themes		

Themes	Sub-themes
Outcome themes	
Streets to home	Ontological security
	Improved finances
Home to community	Reconnecting with family and friends
	Community integration
	Giving back
Past to future	Housing
	Education and employment
	Relationships
	Health and mental health
	Hope

Source: Authors' compilation.

Recovery Outcomes

Themes pertaining to recovery outcomes are conceptualized in terms of transitions (see Table 1). The recovery themes were more apparent in the interviews with HAWS participants than non-HAWS participants. The main themes are outlined below, while sub-themes are italicized.

Streets to home. The greatest initial impact of rent assistance is the ability to move off the streets and into one's own home. Five of the six HAWS participants and two of the six non-HAWS participants were housed and were happy to have made this transition. Having their own home led HAWS participants to a *sense of ontological security*. This is indicated by participants' reflections on having greater choice and control over their living situation, privacy, comfort, and safety. "My current housing is nice. It's safe and secure, it's comfortable, it's warm, it's cozy (HAWS participant)."

Improved finances led to improved access to food and other material goods. "I have a little bit of extra money in my pocket that I can go out and go grocery shopping (HAWS participant)."

Home to community. Once participants were more stable in their new homes, it became possible to start *reconnecting with family and friends*. "... I see my family again...my family wouldn't come see me because I was homeless and I was in my addictions (HAWS participant)." In contrast, non-HAWS participants spoke of poor relationships with others."I wouldn't really consider them friends. It's more like enemies

because everybody's out here, living on the streets, just trying to survive; like it's a dog eat dog world out here, man (non-HAWS participant)."

Housing is an important initial step towards *community integration*. "Everybody else has a home... except for a few people, and I have a home so it's more like I'm a part of the society, a part of the general ongoing society (HAWS participant)." Many became oriented towards helping others and *giving back* to their community.

If there's friends of mine who's in need of a place to stay that night, I can help them out; people that helped me out...so I can be a positive...support system for people in worse positions that I am in; yeah, I know what it's like to be in that position. (HAWS participant)

Past to future. HAWS participants discussed plans to stay in their current *housing* or were taking time to find housing that better matched their preferences. All participants receiving HAWS reflected on feeling healthier as a result of housing, and many had plans to continue working on their *physical and mental health*. One HAWS participant said he was planning to "get stronger and more rested, and more energized to do what [he] want[ed] to do." Finally, HAWS participants were able to reflect on past hardships, and expressed that they were "looking forward to a better future." In contrast, a lack of *hope* was more evident among non-HAWS participants, who felt frustrated with continually being let down, particularly with regard to housing. "You can hear that so long until you know darn well you're forgotten about because there's no sense of hope; you're losing hope, you lose hope (non-HAWS participant)."

Implementation Factors that Impacted Recovery

Participants and support workers were also asked about the factors that span multiple levels that helped or hindered consumer recovery (see Table 2).

Participant factors. Staff, but not participants, spoke of participant factors that impact recovery outcomes. *Participant needs*, which are often complex and multi-faceted, can make the housing process more challenging. These needs include "a lack of insight" among participants or difficulty in locating participants, as many may be "cycling between prison, shelter very quickly." Another participant factor is one's association with street-dwelling, substance using individuals who end up as *guests*, invited or uninvited, in participants' newly acquired housing. "…They get housed independently, then yeah, they feel lonely, and then they invite everybody to stay with them, and then they get evicted…it's just this giant web."

Program factors. HAWS participants indicated that with *rent assistance*, they were able to access better housing that was previously inaccessible. "With the program giving me the top up, it's allowed me to relax and not have to scramble so much (HAWS participant)." On the other hand, the majority of non-HAWS participants identified limited financial resources as the main reason for not being able to secure housing.

Right now, it's just inadequate housing. Well it's something that I've had to tolerate because...before I got this old age pension, I only got \$600 and something a month; you can't rent a backhouse for that (non-HAWS participant).

Both participants and staff indicated that the *participant-worker relationship* is an important program factor for recovery. According to staff, having a positive client-worker relationship means that participants are more likely to cooperate with the worker in terms of attending meetings with landlords and signing

Table 2

Implementation Factors that Impacted Recovery: Themes and Sub-themes

Themes	Sub-themes
Participant	Participant needs
	Guests
Program	Rent assistance
	Participant-worker relationship
	Supporting participant learning
	Working as a team
	Application process
	Eligibility requirements
Community	Landlord discrimination
	Housing affordability
	Promoting community awareness

Source: Authors' compilation.

documents necessary to obtain housing. On the other hand, a lack of rapport between participant and worker can hinder the housing process.

...If someone's moved into housing really quickly, and there isn't a relationship between participant and worker...like, the relationships aren't clearly understood, or developed, or well on their way; things can just unravel really quickly and then it's hard to sort of pick up the pieces.

Similarly, both HAWS and non-HAWS participants described having a positive relationship with their outreach workers as important for their recovery. "I can trust him, bottom line I can trust him (HAWS participant)." HAWS participants noted how support workers helped them obtain housing. "She believed in me. She believes in me and got me a home; believes in what I'm doing and she encourages me (HAWS participant)."

According to staff, *supporting participant learning* was a key part of the support process, especially with respect to participants' first housing experiences.

There's been some...things that have gone very wrong with the first housing but then...you can kind of break it down a little bit more and kind of say, "what went wrong?...how are you going to change that for the future?, what's your new housing going to look like?," and, so there's some learnings to that.

Workers also reflected on the benefits of *working as a team* as opposed to working on their own. One benefit for participants is that it provides them with a greater network of support from which they can draw.

As well, a team approach lessens the stress for workers. One worker who did not have the benefit of working in a team made the following comment.

I'm one-to-one support and I think that poses...challenges for the worker because you're the only person, so that's a lot of responsibility. So if I'm sick one day, I'm sick and there's not like a real backup.

There are also some program factors that impede recovery. Both staff and participants noted that *the application process* can act as a barrier to housing. For example, one worker noted that "...to get approved for HAWS, you have to get a birth certificate, or some sort of ID, and sometimes that is impossible to get." Also, while gaining access to HAWS promotes choice and aids in the process of securing housing, *eligibility requirements* associated with HAWS can also restrict what types of housing are available to participants. For example, the program guidelines stipulate that participants must live in one-bedroom apartments. However, one-bedroom apartments are not always available. One worker related the following experience: "...[They] found people two-bedroom apartments that are like \$780, and [they] can't house them there because they have to have a one-bedroom."

Community factors. There were also community factors that impacted recovery. Both participants and staff described experiences of *landlord discrimination* as having negative impacts. Workers reflected on their experience with landlords who are unwilling to accept applications from participants on the basis of mental health or addictions issues.

The experience of being rejected by landlords can have an impact on an individual's willingness to continue to engage in the housing process. Building relationships with landlords can help to facilitate the housing application process, and ease some of the anxiety participants may experience because "...You know you're going to be treated with dignity if you have a relationship with the landlord or if you know that... there's some work that has taken place beforehand."

Housing affordability was identified as being the biggest challenge in finding housing for participants. One worker explained, "One-bedrooms are expensive now; like, look them up. They're like \$850, \$900 bucks. There's just—there's not places, they're not there, that are affordable."

The need for *promoting community awareness* regarding mental health and homelessness was emphasized by staff. Education could be used to establish community support and reduce barriers associated with stigma and discrimination, including "...more [television] exposure, some sort of exposure that explains the benefits for not only us, but for our community, our society, and the landlords." This process, according to staff workers, may lead to more opportunities for housing and community integration among participants.

DISCUSSION

The discussion is organized according to the two research questions: (a) consumer recovery outcomes and (b) implementation factors that influenced the outcomes.

Consumer Recovery Outcomes

Like Macnaughton et al. (2016), we found that three themes captured the recovery experiences of persons experiencing chronic homelessness who received rent assistance.

Transition from street to home. Participants in the rent assistance condition were more likely to make the transition from streets to home than participants in the comparison group. Participants who were able to make this transition described experiencing choice and control over their living situation. Factors that facilitated the transition from street to home included program components relating to outreach, consumer choice, and financial support, suggesting that rent assistance, in addition to intensive support services, empowers participants to choose housing that meets their needs (Juhila et al., 2015; Henwood et al., 2013). These findings underscore Padgett's (2007) conceptualization of HF as helping to promote people's ontological security. In this vein, participants were more able to exit survival mode and experience a life that is more predictable and which provides a secure foundation to explore new directions.

Transition from home to community. The transition from home to community was also more apparent in the narratives of participants accessing rent assistance compared to comparison group participants. Factors associated with the transition from home to community included reconnecting with family, a feeling of social inclusion as a result of having a home like other people, and finding ways to give back or make contributions to the community. For many participants in AHCS, housing gave them a sense of stability that allowed them to explore personal interests and form new relationships. However, for others, negative experiences with their housing discouraged them from inviting guests into their homes and experiences of discrimination outside the home prevented them from engaging and becoming involved in their neighbourhood. Individual factors, including past experiences of trauma, hindered some participants from forging new relationships (Coltman, Gapka, Harriott, Koo, Reid, & Zsager, 2015). Loneliness and maintaining negative social contacts was also identified in both this study and AHCS as hindering the ability to make transitions (Macnaughton et al., 2016). This finding underscores the central role of relationships in recovery, indicating that housing is only one aspect of this process (Padgett, 2007; Padgett, Smith, et al., 2016). Participants' relationship with their support worker was often critical in enhancing community integration (Stanhope, 2012), success in developing new social ties, or renewing family relationships moves the individual from being a "client" to a community member.

Transition from past to future. Participants in both groups had similar aspirations for the future. However, participants who were not housed were more likely to identify a need to secure housing before being able to move forward with other goals. Participants receiving rent assistance had a wide range of future goals, including volunteering, work, education, the desire for relationships, and improved health. There was also more hope apparent in the narratives of participants receiving rent assistance. Once one has established stable housing and is becoming more integrated into the community, there is the potential to envision a "future self" (Markus & Nurius, 1986) and construct a new narrative identity (Macnaughton et al., 2016).

Implementation Factors that Influenced Consumer Recovery Outcomes

With the addition of rent assistance, the STEP Home direct support workers were empowered to better meet the housing needs of participants. However, according to direct support workers and program participants, there continue to be limitations at the various ecological levels (i.e., at the individual, program, and community level) that, if present, can impede recovery outcomes.

Individual factors. There was recognition among support workers that in spite of the availability of rent assistance, there are some program participants with complex needs that struggle with independent living. Similarly, in AHCS, there was a subgroup of 15–20% of participants who were unable to benefit from HF and maintain stable housing over the two-year study period (Volk et al., 2016). Qualitative research conducted as part of the AHCS project pointed to repeated evictions, problems with landlords, and substance use as contributing to housing instability among this subgroup (Macnaughton et al., 2016). A related problem was one with "guests" taking over the participant's unit and using it for parties and substance use. Participants noted that, in the transition from streets to a home, it was hard for them to disengage from individuals they knew from the streets.

Program factors. At the program level, both staff and participants underscored the value of rent assistance in promoting recovery outcomes. While previous research has shown the value of rent assistance for housing stability (Hurlburt et al., 1996; Rosenheck et al., 2003) and other psychosocial outcomes (Gubits et al., 2015; Shinn, Brown, Wood, & Gubits, 2016), this is the first study demonstrating the importance of rent assistance for consumer recovery.

The importance of the worker-client relationship and supporting participant learning were also thought to be important for consumer recovery by both participants and staff. The therapeutic relationship and helping participants to grow and learn are critical in any clinical intervention, including HF (Stanhope, 2012). Both participants and staff also noted the value of a team approach that promotes continuity with the participant over time and provides team support to case managers (Tsemberis, 2015). On the other hand, eligibility requirements and the application process were seen by staff as sometimes getting in the way of helping participants. Flexibility about what is required in order to be eligible for rent assistance might be considered in order to meet the unique needs of participants.

Community factors. At the community level, greater attention directed at building landlord relationships may help to create more opportunities for housing and raise awareness about matters of homelessness and mental illness in the community. Prior research supports the idea that relationships between landlords and participants are important for housing stability outcomes as well as social integration and community living (Kloos et al., 2002). Qualitative research conducted with landlords involved in AHCS show that landlord relationships are essential for creating housing opportunities for participants (Aubry, Cherner et al., 2015; MacLeod et al., 2017). In building relationships with landlords, it is important to consider incentives for participation. Landlords in AHCS reported being more open to housing participants on the condition that rent was guaranteed and the costs of damages were covered. STEP Home direct support workers indicated that they did not have access to a damage fund, making it difficult to persuade landlords to house participants. Landlords from AHCS also appreciated that their needs were responded to promptly. Having a staff member designated in a specialized housing role places less pressure on the case managers, as they are able to provide support to participants without having to enforce tenancy rules. Direct support workers felt that they would benefit from this in the STEP Home program.

Rent assistance is one approach to making market housing more affordable. However, as recently noted by Kennedy et al. (2017), there continues to be a lack of housing options from which to choose, indicating a need for continued government-funded support in creating more affordable housing. Public pressure will be needed to move the federal government back into a leadership role in this area. Thus, staff underscored the need to create more community awareness about homelessness and how it can be addressed. Altogether, these represent changes at the program, community, and societal levels, and takes into account structural circumstances that continue to limit housing options for persons experiencing homelessness.

Limitations. This research was a pilot study with several limitations. First, due to constraints in time and resources, the study had a relatively small sample size with an even smaller consumer narrative subsample. The opportunity to conduct qualitative interviews with the entire sample may have improved the detection of differences in recovery outcomes between HAWS and non-HAWS participants. Moreover, only a single coder was responsible for conducting the data analysis. A more systematic and iterative approach to data analysis, with additional coders, may have improved the rigour of the research findings. Lastly, the study conducted follow-up interviews with participants six months after baseline. In order to assess long-term recovery outcomes, additional follow-up interviews should be conducted over a longer period of time.

CONCLUSIONS AND IMPLICATIONS

This study is the first evaluation comparing rent assistance with case management to case management only programs in Canada. The qualitative research component was successful at capturing the experiences of participants and the role rent assistance plays in supporting the recovery process, and the direct support worker focus group helped to identify implementation factors that promote recovery. The findings clearly show that rent assistance is important for promoting recovery. Moreover, the main themes regarding life transitions underscore that recovery is a journey, not just an outcome (Deegan, 1996; Mezzina et al., 2006). As well, recovery is complex, multi-dimensional, and influenced by many factors at multiple ecological levels (Padgett, Tiderington, et al., 2016).

The findings have clear policy implications. Since the commencement of the study, the Region of Waterloo has proceeded with funding rent assistance for an additional 60 persons experiencing chronic homelessness (moving from 40 to 100 people) in order to continue housing those most in need. In addition to the existing suite of affordable housing options available to vulnerable and/or low-income individuals (i.e., permanent supportive housing and place-based models) we recommended that government-funded rent assistance be enhanced each year until chronic homelessness in Waterloo region is eliminated. This research has broader policy implications as the federal government embarks upon the creation of a housing strategy. A housing benefit for persons experiencing homelessness and other low-income Canadians is currently under consideration for Canada's housing policy (Press, 2017).

Similar rigorous evaluations should also be conducted as HF programs are implemented in communities across Canada. This will help to ensure that programs are meeting the needs of participants in different contexts and will contribute to the body of literature that can be drawn on to advocate for more government support until issues of homelessness in Canada are resolved.

REFERENCES

Aubry, T., Cherner, R., Ecker, J., Jetté, J., Rae, J., Yamin, S., Sylvestre, J., Bourque, J., & McWilliams, N. (2015). Perceptions of private market landlords who rent to tenants of a housing first program. *American Journal of Community Psychology*, 55, 292–303. doi:10.1007/s10464-015-9714-2

Aubry, T., Farrell, S., Hwang, S. W., & Calhoun, M. (2013). Identifying the patterns of emergency shelter stays of single individuals in Canadian cities of different sizes. *Housing Studies*, 28, 910–927. doi:10.1080/02673037.2013.773585

Aubry, T., Nelson, G., & Tsemberis, S. (2015). Pathways Housing First for people with severe mental illness who are homeless: A review of the research. *Canadian Journal of Psychiatry*, 60, 467–474. doi:10.1177/070674371506001102

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*, 77–101. http://dx.doi.org/10.1191/1478088706qp063oa
- Bronfenbrenner, U. (1992). Ecological systems theory. In R. Vasta (Ed), Six theories of child development: Revised formulations and current issues (pp. 187–249). London: Jessica Kingsely Publishers Ltd.
- Coltman, L., Gapka, S., Harriott, D., Koo, M., Reid, J., & Zsager, A. (2015). Understanding community integration in a Housing-First approach: Toronto At Home/Chez Soi community-based research. *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice,* 4(2), 39–50.
- Deegan, P. (1996). Recovery as a journey of the heart. Psychiatric Rehabilitation Journal, 19, 91-97.
- Gaetz, S., Dej, E., Richter, T., & Redman, M. (2016): *The state of homelessness in Canada 2016*. Toronto: Canadian Observatory on Homelessness Press.
- Gubits, D., Shinn, M., Bell, S., Wood, M., Dastrup, S., Solari, C. D., Brown, S. R., Brown, S., Dunton, L., Lin, W., McInnis, D., Rodriguez, J., Savidge, G., & Spellman, B. E. (2015). Family options study: Short-term impacts of housing and services interventions for homeless families. Washington, DC: U.S. Department of Housing and Urban Development.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18, 59–82. doi:10.1177/1525822X05279903
- Henwood, B. F., Shinn, M., Tsemberis, S., & Padgett, D. K. (2013). Examining provider perspectives with Housing First and traditional programs. *American Journal of Psychiatric Rehabilitation*, 16, 262–274. doi:10.1080/154 87768.2013.847745
- Hulchanski, J. D., Campsie, P., Chau, S. B. Y., Hwang, S. W., & Paradis, E. (2009). Homelessness: What's in a word? In Hulchanski, J. David, Campsie, P., Chau, S. B.Y., Hwang, S. H., & Paradis, E., *Finding home: Policy options* for addressing homelessness in Canada (ebook). Toronto: Cities Centre, University of Toronto.
- Hurlburt, M. S., Wood, P. A., & Hough, R. L. (1996). Providing independent housing for the homeless mentally ill: A novel approach to evaluating long-term longitudinal housing patterns. *Journal of Community Psychology*, 24, 291–310.
- Juhila, K., Hall, C., Günther, K., Raitakari, S., & Saario, S. (2015). Accepting and negotiating service users' choices in mental health transition meetings. *Social Policy and Administration*, 49, 612–630. doi:10.1111/spol.12082
- Kennedy, J., Arku, G., & Cleave, E. (2017). The experiences of front-line service providers of Housing First programme delivery in three communities in Ontario, Canada. *International Journal of Housing Policy*, 17(3), 396–416.
- Kirkpatrick, H., & Byrne, C. (2011). A narrative inquiry of a program that provides permanent housing with supports to homeless individuals with severe mental illness. *Canadian Journal of Community Mental Health*, 30(1), 31–43.
- Kloos, B., Zimmerman, S., Scrimenti, K., Crusto, C., Anthony, W. A., & Rutman, I. D. (2002). Landlords as partners for promoting success in supported housing: "It takes more than a lease and a key." *Psychiatric Rehabilitation Journal*, 25, 235–244.
- Kuhn, R., & Culhane, D. P. (1998). Applying cluster analysis to test a typology of homelessness by pattern of shelter utilization: Results from the analysis of administrative data. *American Journal of Community Psychology*, 26, 207–232.
- MacLeod, T., Aubry, T., Nelson, G., Dorvil, H., McCullough, S., & O'Campo, P. (2017). Landlords and scattered-site housing. In J. Sylvestre, G. Nelson, & T. Aubry (Eds.), *Housing, citizenship, and communities for people with serious mental illness: Theory, research, practice, and policy perspectives* (pp. 351–368). New York: Oxford University Press.
- Macnaughton, E., Stefancic, A., Nelson, G., Caplan, R., Townley, G., Aubry, T., McCullough, S., Patterson, M., Stergiopoulos, V., Vallée, C., Tsemberis, S., Fleury, M.-J., Piat, M., & Goering, P. (2015). Implementing Housing First across sites and over time: Later fidelity and implementation evaluation of a pan-Canadian multi-site Housing First program for homeless people with mental illness. *American Journal of Community Psychology*, 55, 279–291. doi:10.1007/s10464-015-9709-z

- Macnaughton E., Townley, G., Nelson, G., Caplan, R., Macleod, T., Polvere, L., Isaak, C., Kirst, M., Mcall, C., Nolin, D., Patterson., M., Piat, M., & Goering, P. (2016). How does housing first catalyze recovery?: Qualitative findings from a Canadian multisite randomized controlled trial. *American Journal of Psychiatric Rehabilitation*, 19, 136–159. http://dx.doi.org/10.1080/15487768.2016.1162759
- Markus, H., & Nurius, P. (1986). Possible selves. American Psychologist, 41, 954-969.
- Mezzina, R., Borg, M., Marin, I., Sells, D., Topor, A., & Davidson, L. (2006). From participation to citizenship: How to regain a role, a status, and a life in the process of recovery. *American Journal of Psychiatric Rehabilitation*, 9, 39–61. doi:10.1080/15487760500339428
- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd Ed.). Thousand Oaks, CA: Sage.
- Nelson, G., Clarke, J., Febbraro, A., & Hatzipantelis, M. (2005). A narrative approach to the evaluation of supportive housing: Stories of homeless people who have experienced mental illness. *Psychiatric Rehabilitation Journal*, 29, 98–104.
- Nelson, G., Patterson, M., Kirst, M., Macnaughton, E., Isaak, C., Nolin, D., McAll, C., Stergiopoulos, V., Townley, G., MacLeod, T., Piat, M., & Goering, P. (2015). Life changes among homeless persons with mental illness: A longitudinal comparison of those entering Housing First and usual treatment. *Psychiatric Services*, 66, 592–597. doi:10.1176/appi.ps.201400201
- Padgett, D. K. (2007). There's no place like (a) home: Ontological security among persons with serious mental illness in the United States. Social Science & Medicine, 64(9), 1925–1936. doi:10.1016/j.socscimed.2007.02.011
- Padgett, D. K, Smith, B., Choy-Brown, M., Tiderington, E., & Mercado, M. (2016). Trajectories of recovery among formerly homeless adults with serious mental illness. *Psychiatric Services*, 67, 610–614. doi:http://dx.doi. org/10.1176/appi.ps.201500126
- Padgett, D. K., Tidderington, E., Smith, B. T., Derejko, K.-S., & Henwood, B. F. (2016). Complex recovery: Understanding the lives of formerly homeless adults with complex needs. *Journal of Social Distress and the Homeless*, 25, 60–70. doi:10.1080/10530789.2016.1173817
- Pankratz, C., Nelson, G., & Morrison, M. (2017). A quasi-experimental evaluation of rent assistance for individuals experiencing chronic homelessness. *Journal of Community Psychology*, doi:10.1002/jcop.21911
- Press, J. (2017, January 12). Liberals explore creation of new housing benefit for low-income renters. *CBC News*. Retrieved from: http://www.cbc.ca/news/politics/renter-housing-benefit-1.3933577
- Ridgway, P., & Zipple, A. M. (1990). The paradigm shift in residential services: From the linear continuum to support housing approaches. *Psychosocial Rehabilitation Journal*, 13(4), 11–31.
- Rosenheck, R., Kasprow, W., Frisman, L., & Liu-Mares, W. (2003). Cost-effectiveness of supported housing for homeless persons with mental illness. Archives of General Psychiatry, 60, 940–951. doi:10.1001/archpsyc.60.9.940
- Shinn, M., Brown, S., Wood, M., & Gubits, D. (2016). Housing and service interventions for families experiencing homelessness in the United States: An experimental evaluation. *European Journal of Homelessness*, 10(1), 13–30.
- Stanhope, V. (2012). The ties that bind: Using ethnographic methods to understand service engagement. *Qualitative Social Work, 11*, 412–430. doi:10.1177/1473325012438079
- Tsemberis, S. (2015). Housing First: The Pathways model to end homelessness for people with mental illness and addiction. Center City, MN: Hazelden.
- Volk, J., Goering, P., Aubry, T., Adair, C. E., Distasio, J., Nolin, D., Jetté, J., Stergiopoulos, V., Streiner, D., & Tsemberis, S. (2016). Tenants with additional needs: When Housing First does not solve homelessness. *Journal of Mental Health*, 25, 169–175. http://dx.doi.org/10.3109/09638237.2015.1101416