Peer Supportive Housing for Consumers of Housing First Who Experience Ongoing Housing Instability

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ABSTRACT

Housing First (HF) effectively houses the majority of homeless individuals suffering from mental illness; however, a small subset continues to struggle with unstable housing. This paper describes a supportive housing pilot program developed at the Moncton site of the At Home / Chez Soi demonstration project for HF participants who have experienced difficulty achieving housing stability while receiving HF services. Specifically, Peer Supportive Housing (PSH) was created for participants demonstrating ongoing unstable housing in the HF program. Results from structured interviews with five program staff and nine tenants of PSH describe the successes, challenges, and perceived outcomes of the early implementation of the program. PSH can supplement HF, and may help to meet the needs of some tenants who are unable to achieve stable housing after a trial of receiving HF services.

Keywords: homelessness, peer support, Housing First, supportive housing, mental illness, At Home / Chez Soi

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RÉSUMÉ

Logement d'abord est une approche qui loge efficacement la majorité des personnes itinérantes atteintes de troubles de santé mentale. Néanmoins, une partie de cette population continue à lutter avec l'instabilité au plan du logement. Cet article décrit un programme pilote de logement supervisé mis au point par le site de Moncton du projet At Home / Chez Soi pour les participants et participantes de Logement d'abord ayant connu des difficultés à atteindre une stabilité de logement en recevant les services rendus par Logement d'abord. Plus précisément, un logement supervisé par les pairs a été créé pour les participants et participantes aux prises avec une situation de logement instable au sein du programme Logement d'abord. Les résultats des entrevues structurées avec 5 employés et employées du programme et 9 locataires décrivent les succès, les défis et les résultats perçus quant à la mise en œuvre initiale du programme. Un logement supervisé par les pairs peut suppléer à Logement d'abord, et peut aider à répondre aux besoins de certains locataires qui sont incapables d'atteindre une situation stable de logement après avoir eu recours aux services de Logement d'abord.

Mots clés : itinérance, soutien par les pairs, Logement d'abord, logement supervisé, maladie mentale, At Home / Chez Soi

INTRODUCTION

Even the most effective interventions do not produce optimal outcomes for all participants. This paper reports on the pilot of an approach that aims to meet the needs of individuals for whom a generally successful intervention addressing homelessness, the Housing First (HF) approach, did not result in stable housing over the course of one year. HF is a very effective housing and support model that is increasingly being implemented for homeless individuals with severe and persistent mental illness. As opposed to a Continuum of Care approach, whereby individuals are moved through graduated levels of housing, each one closer to independent housing, HF moves homeless individuals straight into independent housing without any preconditions (Tsemberis, 1999, 2010; Tsemberis & Eisenberg, 2000). The HF model has been implemented in many countries around the world, including Canada. The At Home / Chez Soi demonstration project, a five-year, multisite, randomized controlled trial funded by Health Canada through the Mental Health Commission of Canada (MHCC), was recently conducted in five Canadian cities, including Moncton, Montreal, Toronto, Winnipeg, and Vancouver (Goering et al., 2011).

The HF model implemented in At Home / Chez Soi entailed the delivery of supported housing based on the Pathways to Housing approach originally developed in New York City (Greenwood, Schaefer-McDanile, Winkel, & Tsemberis, 2005; Tsemberis, 1999, 2010; Tsemberis & Eisenberg, 2000; Tsemberis, Gulcur, & Nakae, 2004). Specifically, the intervention included a combination of Assertive Community Treatment (ACT) or Intensive Case Management (ICM) and subsidized housing in the private rental market (Tsemberis, 2010). Approximately 85% of individuals receiving HF in the At Home / Chez Soi demonstration project attained housing stability, with 60% being housed for six months or more at the two-year follow-up and another 22% being housed for at least some of the time (Goering et al., 2014). These findings are consistent with other published results on the housing outcomes of HF recipients; for example, Tsemberis (1999) reported that 84.2% of previously homeless individuals receiving HF moved into and stayed in their first housing unit over a three-year period. Consistently, however, a small subset of approximately 15–20% of

participants has been found, in research, to experience frequent evictions and appears to have needs that are not fully met by HF programs (Tsemberis & Eisenberg, 2000; Tsemberis et al., 2004).

The HF model is based on the principles that all individuals have a right to housing and that everyone can achieve housing success when provided with the right supports (Tsemberis, 1999). In order to meet the needs of those individuals who continued to experience housing instability within the At Home / Chez Soi project, the Moncton site implemented Peer Supportive Housing (PSH), a structured and clustered housing strategy with on-site support. The PSH targeted HF participants who had experienced multiple evictions and had not found stable housing over the course of at least one year of involvement with the HF program.

The Greater Moncton area is made up of three adjoining cities: Dieppe, Moncton, and Riverview. The population of the tri-city region is approximately 130,000. Approximately 30% of residential dwellings in the region are rental units. The vacancy rate varied over the course of the current study from 3.8% (2009) to 9.1 % (2012) (Canada Mortgage and Housing Corporation, 2013). Based on existing data provided by emergency shelters, it is estimated that more than 700 unique individuals were homeless and stayed in shelters located in Moncton in 2011 (Greater Moncton Homelessness Steering Committee, 2013). Approximately 100 individuals with severe mental illness who were either homeless or precariously housed (i.e., having a history of at least two weeks of homelessness in the last year and living in inadequate housing) received HF services from the At Home / Chez Soi Program located in Moncton. This paper presents the results of an implementation evaluation of the Moncton PSH.

The PSH is located within walking distance of Main Street in the heart of Moncton and close to many services frequently accessed by the population served by At Home / Chez Soi (e.g., drop-in centre, community health clinic, etc.). It is a house with six large apartments, including one occupied by a "peer support couple" who also serve as building superintendents. The other five apartments are occupied by HF participants. The six apartments are self-contained units that have a kitchen with at least a fridge, microwave, and stove; a bathroom; a living room; and one bedroom. Laundry is available on site in the basement. Tenants are allowed to have one cat, but dogs are not allowed.

Peer support is offered to tenants in the apartment block by the peer support couple, both of whom have experienced substance use, mental illness, and homelessness. As well, support is offered through home visits from the multidisciplinary ACT Team of the At Home / Chez Soi project. The apartment block has security measures that would not be found in other apartment blocks in which HF participants in Moncton are living (e.g., security cameras, key-card access), in order to limit and regulate access by visitors. It also has tenant rules (e.g., no visitors after 11:00 p.m., no smoking indoors, etc.). The building is owned by a private investor who resides in the Moncton area, and all leases are held by the At Home / Chez Soi program in Moncton rather than by individual tenants. The landlord communicates to the program's Housing Coordinator any housing issues or problems that need to be resolved.

The main goal of the PSH is to house individuals immediately when they continue to experience housing instability within the HF program, thus reducing the likelihood of a return to homelessness. Tenants who achieve stability at the PSH can remain indefinitely if program staff believe they would not be able to sustain this stability in regular scattered-site apartments. In addition to housing tenants with ongoing housing instability, the PSH is used as emergency housing for individuals waiting for an apartment to become available

to them. This emergency housing is seen as essential in the Moncton area, since shelters are often at full capacity and accommodating individuals in hotel rooms while an appropriate unit is found is too costly. In addition, emergency housing allows individuals to keep their belongings after being evicted. This achieves a secondary goal of the PSH, to provide immediate and short-term transitional housing for program participants.

Though the PSH was created within the At Home / Chez Soi project, it is different in some important ways from the HF approach. The HF approach involves supported housing (i.e., regular and scattered-site private market rental housing with services that are portable and located off site) with a high degree of consumer choice, where the only firm requirement is that participants meet with a program service provider at least once a week (Goering et al., 2011). In the PSH, the apartment block houses exclusively tenants from the program, some supports are offered on site, and there are rules that need to be followed. The staff at the Moncton site developed the PSH in this fashion in order to provide much needed in-house supports and structure in order to achieve housing stability for individuals who continued to experience housing instability while receiving HF services.

There is no agreed upon set of standards associated with supportive housing, though some process benchmarks have been established through a participatory process (Sylvestre, Ollenberg, & Trainor, 2007). It is generally defined as "housing without time limits" that either entails congregate living in the same housing unit with common areas or satellite apartments that may or may not have common areas, combined with some on-site services (Lipton, Siegel, Hannigan, Samuels, & Baker, 2000; Nelson, 2010). Various forms of services can be offered both on and off site, including, but not limited to case management, vocational services, addictions treatment, mental health support, and crisis management.

Studies on the effectiveness of supportive housing have provided mixed results. Supportive housing tenants have been found in some studies to achieve superior results compared to individuals receiving standard care in terms of housing outcomes, such as housing stability and overall health status (Buchanan, Kee, Sadowski, & Garcia, 2009; Kessell, Bhatia, Bamberger, & Kushel, 2006). One study found no difference in service utilization (Kessell et al., 2006), whereas another found significant cost offsets related to reduced service utilization for individuals living in supportive housing (Culhane, Metraux, & Hadley, 2002). These mixed results may be accounted for by the lack of a set operational definition of the array of services included in supportive housing models, versus those utilized outside of the supportive housing intervention itself. As well, it is possible that longer follow-up is required to capture differences in outcomes beyond housing stability and health status, as it can be expected that individuals who have experienced chronic homelessness will need time to adapt to stable housing before major life improvements and decreased service utilization can be observed.

Peer support also covers a broad range of interventions. It can be offered in various forms, including self-help groups, drop-in centres, advocacy programs, Internet online support groups, and peer-delivered services. In terms of the peer support offered at the PSH in Moncton, it is most similar to services commonly associated with peer-delivered services at drop-in centres. The supports are considered peer-delivered because these interactions are not necessarily mutually beneficial (i.e., the superintendents deliver support, but do not receive support from tenants) and the services are delivered as part of employment duties. These services are also similar to drop-in centres because they are not offered on a scheduled basis but on a drop-in or as-needed basis.

There is little research on peer support in the context of offering mental health services. According to Solomon (2004), peer support includes social support (i.e., being available to consumers in need) and experiential knowledge (i.e., sharing information and perspectives gained from having lived through an experience). Solomon also states that in order for peer support services to be most effective, peer providers should have experience with the mental health service system, should be stable in their recovery, and should not be experiencing substance abuse problems. Limited evidence suggests that peer-delivered drop-in services can be beneficial to consumers.

Using a quasi-experimental design, Nelson, Ochocka, Janzen, and Trainor (2006) found significant differences on a number of outcomes between active participants of a peer-delivered drop-in centre in comparison to non-active participants over a period of 18 months. Active participants were found to have fewer emergency room visits, better overall quality of life, greater social support, greater instrumental role involvement, and decreases in psychiatric hospitalization. In contrast, Burti and colleagues (2005) examined global functioning, satisfaction with work or education, and psychiatric symptoms, and found no differences in outcomes between consumers receiving peer-delivered drop-in services and those not receiving them. They did find, however, that the peer-delivered drop-in centre group attendees showed stability in the number and severity of their needs, while the non-attendees showed increased needs over time.

The above illustrates a need for additional research on the combination of supportive housing and peer support. The implementation of the PSH in Moncton offered an opportunity to examine both these types of interventions within a chronically homeless population experiencing mental health and substance use issues. The objectives of the implementation evaluation were the following:

1. To describe the program theory of the PSH, as understood by tenants and program staff.
2. To identify the challenges associated with the implementation of the PSH.
3. To describe the strengths and weaknesses of the PSH as perceived by program staff and tenants.
4. To examine the perceived impacts of the PSH.
5. To provide suggestions for improvement of the PSH.

METHODOLOGY

Description of the Sample

A select group of program staff, including one of the superintendents along with a group of former and current tenants from the PSH, were invited to participate in an interview. Data were collected in February 2013. Program staff interviews (N = 5) were completed with the Physician Clinical Director, Housing Coordinator, Peer Superintendent, and two ACT Team members. Four interviews were conducted in English and one in French.

A member of the program staff selected a group of 11 tenants who were living or had previously lived at the PSH. The selection was intended to capture diversity by including current and past residents, as well as individuals who resided at the house because they required emergency transitional housing or were experiencing continued housing instability after receiving HF services. Of the 11 current and former PSH

tenants invited to participate, nine agreed and were interviewed. Table 1 provides information on whether interviewed tenants were living at the PSH at the time of the interview as well as for the duration of their tenancy in the house.

Table 1
Characteristics of Interviewed PSH Tenants

Tenants	Were you living at the PSH at the time of the interview? (Yes/No)	How long did/have you reside(d) at the PSH?
CC1	Yes	12 months
CC2	No	1 week
CC3	Yes	12 months
CC4	No	2 months
CC5	Yes	9 months
CC6	No	2 months
CC7	No	A total of 3 months, over 2 occasions
CC8	No	1 week
CC9	Yes	2 months

Note. PSH=Peer Supportive Housing.

At the time of this evaluation, a total of 17 tenants had lived at the PSH since its implementation. Of those, five currently lived at the house, four of whom were interviewed. The other 12 tenants had passed through the PSH and were currently living in other dwellings. Specifically, six were in independent housing, two were incarcerated, one had lost touch with the team (i.e., whereabouts were unknown), one was living with a family member, one had moved into a Special Care Home (i.e., private custodial facility), and one had been admitted to a long-term psychiatric unit.

Since implementation, five tenants had left the PSH because they were unable to function in this type of housing. Program staff reported trying to engage with these tenants and assist them to settle into the PSH, but without success. Of this group who had left the PSH, the housing in the PSH for four of them had been planned as open-ended and longer-term. In the case of the other tenant, the stay had been planned as short-term and transitional until a housing unit in the community was secured.

Procedures

Both a staff informant-interview protocol and a tenant-interview protocol developed by the research team were used in this evaluation. These protocols focused on the five program evaluation objectives outlined above. Research team members conducted the interviews with program staff at the Moncton ACT team office. Interviews with ACT staff were approximately 30–45 minutes in duration. One of the peer support superintendents was interviewed at the PSH and the interview lasted approximately 45 minutes.

For tenant interviews, research team members sent out a letter of invitation to selected tenants explaining the purpose and demands of the study. Tenants were told they would be interviewed in person. Subsequent to sending the letter, the Housing Coordinator of At Home / Chez Soi contacted each of the tenants to determine interest and to schedule a time for the in-person interview. All nine of the current and former PSH tenants who agreed to be interviewed were interviewed either in the privacy of their own homes, at the Moncton ACT team office, or at a private location in the community chosen by tenants. Tenants received a $20 honorarium for their participation in the interview. The study's methodology was approved by the University of Ottawa Research Ethics Board prior to commencing data collection.

Data Analysis

All program staff interviews and client interviews were audio-recorded and transcribed. Research team members conducted thematic coding of transcripts. Data analysis was conducted using a general inductive approach (Thomas, 2006), including the (1) initial formatting and cleaning of raw data files; (2) close reading of transcripts by research members in order to become familiar with their contents and to gain an understanding of their themes; (3) creation of categories and subcategories; (4) inclusion of overlapping and uncoded text where necessary; and (5) several revisions and the final refinement of a category system. Initially, two members of the research team coded the themes associated with the assigned research questions on a small number of transcripts and conciliated their results to reach consensus. Subsequently, one member of the research team completed the coding of themes, and the final findings emerging from this coding were then verified by the two members. A final verification of the coded themes was conducted by a third member of the research team subsequent to his or her reading of the interview transcripts.

RESULTS

Program Theory

With some exceptions, current and former tenants of the PSH demonstrated a good understanding of the program theory. Many tenants had a clear understanding of the reasons that brought them to the PSH and what the program was intended to accomplish. Current and former tenants of the PSH described it as "a place to stay," either temporarily or permanently, that included additional supports. Some described it as "last resort housing" for people who had been evicted too many times, and they described that this particular setting could provide the additional supervision that they required:

> Well, from Lester to Lutz, big difference for me, and, um, they can pay attention, or I can pay attention better, and they're watching me. And it's better, it's like having somebody looking over top of you, and it's more better here.

A few tenants did not understand that this setting could be temporary, and some even reported being upset when asked to move out of the PSH into a new setting. Other tenants reported that they were at the PSH for temporary or emergency purposes until independent, long-term regular housing could be found.

Program staff reported that the PSH was intended for two different kinds of housing services, namely short-term, temporary emergency housing and long-term housing for tenants with a history of housing

instability who did not achieve stability while receiving HF services. The theory was described by program staff as having peer support on site that provided additional structure through the enforcement of specific rules of conduct. The rules were originally selected by the ACT Team and were implemented at the start of the PSH. Program staff reported that failure to follow the rules resulted in the possibility of eviction and loss of the rent subsidy. The program staff also indicated that this housing assisted individuals who had trouble setting boundaries with outsiders or visitors by having additional security measures in the apartment building (e.g., security camera and key-card access).

> Give them some help, have a little bit of a lenient super[intendent] that would allow some behaviours … [this is] as we developed it … because [there] was a lot of friends coming in, [and] we wanted to be able to have the [additional] security.

Program staff had discrepant understandings regarding the long-term housing plan of tenants with continued housing instability while receiving HF services who moved into the PSH. Some reported the main purpose was to house these individuals with no time limits, viewing the tenancy as open-ended, depending on their needs, with the possibility of permanent residency. Others believed a graduated approach would be taken for individuals who had stabilized, seeing the house as more of a transitional unit, whereby individuals with continued housing instability while receiving HF services would stabilize over time and then be graduated into independent permanent housing.

Different themes emerged in terms of the goals of the PSH. Program staff reported that the main short-term goals were to provide housing and assist tenants to cease the problematic behaviours that were contributing to their housing problems. Other short-term goals cited included providing a safe environment, engaging tenants, and building trust. In terms of long-term goals, many of the program staff reported that community integration was the main goal, while a few reported that moving participants into independent housing was the ultimate goal of the PSH.

Implementation Challenges and Solutions

A number of implementation challenges were identified. There were minor challenges with the superintendents' role. A few tenants who had resided at the PSH for temporary reasons described that they felt that the superintendents were too controlling. A small number of other tenants stated that their interactions with the superintendents had been quite limited. In addition, program staff also mentioned that, initially, there were some communication difficulties between the ACT Team and the superintendents, but that this had been remedied over time.

Despite these challenges, the role of superintendents and the support they provided to tenants received positive reviews overall. Most tenants viewed the peer superintendents as being central for them in the process of creating stability, well-being, and recovery. For example, some tenants described having a close relationship with the peer superintendents as well as being able to ask them for advice or to receive support in their day-to-day struggles. One of the tenants described feeling a sense of belonging associated with his living situation for the first time in his life. Another tenant stated that he was on the route to recovery from drug addiction and that for once in his life he had possessions he was proud of, because in the past he would have sold everything in order to feed his habit. Most described a fairly positive relationship with the superintendents, stating that they were always responsive to their needs and that they were a strong source

of support. Examples of such comments are: "I feel so much closer to the superintendent, I feel like I can talk to him;" and "He was good, you know, he responded to my needs, you know?" One tenant in particular described enjoying that the peer superintendents had children. This tenant noted a benefit from positive interactions with the children.

Program staff also described the superintendents as providing helpful support to the tenants. They reported that the superintendents created safe relationships with the tenants and provided them with moral and instrumental support. They reported that peer superintendents checked in with tenants regularly, but did not push them to share or disclose information. Rather, they were given the space until they felt comfortable and safe to self-disclose. Program staff reported that while peer superintendents were asked to enforce the rules, they were also asked to act as confidants to the tenants. There was an understanding that trust would not be violated unless there was a serious problem. In addition, the fact that superintendents had "lived experience" was considered a strong asset that helped them connect and understand participants. Overall, the peer superintendents were seen as a good fit:

> I think that a big part of its success is having the right people, you know? That would involve the superintendent …. And I think that we've got good people there to, to be in that role, um, we've seen a lot of success with folks that have been there long-term, you know.

Other challenges were reported during the implementation of the PSH, many of which had been overcome through a variety of solutions. There were challenges associated with the financial acquisition of the building, which were solved when a landlord in the community volunteered to purchase the building for the At Home / Chez Soi program in Moncton for the purpose of renting it out to participants with chronic housing instability. Some program staff believed that the building should have been purchased much earlier in order to house participants.

Some program staff described that the location of the building resulted in security concerns for some tenants. In order to solve this problem, a comprehensive security system was implemented, including security cameras and key-card access for the front door. As one tenant commented:

> Inside the building, I think there is two [cameras], but it's pretty much aiming, uh, [at] the front door and it's for the ins and outs. And this was a way again to, um, sort of keep an eye on, you know, the people that were coming in and manage it, to make the building more of a secure place.

Program staff described that, at times, working with tenants who experienced chronic housing instability involved working with challenging behaviours and conflict. In order to overcome these challenges, tenant rules were established and enforced, though the team and superintendents reported that they were mindful about needing to be flexible on a case-by-case basis. Program staff also described that specific challenges had arisen in relation to tenants who were housed as couples. In particular, they found that couples tended to increase conflict and chaos in the PSH, and they decided as a team not to accept any more couples. Program staff reported that engagement was a work-in-progress for some tenants.

Strengths and Weaknesses of the PSH

Perceived strengths. Tenants described that they enjoyed multiple aspects of the PSH. Some tenants simply commented that they liked their apartment and that it was generally a good place to be. In addition,

tenants reported that the PSH was calm, small, and convenient as all amenities were on site. For tenants having received emergency housing, they reported that they liked the fact that the apartment was furnished. Many tenants described that the central location of the house was convenient.

Some of the tenants were grateful for the additional structure and supervision that were provided at the PSH. Specifically, they appreciated the safety features in the building, such as the camera and the key-card access, as these safeguards ensured against unwanted visitors: "I feel safe here because like the, the cameras. I like the cameras."

Tenants described appreciating the on-site services offered at the house, including the home visits provided by the ACT Team and the support received from superintendents, such as regular check-ins, making sure that tenants had enough food and basic necessities. Tenants also stated that the PSH created a setting where it was possible to create positive relationships with other tenants. All of the current PSH tenants felt that the tenants at the house were good people.

Program staff reported that they appreciated the principal goal of the PSH: to provide help to individuals with chronic housing instability, and stated that they had indeed experienced success with some tenants. The majority of program staff commented on the importance and the high quality support offered by the superintendents. Moreover, they valued the superintendents' efforts and achievements in developing trusting relationships with tenants. Program staff reported that superintendents offered person-centred care that was adapted to individual tenants' needs through their experiential knowledge of addictions and mental health issues. They also mentioned that the superintendents facilitated tenants to take on new roles that were valuable to them, such as assuming some responsibility in the upkeep of the PSH (e.g., assuming cleaning duties in the apartment block).

Program staff reported that they also liked the physical set up of the PSH. They noted that the security cameras had a positive impact on tenants. Similarly, they felt that the small size of the building was an advantage and that the location was ideal for tenants as it was close to all their needs.

Perceived weaknesses. Tenants described past problems, such as previous tenants who had exhibited aggressive behaviour and visitors to the house who had been problematic. Most of the tenants who had resided at the PSH for reasons of temporary housing felt that the rules were overly restrictive, especially that they could not have guests stay overnight or that they could not smoke in the building. In addition, a few of the temporary housing tenants were upset that they had been asked to move, as they wanted to stay permanently at the PSH.

In terms of the physical set-up of the building, a few things were mentioned as being negative. Some tenants who had resided in the basement apartments disliked the location of their apartment and some mentioned that there was an absence of storage. Most tenants felt that the building was clean and well kept, with the exception of one tenant who thought his/her apartment was "filthy" and reported finding a used needle when he/she moved in. Most tenants reported that although the building was in a convenient location with regard to proximity to all necessities, the location was not ideal, in that it was very close to a street that the tenants described as being potentially dangerous.

Program staff reported only a couple of aspects about the PSH that they disliked. One commented that at times it was frustrating to work with tenants who were not housing-ready or who exhibited disruptive

behaviour. A few program staff expressed disappointment concerning some of the tenants being likely unable to live independently in housing in the community.

Perceived Impact of the PSH

The most prevalent theme to emerge from interviews with program staff and tenants regarding the perceived impact of the PSH was the stability that had been achieved by some tenants while living there. In particular, tenants noted that this stability was manifested in multiple positive aspects of their lives: financial, medical, and psychological. Program staff and tenants attributed this stability to the structure and rules in the PSH and the supportive relationships with the superintendents. As one tenant commented: "Like I said, I'm on track, every morning I get up, uh, I feel great sometimes, and uh, you have, it's all like, all the rules of the place, help me stabilize my life."

Tenants reported that once stability had been achieved in those domains they were able to start rebuilding their life by re-engaging in positive relationships, and learning once again to take care of a home. The PSH provided individuals with a place to live and stabilize, and many tenants reported feeling empowered as a result.

Program staff also perceived the stabilization process as being the most important outcome achieved by the PSH. Many program staff described that they felt relieved to have a place for tenants who had experienced chronic housing instability, so that these tenants could be maintained in the At Home / Chez Soi project. Another important outcome described by program staff was that tenants gradually developed independence, and some even took on more responsibilities in the building. Most program staff felt that tenants were more socially integrated at the PSH. One program staff member noted that tenants felt more secure living there, while another felt that the house had little to no impact on tenants; however, this seemed like an anomalous perspective, as the other program staff believed that the PSH had a significant impact on tenants.

Suggestions for Improving the PSH

Similar suggestions for improving the PSH were proposed by tenants and program staff. Tenants who were housed for temporary reasons suggested that superintendents should live off site as they saw little necessity for them. Several tenants suggested that there should be more than one building and that tenants could be separated according to their presenting problems (e.g., temporary housing, disruptive behaviour, or security concerns) as they felt that this would further help them stabilize.

Similarly, program staff also suggested that more buildings would be beneficial, but for slightly different reasons than tenants. They described that they needed more units as they had more tenants who needed to be housed in a peer supportive setting. They felt that having buildings for different purposes would be useful, such that some could be used to temporarily house tenants waiting to be housed in independent apartments, while others would be for tenants requiring additional support. Some program staff suggested that a graduated level of support be offered in different buildings so that tenants could slowly be moved into independent housing over time. Finally, some program staff described that for the particularly disruptive tenants, isolated units, like duplexes, could be purchased to house these individuals and support could be provided through regular visits.

Program staff made a number of other suggestions. Some noted that it would be useful for the ACT Team to visit the PSH at regular, predetermined times. The importance of developing a sense of community among the tenants came up a few times, and a program staff member suggested that a social area for tenants could be created. A need for timelier problem-solving was noted, with one program staff member suggesting that it was important to react to problems faster in order to limit their overall impact, and another noting that communication with the landlord should be improved in order to solve problems in the building faster.

DISCUSSION

Supportive housing, as it was initially developed in the 1980s and 1990s, was intended to focus on helping individuals develop life skills through community treatment and rehabilitation (Ridgway & Zipple, 1990). Supportive housing was designed to move people through a gradient of decreasing support until they could become as independent as possible which, due to poor fidelity and the burden of physically moving homes frequently to achieve greater independence, did not always lead to the best outcomes for individuals (Blanch, Carlin, & Ridgway, 1988; Nelson, 2010; Ridgway & Zipple, 1990). This pilot of PSH changes the starting point of the original continuum by offering supportive housing to individuals who had already been offered independent housing and who appeared to require additional supports to achieve housing stability. This evaluation of the PSH in Moncton indicates that implementing supportive housing in this manner is possible and may lead to improved outcomes for individuals who would otherwise have remained vulnerable to chronic homelessness.

This study aimed to evaluate the implementation of supportive housing as an addition to the traditional HF approach employed in the At Home / Chez Soi project for participants experiencing ongoing housing instability despite having received a trial of HF services that included housing placement. Stable housing is a key outcome in the HF approach and rehousing is standard practice if a client's first apartment does not work out for a variety of reasons (e.g., poor fit in community/location, client violates lease agreement, etc.). Though a majority of individuals, including those who are rehoused, achieve stable housing within HF programs, there are some individuals who continue to struggle with homelessness. The PSH evaluated in this paper was implemented to try to meet the needs of this subgroup of recipients of HF services.

Participants in this evaluation offered a variety of perspectives on the implementation. Tenants and program staff often converged in their evaluation of the PSH, including their understanding of program theory, perceptions of program strengths, opinions about location and safety features of the residence, and perceived impacts of the intervention. There were, however, some areas of divergence.

On the fundamental issue of program theory (i.e., an understanding of the intended purpose and structure of the PSH), tenants housed due to chronic housing instability generally had a good understanding of why they were there. Their understanding included that it was a place to stay with additional supports made available because of the previous difficulties they had encountered as tenants. Tenants who were housed on a temporary basis while waiting to find and move into a scattered-site regular housing unit were much less clear about the reasons they were housed at the PSH.

For the most part, program staff understood the purpose of the PSH, accurately identifying the intention to house tenants on a short-term basis as well as housing tenants on a longer-term basis. Program staff

also seemed to have a good grasp of many program components and goals. One point of divergence among them was their understanding of the program with regard to the intended duration of tenancy. Some believed that the main purpose of the PSH was to provide a permanent housing option for tenants, whereas others believed that it was meant to be part of a graduated approach (i.e., to serve as transitional housing). This is an area where consensus on the purpose of the program needs to be reached among the program staff, as their perception of tenants' expected tenure in the PSH is likely to inform and guide the way they work with tenants, particularly whether or not they continue to urge them on to independent living, which may be an appropriate approach for some tenants but not for others.

Across interviewees, many positive appraisals were expressed about the PSH, including the convenience of the location, size of the building, security measures, and additional supports and services offered on site. The peer superintendents were also seen in a positive light by program staff and tenants, and their support role was perceived as facilitating stability for tenants. The peer model was a good fit, as their lived experience was noted as a strength in effectively carrying out the supportive role.

Tenants housed in the PSH on a temporary basis were the only respondents who did not see the value of having peer superintendents, and some even mentioned that the superintendents were too controlling. Considering that these same tenants were also unclear on the purpose of their residency in the PSH, it is perhaps not surprising that they did not consistently appreciate the added monitoring and support of the peer superintendents. This could be addressed by ensuring that these tenants fully understand the purpose of their temporary stay and the role of the superintendents at the outset of their tenure in the PSH.

The needs of this population of short-term tenants are such that they do not require the same level or type of support from the peer superintendents. These tenants were housed in the PSH because more appropriate housing was temporarily unavailable, and not necessarily because they could not manage in a more independent setting. It could be that the superintendents were seen as controlling because the tenants did not need, want, or understand the nature of the support being offered.

While the focus of this evaluation was on the implementation process, interviewees did provide their perceptions of the early impacts of the program. Tenants who were housed due to housing instability after a trial of receiving HF services reported improvements in important domains, including financial, medical, and psychological stability that allowed them to start re-engaging in positive relationships, and a sense of empowerment in caring for a home. Tenants and program staff converged in their assessment that the PSH helped tenants develop independence, become more socially integrated, and experience a sense of security. Longer-term, more systematic evaluation of these outcomes should be conducted to confirm that they represent real improvements, not merely positive impressions, and to examine how they endure over time, and what kind of longer-term outcomes are associated with the PSH. As well, a longer-term outcome evaluation would assist the program with understanding the factors contributing to some tenants failing to achieve housing stability at the PSH and being required to move out.

In addition to demonstrating the overall success of the implementation of the PSH, this evaluation also uncovered challenges that were encountered and, to a degree, solved during the implementation. Financial, communication, and security challenges seemed to have been successfully addressed at the time of the evaluation. Challenges in housing couples had not been solved. The PSH no longer housed couples, so it was

not an ongoing challenge for its implementation; however, how best to house couples requiring additional supports beyond the typical HF model remains an unanswered question. Engagement was also an ongoing concern. Continued creativity and investigation are required to determine how to best engage a population that has demonstrated a unique set of needs and challenges that fail to respond to a HF approach.

As previously described, tenants housed on a temporary basis in the PSH reported a unique set of challenges. Again, it seems that this group of tenants found the PSH to be a less-than-ideal fit and did not fully understand the terms of their residency there. It is possible that additional communication around the short-term nature of their stay would address any dissatisfaction associated with a misunderstanding of these terms. Challenges related to the location and layout of the building could be addressed by making alterations to the building, or by seeking a new location; however, it is likely that any location would have some less-than-ideal elements, and that the benefits of a change (e.g., to a building in a better/safer location) would have to be weighed against the costs (e.g., being farther from daily necessities and conveniences).

Program staff noted the high demands of working with individuals who had experienced ongoing housing instability as well as expressing some disappointment over the idea that some tenants in the PSH may not be able to live in any other environment successfully. Note that this was not mentioned as a concern by any of the tenants who were interviewed, and may represent a difference of opinions or values regarding the best outcome for the PSH tenants. If a tenant expresses satisfaction with life in a PSH environment, staff might consider that stabilization in this environment represents success for this tenant, rather than a reason for disappointment. Disappointment in a tenant's outcomes and different beliefs between staff and tenants about what represents an ideal housing situation may actually interfere with delivering the best possible care and support to those tenants.

Finally, it is valuable to consider the suggestions that tenants and program staff offered for improving the PSH. Recall the numerous ways that transitional tenants experienced a lack of fit in the PSH. Both tenants and key stakeholders recommended considering separate housing facilities for these individuals who presented with different needs and had different goals surrounding their stay at the PSH. Program staff also recommended that there be more than one building because the demand for the PSH exceeded the capacity of the one apartment block. Given that approximately 15–20% of participants can be expected to experience unstable housing within HF programs, this model could provide a simple guideline for assessing the PSH resources that would be required to provide sufficient additional housing and support for a HF program such as the program in Moncton that serves 100 individuals.

The PSH offered housing to two separate groups of tenants, namely temporary tenants and long-term tenants who had experienced continued housing instability after receiving HF for a period of time. The results demonstrate that tenants differed in many important ways in terms of their appreciation for the services offered. However, both groups were helped by the PSH in that it assisted them in not becoming homeless again and reduced the likelihood of becoming re-acquainted with their street networks. Both of these are important results and demonstrate a need for housing where immediate lodging is available within a HF model.

While this paper presents results from an early implementation evaluation, and further evaluation will be required to examine longer-term outcomes for individuals who are offered this alternative, the early findings suggest that a HF model can be supplemented by a supportive housing option for individuals who

demonstrate additional needs and do not achieve stable housing within one to two years of participation in a HF program. These are important findings for a number of reasons. First, the consistent finding that 15–20% of participants do not achieve stable housing within the HF model suggests that in any implementation of HF we can expect some individuals to require something beyond what the HF model traditionally offers. Second, while supportive housing options may be available in communities that also deliver HF, this study demonstrates that they can actually be sequentially tethered in such a way that individuals can have a trial of HF before moving into a PSH as a result of encountering ongoing housing instability.

In the model evaluated here, individuals first enter the HF program and have every opportunity to achieve stable, independent housing, if that is what they prefer. If stability is not achieved, these individuals, who might otherwise exit the HF program and continue to be vulnerable to ongoing homelessness, are offered the option of the PSH. Although, historically, criticism of the supportive housing model has been identified as one of the reasons that the supported housing model was created (Wong & Solomon, 2002), and consumers overwhelmingly favour support*ed*, over support*ive*, housing (Piat et al., 2008), supportive housing may still have an important role in the system of supports. Connecting a supportive housing option to a HF model in this sequential manner—supported, then supportive—could decrease the likelihood that individuals will fall through the cracks if they do not achieve success in the HF program itself. It could also ensure that individuals who have the potential to achieve stability in more independent dwellings are not prematurely directed to supportive or custodial housing options that may not be the optimal fit for them. The PSH was not a solution for everyone, however, as some people did not find stability in this setting either. There may, therefore, be a need to consider other types of more intensive on-site supports to further minimize the potential for ongoing chronic homelessness among this subgroup of individuals.

An additional innovation of the current study is the peer support component. This evaluation suggests that peer superintendents who also offer on-site support can be a valuable component in a supportive housing environment. Finally, it is noteworthy that not all tenants of the PSH experienced success living there, and it will be important for future studies to identify the characteristics of tenants who achieve stability in this kind of housing, and to continue to explore other options for individuals who continue to experience chronic homelessness.

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