

The Experiences of Landlords and Clinical and Housing Service Staff in Supportive Independent Housing Interventions

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ABSTRACT

This study documented the perspectives of landlords and clinical and housing service teams for head lease (agency holds the lease) versus rent subsidy (tenant holds the lease) in housing programs for adults with psychiatric disabilities. Sixteen landlords and 24 housing and clinical team members participated in individual or focus-group interviews. It was found that there was less contact between landlords and tenants in the head lease program, where housing teams tended to negotiate trouble spots. Also, head lease programs were marked by intensive oversight and partial (as opposed to full) separation of housing and clinical service teams.

Keywords: supportive independent housing, Housing First, community mental health, landlords, At Home / Chez Soi

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RÉSUMÉ

Cette étude a porté sur les différentes possibilités offertes aux propriétaires et aux équipes des services cliniques et d'hébergement entre les contrats de location principaux (l'agence détient le bail) et les loyers subventionnés (le locataire détient le bail) dans les programmes de logement pour adultes ayant des troubles psychiatriques. Il y avait 16 propriétaires et 24 membres des équipes d'hébergement et cliniques qui ont participé à des entrevues individuelles ou en groupe de discussion. Il s'est avéré qu'il y avait moins de contacts entre les propriétaires et les locataires dans les programmes utilisant les contrats de location principaux, dans lesquels les équipes d'hébergement avaient tendance à négocier les points litigieux. En outre, ces programmes ont été marqués par une surveillance intensive et par une séparation partielle (en contraste avec une séparation totale) des équipes des services d'hébergement et clinique.

Mots clés : logement indépendant supervisé, Logement d'abord, santé mentale communautaire, propriétaires, At Home / Chez Soi

INTRODUCTION

Beginning in the 1960s, a wave of deinstitutionalization saw the reduction of inpatient psychiatric services in Canada by 70% over a 20-year period (Nelson, 2010). Institutional care for Canadians facing mental health challenges was largely replaced by both community-based housing and support services. Housing for mental health service users in the community has been an enduring challenge. The Mental Health Commission of Canada (MHCC) (2011) estimates that as many as 100,000 Canadians living with a mental illness might be homeless. Goering, Tolomiczenko, Sheldon, Boydell, and Wasylenki (2002) found a 67% lifetime prevalence rate of mental illness among Toronto's homeless population, while other studies estimate that one quarter to one third of homeless individuals experience a serious mental illness (Hwang, Stergiopoulos, O'Campo, & Gozdzik, 2012).

HOUSING FOR PEOPLE WITH MENTAL ILLNESS

Approaches to Housing

A promising framework for addressing the unique care challenges of individuals experiencing both homelessness and mental health challenges is supportive independent housing. This Housing First approach emerged in the late 1980s in response to the failure of "treatment first" or continuum-based approaches to facilitate stable housing, community integration, and successful independent living (Carling, 1995). The continuum approach is made up of both supportive and custodial housing, and access to housing is tied to compliance with clinical treatment. Supportive independent housing has come to prominence through the Pathways Housing First model developed in New York City (Tsemberis, 1999). In this model, participants are given immediate, preconditional free access to scattered-site housing through a rent subsidy, in addition to flexible community-based support services provided by a different agency. Consumer choice is the key organizing principle of the model. Since the implementation of Housing First involves commercial scattered-site housing, landlords are novel stakeholders whose participation is central to this approach. It is

therefore important to understand the needs of landlords as well as the challenges of working with landlords for successful implementation of Housing First.

Values, Housing, and Lease Type

Sylvestre, Nelson, Sabloff, and Peddle (2007) suggest that the housing and mental health literature is underpinned by therapeutic and citizenship values. Therapeutic values (i.e., choice, quality, community integration) are the basis for interventions that prioritize clinical improvement and minimize the social burden caused by disability. The level of analysis includes both the individuals and their behaviour. Citizenship values (i.e., access and affordability, accountability, legal security of tenure) provide the foundation for interventions that facilitate full social inclusion and participation for individuals with mental health issues. In the latter value orientation, individuals with mental health issues become *citizens*, as opposed to clients or patients, and intervention provides opportunities to expand agency (Davidson, 2005, 2006). The level of analysis implied by citizenship values is the social and political context in which the individual is embedded. In the housing- and service-provision frameworks presented above, a spectrum of the weighting of values can be observed. Treatment first approaches (custodial and supportive housing) are dominated by therapeutic values. However, in supportive independent housing, including Housing First, citizenship values are accorded more weight.

While supportive independent housing favours citizenship values over therapeutic values, it is likely that various iterations of supportive independent housing balance these two value orientations differently. One example concerns the type of lease that is used. There are at least two different types of supportive independent housing leases: (a) head leases—in which the clinical service agency holds title to a rental unit and subleases to program tenants, and (b) rent supplements—in which program tenants hold legal title to the unit and must pay 30% of their income towards rent. These distinctive lease types are salient in understanding the balance of therapeutic and citizenship values that may have a bearing on the relationships between landlords and tenants. Since there has been no research on the impact of lease type with regard to landlord roles in Housing First interventions, this became a primary focus of this study.

Landlords and Housing for People With Mental Illness

The Housing First model is dependent upon the participation of private rental landlords for the provision of scattered-site housing. Landlords are important stakeholders in the implementation of Housing First who might have roles as property managers, superintendents, or site staff. The nascent literature on landlords in Housing First interventions is largely framed in terms of community integration, which has been defined as “a process, unfolding over time, through which individuals who have been psychiatrically disabled increasingly develop and exercise their capacities for connectedness and citizenship” (Ware, Hopper, Tugenberg, Dickey & Fisher, 2007, p. 471). Kloos, Zimmerman, Scrimenti and Crusto (2002) present landlords as “partners in recovery” with important roles in community integration, rehabilitation, housing stability, and success in community living. Foust, Kloos, Townley, Green, Davis, and Wright (in press) found that the relationships tenants with mental illness have with landlords are significantly related to the participants’ self-reported functioning (e.g., measures of recovery and stress)—the better the relationships, the better the outcomes for tenants. In a recent qualitative study, Bengtsson-Tops and Hansson (2014) found that tenants with serious

mental illness present challenges for landlords, who in turn require support from mental health professionals in dealing with these tenants. This literature highlights the therapeutic dimension of landlord and tenant experiences in supportive independent housing.

Overview and Research Questions for the Study

This paper seeks to add to the literature on landlord-tenant experiences by advancing a citizenship perspective. To this end, we consider the role of landlords in both facilitating community integration and constraining the citizenship rights of program tenants (the “trouble spots”). This framing is intended to highlight how different lease arrangements impact the balance of citizenship and therapeutic values underlying supportive independent housing. Our study compared the experiences of landlords and housing and clinical staff in two Toronto-based supportive independent housing programs utilizing different lease types—rent subsidy and head lease. The rent subsidy program was the MHCC’s At Home / Chez Soi project—a randomized, mixed-methods, multisite trial that examined the effectiveness of the Housing First approach on outcomes for people with mental illness who had been homeless (Goering et al., 2011). This program was compared to a longstanding Toronto-based supportive independent housing program that utilizes head leases. Both programs provide supports to adults with psychiatric disabilities through the provision of housing and flexible community-based clinical teams. A limitation of this study is that the perspectives of program participants are not presented, a gap that we are currently exploring in another paper.

This study addressed the following research questions:

- a) What are the trouble spots in tenancies as viewed by landlords and housing and clinical services teams?
- b) In what ways do landlords support program tenancies as viewed by landlords and housing and clinical services teams? Does this differ by lease program?

METHODOLOGY

Design and Methods

A total of 16 key informant interviews were conducted with landlords and property managers from the At Home / Chez Soi project, and with five focus groups of 24 members from the housing and clinical services teams of At Home / Chez Soi and the head lease housing program. “Housing teams” refers to teams whose responsibilities are limited to the procurement and maintenance of housing units for program participants. “Clinical services teams” refers to teams who provide clinical services to program participants. Both programs are located in Toronto. A total of 40 people were interviewed.

Key informant interviews with landlords were conducted by staff from the Centre for Research on Inner City Health (CRICH) at St. Michael’s Hospital. Members of the project’s housing team identified the landlords, who were then contacted by research staff to schedule interviews. Informed consent was solicited with a package containing information about the study. The interviews, conducted either in person or over the phone, were audio recorded and later transcribed. The eligibility criteria for landlord participation was that respondents had to have rented or be currently renting to program participants. Out of 23 landlords

who could be reached, a total of 16 participated, while seven declined to be interviewed, resulting in a 70% participation rate. Three landlords were interviewed in person, while 13 were interviewed over the phone. Interviews ranged from 12 to 30 minutes in length. Semistructured interview guides were used for each interview. Sample questions include:

- What scenarios led you to seek help from the program?
- Have any of your program tenants been evicted or come close to eviction?
- Can you name one or two factors you see as most significant for ensuring successful tenancies?

The CRICH research team in partnership with the project housing team developed the interview guides. The open-ended questions focused on landlord experiences with both program staff and tenants.

Five focus groups were conducted with clinical services and housing teams from both the At Home / Chez Soi rent subsidy program and the head lease community mental health program. The five focus groups were comprised of: (a) six members of the At Home / Chez Soi Intensive Case Management (ICM) team; (b) two members of the At Home / Chez Soi Assertive Community Treatment (ACT) team; (c) four members of the At Home / Chez Soi housing team; (d) five members of the Toronto clinical team serving consumers in the head lease program; and (e) seven members of the Toronto housing team for the head lease program. The interview protocols aimed at determining the trouble spots between landlords and tenants, as well as how landlords support tenants. Managers at each agency identified participants. Sample questions include:

- In what ways do you perceive landlords/caretakers as partners in recovery?
- What are the trouble spots between landlords/caretakers and program participants?
- In what ways do trouble spots impact consumer choice?

Interested parties were sent a study information and consent form prior to focus groups that took place at participants' host agencies. Focus groups lasting no longer than an hour and a half were audio recorded and later transcribed. Research Ethics Board (REB) approval was obtained from Wilfrid Laurier University and St. Michael's Hospital, which houses CRICH.

The sample size of both landlords and clinical service and housing teams was sufficient to reach saturation of codes and themes in line with the recommendations of Guest, Bunce, and Johnson (2006), who found that saturation occurred within 12 interviews. One limitation of the study was that it did not include the perspectives of program tenants. This perspective is presented elsewhere (MacLeod et al., 2015). Another limitation is that some of the landlord interviews were fairly short (one interview was 12 minutes, for example) and these data were not as rich.

Data Analysis

Data analysis began with coding each line of the transcripts. The research team developed protocols for data analysis that involved thematic analysis and content coding, highlighting themes related to trouble spots involving landlords and landlords supporting program tenancies (Morse & Field, 1995). For the purpose of this analysis, we focused on lease type and the perspectives of both landlords and housing and clinical teams. Analysis was facilitated using both NVivo software and matrix displays, with the rent subsidy and

head lease arrangements as the primary dimension of the matrix (Miles, Huberman, & Saldana, 2014). Team members analyzed the landlord data independently and then met to triangulate content validity and ensure trustworthiness. Landlord data were limited to the rent subsidy condition; in this condition we compare the perspectives of landlords with those of housing and clinical teams. The housing and clinical team data were analyzed by one member, who then presented the analysis to managers of the agencies for feedback to ensure trustworthiness. Analysis began with researchers reading through transcripts line by line and identifying key concepts that informed the creation of codes. Researchers then organized codes into conceptual groupings to form higher-level categories. Broad categories that emerged were condensed into a small set of high-level themes. Matrix displays were utilized to contrast themes across programs (Miles et al., 2014).

FINDINGS

Trouble Spots in Tenancies

Surveillance versus negotiating a client-centered model. An important difference between head lease and rent subsidy conditions was in terms of program oversight of tenancies. In the head lease program, clinical teams talked about the role of the housing team as being that of a surrogate landlord and perceived that the housing team had come to “see themselves primarily as the landlord.” This role was fraught with tension between maintaining a stock of units and protecting the citizenship rights of program tenants. This, in turn, led to intensive oversight where the housing team—from the perspective of the clinical service team—closely monitored or “surveilled” the behaviour of program tenants in addition to having access to clinical notes. Confidentiality was a concern, insofar as neighbours generally knew the location of agency units—and thus mental health status.

In the rent subsidy condition, the tension between maintaining a stock of units and protecting the citizenship rights of participants was perceived differently. The housing team talked about the challenge of negotiating a client-centered model where the role of the program is to support the success of individual tenancies as opposed to retaining units across the project. One respondent articulated the tension between having positive relationships with landlords while supporting the rights of tenants:

And are we talking about the success of the individual participants or are we talking the success of the program? And those are two different things and you have to balance those out. So if you go solely to the success of the participants, the project will suffer because, you know, you are advocating for each individual to the extreme, the whole program goals themselves get lost. You have to understand what framework you are advocating and supporting the client within.

Interestingly, landlords in the rent subsidy condition discussed a preference for head leases because they perceived the tenancies were closely managed by agencies using these leases. With rent subsidies, the program is more concerned with the success of the individual tenancy, which likely translates to more trouble spots with individual tenancies.

Problematic visitors versus serious tenancy problems. Respondents in the head lease program reported trouble spots associated with visitors, while in the rent subsidy program there were more substantive complaints about damages, unit takeovers, and communication. Members of both programs relayed instances in which the housing teams made periodic interventions between landlords and tenants when

there were violations of their respective rights and responsibilities in accordance with the guidelines of the Ontario Residential Tenancies Act (RTA)—a provincial statute that specifies the rights and responsibilities of landlords and tenants. Examples included illegally entering units, maintenance issues, damages, and issues with visitors.

Interestingly, the respondents in the rent subsidy condition relayed more challenges with program-participant behaviour in the units. Landlords talked about property damage that they associated with visitors and substance use. Clinical teams talked about instances in which visitors refused to leave program-participant units and effectively took them over as a challenge in terms of respecting tenancy rights:

So there are ongoing issues with landlords for varying things and then a big issue too is with guests and um It's not even you know that we are trying to advocate, our clients are allowed to have guests right? They're paying rent and it's like, "Well, we don't like the kind of guests that they keep around." These are strict people and it's like well ...?

Respondents in the head lease condition also talked about problems associated with visitors—substance use and noise—but to a markedly lesser degree than their rent subsidy counterparts.

Program participant “fit” versus choice. There was substantive convergence across both programs about the tension between the “fit” of participants to housing units and neighbourhoods. Across programs, housing and clinical service teams perceived that program participants whose appearance and behaviour clashed with building/neighbourhood norms tended to have difficult relationships with landlords and neighbours. Screening was a concern for landlords in the rent subsidy condition who worried about the housing readiness of program participants and subsequently the need for screening. Similarly, the housing team in the head lease condition utilized a screening process that was of concern for the clinical teams. Clinical teams suggested that the screening process of the head lease landlords constrained participant choice. This concern was absent in the head lease condition, where housing teams used a blind referral process.

Discrimination. In both programs, clinical team members discussed incidents of discrimination by landlords towards program tenants in terms of stigma and coercion that tended to occur at unit viewings. Clinical team members from both programs relayed anecdotes about landlords asking participants directly about their addiction and mental health issues in demeaning terms (e.g., “Are you a crackhead?”). Clinical team members tended to attribute these experiences to both the appearance of program tenants as well to general perceptions of mental illness held by landlords.

Differences in the perspectives of landlords and housing and clinical teams. Housing and clinical teams and landlords in the rent subsidy condition talked similarly about difficulties with program participants in the tenancy role (difficulty negotiating a client-centred model, problematic visitors). These difficulties were behavioural and revolved around property damage, substance use, and unit takeovers. The substantive difference between stakeholder groups was that landlords in the rent subsidy condition indicated a strong preference for head leases and a desire for screening to determine housing readiness, whereas housing and clinical teams talked about stigma and coercion, particularly at unit viewings. This difference suggests that landlords and housing and clinical teams view the landlord-tenant relationship and commensurate rights and responsibilities in very different terms.

Landlords Supporting Tenancies

Screening versus blind referral. The role of the housing team was identified as a salient theme in terms of understanding successful tenancies. The roles of the housing team differed substantively across programs. In the head lease program, the clinical team talked about the importance of the housing team in creating the conditions for successful tenancies, whereas the clinical teams in the rent subsidy program talked about the role of landlords. The housing team from the head lease program talked about screening and ensuring a good fit between the building and the program participant, which they felt predicted positive relationships with landlords and successful tenancies. Interestingly, the housing team from the head lease program talked about having two clients:

The word “client” is very interesting because when it is used you think automatically of our tenants but we actually have two clients. We have our tenants and we also have our landlords who we rent from. We are simultaneously landlords and tenants. The landlords of the buildings are our landlords and the tenants are our tenants.

The housing team in the rent subsidy condition talked about the importance of *blind referral*—where the housing team refers clients to housing units without having any information about them—in removing bias and helping them to initiate successful tenancies.

Cooperative relationships amongst teams versus cooperative relationships with landlords. Housing and clinical service teams from both the head lease and rent subsidy programs talked about the importance of team relationships—between housing teams, clinical teams, and landlords—in creating successful tenancies. The clinical service teams in the rent subsidy program talked about team relationships characterized by communication and cooperation between landlords, the housing team, and the clinical team as being important to supportive tenancies. In particular, clinical service teams talked about landlords sharing information about program tenants as helpful. Respondents in the head lease program corroborated these observations, but tended to present the housing team as being in the position of landlord.

Positive relationships with tenants. In both the head lease and rent subsidy programs, housing and clinical teams relayed instances of landlords supporting tenants. Instances in which landlords acted as natural supports, particularly through the sharing of health information with clinical teams, were common to both programs. In the rent subsidy program, the clinical team relayed an incident where a landlord had not seen a program participant for a few days and sought out the participant, eventually finding them unconscious in their apartment and likely saving the tenant’s life by contacting emergency services. Team members in both programs also discussed landlords accommodating the behavioural challenges associated with program participants and collaborating with clinical teams to address these trouble spots. One common example of an accommodation is landlords waiving damage charges.

In the rent subsidy condition, landlords talked about a desire to give back to the community and to help individuals with mental health challenges. Landlords reported having positive relationships with program participants and suggested that these relationships were a part of the program that was working well.

Differences in the perspectives of landlords and housing and clinical teams. In the rent subsidy condition, both landlords and clinical and housing teams talked about cooperation with one another as working well and leading to successful tenancies. Landlords talked about community outreach and positive

relationships with tenants as leading to successful tenancies. The housing and clinical teams perceived the landlords performing community outreach and having positive relationships in more concrete terms. Housing and clinical teams observed some landlords acting as natural supports, particularly by sharing health information in emergencies with program staff, in addition to landlords accommodating the difficult behaviour of program tenants. Finally, where landlords indicated a desire for better screening with regard to trouble spots, the housing team saw the blind referral process as working well and leading to successful tenancies.

DISCUSSION

What emerged from these data was a snapshot of the discrepant roles of landlords in the implementation of supportive independent housing using different lease types. Landlords prefer the head lease arrangement in which the housing team plays an active role in screening participants for fit and in managing tenancies to prevent problems from arising in order to preserve relationships. Under the head lease arrangement, the housing team views itself as a surrogate landlord. In contrast, in the rent subsidy arrangement, housing staff prefer a blind referral process rather than a more cautious approach that focuses on determining the participant's readiness for housing. While problems such as non-payment of rent, property damage, unit takeovers, and landlord-tenant communication difficulties arise in the rent subsidy program, housing and clinical staff view such problems as predictable and as opportunities for participants to learn how to become responsible tenants and to communicate better with landlords regarding such problems. Underpinning the divergence between the head lease and rent subsidy arrangements are different assumptions about the needs and capabilities of program participants and landlords, and subsequently, different weightings of therapeutic and citizenship values (Sylvestre et al., 2007). In the following section, we comment on the balance of citizenship and therapeutic values by interpreting the findings pertaining to the research questions in terms of assumptions and values, and we conclude by examining differing conceptions of program success reflecting these differing assumption/value orientations.

Trouble Spots

Head lease. In the head lease arrangement, the housing team had an involved role in negotiating tenancy. The ongoing challenge of maintaining housing stock and the agency's role as head tenant meant the housing team was active in mediating trouble spots between landlords and program tenants. While this dynamic is popular with landlords and effective in terms of unit retention, the clinical services teams had concerns regarding intensive oversight and constraints on tenant rights (i.e., the housing teams' access to clinical notes). Tabol, Drebing, and Rosenheck (2010) suggest that a normal tenancy agreement and the separation of housing and services are key components of supportive independent housing. The lack of a legal tenancy agreement and close scrutiny of tenants by housing staff reflect a caretaking value orientation, in which housing staff strive to "keep the peace" and prevent problems between landlords and tenants.

Continued linking of housing and clinical teams and intensive oversight of tenancies are salient in the production of social roles for program participants. It was unclear in the head lease arrangement that participants had moved beyond clienthood to become tenants/citizens. Managed tenancies have the positive effect of encouraging unit retention at the program level, but they also constrain the interaction of program tenants

with landlords. Interactions between landlords and tenants are likely important in providing participants with opportunities to take on new social roles as tenants and citizens. Incomplete delinking of housing and clinical services runs the risk of perpetuating clienthood through deployment of caretaking values (McKnight, 1996). This finding is salient in showing the importance of values in disrupting the power dynamics that have positioned participants as clients as opposed to citizens in mental health intervention.

Rent subsidy. The trouble spots in the At Home / Chez Soi project were divergent from those in the head lease program and were characterized by program tenants' interactions with landlords. In many ways, these trouble spots were emblematic of stakeholders interfacing with one another in novel ways. The interactions between commercial landlords and program tenants—while producing trouble spots regarding non-payment of rent, damages, and visitors—are likely an indicator of important changes that reflect the enactment of a novel social role of tenant/citizen for participants. It is significant that the rent subsidy arrangement's prioritization of citizenship values is accompanied by trouble spots with landlords. This likely speaks to different conceptions of program success between these two arrangements, which we will address below.

Landlords Supporting Tenancies

Head lease. Housing and clinical teams in the head lease arrangement talked at length about the role that teams—particularly the housing team—play in successfully negotiating between landlords and program tenants. In particular, the teams talked about how the housing team ensured fit between participants and units, often through screening, and how this was integral to positive landlord-tenant experiences in which landlords were supportive of program tenancies. From this vantage point, the assumption is that while it is possible to house homeless adults who have psychiatric disabilities in commercial scattered-site housing, they must be housed in appropriate units and that a process of management is important in achieving this fit. This framing is congruent with an ecological model where social context is important in matching the individual to an appropriate social setting that will encourage positive mental health outcomes through tenancy (Rappaport, 1987) and is reflective of therapeutic/caretaking values. The housing teams in the head lease arrangement are set up as an “overseer.”

Rent subsidy. Program tenants in the rent subsidy arrangement had far more contact with landlords, who subsequently were positioned to support tenancies more than in the head lease arrangement. An important facet of this increased interaction is the relatively removed position of the housing team. The housing team utilized a blind referral process that was emblematic of the distance this team kept from landlords. This blind referral process is guided by citizenship values, in that blind referral dampens the bias of program staff and it is the tenancy rights of individuals that guide housing procurement, not housing staff's assessment of the perceived fit between the participant and the housing setting. In the rent subsidy arrangement, the housing team is positioned as a mere coordinator. This framing is congruent with an empowerment model where program tenants are viewed as tenants rather than as clients and are given opportunities to negotiate their own tenancies and enact novel social roles (Rappaport, 1981).

Interestingly, there is a sharp divergence between the head lease arrangement—which is congruent with an ecological model—and the rent subsidy arrangement—which is more congruent with an empowerment model. Rappaport (1987) and Trickett (1994) have both suggested that empowerment and the ecological

framework can be highly congruent. In this instance, the opposite might be true. The head lease arrangement (ecological model) appears consistent with therapeutic/caretaking values that constrain opportunities for participants to take on novel social roles—as tenants/citizens—through managed tenancies. The rent subsidy arrangement (empowerment model) provides opportunities for program participants to enact novel social roles as tenants/citizens and prioritizes citizenship values. Interestingly, these two perspectives (ecology and empowerment) take on different poles of the needs/rights dialectic outlined by Rappaport (1981). The challenge of the implementation of supportive independent housing is likely the synthesis of the dialectic between the poles of needs and citizenship rights.

Assessing Program Success: Housing Stability Versus Housing Learning

We have argued that lease types are a significant factor associated with weightings of value orientation (caretaking or therapeutic versus citizenship) in supportive independent housing programs. In making this argument, we have focused on the assumptions and values of the two types of lease arrangements. To this end, we showed that the rent subsidy arrangement had a relatively “hands off” housing team that provided more opportunities for interaction between program participants and landlords, and subsequently, opportunities to enact novel social roles. We also showed that the managed tenancies of the head lease arrangement did not provide opportunities for program participants to enact novel social roles. Ultimately, the distinctive approaches to managing tenancies in the two types of lease arrangements necessitate a discussion of defining program success. A member of the rent subsidy housing team quoted above in the findings section commented that program success is a balance between participant success and overall program success and that sometimes there is tension associated with these two priorities. This comment drives at the tension between therapeutic/caretaker and citizenship values in supportive independent housing with regard to landlord and tenant experiences. Where program success is defined by housing stability—of which unit retention and length of housing are clear indicators—in the head lease arrangement, success in the rent subsidy arrangement might be better measured by housing learnings in which participants are given opportunities to enact novel social roles and subsequently to make mistakes. In the latter arrangement, program participants are free from the monitoring and intensive oversight of housing teams that emerge in the head lease arrangement. This is important in that it both disrupts oppressive dynamics of surveillance and coercion from housing teams and provides program participants with valuable opportunities for learning about both their rights and responsibilities as tenants of a private rental unit. While this latter point might seem self-evident, it is important to contextualize supportive independent housing within a chronology of care in which individuals who have psychiatric disabilities have been largely excluded from community life and housed in segregated units outside of mainstream economic and community structures.

How we come to think about program success matters. If retaining units becomes the focal point of intervention, supportive independent housing collapses into a concern for caretaking values and defines mental health service provision narrowly within only the traditional mental health sector. If housing learning becomes the primary indicator of successful intervention, supportive independent housing becomes an intervention concerned with expanding social roles and agency. This is because housing learnings—and by association, rent subsidies—encourage the robust participation of stakeholders from beyond the mental health

sector to include municipal government, policy-makers, and the legal system. This framing has the potential to be transformative of the mental health system because it foregrounds the importance of citizenship values.

Policy Implications/Conclusion

In conducting this study we identified several salient findings that are important for both the Housing First theory of change and future implementation with regard to both lease type and landlord and tenant experiences. We observed that lease type was related to both landlord and tenant experiences and team dynamics. The head lease arrangement tended towards therapeutic/caretaker values and carefully managed tenancy, leaving little room for interaction between tenants and landlords. The rent subsidy arrangement, on the other hand, tended towards citizenship values where tenancies were less managed so there was more interaction with landlords and more trouble spots. Going forward, it seems that rent subsidies are likely important in ensuring that program tenants have access to citizenship rights and are positioned as tenants and citizens as they interact with the mainstream housing market and community structures that invariably define the process of community integration.

Landlords are novel stakeholders in mental health intervention. Conventional thinking generally places them outside the service provision context of the program. The data in this study suggest that lease type affects how landlords will relate to the program and how team dynamics will play out between housing and clinical supports. In both cases, landlords should be considered part of the implementation team. More attention should be placed on how these teams communicate and share information. One example of this might be the development of a protocol that clearly demarcates which teams are responsible for what issues and whom landlords should contact and for what, in addition to regularly scheduled check-ins. This would help to facilitate communication with landlords, many of whom are unsure whom to contact, and also help to ensure supports can intervene at appropriate times. Additionally, respondents in both programs highlighted the importance for landlords of education about mental health issues.

One innovation of the head lease arrangement in this study was the presence of a legal aid member in the housing team. It might be worthwhile for programs that use rent subsidies to consider how best to provide access to legal counsel to program participants to ensure they can access and protect their citizenship rights. This is likely an important piece of housing learnings—which invariably involve trouble spots—and is central to the transition of program tenants from clients to citizens.

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