

“WE NEED TO GENUINELY LISTEN TO WHAT PEOPLE TELL US THEY NEED”

Identifying how to support individuals living with mental illness and/or substance use difficulties to thrive following homelessness in London, Ontario



JULY 2021

TRANSITION FROM HOMELESSNESS PROJECT – LONDON SITE REPORT

This project has been funded by the generous support of the Canadian Institutes of Health Research in the form of a Project Grant awarded in 2019.

Authors:

Carrie Anne Marshall, Western University

Abe Oudshoorn, Western University

Julia Holmes, Western University

Corinna Easton, Western University

Brooke Phillips, Western University

Eric Todd, Western University

Joy Cameron, Lived Experience Consultant

Sarah Collins, The Salvation Army Centre of Hope

Suliman Aryobi, Western University

Chelsea Shanoff, Western University

Rebecca Goldszmidt, Western University

Steven Rolfe, Indwell Community Homes

Lily Yosieph, St. Joseph's Healthcare

Jessie Ford, St. Leonard's Community Services, London

Laura Cornish, City of London

Mechele te Brake, Sanctuary London

Preet Chhokar, London-Middlesex Community Housing

Madison Woodburn, London-Middlesex Community Housing

Kristen Turner, London-Middlesex Community Housing

Sonja Sonnenberg, St. Leonard's Community Services, London

Rozelen Carillo-Beck, Western University

Jessica Szlapinski, Western University

Nicole Pacheco, Western University

Shahriar Sabri-Laghaei, Western University

Debbie Laliberte Rudman, Western University

Funding Acknowledgement: This project has been funded by the generous support of the Canadian Institutes of Health Research in the form of a Project Grant awarded in 2019.

© Social Justice in Mental Health Research Lab, Western University – www.sjmhlab.com

This document is protected under a Creative Commons license that allows you to share, copy, distribute, and transmit the work for non-commercial purposes, provided you attribute it to the original source.

How to cite this document: Marshall, C., Oudshoorn, A., Holmes, J., Easton, C., Phillips, B., Todd, E., Cameron, J., Collins, S., Aryobi, S., Shanoff, C., Goldszmidt, R., Rolfe, S., Yosieph, L., Ford, J., Cornish, L., te Brake, M., Chhokar, P., Woodburn, M., Turner, K., Sonnenberg, S., Carillo-Beck, R., Szlapinski, J., Pacheco, N., Sabri-Laghaei, S., & Rudman, D. (2021). "We need to genuinely listen to what people tell us they need": Identifying how to support individuals living with mental illness and/or substance use difficulties to thrive following homelessness in London, Ontario. Retrieved online at: <https://www.sjmhlab.com/transition-from-homelessness-study>

Corresponding Author:

Dr. Carrie Anne Marshall, PhD., OT Reg.(Ont.)
Assistant Professor, Western University, Occupational Therapy
Director, Social Justice in Mental Health Research Lab, Faculty of Health Sciences
Elborn College, Room 2533, 1201 Western Rd.,
London, ON, Canada, N6H 1H1

carrie.marshall@uwo.ca

CONTENTS

EXECUTIVE SUMMARY	4
INTRODUCTION	8
2.1 Evidence-Based Supports for Persons Living with Mental Illness & Substance Use Difficulties Following Homelessness	10
2.2 Homelessness in the London, ON Context	11
2.3 Income Distribution	11
2.4 Vacancy Rates	12
2.5 Housing Affordability and Access to Housing for Individuals Living in Low Income	13
2.6 Mental Illness, Substance Use and Homelessness	13
2.7 Services that Support Individuals Living with Mental Illness and/or Substance Use Difficulties Who Experience Homelessness in London, ON	14
RATIONALE AND GOALS OF THIS PROJECT	18
METHODOLOGY	20
4.1 How did we recruit stakeholders for interviews?	22
4.2 What was involved in the interviews?	22
4.3 How did we analyze the information that we collected?	23
FINDINGS OF PHASE 1 STAKEHOLDER INTERVIEWS	24
5.1. Stakeholder Characteristics	25
5.2. Qualitative Interview Findings	27
RECOMMENDATIONS	46
Policy recommendations	47
Practice recommendations	49
CONCLUSION	52
LIMITATIONS	54
WHAT COMES NEXT?	56
REFERENCES	58

EXECUTIVE SUMMARY



WHILE UNHOUSED, persons who have experienced homelessness are frequently consumed with securing the necessary conditions to meet their basic needs including finding a place to stay for the night, finding food, and keeping safe.

It is frequently assumed that when individuals secure a tenancy following homelessness, that their life naturally improves for the better in most or all areas of their lives. Unfortunately, recent research suggests that many individuals who secure housing after homelessness continue to live in a state of survival. While the importance of supporting individuals to secure and sustain housing cannot be understated, other aspects of a person's life including being integrated in their community, having enough money to pay for basic needs, attaining mental well-being, and having opportunities to engage in meaningful activities are similarly important. This report describes a participatory project aimed at identifying the strengths and challenges of the system of support currently offered to individuals as they leave homelessness in London, Ontario. We collected this information to inform recommendations for refining existing supports and developing new supports that will enable individuals to move beyond surviving after leaving homelessness and thrive in their community after.

Consistent with a participatory approach, researchers involved in this project worked in close collaboration with a community advisory board (CAB) that informed the design and delivery of all project activities. This CAB consisted of individuals with lived experience, service providers and leaders of organizations that serve individuals who experience homelessness. We executed this project in two Phases. In Phase I, we interviewed 56 stakeholders between July – December 2020 from three groups: individuals with lived experiences of homelessness living with mental illness and/or substance use difficulties; service providers working in organizations that support individuals as they are leaving homelessness; and leaders in these organizations. In all of these interviews, we asked participants to describe the strengths and challenges of the current system of support in London, and their perspectives on what individuals living with mental illness and/or substance use difficulties

need to “thrive” following homelessness. Some individuals with lived experience were asked to take photographs of their daily lives to illustrate their experiences and perspectives. We analyzed these data, and identified five themes that describe stakeholders’ views on the current strengths and challenges of existing services, and what individuals need to thrive following homelessness: 1) Stuck in a system that prevents thriving; 2) Finding home is an ongoing journey; 3) Nurturing the conditions to develop and maintain supportive community; 4) “There isn’t a magic sense of belonging that comes with their house”; and 5) Responsive options for substance use support should be available and aligned to individual needs. In Phase II, we engaged the CAB in collaborative conversations to identify four policy and five practice recommendations from our Phase I findings which are presented in this report.

Shifting systems to support individuals to thrive following homelessness has the potential to drastically improve a person’s life circumstances and may be an important strategy for preventing ongoing homelessness. This report is meant to stimulate discussions in London, Ontario and other municipalities about how we can help individuals to secure more than just housing alone following homelessness. The recommendations that we have developed and described in this report will form the basis for the next stage in our process, which will involve collaborating with a broad range of stakeholders in the London community to initiate the process of co-designing solutions. By offering this report, we hope to share the perspectives of stakeholders, engage the broad community in the co-design process, and provide information that will inform the development and implementation of services for individuals who experience homelessness in London. Further, we hope that the process described in this report may be used as a model for other communities who wish to identify opportunities for system improvement in the interest of promoting the health, well-being and living conditions of persons who are trying to create a home after living in housing precarity.



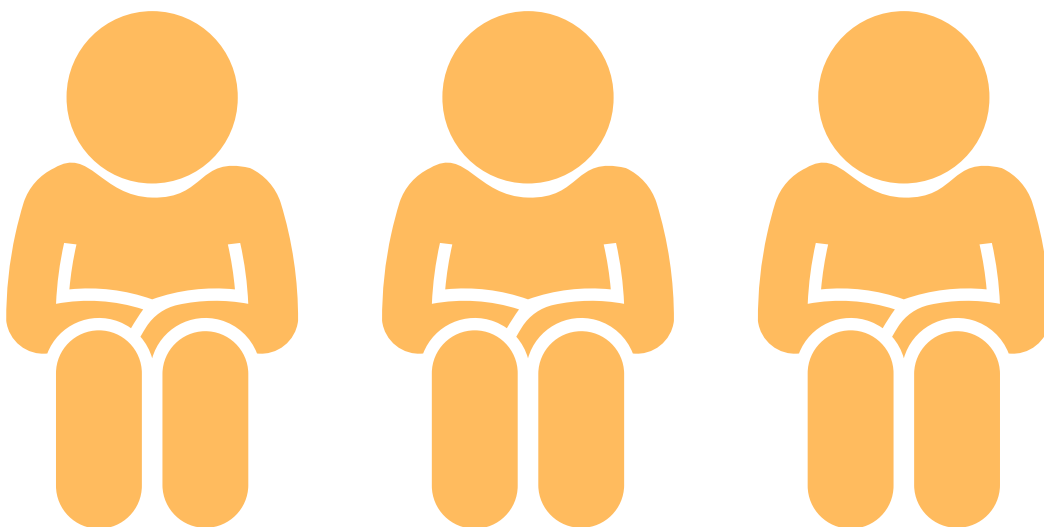
30



INTRODUCTION

AT LEAST 235,000 CANADIANS experience homelessness in a given year^[1]. This is a problem that continues to grow despite ongoing efforts at prevention and intervention^[1].

The complex needs of individuals who experience homelessness and live with mental illness and/or substance use difficulties are well documented in existing literature^[2-4], and include both social and mental health challenges. These include ongoing mental illness and addiction^[1, 5], comorbid traumatic brain injury^[6], poverty^[1], housing instability^[7], and food insecurity^[8]. Although many would assume that these needs are alleviated upon obtaining housing, existing literature suggests that although quality of life tends to improve once a person exits homelessness, individuals often continue to experience difficulties with managing the symptoms of mental illness, substance misuse, poor community integration, a lack of engagement in meaningful activity, unemployment, and poverty^[9-16]. Leaving these needs unmet has the potential to perpetuate the cycle of homelessness, decrease housing stability, and prolong social and mental health suffering for this vulnerable population.



2.1 Evidence-Based Supports for Persons Living with Mental Illness & Substance Use Difficulties Following Homelessness

Strategies developed to support persons who experience homelessness have focused primarily on the security and maintenance of a tenancy. Perhaps the most recognized of these interventions is Housing First, a systems-level intervention which emphasizes the primacy of housing over other supports. Housing First is informed by the underlying belief that mental illness and substance misuse cannot be adequately targeted without first addressing the need for housing^[15]. This approach is known as an effective strategy for helping individuals to secure a tenancy and stay housed for longer^[13, 17]. The effectiveness of Housing First on housing outcomes is the reason for its wide adoption in many Canadian communities. When delivered as it was designed, Housing First represents a dignified approach to supporting individuals who live in housing precarity because it emphasizes the right to housing without any preconditions and is fundamentally person driven.

Despite the broad adoption of Housing First, recent research suggests that many individuals living with mental illness and/or substance use difficulties have a variety of ongoing unmet psychosocial needs after leaving homelessness, even when they receive Housing First as an intervention. These include ongoing poverty^[1], low levels of community integration^[11, 18, 19], high levels of substance misuse^[5], symptoms of mental illness^[1], low levels of engagement in meaningful activity^[11, 20], housing instability^[21], and food insecurity^[8]. Systems that maintain poor adherence to the Housing First model, that are poorly integrated, or that solely target the security and maintenance of a tenancy as a primary indicator of program effectiveness may contribute to these outcomes. New approaches that build on Housing First and existing supports are needed to enable individuals to not only sustain their tenancies after leaving homelessness, but to thrive in their communities after.

MANY INDIVIDUALS EXPERIENCE UNMET PSYCHOSOCIAL NEEDS AFTER LEAVING HOMELESSNESS, INCLUDING:

- ▶ Ongoing poverty
- ▶ Low levels of community integration
- ▶ High levels of substance misuse
- ▶ Symptoms of mental illness
- ▶ Low levels of engagement in meaningful activity
- ▶ Housing instability
- ▶ Food insecurity

2.2 Homelessness in the London, ON Context

London is a vibrant community in Southwestern Ontario with a reported population of 494,069 in 2016 across the census metropolitan area and 383,822 within the city proper [22]. Known as the ‘Forest City,’ London boasts a range of amenities, greenspace and a lively arts and academic community. Like many regional centres in Canada, London has a significant homelessness problem. Enumerating homelessness is difficult, but several metrics provide consideration of the scale of the challenge. A 2018 point-in-time count identified 406 individuals experiencing homelessness on a given night, and 62% of these individuals were experiencing chronic homelessness [23]. Shelter occupancy has remained high (outside of COVID-19 alterations) with 1667 individuals and families accessing emergency shelter in 2020-2021 [36]. In 2020 – 2021, 292 individuals experienced least one instance of unsheltered homelessness [36]. On June 14, 2021, the “by-name list” for housing support to exit homelessness included 1281 individuals [36]. Finally, 1167 individuals and families are on London’s social housing waitlist in “urgent homeless” status [36].

2.3 Income Distribution

Although frequently assumed to be an affluent university community, this is a not

LONDON POPULATION

(2016 - Metropolitan Area) [22]

494,069

(2016 - City Proper) [22]

383,822

ON ANY GIVEN NIGHT IN 2018 [23]

406 experiencing homelessness

62% experiencing chronic homelessness

IN 2020-2021 [36]

1667 accessed emergency shelter

292
experienced at least one instance of unsheltered homelessness

1281
on “by-name list” for housing support

1167
on social housing waitlist in “urgent homeless” status

MEDIAN AFTER TAX INCOME (2015) [22]

\$57,576

London

\$65,285

Ontario

LOW-INCOME HOUSEHOLDS (2015) [24]

17%

London

14.4%

Ontario

A vacancy rate of **3-5%** is widely regarded as a rental market with sufficient housing for all

**LONDON'S
VACANCY RATE
HAS CONSISTENTLY
REMAINED BELOW 3%
WITH A LOW OF 1.8%
IN 2017 AND 2019**

AVERAGE RENT INCREASE
IN ONTARIO (2020) ^[26]

1.9%

AVERAGE RENT INCREASE
IN LONDON (2020) ^[26]

7.2%

AVERAGE RENT INCREASE
FOR A BACHELOR
APARTMENT (2020)

8.4% ^[26]

reality. In fact, in 2015 the annual median after-tax income among Londoners in 2015 was \$57,576, lower than the provincial median of \$65,285 ^[24]. In the same year, there was a slightly higher prevalence of low-income households at 17% than the provincial prevalence of 14.4% (according to the Low Income Measure – LIM, 2015) ^[24]. This means that in London, there are a greater number of individuals living in poverty in the city relative to the Province of Ontario.

2.4 Vacancy Rates

London's historically low vacancy rate (i.e. the number of units available for rent at a given time) has been making homelessness a growing and serious



problem in the city. While a vacancy rate of 3-5% is widely regarded as a rental market with sufficient housing for all, London's vacancy rate has consistently remained below 3% for the past four years, with a low of 1.8% in both 2017 and 2019. This rate has since risen to 3.4% in 2020^[25]. While vacancy rates for bachelor and one-bedroom apartments were 4.7% and 3.5% respectively in 2020, the rental cost of these units has significantly increased as well, pricing many individuals living in low income out of the housing market. The broader housing market is a significant challenge as with other communities, with vacancies for apartments below-market-rent at only 1%^[36]. Until recently, there has simply been insufficient housing to meet the needs of all members of the London community, which has contributed to ongoing homelessness in the city.

2.5 Housing Affordability and Access to Housing for Individuals Living in Low Income

While it is encouraging that vacancy rates in London have risen over the past year, rental rates have been simultaneously increasing. For instance, rental rates have significantly and incrementally increased year-over-year over the past decades. In 2020 alone, the Canada Mortgage and Housing Corporation (CMHC) reported an increase of 7.2% in average rent in London compared with an Ontario increase of 1.9%^[26]. The largest increase was observed for bachelor units at an increase of 8.4% in 2020^[26]. The mean rental rate for a bachelor apartment during this period was \$785/month in 2020^[27]. With income assistance rates including Ontario Works (OW) and the Ontario Disability Support Program (ODSP) providing no more than \$390 and \$497 in shelter allowance respectively^[26, 27], the rental market is simply out of the reach of many individuals living on the lowest incomes in the City of London. This lack of affordable market housing combined with social housing waitlists of 7-10 years in many Ontario communities^[28] means that individuals living in poverty are more likely to be excluded from the right to housing in London and beyond.

2.6 Mental Illness, Substance Use and Homelessness

Individuals living with mental illness and substance use difficulties are known to experience poverty at a disproportionate rate in Canada^[29], and are overrepresented in statistics on homelessness internationally^[3]. Researchers have estimated that up to 53% of individuals who experience homelessness live with substance use difficulties in Canada^[30], and 48.4-98% live with mental illness across a range of international studies^[31]. It is widely

acknowledged that the longer a person spends in a state of homelessness, the more likely it will be that they will develop a mental illness or substance use disorder due to the indignities that they face on a daily basis ^[4]. The presence of mental illness and substance use difficulties frequently lead to disabilities that demand increased support from services. In one study, Housing First demonstrated equal effectiveness on housing outcomes for individuals with mental illness who were living with and without concurrent substance use disorder; However, individuals with substance use disorder spent less time housed than those without, and had poorer outcomes over time including poorer community functioning, lower health related quality of life, and increased symptoms of mental illness ^[32]. Services that support individuals who both experience homeless and live with mental illness and/or substance use disorders are tasked with meeting the needs of an especially complex population and may struggle to enable individuals to attain psychosocial outcomes associated with “thriving” following homelessness.

2.7 Services that Support Individuals Living with Mental Illness and/or Substance Use Difficulties Who Experience Homelessness in London, ON

There are a range of services in the City of London designed to support individuals living with mental illness and/or substance use difficulties both during and following homelessness. See Table 1 for a summary of these services



TABLE 1

Summary of services available to individuals during and following homelessness in London, ON

ORGANIZATION	SERVICES	
Canadian Mental Health Association – Middlesex	<ul style="list-style-type: none"> • Crisis Services • Counselling and Psychotherapy (dialectical behaviour therapy, bereavement support) • Peer Support • Information and Brief Support • Housing First • Justice and Court Diversion • London Coffee House • My Sister's Place 	<ul style="list-style-type: none"> • Community Homes for Opportunity • Eating Disorders Residence • Housing • Permanent Supportive Housing • Transitional Housing • Residential Addictions Treatment
The Salvation Army Centre of Hope	<ul style="list-style-type: none"> • Emergency Shelter for Adults • Withdrawal Management • Recovery Community Centre • Chiropractic Clinic • Income Tax Clinic • Community Teaching Garden • Active for Life Recreational Activities 	<ul style="list-style-type: none"> • Healthy Homes Healthy Living and Cooking Workshops • Spiritual Services • Rental Assistance • Money Coach Services • Food Bank • Emergency Utility Assistance • Ontario Electricity Support Plan
London Intercommunity Health Care	<ul style="list-style-type: none"> • Primary Health Care • Mental Health Supports • Systems Navigator – Intake Coordination • The Naloxone Program • Safer Opioid Supply Program • Health Outreach • H.O.M.E. Program • HIV Testing and Treatment 	<ul style="list-style-type: none"> • Hepatitis C Care Team • Trans Health Care • Youth Outreach Services • Diabetes and Chronic Disease Care • Community Engagement Programs and Groups • Women's Programs • Seniors Programs
Unity Project	<ul style="list-style-type: none"> • Emergency Shelter (Adults and Youth) • Supportive Housing 	<ul style="list-style-type: none"> • Housing Stability Program • Intensive Case Management • Community Events

ORGANIZATION	SERVICES	
Mission Services of London	<ul style="list-style-type: none"> • Men’s Mission Residence • Rotholme Family Shelter • Prevention of Homelessness Among Families Program • Quintin Warner House Addictions Treatment Program 	<ul style="list-style-type: none"> • Transitional Case Managers • Streetscape Program • The Resource Centre • The Mission Store
Youth Opportunities Unlimited	<ul style="list-style-type: none"> • Youth Housing First Shelter • Youth Action Centre • Next Wave Youth Centre • Cornerstone Housing (supportive/transitional) • 340 Housing (in partnership with CAS) 	<ul style="list-style-type: none"> • Housing Case Management • Housing First for Youth Mobile Team and Rapid Re-Housing • Employment and Education Services • Enterprise Services (employment training)
Ark Aid Mission	<ul style="list-style-type: none"> • Winter Interim Solution to Homelessness (WISH) • Drop-in Centre • Meal Programs 	<ul style="list-style-type: none"> • Food Bank • Clothing and Necessities
London CARES	<ul style="list-style-type: none"> • Homeless Response Services Street Outreach • Syringe Recovery • Resting Space 	<ul style="list-style-type: none"> • Housing Selection Workers • Housing Stability Program
Regional HIV/AIDS Connection	<ul style="list-style-type: none"> • Carepoint Consumption and Treatment Services • Counterpoint Needle and Syringe Program • PrEP Clinic • HIV Programs and Services 	<ul style="list-style-type: none"> • PHA & Hepatitis C Activities • Open Closet LGBTQ2+ Support (Youth) • One to One & Group Sessions for Guys Into Guys

ORGANIZATION	SERVICES
Atlohsa Family Healing Services	<ul style="list-style-type: none"> • Zhaawanong Shelter for Indigenous Women and Children at Risk of Violence • 24 Hour Crisis Line (call, text, email or direct message) • Legal and Mediation Services • Transitional Housing and Housing Support • Homelessness Prevention <ul style="list-style-type: none"> • Anti-Human Trafficking Initiative • Addiction Support Services • Social and Community Programming • Women’s Support Group • Men’s Support Group
St. Leonard’s Community Services	<ul style="list-style-type: none"> • Project Home Housing Stability/Housing First Program • Reintegration Program <ul style="list-style-type: none"> • Supportive Housing Programs • Supported Independent Living Program
St. Joseph’s Hospitality Centre	<ul style="list-style-type: none"> • Drop-in • Meal Program
Sanctuary London	<ul style="list-style-type: none"> • Drop-in • Community Meals • Art/Writing Groups • LGBTQ2+ Support Group <ul style="list-style-type: none"> • Worship and Bible Study • Income Tax Clinic • Community Food Forest
Indwell	<ul style="list-style-type: none"> • Enhanced Supportive Housing with Onsite Mental Health Supports (i.e. nursing and addictions support)
London Middlesex Community Housing	<ul style="list-style-type: none"> • Rent-Geared-To-Income Housing
Impact London	<ul style="list-style-type: none"> • COVID-19 Isolation Space • Peer Support

*Note: This is not an exhaustive list of all services available in the London, ON community, but rather an overview of several commonly recognized programs used in the city



**RATIONALE
AND GOALS OF
THIS PROJECT**

HOMELESSNESS CONTINUES TO PERSIST in London and many other Canadian communities despite the presence of a range of community supports for individuals who live in housing precarity.

It is a common assumption that when individuals leave homelessness their psychosocial well-being and community integration improve simply by securing a tenancy. This notion, however, is not supported by existing evidence. Approaches that build on existing supports are needed. Designing strategies in collaboration with individuals with lived experiences of homelessness and service providers is an important approach that can both: 1) build on the strengths of existing supports; and 2) develop new support models that can enable thriving following homelessness rather than simply sustaining a tenancy.

WE INITIATED THIS PROJECT TO:

- 1** Identify the strengths and challenges of the current system of supports for individuals living with mental illness and/or substance use difficulties who are leaving homelessness in London to inform new strategies and/or build on existing supports.
- 2** Explore, from the perspectives of individuals with lived experiences of homelessness, what is needed from services and the community to “thrive”, rather than simply sustain their tenancies following homelessness.
- 3** Use information gathered in interviews with key stakeholders to identify recommendations for building on existing supports aimed at enabling thriving following homelessness.



METHODOLOGY

WE USED A COMMUNITY-BASED participatory research (CBPR) design for this project, which involves collaborating with a range of community stakeholders to address a social issue of mutual interest ^[33].

For this project, Western University researchers partnered with a community advisory board (CAB) composed of stakeholders in a number of agencies and local government in the London community that support individuals living with mental illness and/or substance use difficulties both during and following homelessness. These organizations included the Salvation Army Centre of Hope, St. Leonard's Society, Sanctuary London, Indwell, St. Joseph's Healthcare, City of London and London-Middlesex Community Housing. Most importantly, we partnered with individuals with lived experiences of homelessness, who served as lived experience consultants throughout the course of this project¹. All stakeholders who participated in this process are listed as authors of this report.

We conducted this project in two Phases:

Phase I

We interviewed: individuals with lived experience of homelessness who were living with mental illness and/or substance use difficulties; service providers; and leaders in organizations who support individuals experiencing homelessness to identify:

- The strengths and challenges of the current system of supports for individuals who experience homelessness in London
- What individuals need to “thrive” following homelessness in London

Phase II

We used the information gathered to collaborate with the CAB on identifying a list of recommendations for building on existing supports or introducing new strategies for supporting individuals to “thrive” following homelessness.

1. Simultaneously, we are conducting a parallel project following the same process in Kingston, ON. The findings from the Kingston site of this study is available in a separate report, which can be found here: https://bc79be03-948b-49fb-a866-463bc7f2cc25.filesusr.com/ugd/fbaf23_77459e9007e340f3b3ba382c785804db.pdf

4.1 How did we recruit stakeholders for interviews?

After obtaining ethics approval from Western and Queen's Universities, we began recruiting stakeholders to participate in interviews. We used different approaches for each participant group:



INDIVIDUALS WITH LIVED EXPERIENCE: We sent emails directly to staff in organizations that support individuals during and following homelessness in London, who then informed service users about this project, and provided our contact information. We also visited local organizations when service users were present to recruit participants who may not have known about our project through program staff. During these times, we informed individuals with lived experience about the study, and invited them to participate in interviews.



SERVICE PROVIDERS AND LEADERS: The CAB collaboratively identified a list of service providers and leaders that could inform this project and agreed to forward contact information for the research team to these stakeholders. Interested service providers and leaders connected with the research team directly to express their interest in participating in an interview.

4.2 What was involved in the interviews?

Interviews with stakeholders occurred via Zoom or telephone to align with COVID-19 protocols. When interviews could not be conducted remotely due to a lack of effective access to technology, we conducted interviews in person. Interviews with each stakeholder groups were conducted as follows:



INDIVIDUALS WITH LIVED EXPERIENCE: After the stakeholder provided informed consent, we gathered demographic information and conducted qualitative interviews. Some members of this participant group were asked to also participate in a process of photographing aspects of their daily lives to depict what they needed to “thrive” following homelessness. A sample of the interview questions posed to individuals with lived experience is provided in Figure 1. Interviews in which participants described their photographs to the research team were unstructured.



SERVICE PROVIDERS AND LEADERS: After providing informed consent, we gathered demographic information and conducted qualitative interviews with service providers and leaders. A sample of some interview questions posed to this group is provided in Figure 2.

Qualitative interviews were audio recorded and transcribed. Photo-elicitation interviews were video-recorded to enable the research team to attribute quotes to relevant photographs.



FIGURE 1: **LIVED EXPERIENCE INTERVIEW QUESTIONS**

1. Tell me about your experiences of moving into your own place after living in shelters/on the street the last time you were housed.
2. When you were making the transition back into your own place, was there any particular support that you found especially helpful?
3. Are you receiving services that are particularly helpful/unhelpful? What specifically is helpful/unhelpful about these services?
4. Is there anything about the place where you live that you feel helps your mental well-being? (e.g. people you live with, quality of your housing, neighbourhood)
 - Is there anything about where you live that harms your mental well-being?
5. What types of supports and people can help those leaving homelessness to find housing that supports their mental well-being?
6. Are there times when you feel like you just want to go back to the shelter or live on the street? Why or why not?
7. In what ways do you feel like you belong in your community or not?
8. What is helping you to feel like you belong, or preventing you from feeling a sense of belonging?
9. What could family and friends, service providers, governments or organizations do to help you to have a sense of belonging?
10. What do you need to be well and feel like you're thriving now that you're housed?

Note: The tense and wording of these questions was altered for individuals who were unhoused at the time of our interview



FIGURE 2: **SERVICE PROVIDER AND LEADER INTERVIEWS**

1. Tell me about your experiences of supporting those with mental illness and/or substance use difficulties as they make the transition to being housed?
2. What services seem to be especially helpful for those that you serve or that you think we need more of in supporting those with mental illness and/or substance use challenges as they leave homelessness?
3. Are there services that are unavailable or limited in your community that are needed by individuals with mental illness and/or substance use difficulties who've left homelessness that they don't seem to have? What are they?
4. What about a person's housing may support or detract from the mental well-being of individuals that you serve?
5. When you see those who've left homelessness lose their housing, why does that happen in your experience?
6. What factors support or retract from a person's ability to keep family and friends that are good for their mental well-being in their lives?
7. What activities do those that you support spend their time doing outside of their homes?
8. In what ways do individuals with mental illness and/or substance use difficulties belong in their community following homelessness, or not?
9. What do individuals leaving homeless need to be mentally well?
10. Are individuals who use drugs and alcohol who are leaving homelessness able to get help with using more safely or stopping altogether?

Note: The wording of these questions was modified to align with context for service provider vs. leader interviews, yet the questions were the same.

4.3 How did we analyze the information that we collected?

We uploaded transcripts to a qualitative data management program^[34], which was used to organize stakeholders' statements during analysis. We separated transcripts in two groups: 1) lived experience; and 2) service providers and leaders. In these groupings, we conducted a thematic analysis^[35] of all transcripts by coding statements that helped us to understand the strengths and challenges of the current system of support, and what is needed for individuals to thrive following homelessness in London. We then explored the themes generated within these two groups and identified common themes, which are presented in this report. Photographs taken and described by participants are used in this report to illustrate our findings, and to provide visual context to lived experience interviews.

A photograph of a three-story brick building facade. The building has a grid of windows with white frames and light-colored curtains. A young tree with bright green leaves stands in the foreground on the right side. Two bicycles are parked at the base of the tree. The text 'FINDINGS OF PHASE 1 STAKEHOLDER INTERVIEWS' is overlaid in large white letters on the lower half of the image. A small address sign on the left side of the building reads '69 67 65'.

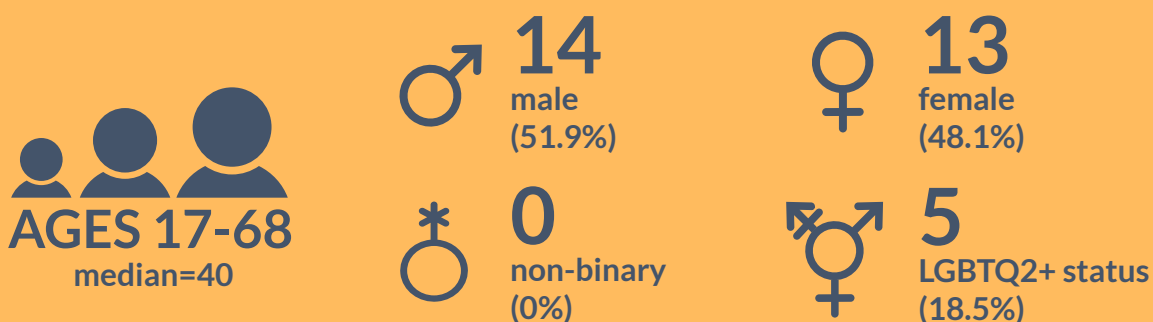
FINDINGS OF PHASE 1 STAKEHOLDER INTERVIEWS

69
67
65

WE INTERVIEWED 56 STAKEHOLDERS from three groups in London: 27 individuals with lived experiences of homelessness; 17 service providers; and 12 leaders in social service and mental health agencies. A summary of the demographic characteristics of each group is provided below.

5.1. Stakeholder Characteristics

DEMOGRAPHIC CHARACTERISTICS OF LIVED EXPERIENCE STAKEHOLDERS (n=27)



UNHOUSED



15
stakeholders
(55.6%)

How many months in the last three years have you been unoused?

3-36 MONTHS;
median=36 months

WHERE DO YOU MOST OFTEN SLEEP?

Shelters = **11**; Shelters/Unsheltered = **2**;
Shelters/Couch Surfing = **2**

HOUSED



12
stakeholders
(44.4%)

How long have you been housed after living without a place of your own?

6-36 MONTHS;
median=12.5 months

How long were you without housing before you moved into a place of your own?

3-54 MONTHS;
median=12 months

MENTAL HEALTH CHARACTERISTICS OF LIVED EXPERIENCE STAKEHOLDERS (n=27)

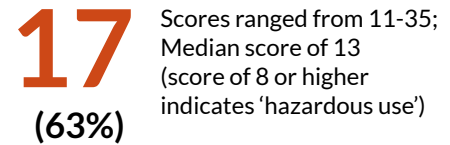
MENTAL HEALTH CONDITIONS



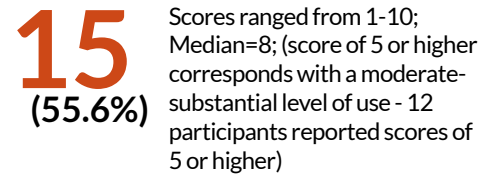
Mental health and substance use conditions were reported comorbidly, meaning that participants reported experiencing multiple mental health conditions concurrently.

SUBSTANCE USE

Alcohol Use (AUDIT-10)



Drug Use (DAST-10)



Stakeholders reported using: stimulants including cocaine, crack and crystal methamphetamine (n=10; 37%); opioids (n=5; 18.5%); cannabis (n=4; 14.8%); hallucinogens (n=3; 11.1%); heroin (n=1; 3.7%); and MDMA (n=1; 3.7%).

DEMOGRAPHIC CHARACTERISTICS OF SERVICE PROVIDERS (n=17)

How long have you been working in this role?

1 YEAR-31 YEARS
median=2 years

How long have you been working with persons with experiences of homelessness?

1 YEAR-31 YEARS
median=6 years

SOCIAL SERVICES
SECTOR



MENTAL HEALTH
SECTOR



MIXED MENTAL HEALTH/
SOCIAL SERVICES



DEMOGRAPHIC CHARACTERISTICS OF LEADERS (n=11)

How long have you been working in this role?

3 MONTHS-14 YEARS
median=10 months

How long have you been working with persons with experiences of homelessness?

8-30 YEARS
median=13.5 years

MENTAL HEALTH
SECTOR



SOCIAL SERVICES
SECTOR



MIXED MENTAL HEALTH/
SOCIAL SERVICES



5.2. Qualitative Interview Findings

Stakeholders emphasized that individuals housed following homelessness struggle to attain the necessary conditions for thriving in London. Many stakeholders recognized the need for ongoing support that was either unavailable or not reaching individuals following homelessness. Our analysis of interview transcripts led to the identification of five themes across stakeholder groups emphasizing the need for ongoing supports following homelessness: 1) Stuck in a system that prevents thriving; 2) Finding home is an ongoing journey; 3) Nurturing the conditions to develop and maintain supportive community; 4) “There isn’t a magic sense of belonging that comes with their house”; and 5) Responsive options for substance use support should be available and aligned to individual needs. Each of these themes is elaborated upon in the sections that follow. The essence of all of these themes was in how stakeholders described the need to create:

*“A space that’s not just enough to survive,
but a good, healthy environment.”*

JOY, HOUSED



5.2.1. Stuck in a system that prevents thriving

Stakeholders identified that they felt stuck in a system that limited how they could give or receive support. Limitations imposed by this system were described as preventing thriving for individuals as they made the transition from unhoused to housed. This was described by service providers and individuals with lived experiences of homelessness through two primary themes: 1) This is bigger than an individual issue – systems need to change; and 2) Supports need to be integrated within housing and last for longer.

*“We strive to find shelter.
We strive to find food.
And we just want a place
to live and more money
from the government.
That’s the end.”*

DONNY, UNHOUSED

This is bigger than an individual issue – systems need to change

Lived experience stakeholders emphasized that they knew what they needed to thrive following homelessness, and that they didn’t understand why they were unable to access such basic needs: *“We strive to find shelter. We strive to find food. And we just want a place to live and more money from the government. That’s the end.”*

[Donny, unhoused]. They emphasized that this is a systems-level issue that transcends local services and change at the systems level is needed if we are ever going to support individuals to thrive

following homelessness. Stakeholders described how the lack of affordable, adequate quality housing in London, for instance, prevented them from finding and keeping housing. This led to ongoing difficulties with homelessness: *“You gotta be able to live there. It can’t be a dive”* [Jason, unhoused]; and *“I’m not taking one with cockroaches and bedbugs...I deserve more than that”* [Downtown, unhoused].

Several stakeholders identified that transportation prevented them from finding housing that was affordable and of adequate quality. Housing that was located far away from services was not an option without access to affordable transportation options, and severely limited their housing options: *“Most people will look for ones that are in walking distance” (to services)* [Neesha, unhoused]. Obtaining housing that was close to needed services supported thriving: *“my housing is right downtown. So that actually really helps because it’s close to everything I need and everything that I need to help people with what they need as well”* [Michelle, housed].

FIGURE 1: BEING CLOSE TO THE THINGS YOU NEED



Finding housing in a neighbourhood with easy access to the services and community fosters a sense of home: *“I’m living in a super walkable and bikeable neighbourhood now. I’m within walking distance of a grocery store and a few restaurants...my doctor...my physiotherapist. Also this is the neighbourhood that’s most felt like home for me.”* – Joy (housed)

Supports need to be integrated within housing and last for longer

Service provider stakeholders emphasized gaps in existing resources and services that are needed for individuals to sustain housing and thrive following homelessness. These gaps included a lack of services that support the unique life skills that are needed to sustain housing, services that do not last for long enough once a person is housed, and a lack of permanent supportive housing with on-site supports. Interpersonal and life skills programming was emphasized as a gap in existing services that need to be informed by the unique histories of individuals with lived experiences of homelessness. For many individuals leaving homelessness, the independent living skills needed to maintain an apartment have not been used during homelessness, and many individuals require support to re-learn old skills, and learn new skills:

The norm of any kind of daily activity is going from having been kicked out of a crash bed at seven o’clock in the morning and then you spend your entire day trying to get into another shelter. Now you need to replace those with things....that you wanted to do – grocery shopping and all those kinds of norms that I think is really really important but sometimes they don’t even know what those things are. [Nikki, service provider]

“When somebody’s been homeless for a long time, and maybe experiencing a lot of chaotic use, substance use and compromised mental health and behaviours can really push natural supports away or burn them out.”

ANNA, SERVICE PROVIDER

“...when they take somebody with severe mental health and say ‘hey, we got him housed. We got him somewhere’...we put them in the community and then they’re sitting alone, isolated. They don’t have people coming to check on them... and then they end up going back to drug use and get lost in their mental health. ”

EDWARD, LEADER

*I think we drop the ball because we dust them off and we put them into spaces and say “okay, here you go!”...I hear it all the time – when they take somebody with severe mental health and say ‘hey, we got him housed. We got him somewhere’...we put them in the community and then they’re sitting alone, isolated. They don’t have people coming to check on them...and then they end up going back to drug use and get lost in their mental health. They don’t know how to take care of themselves...it just doesn’t follow through.
[Edward, leader]*

To address the lack of independent living skills programs and the length of time supports are offered following homelessness, stakeholders identified that more permanent supportive housing is needed in the city of London for individuals living with mental illness and substance use difficulties following homelessness. Exemplar programs already exist in London that have demonstrated success in supporting tenancy sustainment for many years:

Support for interpersonal skills was seen as a particular need following homelessness: “When somebody’s been homeless for a long time, and maybe experiencing a lot of chaotic use, substance use and compromised mental health and behaviours can really push natural supports away or burn them out” [Anna, service provider]. Service providers described how supports that mitigate the relationships between recently housed persons and their landlords is particularly needed, and cited examples of how tenants often responded in ways that placed their housing at risk when a landlord was unresponsive: “I called him twice. He hasn’t done what I wanted him to do, so I’m withholding rent.” [Michele, leader]. While such supports are available in London and are deemed to be effective, stakeholders emphasized that more of such supports are needed. These supports also need to last for longer following homelessness:

We haven't had significant turnover, and I think that's very typical for our organization. A lot of tenants live with us and live with us for many years. And I know there are some tenants who have lived with [another organization] for 25 years...so that really says something about the model and the organization. [Logan, service provider]

5.2.2. Finding home is an ongoing journey

Individuals with lived experiences of homelessness, service providers and leaders emphasized that finding home is an ongoing journey that often only begins with finding housing. This was expressed through two themes that we generated through our analysis: 1) Housing is part one of a journey to finding home; and 2) We need more individualized supports.

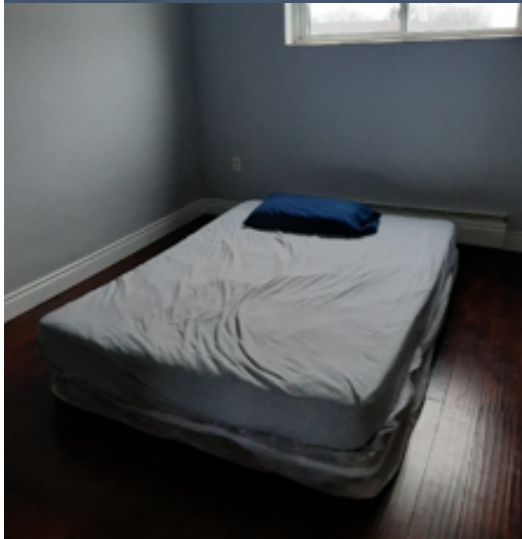
Housing is part one of a journey to finding home

Stakeholders with lived experience described the importance of housing for their well being, but also recognized housing itself did not enable them to feel at home. They indicated that having a home was a unique and personal journey that was helped and hindered by various influences along the way. This included being kept in survival mode, overcoming obstacles in the face of adversity, and the importance of belonging for well-being.

Lived experience stakeholders discussed living in a survival state on an ongoing basis. When stakeholders were housed, the housing that was available to them often prevented them from thriving. To afford housing, many were forced to live in shared accommodation as self-contained units were often unaffordable. Living in close quarters often led to interpersonal conflict that could not be anticipated prior to move-in: *"it's hard to tell a hundred percent how the roommate situation will be until I move in"* [Joy, housed]; *"you can't stand this person... what do you do then?"* [Jason, unhoused]. Stakeholders with lived experience described how living on a limited income led to a lack of choice in housing, and the need to move from place to place during the transition to housing to find the right fit: *"I needed to move out of housing because there was mould growing on my bedroom wall"* [Joy, housed].

Once housed, stakeholders with lived experience identified that meeting basic needs including obtaining sufficient food and having access to a phone and internet services were necessary for thriving. For many, this was an ongoing struggle: *"the only thing that I have trouble with once in a while is food in the fridge"* [Runnr, unhoused]. Victor described trying to access substance use treatment, however, this was made difficult without access to a phone: *"not having a cellphone and trying to get into treatment and giving that callback number, I'm relying on other people."* Without access to a phone, connection with formal and informal supports was lost, leading to feelings of alienation: *"I just lost touch with everybody without a phone"* [Crimson, unhoused].

FIGURE 2 (BELOW): **CREATING HOME WITH LIMITED RESOURCES**



Barbara (housed) shared that finding housing was different than living in an environment where she felt at home - *“When I moved in, this was like my fear. Just not having a place that felt like a home, just really empty and just...just cold. Not having anything in there... because I can’t afford anything, and this would be the life that I’d be living...just a mattress on the floor...That could have been the case, but I was given a lot of help.”*

Stakeholders described food insecurity as an ever-present issue both before and following housing. Peter (unhoused) talked about coming to terms with having to make do, knowing that the month was always going to outlast the money; *“I’ve had to do with nothing for a while...”*



FIGURE 3 (ABOVE): **MAKING DO AS A WAY OF LIFE**

Stakeholders with lived experience of homelessness identified belonging as essential for well-being: *“I find belonging is happiness”* [John, unhoused]. While unhoused, many avoided family and friends due to the shame of homelessness, and the stigma of mental illness and substance use: *“the whole time I was in my homelessness, like the thing that detached me from my family was shame”* [Barbara, housed]. During homelessness, many described how

they were connected to a community of others who were also unhoused, but when they obtained housing, this ended, leaving them with a sense of deep loneliness and disconnection: *“I was really excited when I first got my place...then all of a sudden, I kinda stopped hanging out with my friends and I stopped talking to people and it felt like I was falling into a slight like depression almost”* [John, unhoused]. Both housed and unhoused stakeholders reported feeling excluded in general: *“sometimes I feel like I’m on the*

“I just keep moving around a lot. Like I don’t even know where I belong to be honest.”

JOSH, UNHOUSED

outside of the community” [Neesha, unhoused]. Some responded by moving from place to place to belong, but never quite finding it: *“I just keep moving around a lot. Like I don’t even know where I belong to be honest”* [Josh, unhoused].

Service providers and leaders concurred with lived experience stakeholders and discussed at length the importance of not just having housing but helping individuals to create home: *“it’s not just about plopping somebody in and giving them four walls. Some people actually need fairly intensive supports in order to make those four walls actually their home...and to give them a sense of belonging in the community”* [Gordon, leader].

We need more individualized supports

Service providers and leaders described that services should be provided where and when they are needed to best meet the needs of individuals following homelessness. They acknowledged that services were primarily located in the downtown area, and recognized that instead of expecting individuals to come to these supports, that perhaps going to service users is needed:

We’ve got a lot of good services but we’re not doing it in the neighbourhoods. So, if those youth were actually living in an apartment or in a subsidized housing area, they wouldn’t actually have the supports that they need because those supports don’t reach them where they’re at.
[James, leader]

This was seen as a problem that prevented individuals from thriving following homelessness, as they were being drawn back to the life that they are trying to leave by being expected to access services in the places where they had once been unhoused:

They’re always having to going back to downtown and back to those same patterns and back to that same old world and quickly go into that narrative which leads them back to that - that systemic oppression of those old patterns of life. And then they find themselves back to square one. So I think we’ve got a lot of good things, but how we deliver it and where we deliver it are the barriers we add on. Layers for those with mental health challenges.
[James, leader]

“it’s not just about plopping somebody in and giving them four walls. Some people actually need fairly intensive supports in order to make those four walls actually their home...and to give them a sense of belonging in the community.”

GORDON, LEADER

FIGURE 4: THE TRAUMA OF HOMELESSNESS DOESN'T END AS SOON AS YOU FIND HOUSING



"In the beginning, I couldn't settle into the place. I just still lived out of bags...it had me in this feeling like I'm not really staying, I was not comfortable with the space, and that at any time I would be made to leave..." – Barbara (housed)

A lot of the times, especially when they move into housing, they have a hard time detaching from that street life, and so when they are in the community, you know they still are doing those same activities that they've always been doing. [Bob, service provider]

"it's really hard when you have to say to someone who's saying to you, I need support for my mental health... like I don't have a lot of options for you."

CHUCK, SERVICE PROVIDER

For many stakeholders, providing individualized supports meant being emotionally consistent, reliable and acknowledging histories of trauma. Rapport and relationship-building were considered key to the effectiveness of supports: *"it's not so much that professional helper approach, it's like how can I stand beside you? You be the leader of what's gonna happen next"* [Sarah, leader]. A lack of mental health support in the community, however, meant that sometimes what was needed could not be provided, thereby interfering with the ability of service providers to consistently address the needs of persons using their services: *"it's really hard when you have to say to someone who's saying to you, I need support for my mental health...like I don't have a lot of options for you"* [Chuck, service provider].

5.2.3. Nurturing the conditions for people to develop and maintain supportive community

Stakeholders with lived experience, service providers and leaders discussed the need to create the conditions where individuals leaving homelessness could develop and maintain supportive community. This was expressed through two themes that we generated in our analysis: 1) Supportive relationships as a protective factor; and 2) Incorporating peer expertise.

Supportive relationships as a protective factor

Having supportive relationships was seen by lived experience stakeholders as critical for thriving following homelessness. Many struggled to develop and maintain relationships with friends and family once they were housed, yet they recognized how critical having these relationships were for both sustaining their housing and for supporting well-being:

“The minute I lose that connection, that’s when I get unstable” [Barbara, housed]. Lived experience stakeholders discussed how having these relationships increased emotional and material resilience when unexpected difficulties emerged: *“there’s a few people that I know there from the past, and if I need help with anything, they’re right there to help me”* [Amber, housed].

Such relationships were seen as ways of supporting mental well-being, and helping to fuel motivation for identifying and achieving goals that were personally important: *“when we called each other out, it was okay because we held each other accountable”* [Victor, housed]. This was especially meaningful given that stakeholders with lived experience had lost key support prior to and during homelessness, leaving them feeling alone and isolated: *“I had a lot of friends...be like I don’t even want to hang out with you anymore. Look at how messed-up you are”* [Peter, unhoused].

“The minute I lose that connection, that’s when I get unstable.”

BARBARA, HOUSED

FIGURE 5: **SUPPORTIVE FRIENDS ADDRESS ISOLATION**



Stakeholders shared the importance of connection and understanding supports in their journey to thriving - *“This is my family by choice. To live really close to them is really exciting...getting support with everything is easier. It feels less lonely.”* – Joy (housed)

“I definitely think that there is this foot in both places... that can make people feel that they don’t belong at all. And I think that that’s something that ...should be looked at.”

NESSA, SERVICE PROVIDER

Service providers recognized that when individuals make the transition to being housed, relationships with family and friends can be lost or gained and that individuals need support during this precarious time: *“I definitely think that there is this foot in both places...that can make people feel that they don’t belong at all. And I think that that’s something that ...should be looked at”* [Nessa, service provider]. Service providers also recognized that while family and friends can play a vital role in supporting an individual during the transition to being housed, that these relationships can be complex, and may not support well-being.

Incorporating peer expertise

Service providers and leaders recognized the value of incorporating peer expertise into the design and delivery of services to help individuals leaving homelessness to connect with supportive community. They recognized that peer support is needed, underfunded, and limited in availability in the London community, and advocated for a strategy for increasing the availability of such support: *“We need...more participant input...about how we can be helpful, and what feels safe for them. What they think would be helpful”* [Anna, service provider]; *“People who have their own experience have their own solutions”* [M Palomar, leader].

“People who have their own experience have their own solutions.”

M PALOMAR, LEADER

Service providers emphasized that individuals with lived experiences of homelessness are full of strengths and resilience: *“they just continually amaze us time and time again”* [Logan, service provider]. Incorporating peer support was identified as a way that individuals could contribute, while enabling service providers to see their strengths more often:

“Our struggle is to see the strength...we can see the challenge no problem. The challenge is actually [seeing] any strengths that are there” [Gordon, leader]. Stakeholders identified that persons with lived experiences of homelessness want to ‘give back’ to their community once they have secured housing, and making peer support roles available can provide such

FIGURE 6 (BELOW): **CREATING FAMILY**



Feeling bonded by adversity, stakeholders spoke about the close connection they make with people with the shared experience of homelessness - *“We all can get together and still have a good time instead of being out on the streets. I don’t know if you consider that family...all of us that are close...but I do.”* – Josh (unhoused)

Connecting with supports who understand, like those provided by Alcoholics Anonymous/Narcotics Anonymous (see AA/NA chips used as recognition of ‘days sober’ – pictured right), helps to champion goals that people have for themselves - *“You have people clap for you and are proud of you when you reach that milestone... it’s great. It’s very encouraging and it keeps you wanting more... as soon as I walked in, I felt so at home and so happy. It’s nice to cheer other people on too, right?”* - Nola (housed)



FIGURE 7 (ABOVE): **SUPPORT THROUGH LIVED EXPERIENCE**

opportunities, while benefiting others: *“a lot of people are street moms and they want to help everybody”* [Anna, service provider]. Overall, service providers emphasized that: *“we need to genuinely listen to what people tell us they need”* [M Palomar, leader].

5.2.4. “There isn’t a magic sense of belonging that comes with their house”

Individuals with lived experience, service providers and leaders emphasized the critical importance of community integration for individuals living with mental illness and substance use difficulties following homelessness. Many stakeholders discussed the need to create opportunities for community integration. Gaps in existing opportunities for community integration and effective supports for integrating into one’s community through meaningful activity were identified. This was expressed through two themes generated in our analysis: 1) Community integration is a critical outcome following homelessness but is difficult to do; and 2) Meaningful activity as necessary for thriving and an important path to community integration.

Community integration is a critical outcome following homelessness, but it is difficult to do

Service providers and leaders discussed the importance of community integration as a key component of thriving following homelessness: “one of the fundamental things that they need is connection...they need support, they need friendship...they need belonging” [Gordon, leader]. Some service providers identified community integration as the most important

“one of the fundamental things that they need is connection...they need support, they need friendship...they need belonging.” GORDON, LEADER

outcome to address following homelessness: “if there was one outcome, community belonging would be a bit of a silver bullet for us” [Doug, leader]. Service providers and leaders identified that community integration needs to be fostered during and after the transition to housing, rather than assuming that it automatically occurs when someone becomes housed: “there isn’t a magic sense of belonging that comes with their house” [CM, service provider]. Service providers also emphasized that community integration was not only important for thriving but also as a strategy

to prevent ongoing homelessness. When CM was asked what contributes to returns to homelessness, they responded: “I think it’s community belonging. Individuals haven’t found a community...that they belong. So there comes inviting their street family in, increasing guest issues, which really stems from loneliness” [CM, service provider].

Although community integration was identified as a critical outcome following homelessness, service providers and leaders recognized that it was challenging to do: “as a service provider, working in housing for a long time, that’s been the trickiest, hardest, most time consuming thing to try to support people’s goals of like activities and...more social connection” [Anna, service provider]. Others voiced that due to the complex nature of facilitating community integration, it was challenging to do effectively:

I don’t see anyone (and I wanna include myself here)...doing a particularly great job at making social and community integration...actually happen...I don’t think we’re lacking in that purposefully...I think it’s a lack of understanding of what it actually means and I think the lack of understanding comes from a lack of actually meaningful things to do socially and in the community. [MK, service provider]

“I don’t see anyone (and I wanna include myself here)...doing a particularly great job at making social and community integration... actually happen...I don’t think we’re lacking in that purposefully...I think it’s a lack of understanding of what it actually means and I think the lack of understanding comes from a lack of actually meaningful things to do socially and in the community.”

MK, SERVICE PROVIDER

“it’s not...that one worker doing that work, it’s a community showing up for that person.”

CM, SERVICE PROVIDER

Community integration was regarded as the responsibility of the entire community: *“it’s not...that one worker doing that work, it’s a community showing up for that person”* [CM, service provider]. Stakeholders also discussed that housing stability and community integration were not just vital for individuals with lived experience, but was also critical to the stability of the entire community:

Housing stability is community stability, so if we can continue to keep people housed and keep communities calm and have everybody feel connected to their neighbours, to the place that they live...That’s gonna take pressure off of the homeless prevention system, off of the emergency health services, off of corrections, it’s gonna pay dividends. [Doug, leader]

Meaningful activity as necessary for thriving and an important path to community integration

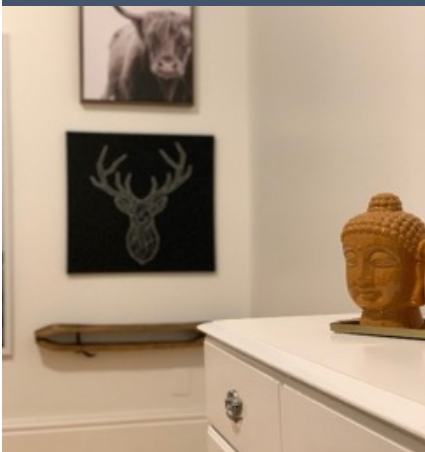
Individuals with lived experience emphasized that engaging in meaningful activities was a crucial component of thriving following homelessness. When asked what he needed once housed to be mentally well, Josh responded: *“Something to do pretty much, it doesn’t really matter what it is”* [Josh, unhoused]. Lived experience stakeholders identified a wide range of meaningful activities in which they participated both during and following homelessness and expressed that through these activities they were able to connect with others, cope with grief, overcome challenges, have fun, increase their sense of motivation, learn new things, and stay physically and mentally well.

FIGURE 8: **HAVING SPACE TO DO WHAT’S MEANINGFUL**



Joy (housed) shared how having the right environment can open up opportunities to participate in activities that are important to wellbeing - *“There’s bright windows all over the place. I’ve really be able to set this up so that there’s lots of space to do yoga...yoga really helps me...it’s really good for me. To have space to do yoga, to do physio exercises...things like that are really significant for me. It’s been so freeing.”*

FIGURE 9: SPACE FOR SOLACE, REFLECTION AND GROWTH



“I do my best to pray on a weekly basis. For the most part, I pray for other people, not really for what I want, if people are struggling or suffering. If someone is struggling that I’m close to, or not even close to, that’s kinda where I go and put out some good energy for them. It gets me regrounded. I reflect...I try to improve.” – Victor (housed)

While the importance of meaningful activities for wellbeing was emphasized by individuals with lived experience, many lacked opportunities to engage in these activities both during and following homelessness, which often lead to boredom as well as decreased mental well-being: *“All’s we do is sit on the floor or sleep on the floor and do nothing... There’s nothing else for me. Watch TV...That’s it”* [Donny, unhoused]. While some stakeholders identified that they were too busy focusing on survival or substance use to engage in other meaningful activities, many identified an overall lack of opportunity for engaging in activity resulting in a pervasive sense of boredom which impacted negatively on their mental health:

You can give someone a home, and you know, a full kitchen...but eventually boredom will kick in...For myself, it’s the worst trigger ever because I get in my own head....and the bad thoughts come in and...then those thoughts start consuming my day and then consuming my week and before I know it...a relapse. [Victor, housed]

“You can give someone a home, and you know, a full kitchen...but eventually boredom will kick in...For myself, it’s the worst trigger ever because I get in my own head....and the bad thoughts come in and... then those thoughts start consuming my day and then consuming my week and before I know it...a relapse.”

VICTOR, HOUSED

Several stakeholders expressed the desire to return to school or participate in paid employment opportunities. When asked about how she wanted to occupy her time once housed, Crimson emphasized *“a job, like employment is...number one”* [Crimson, unhoused]. While a few stakeholders were able to engage in school or paid work once housed, others expressed that several barriers were getting in the way of their desire to achieve these goals including lack of financial resources to return to school and a lack of training opportunities and support to re-enter the workforce: *“I’ve always wanted to go back to school...it’s hard for me because I can’t afford it these days”* [Suzie, unhoused].

When able to engage in meaningful activities in their community, lived experience stakeholders identified that these activities often served to connect them to the larger community and ultimately to feel that they ‘belong’. These included leisure, paid and unpaid work: *“I’m very involved with like activism...um politics...and that has given me a strong community as well as like people who are passionate about social justice”* [Joy, housed]; and *“for my community, I belong because I’m able to help my community with...finding resources that they don’t know about...I’m able to tell them about it so they can access it”* [Michelle 2, housed].

5.2.5. Responsive options for substance use support should be available and aligned to individual needs

Stakeholders identified the need to increase support for substance use in a way that is responsive to the approach preferred by the individual person. This was expressed through

two themes that we generated in our analysis:

1) Ebbing and flowing around substance use; and 2) Harm reduction is vital, but abstinence-based supports should be an option.

Ebbing and flowing around substance use

Lived experience stakeholders discussed at length how managing their substance use effectively either through abstinence or harm reduction approaches enabled them to function effectively in their daily

lives. They recognized that substance use was something that sometimes led to and sustained homelessness through negatively affecting their mental health: *“it just makes me a completely different person...I start making things up in my head”* [Crimson, unhoused].

“I gotta stop doing it...I gotta stop yelling at everybody...I know my health isn’t good...I’m doing crystal meth, and it’s a very dirty drug.”

AMBER, HOUSED

Ongoing substance use in the environments of persons with lived experience often led to exposure to trauma that influenced their mental well-being in powerful ways. Several stakeholders relayed these experiences in our interviews: *“one day, I came home and found him dead...he had a needle in his arm and he was gone. So, that was rough for me”* [John, unhoused]; and *“There was fights. Some guy almost died. I got traumatized...cause I heard it all happen”* [Amber, housed]. For stakeholders who had abstained, they credited this with the ability to sustain their housing: *“I couldn’t afford to have to go back...it was the biggest thing that I got in check”* [Jason].

Whether they were using harm reduction or abstinence-based strategies, effectively managing their substance use was seen as something that enabled stakeholders with lived experience to thrive following homelessness. Many identified that they wanted to reduce or abstain, while acknowledging how challenging this process may be: *“I gotta stop doing it...I gotta stop yelling at everybody...I know my health isn’t good...I’m doing crystal meth, and it’s a very dirty drug”* [Amber, housed]. Others expressed the desire to continue using recreationally, and didn’t see their use interfering with their ability to sustain their housing and thrive following homelessness: *“I’m not one of those people who is addicted to it...I may get it maybe once in a blue moon, when I have money”* [Suzie, unhoused].

Harm reduction is vital, but abstinence-based supports should be an option

Stakeholders with lived experience of homelessness, service providers and leaders all emphasized the importance of providing harm reduction supports to individuals during and following homelessness. Much of this discussion focused on the importance of providing a safe supply of substances to reduce harms associated with the potential for overdose and adverse responses to substances sold on the street:

“people don’t have access to safe or affordable substances if they’re actively using” [Anna, service provider]. Many service providers and leaders emphasized that existing harm reduction supports in the City of London were of high quality, and meeting the needs of individuals who are experiencing homelessness and using substances: *“the harm reduction supports that we do have are very great and are working within the city”* [CM, service provider].

“the harm reduction supports that we do have are very great and are working within the city.”

CM, SERVICE PROVIDER

While the harm reduction supports that are available in London were identified as working well and available

“it’s almost impossible to get anybody into treatment.”

HEATHER, SERVICE PROVIDER

to individuals experiencing homelessness, stakeholders emphasized the dire shortage of services for abstinence-based programs. This was a particular problem because when individuals decided that they wanted to reduce or abstain from use of substances, services were simply unavailable or had significant waitlists: *“it’s almost impossible to get anybody into treatment”* [Heather, service provider]; and *“we just can’t get them into treatment. We can’t get them into care”* [Edward, leader].

Once a person was offered substance use treatment, service providers and leaders identified that such supports were not sufficiently assertive or persistent in their approach: *“it may take five years for this person to want to reduce their substance use and I think we need to support them”* [Bob, service provider]; and *“Just because they say no today, tomorrow could be a different story right? And they may say yes tomorrow”* [Jayne, leader]. Further, stakeholders identified that existing abstinence-based programs did not last for long enough to effectively support individuals with histories of complex substance use and lacked long-term follow-up: *“what is 60 days compared with the last 10 years of my life?”* [Edward, leader].

FIGURE 10: HURRY UP AND WAIT



Accessing supports for abstinence is too often met with long waits and lack of available treatment, leaving people to try to cope on their own even after reaching out for supports - *“I met these guys at the meetings and they told me about [treatment centre] and I called every day for six weeks, 5 times a day. They eventually called me back and said: “I’m going to get you in sooner because I’m sick of hearing your voicemails”. It took six or seven weeks to get in.”* - Victor (housed)





RECOMMENDATIONS

After analyzing interviews, the research team consisting of researchers, research assistants, and persons with lived experience presented their findings to the broader community advisory board (CAB).

The CAB provided input on the organization of themes and validated the findings. Together, we facilitated activities that would enable us to collaborate on the identification of recommendations based on the themes generated from interviews. Through a series of discussions, we refined and collaboratively articulated four policy recommendations and five practice recommendations. Each of these is presented below.

POLICY RECOMMENDATIONS

RECOMMENDATION 1

Affordability of daily living needs to be addressed at a policy level across sectors

The affordability of daily living for most citizens in London and many other Canadian communities is decreasing, and many individuals are struggling to afford housing, food, utilities and other basic needs. Individuals living on low incomes are particularly affected. We recommend an increase in funding for income assistance programs and a commitment to a living wage to reflect these realities, and to address the problem of homelessness in London and other communities in Canada.

RECOMMENDATION 2

Funding for social housing needs to be increased and prioritized

We cannot rely on market rent options for individuals living in low income in London and other Canadian communities given the high cost of real-estate and market rent. As a result, we recommend an increase in funding for social housing to meet the needs of citizens living on the lowest incomes. Specifically, we need to increase funding for social housing that provides: 1) safe and healthy housing where individuals can flourish; 2) options for both congregate and scattered site models of housing; and 3) support to help tenants with their health (mental health, substance use, physical health), independent living skills, and to integrate within their communities should be provided within social housing for individuals leaving homelessness. This needs to be advocated for at all government levels.

RECOMMENDATION 3

Mental health support needs to be more immediately available, recovery-oriented and appropriately funded to adequately meet the needs of individuals experiencing homelessness.

Mental health services are not adequately meeting the needs of individuals experiencing homelessness in London, with significant waitlists. We recommend that funding for mental health programs be increased to enable organizations providing these services to reduce waitlists and have the capacity to meet the needs of persons experiencing homelessness. Mental health programs aimed specifically at the unique needs of individuals following homelessness need to be designed and implemented. These services should be immediately available and have the capacity to serve individuals in the community locations where they reside. These services should not be solely crisis-oriented, but rather should be designed to respond specifically to the needs of the individual based on what they identify is needed for their own unique recovery journey and available without time constraints.

RECOMMENDATION 4

Permanent supportive housing is lacking in availability and needed in the London community

As in many Canadian communities, permanent supportive housing is needed, yet existing programs fall short of demand. We need to increase existing supply of permanent supportive housing in London. Options for both congregate (situated in the same building) and scattered site (spread throughout the community) models of permanent supportive housing based on personal choice should be available to reflect a person-centred philosophy.

PRACTICE RECOMMENDATIONS

RECOMMENDATION 1

We need to create opportunities for “genuine belonging” to promote thriving following homelessness

Individuals leaving homelessness, service providers and leaders emphasize the need for belonging following homelessness as a key component of thriving. This is an outcome that appears to be challenging to achieve in London. We need to design approaches that specifically target this outcome, evaluate these approaches, and implement strategies that are known to be effective for addressing this outcome for all persons. Stakeholders identified practices in the London community that are helping to foster genuine belonging for individuals with lived experiences of homelessness. We can learn from these programs in the development of new approaches.

RECOMMENDATION 2

Person-centred care needs to be more widely adopted in services across London

Person-centred care is a philosophy that needs to be more widely adopted across services that support individuals leaving homelessness. In refining existing services, we need to identify strategies for measuring person-centred practice to determine if revisions have been effective in aligning with a person-centred philosophy.

RECOMMENDATION 3

Increasing supports that help individuals create home need to be prioritized

Individuals leaving homelessness in London often lack the resources to create and sustain home. As a community, tangible actions must be taken to provide material and social supports that make a residence a healthy space and place and enable individuals to re-discover a sense of home that reflects one's personal identity. Supports need to be individualized and honour autonomy. These supports can be broad, and may include the provision of furniture, household goods, supports for daily living, skill building around tenancy, opportunities for meaningful activity, and social connections with neighbours and community.

RECOMMENDATION 4

Systems and services need to communicate more effectively to break down silos

Stakeholders emphasized that a lack of communication among services represents a barrier to serving individuals with lived experiences of homelessness as effectively as possible. We need to collaborate to create processes that facilitate communication and mutual working across services in the best interest of individuals leaving homelessness. Implementing coordinated access and communication tables are initial strategies, yet others may be developed through innovation and collaboration among service providers, policymakers and persons with lived experience.

RECOMMENDATION 5

Lived experience expertise needs to be incorporated more often in the design of programs, and peer support should be more available

Persons with lived experience need to be involved in the design and evaluation of any existing or future supports designed for persons with lived experiences of homelessness in London. Further, peer support needs to be more available within housing and mental health programs designed to support persons with lived experiences of homelessness. Peer support that is integrated within existing programs should be designed as paid, formal roles with opportunities for career development. Peer experts need to be acknowledged as leaders with vital expertise that needs to be incorporated in the design and delivery of all health and social care services.



A close-up photograph of a white brick wall. The bricks are arranged in a standard running bond pattern. The mortar joints are visible, and the overall color is a clean, bright white. At the bottom of the image, there is a dark, horizontal shadow or gradient, which serves as a background for the text.

CONCLUSION

Individuals who live with mental illness and/or substance use difficulties and experience homelessness are an especially complex group that frequently challenges service providers in the provision of supports during the transition from unhoused to housed.

London has observed a growing homelessness problem for decades, emerging in response to fluctuating vacancy rates and rising housing costs. Limited housing for individuals living in low income has excluded individuals living with mental illness and substance use challenges from the rental market. The high cost of housing in London means that homelessness is frequently prolonged for individuals living with mental illness and substance use difficulties. Once a person secures a tenancy, it is often assumed that their situation will necessarily improve. A growing body of research, and our findings described in this report, suggest otherwise. For many individuals who are leaving homelessness, securing a tenancy is not the end of their journey, but rather the beginning.

Our intention in conducting this project was to: 1) identify the strengths and challenges of the current system of supports for individuals living with mental illness and substance use difficulties following homelessness in London; and 2) identify what individuals with lived experience need to thrive following homelessness in London. Using qualitative interviews, we conducted a consultation with 56 stakeholders from three groups including individuals with lived experience, service providers, and leaders. We analyzed these interviews, shared them with a community advisory board, and refined our analysis. We used these findings to collaboratively identify four policy and five practice recommendations for improving existing services aimed at supporting individuals following homelessness in London. These recommendations will provide a foundation for a broader community consultation aimed at generating solutions for addressing our recommendations, and ultimately co-designing strategies that will be applicable across multiple communities. These solutions will be designed to build on the strengths of the current system of supports in London, and address system challenges that we have identified in this report.



LIMITATIONS

This project represents an attempt to capture the voices of a range of stakeholders in the London community including persons with lived experience, service providers, and leaders in a range of organizations.

The analysis of qualitative interviews that we have presented in this report is meant to provide insights into the perspectives of these stakeholders, yet by no means represents the opinions or experiences of all persons with lived experience of homelessness, service providers, and leaders of organizations in the London community. Instead, the insights presented in this report are meant to encourage reflection on the current state of the system of supports in London. Ultimately, these findings are meant to provide a foundation on which informed community conversations can occur regarding what system improvements may lead to more effectively supporting individuals to thrive in their housing following homelessness.



**WHAT
COMES NEXT?**

With our findings and recommendations, the next stage in this process will involve the following:

- 1** Presenting our findings and recommendations to a broader range of stakeholders including individuals with lived experiences of homelessness, service providers in the mental health, social services, and non-profit sectors, relevant policymakers, members of the academic community, and interested citizens.
- 2** Collaborating with these stakeholders to identify strategies to address these recommendations.
- 3** Co-design supports that will build on the strengths of existing services and fill gaps identified in this report.
- 4** Identify avenues for funding and evaluation of supports that have been co-designed.
- 5** Plan a strategy for accessing resources to fund and evaluate co-designed supports.

References

1. Gaetz S, DeJ E, Richter T, Redman M. The State of Homelessness in Canada 2016. Toronto: Canadian Observatory on Homelessness Press; 2016. Available from: http://homelesshub.ca/sites/default/files/SOHC16_final_20Oct2016.pdf.
2. Bassuk EL, Richard MK, Tsertsvadze A. The prevalence of mental illness in homeless children: a systematic review and meta-analysis. *J Am Acad Child Adolesc Psychiatry*. 2015;54(2):86-96 e2.
3. Fazel S, Geddes JR, Kushel M. The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations. *Lancet*. 2014;384(9953):1529-40.
4. Frankish CJ, Hwang SW, Quantz D. Homelessness and health in Canada: research lessons and priorities. *Canadian Journal of Public Health/Revue Canadienne de Sante'e Publique*. 2005;S23-S9.
5. Somers JM, Moniruzzaman A, Palepu A. Changes in daily substance use among people experiencing homelessness and mental illness: 24-month outcomes following randomization to Housing First or usual care. *Addiction*. 2015;110(10):1605-14.
6. Hwang SW, Colantonio A, Chiu S, Tolomiczenko G, Kiss A, Cowan L, et al. The effect of traumatic brain injury on the health of homeless people. *CMAJ*. 2008;179(8):779-84.
7. Macnaughton E, Stefancic A, Nelson G, Caplan R, Townley G, Aubry T, et al. 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. *Am J Community Psychol*. 2015;55(3-4):279-91.
8. Parpouchi M, Moniruzzaman A, Russolillo A, Somers JM. Food Insecurity among Homeless Adults with Mental Illness. *PLoS One*. 2016;11(7):e0159334.
9. Marshall CA, Davidson L, Li A, Gewurtz R, Roy L, Barbic S, et al. Boredom and meaningful activity in adults experiencing homelessness: A mixed-methods study. *Can J Occup Ther*. 2019;86(5):357-70.
10. Marshall CA, Lysaght R, Krupa T. The experience of occupational engagement of chronically homeless persons in a mid-sized urban context. *Journal of Occupational Science*. 2017;24(2):165-80.
11. Marshall CA, Lysaght R, Krupa T. Occupational transition in the process of becoming housed following chronic homelessness: La transition occupationnelle liee au processus d'obtention d'un logement a la suite d'une itinérance chronique. *Can J Occup Ther*. 2018;85(1):33-45.
12. Poremski D, Distasio J, Hwang SW, Latimer E. Employment and Income of People Who Experience Mental Illness and Homelessness in a Large Canadian Sample. *Canadian journal of psychiatry Revue canadienne de psychiatrie*. 2015;60(9):379-85.
13. Stergiopoulos V, O'Campo P, Hwang S, Gozdzik A, Jeyaratnam J, Misir J, et al. At Home/Chez Soi Project: Toronto Site Final Report. Calgary, AB: Mental Health Commission of Canada; 2014.
14. Tsai J, Mares AS, Rosenheck RA. Does housing chronically homeless adults lead to social integration? *Psychiatric Services*. 2012;63(5):427-34.
15. Tsemberis S, Gulcur L, Nakae M. Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *Am J Public Health*. 2004;94(4):651-6.
16. Marshall CA, Gewurtz R, Roy L, Barbic S, Lysaght R, Kirsh B. Boredom and it's Impact During and Following Homelessness: A Mixed Methods, Multi-Site Study. Manuscript in preparation. 2021.
17. Tsemberis S. Housing first: The pathways model to end homelessness for people with mental illness and addiction manual: Hazelden; 2010.
18. Raphael-Greenfield EI, Gutman SA. Understanding the Lived Experience of Formerly Homeless Adults as They Transition to Supportive Housing. *Occupational Therapy in Mental Health*. 2015;31(1):35-49.

19. Marshall CA, Boland L, Westover LA, Marcellus B, Weil S, Wickett S. Effectiveness of interventions targeting community integration among individuals with lived experiences of homelessness: A systematic review. *Health Soc Care Community*. 2020;28(6):1843-62.
20. Marshall CA, Keogh-Lim D, Koop M, Barbic S, Gewurtz R. Meaningful Activity and Boredom in the Transition from Homelessness: Two Narratives. *Can J Occup Ther*. 2020;87(4):253-64.
21. Macnaughton E, Stefancic A, Nelson G, Caplan R, Townley G, Aubry T, et al. 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*. 2015;55(3-4):279-91.
22. Canada S. London, Ontario Census Profile, 2016 Census Ottawa: Statistics Canada; 2019 [Available from: <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=PO PC&Code1=048 0&Geo2=PR &Code2=35&SearchText= London&SearchType=Begins&SearchPR=01&B1=All&GeoLevel=PR&GeoCode=0480&TABID=1&type=0>].
23. Canadian Observatory on Homelessness. London, ON Community Profile: Homeless Hub; 2021 [Available from: <https://www.homelesshub.ca/community-profile/london>].
24. StatsCan. Census Profile, 2016, Kingston, ON2016. Available from:<https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=POPC&Code1=0415&Geo2=PR&Code2 =35&Data=Count&SearchText=Kingston&SearchType=Begins&SearchPR=01&B1=All>.
25. Canadian Mental Health Association. CMHC Rental Market Survey2021. Available from: <https://www03.cmhc-schl.gc.ca/hmip-pimh/en/TableMapChart/Table?TableId=2.1.31.2&GeographyId=35&GeographyTypeId=2&DisplayAs=Table&GeographyName=Ontario#Total>.
26. Canada Mortgage and Housing Association. Housing Market Information Portal (London, ON) Ottawa, ON2021 [Available from: [https://www03.cmhc-schl.gc.ca/hmip-pimh/#TableMapChart/3539036/4/London+\(CY\)+\(Ontario\)](https://www03.cmhc-schl.gc.ca/hmip-pimh/#TableMapChart/3539036/4/London+(CY)+(Ontario))].
27. Canada Mortgage and Housing Association. Rental Market Report: Canada and Selected Markets2021. Available from: <https://assets.cmhc-schl.gc.ca/sites/cmhc/data-research/publications-reports/rental-market-reports/2020/rental-market-report-69720-2020-en.pdf?rev=be3a15d8-891d-4f56-85fb-f79ae68e93c9>.
28. Ontario Non-Profit Housing Corporation. 2016 Waiting lists survey report: ONPHA's final report on waiting list statistics for Ontario2017. Available from: <http://qc.onpha.on.ca/flipbooks/WaitingListReport/files/assets/basic-html/page-1.html>.
29. Wall K. Low income among persons with a disability in Canada2017. Available from: <https://www150.statcan.gc.ca/n1/pub/75-006-x/2017001/article/54854-eng.htm>.
30. Palepu A, Patterson ML, Moniruzzaman A, Frankish CJ, Somers J. Housing first improves residential stability in homeless adults with concurrent substance dependence and mental disorders. *American journal of public health*. 2013;103 Suppl 2:e30-6.
31. Hossain MM, Sultana A, Tasnim S, Fan Q, Ma P, McKyer ELJ, et al. Prevalence of mental disorders among people who are homeless: An umbrella review. *Int J Soc Psychiatry*. 2020;66(6):528-41.
32. Urbanoski K, Veldhuizen S, Krausz M, Schutz C, Somers JM, Kirst M, et al. Effects of comorbid substance use disorders on outcomes in a Housing First intervention for homeless people with mental illness. *Addiction*. 2018;113(1):137-45.
33. Hacker K. *Community Based Participatory Research*. Los Angeles, CA: Sage; 2013.
34. SocioCultural Research Consultants L. *Dedoose, Web Application for Managing, Analyzing, and Presenting Qualitative and Mixed Method Research Data v.6.1.18 ed*. Los Angeles, CA2015.
35. Braun V, Clarke V. What can “thematic analysis” offer health and wellbeing researchers? *Int J Qual Stud Health Well-being*. 2014;9:26152.
36. City of London. Personal communication. June 15, 2021.

WE WOULD LIKE TO EXPRESS OUR SINCEREST GRATITUDE to the many individuals who took time out of their busy lives to participate in interviews, and who shared their important insights about how we can work together to improve the living conditions of a group of people who are excluded from basic opportunities to thrive far too often. The knowledge generated from these interviews has enabled us to begin the process of identifying opportunities for changing systems and services with the overall aim of improving the lives and living conditions of individuals after leaving homelessness in London, Ontario. We thank you for entrusting us with the responsibility to mobilize your words into action.