

BEYOND SURVIVING

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



MARCH 2021

TRANSITION FROM HOMELESSNESS PROJECT – KINGSTON SITE REPORT

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Land acknowledgement:

As a collective group of individuals who identify both as settlers and of First Nations ancestry, we acknowledge that this project has been conducted on a territory known as Katarokwi, situated on the traditional land of the Anishinaabe and Haudenosaunee peoples. We honour the spirit and ancestors of this land – past, present and future. This project represents an attempt to improve the living conditions of all individuals who experience homelessness, while recognizing that Indigenous persons are overrepresented in the homeless population. This is the direct result of a long history of systemic racism that has resulted in serious health and social inequities for Indigenous persons.

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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.

In other words, they are simply trying to survive. 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 people who secure housing after homelessness languish and 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 current system of support currently offered to individuals as they leave homelessness in Kingston, Ontario. We collected this information to inform recommendations for refining existing 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 51 stakeholders between June – December 2020 from three groups: individuals with lived experiences of homelessness and 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 Kingston, 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 to help illustrate what they need to thrive following homelessness. 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) Systemic changes are needed; 2) Programs need to align with a more person-centred philosophy; 3) Services need to be more relationship-focused and trauma-informed; 4) There is a need for increased supports that engage people in meaningful activity and support life skills; and 5) Effective community integration supports are needed to prevent ongoing homelessness. In Phase II, we engaged the CAB in collaborative conversations to identify nine 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 Kingston, 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 Kingston community to co-design 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 Kingston. 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.

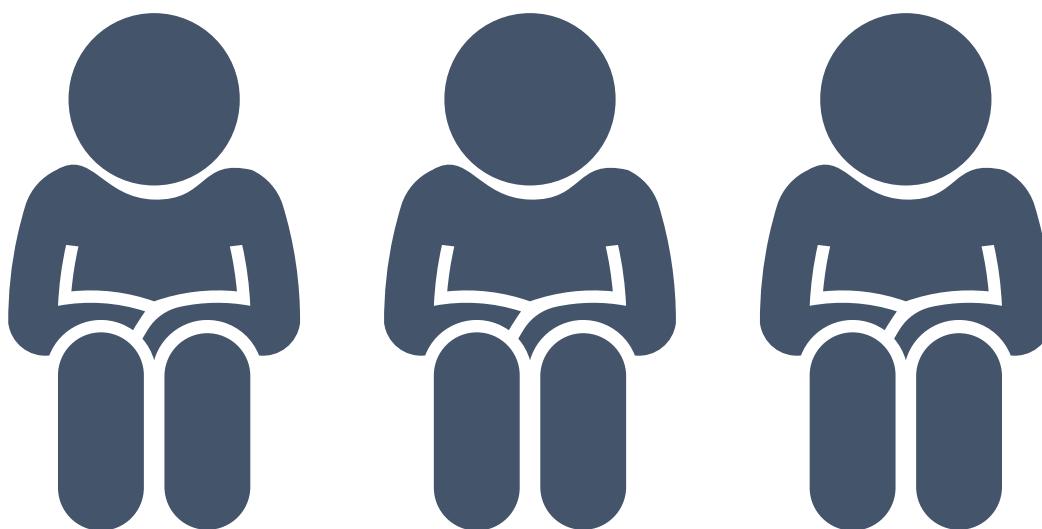




INTRODUCTION

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 challenges 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 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 Kingston Context

Kingston is a vibrant community in Southwestern Ontario with a reported population of 117,660 in 2016 ^[22]. Though it boasts a range of amenities, greenspace and a lively arts community, Kingston has struggled with a growing homelessness problem for decades, with an estimated 152 individuals experiencing homelessness on a given night in 2018, and 81 sleeping unsheltered ^[23]. The demographic composition and market trends in recent years in Kingston have contributed to the development of this problem over time. These issues are trends that are not unique to the Kingston context and include income distribution, availability of rental units, and housing affordability.

2.3 Income Distribution

While frequently regarded as an affluent university community, annual median after-tax income among Kingstonians in 2015 was \$57,942, lower than the provincial median of \$65,285 ^[22]. In the same year, there was a slightly higher prevalence of low-income households at 15.5% than the provincial prevalence of 14.4% (according to the Low Income Measure – LIM, 2015) ^[22]. This means that in Kingston, there are a greater number of individuals living in poverty in the city relative to the Province of Ontario.

KINGSTON POPULATION (2016) ^[22]

117,606

ON ANY GIVEN NIGHT IN 2018 ^[23]

152 experiencing homelessness

81 sleeping unsheltered

AFTER TAX INCOME (2015) ^[22]

\$57,942	\$65,285
Kingston	Ontario

LOW-INCOME HOUSEHOLDS (2015) ^[22]

15.5%	14.4%
Kingston	Ontario

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

KINGSTON'S VACANCY RATE HAS CONSISTENTLY REMAINED BELOW 3% WITH A LOW OF 0.6% IN 2018

AVERAGE RENT INCREASE
IN ONTARIO (2018-2019)

1.9%

AVERAGE RENT INCREASE
IN KINGSTON (2018-2019)

7.9%

KINGSTON HAD A
FURTHER RENT
INCREASE IN 2020 OF

3.1% ^[24]

2.4 Vacancy Rates

Kingston's vacancy rate (i.e. the number of units available for rent at a given time) has been historically low in comparison with other Canadian communities, 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, Kingston's vacancy rate has consistently remained below 3% for the past ten years, with a low of 0.6% in 2018. This rate has since risen to 3.1% in 2020 ^[24]. Until recently, there has simply been insufficient housing to meet the needs of all members of the Kingston 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 Kingston have risen over the past two years, rental rates have been simultaneously increasing. For instance, from 2018-2019, the Canada Mortgage and Housing Corporation (CMHC) reported increases of 7.9% in average rent in Kingston compared with an Ontario increase of 1.9%^[25]. This increase was followed by a further increase of 3.1% in 2020^[25]. The mean rental rate for a bachelor apartment during this period was \$871/month in 2020^[25]. 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 Kingston. This lack of affordable market housing combined with social housing waitlists of 7-10 years in many Ontario communities^[26] means that individuals living in poverty are more likely to be excluded from the right to housing in Kingston 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⁽²⁷⁾, 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⁽²⁸⁾, and up to 40% live with mental illness⁽⁴⁾. 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⁽²⁹⁾. 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 Kingston

A range of services are provided to individuals who experience homelessness in the Kingston community, including emergency shelters, supportive housing, mental health and addictions services, and Housing First case management. These services are delivered by a range of social service and mental health agencies in the community. A summary of the organizations who provide these services is provided in Table 1 below. Note that this is not an exhaustive list of services, but rather a summary of some of the primary organizations involved in the support of individuals who experience homelessness in the City of Kingston. It should also be noted that services in any municipality are likely to shift with time, and this list only represents existing services at the time of preparing this report.

TABLE 1

Primary Agencies Supporting Individuals Experiencing Homelessness in Kingston, ON

ORGANIZATION	SERVICES AVAILABLE DURING HOMELESSNESS	SERVICES AVAILABLE FOLLOWING HOMELESSNESS
Home Base Housing	• Emergency Shelters (Adult, Family) • Street Outreach Services • Housing First Case Management • Community Voicemail • Affordable housing listings • Social Housing Registry Applications • Youth Services • Drop-in centre with access to supports • Naloxone distribution	• Supportive Housing (Adult, Youth) • Housing First Case Management • Prevention Diversion Program • Community Voicemail • Affordable housing listings • Social Housing Registry Applications • Youth Services • Naloxone distribution
Integrated Care Hub (collaboration of multiple agencies)	• Drop-In with access to supports • Rest Zone • Meal programs • Hygiene supplies, laundry, belonging storage • Consumption and Treatment Services • Harm Reduction supplies and education • Naloxone distribution	• Drop-In with access to supports • Meal program • Hygiene supplies • Consumption and Treatment Services • Harm Reduction supplies and education • Naloxone distribution

ORGANIZATION	SERVICES AVAILABLE DURING HOMELESSNESS	SERVICES AVAILABLE FOLLOWING HOMELESSNESS
Addiction and Mental Health Services - KFLA	• Crisis Services • Crisis Safe Bed (police referral) • Substance Use Treatment • Problem Gambling/Gaming Counselling • Mental Health Counselling & Treatment • Case Management • ACT Teams • Court Support & Diversion • Release from Custody • Youth Team • Support Groups • Supported/non supported rent subsidy program • Comprehensive Integrated Housing Program • Transitional Rehabilitation Program	• Comprehensive Integrated Housing • Transitional Rehabilitation Housing Program (with Providence Care) • Rent Supplements • Crisis Services • Crisis Safe Bed (police referral) • Substance Use Treatment • Problem Gambling/Gaming Counselling • Mental Health Counselling & Treatment • Case Management • ACT Teams • Court Support & Diversion • Release from Custody • Youth Team • Support Groups • Supported/non supported rent subsidy program • Comprehensive Integrated Housing Program • Transitional Rehabilitation Program
Providence Care	• Assertive Community Treatment • Case Management Services • Community Connections Recovery Program • Community High Intensity Treatment • Community Treatment Order • Forensic Mental Health Outreach • Mood Disorders Research and Treatment Services • Personality Disorder Service • Voices, Opportunities and Choices Employment Club • Seniors Mental Health and Behavioural Support Services • Community Brain Injury Services	• Assertive Community Treatment • Case Management Services • Community Connections Recovery Program • Community High Intensity Treatment • Community Treatment Order • Forensic Mental Health Outreach • Mood Disorders Research and Treatment Services • Personality Disorder Service • Voices, Opportunities and Choices Employment Club • Seniors Mental Health and Behavioural Support Services • Community Brain Injury Services

ORGANIZATION	SERVICES AVAILABLE DURING HOMELESSNESS	SERVICES AVAILABLE FOLLOWING HOMELESSNESS
Street Health Centre	• Primary Medical Care • Opioid Overdose Prevention • Opioid Substitution Therapy • Counselling Services • Harm Reduction Distribution Program • Hepatitis C testing, treatment and care • Harm Reduction Supplies	• Primary Medical Care • Opioid Overdose Prevention • Opioid Substitution Therapy • Counselling Services • Harm Reduction Distribution Program • Hepatitis C testing, treatment and care • Harm Reduction Supplies
Kingston Youth Shelter	• Emergency Shelter (Youth aged 16-24) • Employment Support • Education Support • Life Skills Training • Family Mediation Program • Family Reunite Program	• Transitional Supportive Housing • Employment Support • Education Support • Life Skills Training • Family Mediation Program
Kingston Interval House	• Emergency Shelter (women & children fleeing domestic violence)	• Transitional Supportive Housing • Outreach Counselling for Women • Outreach Counselling for Children • Aboriginal Outreach Counselling • Groups for Children & Youth
St. Vincent de Paul	• Coffee Break Social Group • Meal Program • Free clothing, housewares, furniture • Weekly social/activity programming • Weekly Bible Study • Emergency Groceries	• Coffee Break Social Group • Meal Program • Free clothing, housewares, furniture • Weekly social/activity programming • Weekly Bible Study • Emergency Groceries
Dawn House	n/a	• Permanent Supportive Housing for Women • Transitional Housing for Women

ORGANIZATION	SERVICES AVAILABLE DURING HOMELESSNESS	SERVICES AVAILABLE FOLLOWING HOMELESSNESS
One Roof Youth Hub	• Drop-In Individual Support • Counselling • Housing Support • Housing 101 Workshops • Ontario Works Drop-In • Drop-In Employment Support • Drop-In Education Support • FUSE LGBTQ+ Group • New Mentality Youth Group • Good Minds Program	• Drop-In Individual Support • Counselling • Housing Support • Housing 101 Workshops • Ontario Works Drop-In • Drop-In Employment Support • Drop-In Education Support • FUSE LGBTQ+ Group • New Mentality Youth Group • Good Minds Program
Martha's Table	• Low-cost meal program	• Low-cost meal program
Salvation Army Family Services	• Voucher Program (clothing) • Income Tax Clinic • Housing resource centre	• Voucher Program (housewares and furniture) • Prevention Diversion Program • Homelessness prevention fund • Housing resource centre • Food Bank • Income Tax Clinic
Partners in Mission Food Bank	• Emergency food program	• Food Bank





RATIONALE AND GOALS OF THIS PROJECT

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

The common assumption that when individuals leave homelessness, their psychosocial well-being necessarily improves 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 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 Kingston 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 ^[29].

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 Kingston community that support individuals living with mental illness and/or substance use difficulties both during and following homelessness. These organizations included Home Base Housing, Providence Care, AMHS-KFLA, the City of Kingston, the Integrated Care Hub, Ontario Native Women's Association, Street Health, the Kingston Youth Shelter, and Prince Edward-Lennox and Addington Community Services. Most importantly, we partnered with individuals with lived experiences of homelessness, who served as lived experience consultants throughout the course of this project.¹ 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, 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 Kingston
- What individuals need to “thrive” following homelessness in Kingston

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 London, ON. The findings from the London site of this study will be available in a separate report.

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 supported individuals during and following homelessness in Kingston, who informed service users about this project, and provided our contact information. We also visited local organizations when service users were present and accompanied staff who were meeting with individuals living in an urban encampment. 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 group were conducted as follows:



INDIVIDUALS WITH LIVED EXPERIENCE: After providing 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, 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^[30] of all transcripts by coding statements that helped us to understand the strengths and challenges of the current system of support in Kingston, and what is needed for individuals to thrive following homelessness. 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.

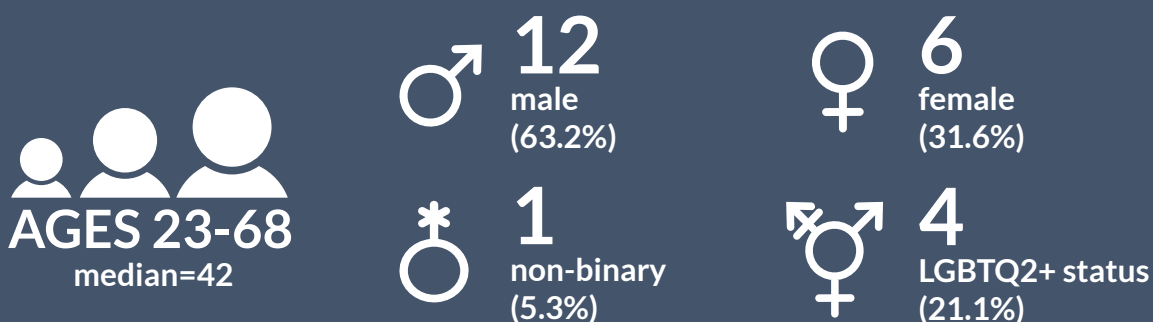


FINDINGS OF PHASE 1 STAKEHOLDER INTERVIEWS

WE INTERVIEWED 51 STAKEHOLDERS from three groups in Kingston: 19 individuals with lived experiences of homelessness; 21 service providers; and 11 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=19)



UNHOUSED



10
stakeholders
(52.6%)

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

1-36 MONTHS;
median=12 months

WHERE DO YOU MOST OFTEN SLEEP?

Sheltered/Unsheltered = **3**; Sheltered = **1**;
Sheltered/Unsheltered/Couch Surfing = **1**;
Sheltered/Unsheltered/Couch Surfing/Warming Centre = **1**;
Unsheltered/Couch Surfing = **1**; Unsheltered = **1**; Sheltered/
Unsheltered/Motel = **1**; Sheltered/
Unsheltered/Hospital Waiting Room = **1**

HOUSED



9
stakeholders
(47.4%)

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

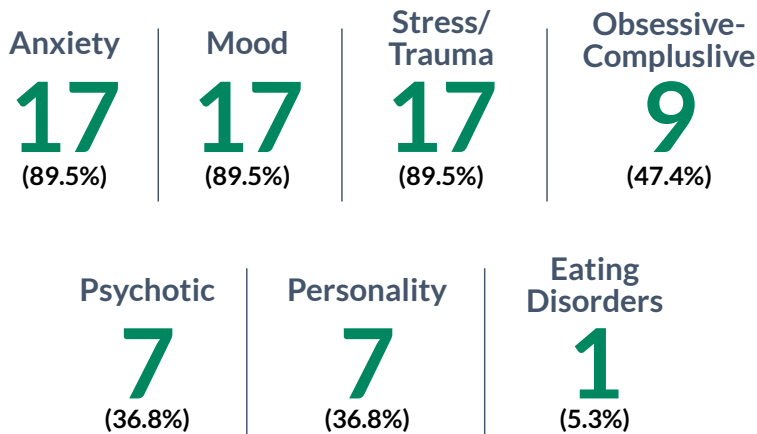
1-34 MONTHS;
median=7 months

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

1-47 MONTHS;
median=18 months

MENTAL HEALTH CHARACTERISTICS OF LIVED EXPERIENCE STAKEHOLDERS (n=19)

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)

12 used alcohol to a hazardous degree
(63.2%)

Drug Use (DAST-10)

14 used drugs to a moderate degree or higher
(73.7%)

Stakeholders reported using: cannabis (n=10; 52.6%); stimulants including cocaine, crack and crystal methamphetamine (n=10; 52.6%); hallucinogens (n=4; 21.1%); opioids (n=3; 15.8%); and other substances including PCP, benzodiazepines and MDMA (n=6; 31.6%).

DEMOGRAPHIC CHARACTERISTICS OF SERVICE PROVIDERS (n=21)

How long have you been working in this role?

2 MONTHS-19.6 YEARS
median=3 years

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

5 MONTHS-27.5 YEARS
median=4 years

MENTAL HEALTH SECTOR



11

stakeholders

SOCIAL SERVICES SECTOR



10

stakeholders

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



5

stakeholders

SOCIAL SERVICES SECTOR



5

stakeholders

MIXED MENTAL HEALTH/ SOCIAL SERVICES



1

stakeholder

5.2. Qualitative Interview Findings

Stakeholders emphasized the need for ongoing support following homelessness, and recognized that in the Kingston context, once individuals secured housing, supports quickly fall away. Our analysis of interview transcripts led to the identification of five themes across stakeholder groups that emphasized the need for ongoing supports following homelessness: 1) Systemic changes are needed; 2) Programs need to align with a more person centred philosophy; 3) Services need to be more relationship-focused and trauma-informed; 4) There is a need for increased supports that engage people in meaningful activity and support life skills; and 5) Effective community integration supports are needed to prevent ongoing homelessness. Each of these themes is elaborated upon in the sections that follow. A common thread that connected these identified themes was:

“We stick people in a house and say okay, you’re housed. The problem is solved” JEAN, SERVICE PROVIDER



5.2.1. Systemic changes are needed

Individuals with lived experiences of homelessness, service providers and leaders emphasized that systemic issues prevented people from obtaining the resources necessary for thriving following homelessness in Kingston. This was expressed through three themes that we generated in our analysis: 1) living in a state of ‘lack’; 2) “until we fix the root issues of the systems, we’re going to keep putting out fires”; and 3) substance use services need to be made more accessible.

“People are so desperate to get off the street and get away from the cold that they’ll dive at anything.” PEKOE, HOUSED

Living in a state of ‘lack’

Individuals with lived experiences of homelessness identified that during and following homelessness, they were living in a constant state of *lack*, and this situation sustained homelessness and prevented them from thriving once housed. Lived experience participants discussed not having enough basic resources to thrive. They indicated that: 1) they did not have enough money to meet their basic needs; 2) there was insufficient affordable housing

in the city; 3) they lacked resources to make their housing a home including a lack of access to nutritious food once housed; and 4) when they reached out for mental health support, systems lacked responsiveness. This left individuals with lived experience feeling like they were ‘backed into a corner’ and had few opportunities to create the conditions necessary to thrive:

Believe me. People are so dire. We’re right on the onset of winter here. People are so desperate to get off the street and get away from the cold that they’ll dive at anything. Even the kind of situation that I am in. I’m almost forced into situations like this...because of low income and unavailable housing. We’re forced to live in rooms with other people. We’re forced to do that. It’s not a nice word to use, but if you think about it all, it leaves us absolutely no choice. And when you’re already feeling as helpless and homeless...then having that happen makes it all much worse. [Pekoe, housed]²

² All names attributed to quotes in this report are pseudonyms provided by the interviewee

Housing that was available to individuals leaving homelessness in Kingston was described as unsafe and of very low quality. They described being offered housing that was poorly maintained, and was at times infested with vermin, bedbugs and cockroaches. This made housing far less comfortable than living in shelter spaces or on the street. The end result was that some lived experience stakeholders chose to remain unhoused because the housing available to them

was of such poor quality. When offered an apartment to rent during homelessness, Casey remarked: *“I chose homelessness over living there”* [Casey, housed]. Many individuals with lived experience who were housed indicated that they had endured housing that was of such poor quality that: *“I can’t remember the last time I was comfortable about being home”* [Matt, unhoused].

Stakeholders with lived experience identified that trauma was always influencing their mental health, and often lead to homelessness: *“I lost my daughter, and everything went downhill”* [Storeigh, unhoused]. Homelessness itself was experienced as trauma. Having safe and stable housing enabled them to process these experiences, as it was impossible to process trauma during homelessness: *“I was always just surviving”* [Gavin, housed]. Despite the presence of trauma, ongoing mental illness and substance use, lived experience stakeholders discussed how mental health supports were unavailable or ineffective when they reached out: *“I felt like jumping off of a building, and literally, I was ready to do so...they just sent me out the door with information on a piece of paper...of like, how to cope with your mental anxiety...they weren’t taking me seriously at all.”* [James, unhoused].

“I felt like jumping off of a building, and literally, I was ready to do so... they just sent me out the door with information on a piece of paper...of like, how to cope with your mental anxiety...they weren’t taking me seriously at all.”

JAMES, UNHOUSED

FIGURE 3 (BELOW): **REMINISCING ABOUT RETURNING TO AN ENCAMPMENT**



Pekoe described how living in his current housing negatively affected his well-being as his housing was of poor quality, and he lived with a roommate with whom he had been in several conflicts with. This led him to think often of returning to the encampment that he left to move into an apartment. This is a photograph of his encampment: *“It’s totally winterized. Summerized. It doesn’t leak or anything. And its animal-proof, too...so when the wind is blowing... well that little cabin there swings and creaks like an old house, and it’ll put you to sleep faster than you can bat your eyelashes. Especially when the raindrops drop out of the leaves and fall onto the top of that wooden roof.”* [Pekoe, housed]

Matt described recurrent suicidal thoughts but couldn’t access help despite reaching out to services. Thinking about his relationship with his father who had died was an important coping mechanism that prevented him from acting on his suicidal thoughts – *“That’s the water. And you can either jump in it - if you have thoughts. That’d be one way of doing it. Beautiful water. And we [Matt’s father and himself] spent a lot of time on the water...it’s a pretty steep dock there...If you want to go up...I would never do that. He’d be so disappointed. And I’d be hurting the few who care about me.”* [Matt, unhoused]



FIGURE 4 (ABOVE): **FINDING WAYS TO COPE WHEN SUPPORTS ARE UNAVAILABLE**

“Until we fix the root issues of the systems, we’re going to keep putting out fires”

Lived experience stakeholders expressed concerns that *“the system is broken”* [Pekoe, housed] and until it is fixed, they felt as though this limited their ability to thrive following homelessness. Service providers and leaders in social service and mental health programs felt similarly, with one leader remarking: *“Until we fix the root issues of the systems, we’re going to keep putting out fires”* [Moonbeam, Leader]. Systems issues that were identified as problematic in the Kingston context included long waitlists for mental health support which meant that people only received help when they reached a state of crisis, and housing and homelessness services that restricted access based on the use of substances. This led service providers and leaders to discuss the need for supports that meet the needs of the most complex group of people, who frequently have unmet needs. While some services were configured to support individuals living with mental illness and substance use disorders during and following homelessness, service providers and leaders indicated that more of such services were needed: *“We need more low-barrier supports”* [Cameron, service provider]. Many service providers and leaders expressed concerns that income support programs such as OW and ODSP were preventing individuals who experience homelessness from sustaining tenancies and to thrive: *“I think our system sets people up to fail...there’s no way to ever get ahead”* [Moonbeam, Leader].

“It’s a miracle that I haven’t burnt out yet”

Service providers and leaders emphasized that working within a system that imposed so many barriers to thriving in the lives of individuals with lived experiences of homelessness left them at risk of burnout: *“We need training on how to be empathetic and compassionate towards our clients. Because we lose it...it’s not an easy job”* [Tess, service provider]. A lack of access to mental health support and resources for individuals experiencing homelessness left service providers and leaders stuck in a position of having to function within their jobs with limited resources to help. Service providers working in shelters expressed frustration with seeing the same complex group of people being housed, and then returning to shelter again, without gaining adequate access to mental health supports. They expressed concern that they were limited in what they could offer, and felt as though there was little collaboration among agencies to address the needs of this complex group:

I can offer food, I can offer shampoo, and I can offer cookies. I can’t offer a psychiatric assessment...or mental health medication...there’s a fellow down there who thinks he’s president...he’s become sort of a character...like that’s not a character. That’s someone who’s so unwell, who is unaware of their identity, their environment or anything and here we are offering them water and shampoo. Like that person needs to be in hospital, you know?
[Veronica, Leader]

A lack of cross-agency collaboration meant that programs designed to support individuals with complex needs were served by a range of services with the same expertise within. For example, service providers and leaders recognized that while the Housing First team in Kingston was doing a lot of excellent work in the community, that the professional backgrounds of staff did not enable them to adequately support the complex population that they were tasked with serving during the transition from homelessness to housing. Instead, there was reliance on the mental health system to meet the mental health and substance use needs of individuals who were leaving homelessness. Because there was no mental health or substance use supports integrated within this team, there appeared to be a disconnect related to whose role it was to support individuals living with mental illness and substance use difficulties following homelessness:

I think the Housing First team has done a wonderful job...but again, they’re not mental health workers. They’re not addiction workers, right?...Their sole focus is on housing and that program does an excellent job of finding people housing, getting them in the housing...they get them into housing, and then there seems to be some sort of disconnect with the other services that would be involved...the programs all work in silo. [Jay, Leader]

Substance use services need to be more accessible

Service providers and leaders concurred with individuals with lived experience in recognizing that substance use was an important coping strategy used by individuals with experiences of homelessness but acknowledged that supporting individuals to thrive

following homelessness was challenging in the context of addiction. While service providers and leaders saw harm reduction as a critical support that was available in Kingston, they also recognized that when individuals wanted to reduce or abstain from using substances, supports to do so were unavailable or ineffective. Service providers and leaders specifically emphasized immediate access to substance use treatment:

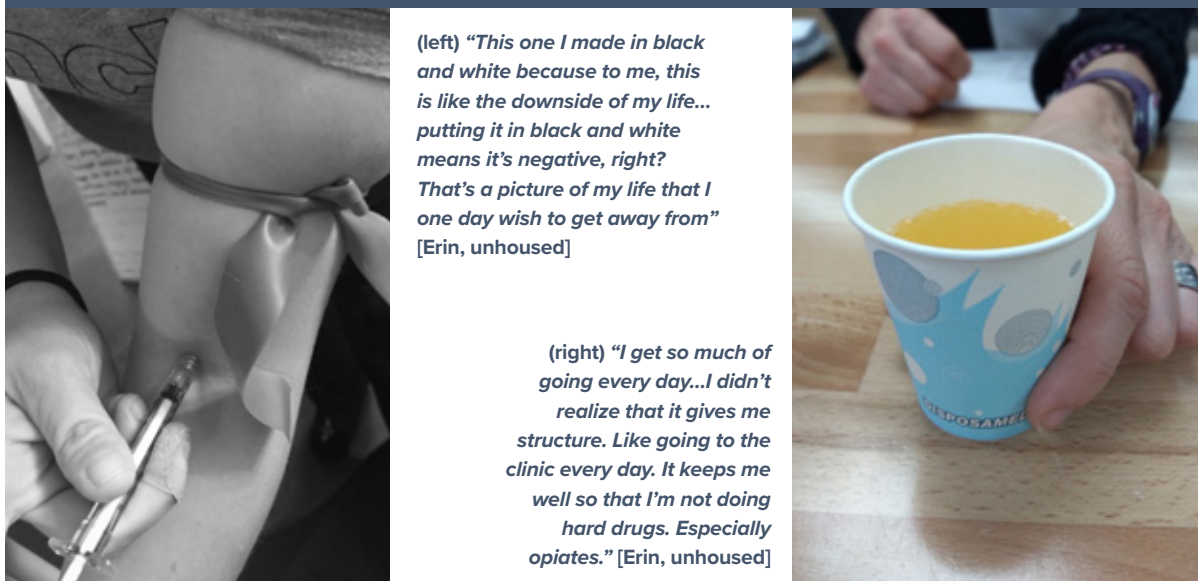
“When a person makes up their mind to do something, we need to act on it. If we don’t, the process to getting help to quit shouldn’t be harder than continuing using.”

TESS, SERVICE PROVIDER

*When someone wants to stop and get clean [We need to]...make the process a shorter process and get them to it...or they slide back. When a person makes up their mind to do something, we need to act on it. If we don’t, the process to getting help to quit shouldn’t be harder than continuing using.
[Tess, service provider].*

Service providers and leaders advocated during interviews for making such supports more available given their observation that substance use was seen as a barrier to thriving following homelessness: “people who experience difficulties with substance use are so unaccepted...they’re set up to fail in every single aspect.” [Moonbeam, Leader]. When we asked one lived experience participant what advice she had for support programs, policymakers, and individuals who are leaving homelessness for improving the current system of support, she remarked “don’t do drugs” [Storeigh, unhoused]. Erin wanted to stop using substances, but also recognized that methadone helped to reduce harm associated with using and provided her with a routine that supported her well-being (see Figures 5 & 6).

FIGURE 5 (LEFT): **WANTING TO STOP USING**



(left) *"This one I made in black and white because to me, this is like the downside of my life... putting it in black and white means it's negative, right? That's a picture of my life that I one day wish to get away from"*
[Erin, unhoused]

(right) *"I get so much of going every day...I didn't realize that it gives me structure. Like going to the clinic every day. It keeps me well so that I'm not doing hard drugs. Especially opiates."* [Erin, unhoused]

FIGURE 6 (RIGHT): **TAKING METHADONE OFFERS ROUTINE THAT SUPPORTS WELL-BEING**

5.2.2. Programs need to align with a more person-centred philosophy

Individuals with lived experience, service providers and leaders recognized that current systems needed to shift to reflect a more person-centred philosophy. This was expressed through two themes that we generated in our analysis: 1) Having housing that works for me; and 2) They're not afforded options.

Having housing that works for me

Lived experience stakeholders discussed at length the importance of having housing that met their individual needs following homelessness. There were aspects of their housing that supported and retracted from their well-being including their housing situation, relationships with landlords, and the location of their housing within the community.

The high cost of rent in the Kingston housing market meant that housing that was available to individuals following homelessness was situated within rooming houses or with roommates with shared living spaces. This meant that they were thrust into living with others that they hadn't chosen to live with either because they rented a room in a rooming house or decided to share a tenancy to reduce the burden of rent. Sometimes, roommates were chosen

impulsively to end one's homelessness: *"I made a bad mistake. I moved in with a girl...and I didn't know her very well"* [Casey, housed]. Interpersonal conflicts that emerged between roommates was experienced as such a significant stressor that lived experience stakeholders could observe its effect on their well-being: *"I've been nothing but angry since the day we moved in"* [Pekoe, housed]. James returned to homelessness when his roommate asked him to leave due to ongoing conflict, a request that he experienced with wave of relief because he had noticed how the stress of living with a roommate was affecting his health: *"I was worried about my health, and I was feeling sicker...when she told me to leave two days ago, I never felt better"* [James, unhoused].

FIGURE 7: **EVICTED**



Alexander described being evicted from his room. This picture shows a bag that he has packed in preparation for the move. He described being relieved to escape conflict with roommates. When asked about how this might be addressed in a future tenancy, he responded that he needed to avoid being housed with "the wrong people. People I don't know" [Alexander, housed].

Stakeholders with lived experience of homelessness also discussed how relationships with landlords were critical to their well-being. Many had developed good relationships with their landlords, and when this happened, this was a positive experience: *"all of it's been helping me because it's a very relaxed place, that the landlord is very very nice...like extremely nice"* [Perseus, housed]. When these relationships were strained, however, it affected them in negative ways and interfered with their ability to thrive following homelessness: *"my landlord was pretty abusive and it was affecting my mental health to a point where because of her actions, I tried to harm myself out of frustration"* [Gavin, housed].

The lack of housing options available in Kingston led some lived experience stakeholders into precarious situations. Alexander described illegally subletting from a friend due to a lack of housing, but within days, was asked to leave. He felt as though he had little recourse: *"I was told I could stay there, and then like a few days later the guy I was staying with told me that the landlord was coming and that I had to move all my stuff out just like in a day or so"* [Alexander, housed].

Having housing that was close to resources and services that lived experience stakeholders relied upon was seen as critical for maintaining well-being. Some were able to secure housing that was located close to these resources, but for others, the housing that was available to them restricted access to basic needs such as food: *“I could always go to the food bank, but what do I do with all of the stuff that I get?...it’s usually far from where I am”*

[Bruce, housed]. Many lived experience participants

lived with comorbid physical disabilities in addition

to mental illness and/or substance use disabilities. The fact that housing that was available was far from the location of services and supports compounded this situation further:

I’m in constant, constant pain. And so, when it comes to go grocery shopping or to do the laundry or to have to carry anything, it’s very difficult for me to do and I’ll often put those things on the wayside and actually not even go get food and stuff like that because I dread the fact of having to carry anything back. Because the majority of the things that they give you at these places is canned goods. [Pekoe, housed]

“I was worried about my health, and I was feeling sicker...when she told me to leave two days ago, I never felt better”

JAMES, UNHOUSED

FIGURE 8: **BINNING FOOD TO SUPPLEMENT ONE’S DIET DURING AND AFTER HOMELESSNESS**



Pekoe described how he was located in an area of the city where he wasn’t close to meal programs and food banks. He made do by finding fruits and vegetables behind a grocery store located close to where he lived: *“This here is a recycle bin...I frequented every morning when I started my panhandling...And so then I could have healthy vegetables and fruits to cook.”* [Pekoe, housed]

The presence of physical, as well as mental health and/or substance use disabilities meant that lived experience stakeholders often struggled with accessibility within their own apartments: *“the bathroom has no safety rails on it...the housing wouldn’t let me put any in...there’s the steps... concrete...with no rails on them...and my son would have to help me out and help me in.”* [Bambi, unhoused].

They're not afforded options

Service providers and leaders who were interviewed similarly emphasized that when individuals leave homelessness in Kingston, they lack choice in housing options and services that they can access to meet their psychosocial needs. They expressed the need to increase housing options to enable individuals to thrive following homelessness:

Ideally, there would be more options that the governments and organizations can help clients find. I just, I think everyone has very unique needs, so not everyone is gonna have the same needs in terms of their housing. By having more options, you are able to meet the needs of these clients. [Colleen, Service Provider]

Service providers and leaders similarly felt that individuals with lived experiences of homelessness lacked choice in selecting services during and following homelessness and expressed the need for rules in these programs to be more flexible. This presented as a

particular problem in a city with a low vacancy rate, where housing was far less available, and homelessness is typically prolonged. Limits on shelter use that had been implemented in recent years were seen as problematic by staff and leaders, as they compounded the precarious situations of individuals who had lost their housing, and lacked a person-centred approach:

“...not everyone is gonna have the same needs in terms of their housing. By having more options, you are able to meet the needs of these clients.”

COLLEEN, SERVICE PROVIDER

When I first started years ago, they never had an end date... so we had them in here for a year at a time....they would go to the female shelter and

spend however long there, and then they would come back. They had options...whereas now, it's like nope sixty days you haven't found housing. You're not working for housing. Bye! [Lee, service provider]

Stigma of homelessness, mental illness and substance use was identified as a factor that limited access to conditions necessary for thriving for individuals following homelessness. Service providers and leaders specifically identified that this stigma influenced one's ability to secure housing, integrate into their communities following homelessness, and access

necessary supports. In essence, stigma restricted resources, housing and service options following homelessness. Stakeholders identified the need to educate the public about homelessness, mental illness and substance use if we are to ever overcome this barrier to thriving once individuals are housed:

“Really? I’m a 35-year old man, and I’m gonna live in this single bedroom for the rest of my life?”

TERRY, LEADER

I think we have to...start big around the stigma...cause I think there’s so much judgement around particularly addictions. Nobody’s born an addict, so where does that come from? Also with a lack of understanding around mental health...I think there have been some strides...I think there could be a lot more done around addiction stuff in terms of stigma...I think it’s education for everybody...so education for family that are trying to support people, education for the community. [Cheryl, service provider]

Some stakeholders identified that stigma existed within services and limited what service providers thought was possible in the lives of individuals following homelessness. This limited what they envisioned to be possible for persons who had been housed: “Really? I’m a 35-year old man, and I’m gonna live in this single bedroom for the rest of my life?” [Terry, Leader]

FIGURE 9: **FOR STUDENT ONLY – FACING DISCRIMINATION THAT PREVENTED ACCESS TO HOUSING**



“I had the biggest struggle with just finding a place. Or even getting showings...when you would go to a showing, they would ask ‘are you a student?’ and if you said no, they would shut off...there was a lot of discrimination because I’m on ODSP. I would either be immediately rejected, or people would tell me about their bad experience with an ODSP person, which apparently gave them the stigma that every person on ODSP is bad...or I would be asked really uncomfortable questions about my disability.” [Gavin, housed]

5.2.3. Services need to be more relationship-focused and trauma-informed

Stakeholders with lived experiences of homelessness, service providers and leaders expressed the need for services to be focused more on building consistent, reliable, and trusting relationships that acknowledge the trauma that individuals with experiences of homelessness have endured. This was expressed through two themes that we generated in our analysis:

- 1) The service provider-service user relationship is critical for the effectiveness of supports;
- and 2) “I’m gonna try again tomorrow”

The service provider-service user relationship is critical for the effectiveness of supports

Individuals with lived experience, service providers and leaders all emphasized the importance of relationships between individuals who were leaving homelessness, and service providers. When service providers were emotionally consistent, strove to understand, and demonstrated genuine care, these relationships were seen as a foundation on which individuals could leave homelessness in a way that they felt supported, and could thrive. For one participant, such relationships were lifesaving: *“If these services weren’t here...I really probably would have taken my life”* [Gavin, housed].

While there were many instances in which individuals with lived experience felt supported by services, there were just as many in which stakeholders identified feeling judged,

misunderstood, and had the sense that service providers didn’t care. This left them feeling angry and frustrated: *“If you’re not in the mindset to take care of somebody...or treat them like a human being or you would like to be treated yourself...then leave them alone and don’t bother”* [Pekoe, housed].

*“If these services weren’t here...
I really probably would have
taken my life”* GAVIN, HOUSED

The structure of some services compounded the feeling that the system of supports misunderstood their needs: *“I’m like I wanna kill myself right now, but no don’t worry. I’ll just make a fucking appointment”* [Alexander, housed]. Such experiences left individuals feeling abandoned by services: *“I was just floundering in no man’s land”* [Gabriella, housed].

“There’s an idea in homelessness where it’s like...we don’t want people living here forever. I’ve literally heard people say that we don’t want people to want to be here because then they will never leave...I just think that’s so backwards. Like nobody wants to live in a shelter... what a blessing to provide a space that people love to be in so that they can create safety and feel safe. To then move into their own place.”

MOONBEAM, LEADER

“I don’t actually really see a commitment to it necessarily. Like our agency is not rolling out any trainings on trauma informed care, what it actually means, and what it looks like in practice. You know? And I think that would make a difference”

LORNA, SERVICE PROVIDER

Service providers and leaders expressed frustration with a system that was culturally rigid, choosing rules and structure over human needs. For instance, one stakeholder described how service providers were frequently concerned about making the environments of shelters and drop-in centres ‘too comfortable’ as they feared that individuals who used their services would never want to leave:

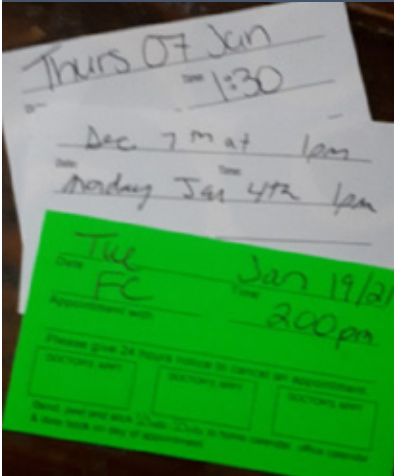
There’s an idea in homelessness where it’s like...we don’t want people living here forever. I’ve literally heard people say that we don’t want people

to want to be here because then they will never leave...I just think that’s so backwards. Like nobody wants to live in a shelter...what a blessing to provide a space that people love to be in so that they can create safety and feel safe. To then move into their own place. [Moonbeam, Leader]

Taking a relational approach to supporting individuals with experiences of homelessness was seen as a critical strategy that needed to be more widely adopted across services in Kingston. This took on particular significance as individuals with lived experience stressed that whether or not it was obvious to service providers, they entered the relationship with a range of prior losses and traumas that were always present: “I have no kids, I have no wife, I have nothing but memories. It’s all I have” [Matt, unhoused]; and “Like they don’t understand my problems. They don’t understand the abuse I went through” [Alexander, housed]. Service providers recognized the need for orienting services to be more trauma informed, but that while lip-service had been paid to the concept, it hadn’t been adequately integrated within services:

That terminology is something that I hear used a lot because you know, they’re best practice, and that’s how you get funding. But I don’t actually really see a commitment to it necessarily. Like our agency is not rolling out any trainings on trauma informed care, what it actually means, and what it looks like in practice. You know? And I think that would make a difference [Lorna, service provider]

FIGURE 10: **HAVING A CONNECTION WITH TRAUMA-INFORMED SERVICES**



"By having appointments, it makes me feel connected to people, like I'm getting some social interaction even though it's not a social situation...they're like my practice board. I can tell them anything...I got a lot of trust in them because I've been working with them for 14 years...they'll talk to you...they're very welcoming...and I know they're there to help us. They're not doing it because they want a picture in the paper...they're actually there to do good for us...they're not following the book...a lot of people think they've read a book, and think that's what you're gonna be like, where Street Health knows we have issues, so that's gonna change our course. And they deal with it as it goes." [Casey, housed]

"I'm gonna try again tomorrow"

Service providers and leaders emphasized how important it was to support relationships with service users by taking an assertive approach to practice. Aligned with the need to be emotionally consistent, assertive engagement was recognized as an approach that would support the relationship with individuals transitioning to housing by recognizing that readiness for change may take time. Assertive engagement was characterized by service users as *"you told me to fuck off today, so tomorrow you might not, so I'm gonna try again tomorrow"* [Nicole, Leader]. 'Being there' for individuals with lived experience was seen as a way of supporting thriving following homelessness by tuning into individuals' needs as they made the transition to their housing and adjusted in the months after. Some service providers and leaders, however, felt that individuals who were recently housed were provided with supports that were stretched and unavailable to them, thereby interfering with their ability to assertively engage individuals who had transitioned to housing:

The support for a Housing First worker isn't supposed to stop there. I've never heard of a Housing First worker in my time really going and seeing them every day, making sure the relationship is there – 'how are you doing?'. Checking in. It might be a once a week check in and that's not necessarily the fault of the worker. It's the fault of the system...where you just have so many people and there's so many crises that your job is like 'okay, fine, I have that person housed. Here we go.' But then that person isn't set up for success in any capacity...because then they're alone and isolated...with their own thoughts, and that's like a big piece that nobody ever talks about. [Moonbeam, Leader]

5.2.4. There is a need for increased supports that engage people in meaningful activity and support life skills

All stakeholders emphasized the need for engaging individuals in meaningful activity and integrating peer support into formalized roles to most effectively address the well-being of individuals living with mental illness and substance use difficulties following homelessness. This was recognized as a gap in existing supports and was expressed through two themes generated in our analysis: 1) Being and becoming who I am; and 2) They don't have the skills, but they can be learned.

Being and becoming who I am

Individuals with lived experience emphasized that housing was a launching pad for engaging in a life that was meaningful to them, something that they found difficult to do while unhoused. They saw this as an opportunity to express their identities and an opportunity to build a new life for themselves following homelessness. For many, it took time for them to rediscover what they wanted to do with their time: *"I do tend to watch a lot more TV now than I used to, and I just started getting back into doing things like colouring that I haven't*

done in a long time" [Gabriella, housed].

Some found ways to engage in activities that were meaningful to them while unhoused, and continued after securing housing, which was facilitative of mental well-being: *"I love to cook...even when I wasn't here, I was doing it. I'd go to my friends' houses and cook...cause I love cooking...I've always been just whatever I want in the kitchen...I got a fully equipped kitchen, and I paid the storage to keep that...it brings...family together"* [Casey, housed].

"The choices aren't there. So you're pretty much stuck with sitting on a balcony or going outside you know and sitting there smoking cigarettes or just sitting in your apartment doing nothing" GABRIELLA, HOUSED

Many stakeholders with lived experience, however, lacked opportunities to engage in activities that were meaningful both during and following homelessness, which imposed a serious negative influence on their mental well-being. Gabriella envisioned herself giving back to her community by volunteering with older persons or children, but identified that options for doing so were limited: *"the choices aren't there. So you're pretty much stuck with sitting on a balcony or going outside you know and*

FIGURE 11 (BELOW): **BEING ENGAGED IN ACTIVITIES THAT ARE MEANINGFUL HELPS WITH HEALING**



"I bought my ukulele when I moved out, and it was a really big source of healing for me - being able to participate in something artistic or creative. Also working on something and gaining a skill and having the ability to do that was really nice." [Gavin, housed]

"This is where I usually go to walk with my OT...I tend to isolate myself. Unless I have plans with friends, I usually don't go out much...[accompanying me] means that I have more motivation." [Bruce, housed]



FIGURE 12 (ABOVE): **SUPPORTING MOTIVATION TO ENGAGE IN MEANINGFUL ACTIVITIES IN THE COMMUNITY**

sitting there smoking cigarettes or just sitting in your apartment doing nothing" [Gabriella, housed]. Other stakeholders identified that losing access to resources that were essential for participating in valued roles following homelessness, such as access to a computer, meant that they lost a sense of belonging in their community: *"losing my computer made it impossible. I couldn't keep up with things...everything's gone digital...without my computer, I couldn't keep up...I really enjoy it...that was part of my social connection"* [Doc, housed].

Lived experience stakeholders identified that living in low income prevented them from participating in activities that were meaningful, which in turn, influenced their mental health. Many stakeholders expressed the desire to participate in the workforce, return to school, and longed to create a life that was uniquely their own. When asked what he needed to be mentally well, Crispy responded by stating: *"a future that's not something made up or fabricated... so a career. I still think about a career for myself in my life"* [Crispy, unhoused]. Despite these desires, lived experience stakeholders identified that they faced multiple barriers to finding and keeping both paid and unpaid employment in Kingston. Matt recognized how important work

was for his mental well-being but struggled to find a job despite submitting multiple resumes:

Out of fifteen, I'll get three or four responses...I know people are working, like doing whatever they usually do, but I've felt like I was cursed. Like what have I done to deserve this, you know? Not even a response. I had the employment places...working with me and I'm gonna have to go a different route. I mean when I say I'll dig ditches, I will dig ditches again...it'll give me a reason to get up...wake up. [Matt, unhoused]

"I mean when I say I'll dig ditches, I will dig ditches again...it'll give me a reason to get up...wake up."

MATT, UNHOUSED

More than anything, stakeholders with lived experience recognized their own strengths and longed for autonomy, something they felt that they were denied within services during homelessness: *"I like my freedom, and while I was there I kind of felt like I was in prison...it was very restrictive"* [Alexander, housed]. Many stakeholders felt as though their autonomy had been restored once they secured housing, but for others, new restrictions on their lives imposed by landlords, services, and living with unchosen roommates emerged once they secured housing. This loss of autonomy elicited feelings of hopelessness, and longing to return to the street:

I built a ten-by-ten cabin...it's insulated and everything...it's actually better for me to be there than it is where I am right now...I don't want to do that, because...this is my second shot...the first one failed...I cannot get help from this agency now for two years...I'm done. So there's another helpless fucking feeling...there's all these limitations to everything and this red tape, you know?...so my feelings of hopelessness have not changed. [Pekoe, housed]

FIGURE 13: **WANTING TO RETURN TO SCHOOL**



"I like 1984...I've read Albert Camus, and I like Virginia Wolfe...I want to go to university eventually, but I have never really had the stable mental health or living situation or all of that sort of thing. Money is a whole other thing." [Bruce, housed]

They don't have the skills, but they can be learned

While only some individuals with lived experience identified the need for increased support for independent living following homelessness, it was service providers who emphasized the need to provide increased independent living skills support. Service provider stakeholders identified that a lack of independent living skills often leads to evictions and made it challenging to support individuals following homelessness:

Case managers – they'll say the unit is not taken care of and things like that...they're not paying rent...it's all the same things that we'd hear. The same trends...connecting them with the services in the community that maybe would have helped...I'm not really sure what that pans out to be after they move in. [Alex, service provider]

Service providers recognized the need for ongoing support with such skills once a person has been housed: *"It's not as simple as handing people keys and wishing them well and buying them a new kettle. There's a lot of complex challenges that come with not just housing individuals but helping them understand how to maintain and ensure the maintenance of that housing"* [Respondent1, Leader]. Service providers and leaders identified that the level of support for each person is likely to vary, with some needing very little support, and others needing much more: *"there are some people who can't navigate the system on their own and need a lot of handholding. A lot of support"* [Steve1, service provider].

The need for longer term independent living skills support after individuals leave homelessness was seen as critically important and something that service providers and leaders acknowledged was not always happening in the Kingston community. The network of supports for individuals during homelessness was likened to a sort of institution that could disable individuals living with mental illness and substance use difficulties by preventing them from performing independent living skills

"It's not as simple as handing people keys and wishing them well and buying them a new kettle. There's a lot of complex challenges that come with not just housing individuals but helping them understand how to maintain and ensure the maintenance of that housing"

RESPONDENT1, LEADER

during homelessness. As a result, these skills were lost when individuals were unhoused, and needed to be re-learned after the transition to housing. This effect was compounded for individuals with histories of both homelessness and long-term hospitalization for mental illness:

That environment has taken away every opportunity to learn how to make a friend, keep a friend, live with another person, even to do something with your free time - how to be productive. Because if somebody's lived in an environment where you have to be in the door by six because it's locked and we're gonna call the police if you're not back and it doesn't matter if there's no reason to lock you in here...you get to have one cup of coffee with your meal every morning and that's it because two – the doctor says two is too much. You shower on Tuesdays because that's male shower day, and Thursday is female shower day. These are all systems that we put in place in institutions to make it easier for caregivers to provide the care that is compassionate. [Terry, Leader]

To counteract this effect, service providers and leaders advocated for structuring supports to enable engagement in independent living skills *during* homelessness so that when individuals were housed, such skills would be familiar to them. They believed in the abilities of individuals who experience homelessness to learn these skills, and advocated for allowing them to wash their own laundry in shelters and drop-in centres, providing access to cooking facilities, providing opportunities to participate in meaningful activities and offering autonomy in how they used their time. Several stakeholders identified programming that would help to support the development and maintenance of such independent living skills both during and following homelessness. Such programming could include:

Community gardens out back where you get your own plot and other people will help you...cooking classes, like a meal and cook, a meal and cooking classes I think is probably one of the key pieces...I hear all the time that people just need to get the Good Food Box...[it's] financially a pretty good deal. I get the concept of that, but without the skill-based learning that goes with that, it's not really truly successful...I totally think meaningful engagement is a key piece to belonging, which is a key piece to creating community. [Moonbeam, Leader]

FIGURE 14: **LEARNING SKILLS TO MAINTAIN WELLNESS OVER TIME**



Casey discussed how having a routine, and taking time to care for herself enabled thriving following homelessness: *“I have that little clock there to remind me...to take time for myself. To take care of myself. And I need to do that...and it reminds me that I haven’t taken the time to do things for myself...I forget about me. And I look at that clock and remember - ‘oh! You haven’t taken your meds!’ It just makes me think ‘take time.’”* [Casey, housed]

5.2.5. Effective community integration supports are needed to prevent ongoing homelessness

Individuals with lived experience, service providers, and stakeholders all identified that isolation and loneliness frequently emerge following homelessness, and that there is a need to address this issue if we are to effectively support individuals to thrive after securing housing. Stakeholders identified that promoting community integration is an important approach to preventing ongoing homelessness. This was expressed through three themes that we generated from interviews: 1) Finding and keeping ‘my people’; 2) Critical importance of community integration in preventing homelessness; and 3) Incorporating peer support.

“I don’t feel like I talk to anybody really in my day, and the people I meet and the places I go to and stuff. I don’t really have friends. I’ve lost my friends, it seems”

DOC, HOUSED

Finding and keeping ‘my people’

Individuals with lived experience discussed the challenges they faced with being socially excluded both before and after homelessness. For many, this became particularly difficult once they were housed. Doc described how he had lost connection with others after securing housing: *“I don’t feel like I talk to anybody really in my day, and the people I meet and the places I go to and stuff. I don’t really have friends. I’ve lost my friends, it seems”* [Doc, housed]. For Cheech, his experiences of disconnection

When we asked one participant what he needed to thrive following homelessness, he responded without hesitation:

“Just love really. Love...not making love. Not sexual. Just... being loved and loving another... the power of love...could be the most powerful force there is”

CRISPY, UNHOUSED

had been a part of his life for a long time. He decided to give up on building relationships entirely: *“I don’t mind being alone...I’ve been alone forever”* [Cheech, unhoused]. Lived experience stakeholders discussed the challenges that they encountered in building new relationships, and how once they were housed, there was a need to choose friends that supported their mental well-being: *“I’ve gotten to the point where I feel why bother then?...I got too many disappointments...it’s hard to make friends with people that are good for you”* [Casey, housed].

Many lived experience stakeholders tried to reconnect with friends and family after they were housed. This included reconnecting with friends, children, parents and siblings with whom they had lost contact during homelessness. Individuals who were unhoused discussed how they actively avoided family relationships due to embarrassment over homelessness and struggles with managing substance use, which they feared would affect their families: *“I’m going through crystal withdrawal, like trying to get off crystal or whatever...that’s what I mean by not being healthy...[when in withdrawal] I don’t go around them...I just walk away from people”* [Ocean Breeze, housed]. Some discussed how their family dynamics were problematic and they needed to tread carefully when re-initiating these relationships. Others felt that reconnecting with family wasn’t an option for them at all:

Do you know what sucks about all this? Most of my friends just go home to their parents’ house...don’t pay rent, don’t have to pay for groceries, which is good for them. I’m happy they have that. I don’t...I can go back to the funny farm where my mom lives where people smoke crack all day and just fucking go nuts and party and shit. Plus, it’s in the middle of nowhere...literally in the middle of nowhere...that’s where my mom is. [Alexander, housed]

Lived experience stakeholders recognized the importance of being socially connected with others for their mental well-being and to thrive following homelessness. Bruce had lived both with friends and alone in the past, and recognized that isolation had an effect on his mental health: *“I think it’s just the isolation...when I lived on my own, the isolation of not being able to see people all the time kind of can get to me a bit”* [Bruce, housed]. When we asked one participant what he needed to thrive following homelessness, he responded without hesitation: *“Just love really. Love...not making love. Not sexual. Just...being loved and loving another...the power of love...could be the most powerful force there is”* [Crispy, unhoused].

Importance of community integration in preventing homelessness

Service providers and leaders emphasized the importance of supporting community integration as a way of preventing ongoing homelessness. Consistent with lived experience stakeholders,

“...they return to the streets at times... because they have a sense of community on the streets.”

JANE, SERVICE PROVIDER

service providers and leaders discussed the importance of attaining a sense of belonging in one's community following homelessness. Stakeholders emphasized that this is a universal need that all humans have: *“Everybody wants to be a part of a community”* [Jay, Leader]; *“that's one thing that humans - especially with addiction issues - need is that human connection”* [M.C., service provider].

Service providers and leaders identified that a lack of community integration following homelessness is particularly problematic because individuals often have a sense of community when they are unhoused and lose this community immediately when they transition to housing, leaving a void in their lives: *“in chronic homelessness, you are in a community...it's not always a great community. There's a lot of toxic stress. There's a lot of trauma. There's a lot of unsafety...but it's a community”* [Moonbeam, Leader]. Often, individuals who have been housed following homelessness will fill this void by connecting with service providers: *“You do see clients that are housed coming back, coming to chat or calling. And you know, just checking in saying ‘hey, I'm doing really well,’ or ‘I'm having problems’ or that kind of thing so they will seek out that support...even just someone to talk to”* [Alex, service provider].

According to service providers and leaders, some individuals struggle so significantly to integrate within their community following homelessness that they forgo their housing and return to living in shelters and on the streets, where they have a sense of community:

I've heard clients say I just stopped everything because I didn't want to be there, so they end up walking away because they're really isolated and lonely...[it's] more appealing to them. There's a sense of safety in the shelter as well...when you're feeling lonely in your own apartment or...your thoughts... you know it's a lot easier for all of that to be all encompassing...they return to the streets at times...because they have a sense of community on the streets.
[Jane, service provider]

Though service providers and leaders knew community integration was important, they felt unsure of how to effectively address it with their clients following homelessness: *“I think we*

don't do a great job of integrating individuals into the local community...I don't have an answer. I don't know what that would look like" [Jay, Leader]. They recognized that individuals need meaning and purpose in their lives to thrive following homelessness, and that engagement in meaningful activity could help to achieve this while also supporting a person's ability to gain access to social networks and belong in their community. This was something that residents of an urban encampment at Belle Park in Kingston created on their own: *"they had scheduled activities...like they would do little bon fires or they would take turns like passing around snacks or whatever so that they each had a sense of belonging"* [Lee, service provider].

Following homelessness, service providers and leaders recognized that individuals often derive a sense of purpose and find ways to integrate into their communities by giving back: *"I think clients really do like to take care of others...I think that's a strength of a lot of the clients that we see. A lot of the individuals who are experiencing homelessness, when they get into housing that strength of empowerment, of wanting to help all their other friends and individuals on the street who have helped them in the past"* [Jay, Leader].

Service providers and leaders recognized that families have a role in supporting community integration but concurred with lived experience stakeholders that complicated family dynamics may mean that reconnecting with family may be difficult or impossible: *"often, you'll hear many people say they've burned every bridge possible, so then their family and that do pull away...if they have addictions issues, maybe they have stolen or whatever...the trust has been gone"* [Jean, service provider]. To preserve the emotional safety of individuals with lived experience, service providers and leaders recognized that there are times when reconnecting with family may not support mental well-being: *"they are connected in a destructive way...either their family members also use and that becomes their connection...I'm just thinking of another woman who actually stopped using drugs and is housed now. And she needed to disconnect from her family to keep her in a safe, healthy place"* [Esmeralda, service provider].

"I think that's a strength of a lot of the clients that we see. A lot of the individuals who are experiencing homelessness, when they get into housing that strength of empowerment, of wanting to help all their other friends and individuals on the street who have helped them in the past."

JAY, LEADER

FIGURE 15: **FAMILY AS SUPPORTING WELL-BEING AND PROVIDING MOTIVATION FOR SUSTAINING ONE'S TENANCY**



"That's how I feel about my family. It's a good thing. And when I think of my apartment, it's so that I can have my family there. It's a really big factor in the whole situation." [Casey, housed]

Incorporating peer support

Individuals with lived experience, service providers, and leaders all emphasized the value of incorporating peer support into existing services. Service providers and leaders identified that they could not offer what someone with lived experience could in the support of persons who are leaving homelessness. Individuals with lived experience agreed with this perspective, and acknowledged that having experienced homelessness provided them with the expertise to support people from an 'inside view': *"if you don't experience those feelings, it's hard for you to be able to help us. Even though you're trying your best"* [Husky, unhoused].

"If you don't experience those feelings, it's hard for you to be able to help us. Even though you're trying your best"

HUSKY, UNHOUSED

Making peer support more available and integrated within the current system was seen to fill an important gap in existing services. Specifically, service providers recognized the power of peer support in connecting individuals with the broader community: *"I think peer support is actually more beneficial than just professional related support because I think you can identify with peers...to encourage somebody to get out and join different things in the community...a peer could be more effective than just having a professional"* [Xavier, Leader]. Accompanying individuals who had been newly housed following

homelessness was seen as a valuable way of incorporating peer support by scaffolding connection with the community following homelessness: *"having a peer support that would go out and...meet with somebody for coffee, or maybe do something like that with them. Take*

them somewhere for the first time. I think those connections are invaluable... it's really different when you're sharing with somebody who's been through some of the same things" [Cheryl, service provider]. Peer support was also seen as a way of overcoming stigma that might prevent individuals from gaining access to the broad community: "you know, you can take them to places maybe they wouldn't feel comfortable going to... they feel they might not be accepted at...and introduce them to that kind of stuff...socializing and social activities... to get exposed to different parts of the community" [Steve2, service provider].

"I started being on committees and making decisions on boards and being able to share my lived experience...affecting decision making within the city, which made me connected to my entire city and all of these big organizations. GAVIN, HOUSED

While stakeholders discussed the need for making peer support more available, they also recognized that providing peer support would offer valued roles to individuals with lived experience that would provide a sense of meaning and purpose while drawing on their unique expertise. Providing lived experience expertise for Gavin was incredibly meaningful, and enabled him to feel like he belonged in the broad community:

Before when I felt kind of junky, I would go for a bike ride...I was introduced to [name of community organization] and was able to start volunteering there and I would be there every single day volunteering and asking if there's anything I can do to help...then I started being on committees and making decisions on boards and being able to share my lived experience... affecting decision making within the city, which made me connected to my entire city and all of these big organizations. [Gavin, housed]



RECOMMENDATIONS DEVELOPED WITH COMMUNITY STAKEHOLDERS

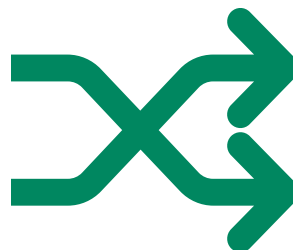
After analyzing interviews, the research team presented their findings to the community advisory board (CAB), who provided input on the organization of themes, and who validated the findings.

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 nine recommendations. Each of these refined recommendations is identified and explicated below.

RECOMMENDATION 1

**Systemic changes
are needed to
improve the lives of
individuals following
homelessness in
Kingston**

Foremost, CAB members recognized that homelessness in Kingston has arisen from a range of systemic issues resulting in a lack of affordable, safe, and high-quality housing for individuals living with mental illness and/or substance use difficulties. CAB members recommend that policymakers address the systemic issues that have resulted in the existence of unsafe, low quality housing in Kingston, and the lack of affordable housing options for individuals living in low-income. It was emphasized that inadequate levels of income support for shelter provided through OW and ODSP is a particular problem that needs to be addressed at a systems-level.



RECOMMENDATION 2

Existing services need to reflect a more strengths-based, trauma-informed lens and acknowledge systemic racism experienced by Indigenous persons

CAB members recognized that there was a tendency to view individuals with lived experience of homelessness from a deficit-based perspective, and that acknowledging and drawing upon strengths within supports was needed. The CAB also identified the need for aligning services to be more trauma informed. This includes defining what trauma informed practice is, and also providing examples of how it may present in practice to facilitate understanding. Though not identified in our findings, CAB members acknowledged a gap in service for Indigenous persons living with mental illness and/or substance use difficulties who are leaving homelessness. Since the Friendship Centre in Kingston was closed, few services are provided that acknowledge how systemic racism has led the oppression of Indigenous persons, and such services are sorely needed.

RECOMMENDATION 3

We need more peer support specialists, and more lived experience expertise at the table

On a review of our findings, CAB members recognized that peer support needs to be incorporated more mindfully into existing supports. CAB members emphasized that to effectively incorporate peer specialists into existing services, such positions need to be formal, paid employment roles – not volunteer roles or informal provision of peer support. Further, CAB members emphasized the need to incorporate individuals with lived experience in all decisions made about housing and homelessness services in Kingston.

RECOMMENDATION 4

We need to design more person-centred, integrated services where people are provided with immediate support irrespective of their perceived degree of ‘complexity’

CAB members identified the need to expand upon integrated services that bring together the expertise of multiple community organizations in one setting for individuals following homelessness. Such services should be: 1) provided when and where they are desired/needed by individuals who are housed following homelessness; and 2) resources need to be provided to programs to enable them to offer supports for as long as they are needed as determined by individual service users following homelessness.

RECOMMENDATION 5

Service providers who are managing a complex group within a complex system need to be provided with adequate emotional support to be healthy and effective within their roles

Individuals who are supporting persons who experience homelessness including social service and mental health workers, volunteers and peer-support specialists offer emotional, behavioural, and practical supports to individuals with a high degree of complexity within a system that challenges their ability to help. CAB members recognized that in order to maintain the health of this workforce, and to enable them to provide the highest quality service to individuals who experience homelessness, we need to design and offer supports that enable them to mitigate any emotional impacts that the nature of their work might impose in their lives.

RECOMMENDATION 6

Support for independent living skills following homelessness needs to be more available

Stakeholders with lived experience of homelessness, service providers and leaders all emphasized the need for increased independent living skills support that begins when a person is unhoused and continues following homelessness. Though such supports are currently offered, they need to be more available - without barriers, and offered for longer periods following homelessness. Such supports can enable thriving by promoting independent functioning, supporting the security and maintenance of supportive relationships, and in so doing, helping individuals to avoid housing instability and sustain their tenancies. Targeting this outcome should not be treated as an individual approach, but recognized as an outcome that can be achieved through designing a system that both enables the maintenance of existing skills, and the development of new skills beginning when a person is unhoused, and continuing after a person secures housing.



RECOMMENDATION 7

Increased access to abstinence-based programs in concert with harm reduction support is needed

Stakeholders and CAB members emphasized the absolute need for harm reduction supports to mitigate risks associated with substance use and identified that harm reduction is well understood and implemented in the Kingston community. In contrast, when individuals with lived experiences of homelessness and substance use difficulties express the desire to reduce or abstain from substances, few immediate and accessible supports are available. Services that are available are challenging to access, require long wait times for program entry, and are poorly suited to the needs of complex groups. A primary pathway into homelessness and a factor that often sustains it is substance use. A lack of supports for reducing or abstaining is a serious gap in existing services that is contributing to ongoing homelessness in the city. In addition to harm reduction supports, low-barrier abstinence-based services that are immediately available when and where people need them needs to be prioritized in Kingston to enable individuals to thrive following homelessness.

RECOMMENDATION 8

Increase opportunities for meaningful activity as a means of community integration

Throughout our interviews with stakeholders, both the need for supporting individuals to engage in meaningful activity including volunteering, employment, and leisure interests was described as a way of supporting individuals to thrive following homelessness. Stakeholders also identified that meaningful activity engagement was an important way of enabling individuals to build connections with the broad community following homelessness. CAB members identified the need to design and implement strategies that could support engagement in meaningful activity as a means of community integration within the Kingston community, as such services are limited in availability.

RECOMMENDATION 9

Informal and formal supports should be designed to be continuous and should last as long as people need following homelessness

Stakeholders identified that existing supports including Housing First services, mental health services, and other community supports are not designed to provide support for as long as people need following homelessness. CAB members identified that such services need to last longer, and that existing services should be provided with adequate funding to offer the level of support that individuals require after leaving homelessness. In so doing, length and intensity of service should be determined by the needs of the individual, rather than limited team resources. Further, existing services should involve the integration of a range of professional expertise including health care, social service, and peer specialists to meet the complex needs of this population as they transition from homelessness to housing. When a person is referred from one service to another, supports should be scaffolded by providing existing supports until the person has developed a trusting relationship with the new service before being discharged from the caseload of the referring service.



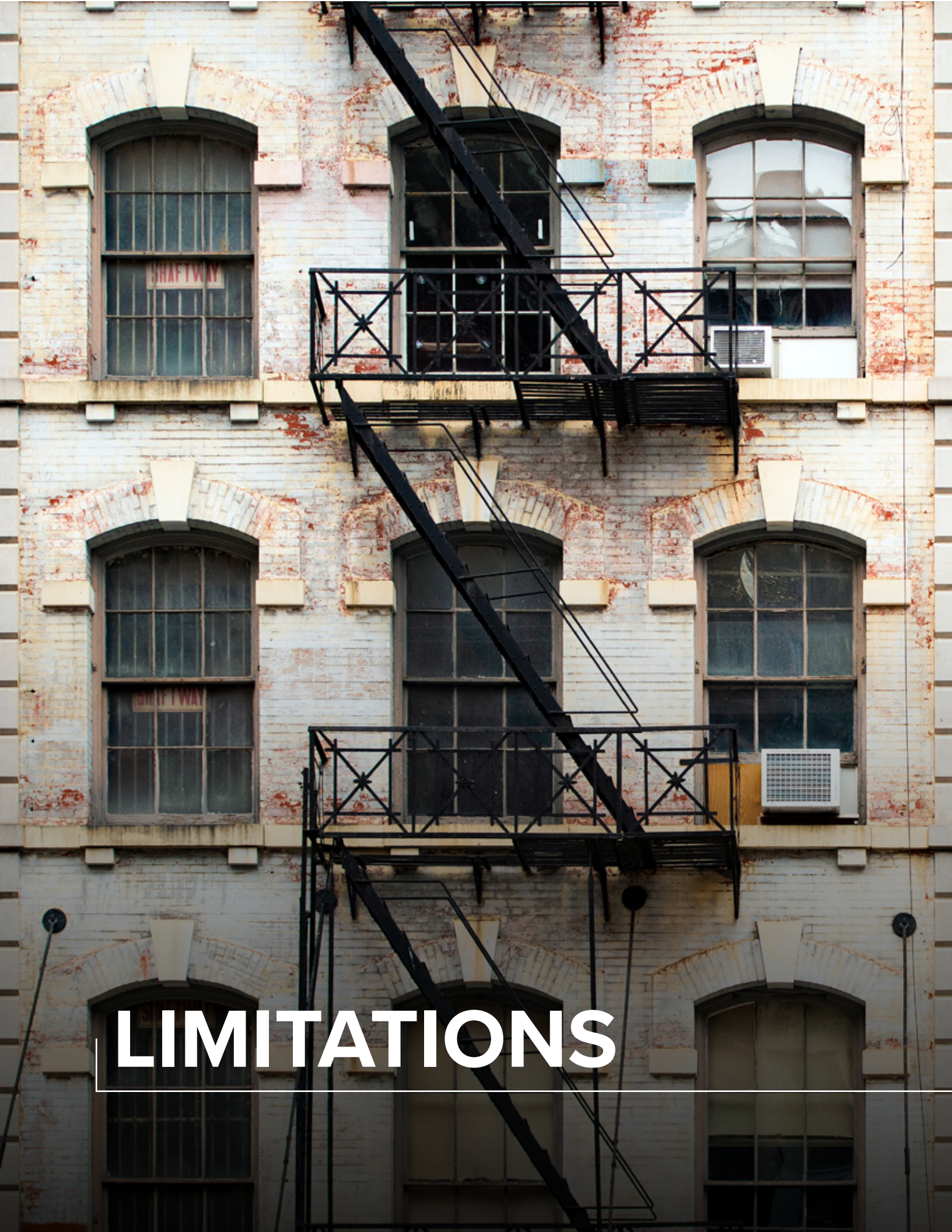


CONCLUSION

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.

Kingston has observed a growing homelessness problem for decades, which has emerged in response to low vacancy rates and rising housing costs. Limited housing has excluded individuals living with mental illness and substance use challenges from the rental market and resulted in a high rate of homelessness for this group in Kingston. As a result, homelessness is frequently prolonged. 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 Kingston; and 2) identify what individuals with lived experience need to thrive following homelessness in Kingston. Using qualitative interviews, we conducted a consultation with 51 stakeholders from three groups including individuals with lived experience, service providers, and leaders. We analyzed these interviews and shared them with a community advisory board and refined our analysis. We used these findings to collaboratively identify nine recommendations for improving existing services aimed at supporting individuals following homelessness in Kingston. These recommendations will provide a foundation for a broader community consultation aimed at co-designing possible strategies to build on the strengths of the current system of supports, 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 Kingston 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 Kingston community. Instead, the insights presented in this report are meant to encourage reflection on the current state of the system of supports in Kingston. 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.

A black and white photograph of a concrete wall with a grid of circular holes and a set of stone steps leading up to it. The wall is made of large concrete panels separated by vertical and horizontal lines. There are small circular holes arranged in a grid pattern on the wall. A set of stone steps leads up from the bottom right towards the wall. The text "WHAT COMES NEXT" is overlaid in white, bold, sans-serif font in the bottom left corner, with a thin white line extending from the left of the word "COMES".

**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 co-design supports that will build on the strengths of existing services and fill gaps identified in this report .
- 3** Identify avenues for funding and evaluation of supports that have been co-designed.
- 4** 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. *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. StatsCan. Census Profile, 2016, Kingston, ON2016. Available from: <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/pagecfm?Lang=E&Geo1=POPC&Code1=0415&Geo2=PR&Code2=35&Data=Count&SearchText=Kingston&SearchType=Begins&SearchPR=01&B1=All>.
23. Hub H. Kingston community profile2018. Available from: <https://www.homelesshub.ca/community-profile/kingston>.
24. CMHC. CMHC Rental Market Survey 2021. 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>.
25. CMHC. 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>.
26. ONPHA. 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>.
27. 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>.
28. 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.
29. 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.
30. Hacker K. Community Based Participatory Research. Los Angeles, CA: Sage; 2013.
31. Braun V, Clarke V. What can “thematic analysis” offer health and wellbeing researchers? *Int J Qual Stud Health Well-being*. 2014;9:26152.

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