

Home for good: Evaluating an integrated Housing First program in the COVID-19 context

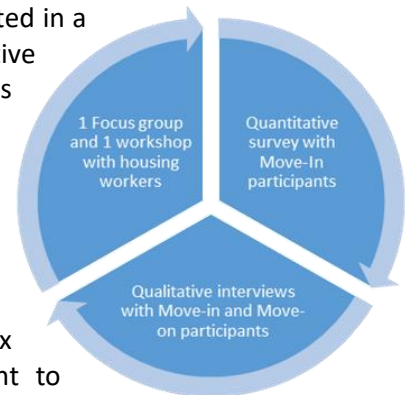
Highlights

About Project:

This project is a two-phase evaluation of the Home for Good (HFG) program at Houselink and Mainstay Community Housing (HLMS) – formerly Mainstay Housing – Toronto’s largest non-profit housing agency. The project was carried out by researchers at MAP Centre for Urban Health Solutions at St. Michael’s Hospital. For phase I of the project, the enrolment of study participants took place from December 2020 to May 2021.

HLMS Home for Good is a social and supportive housing program with two main components: A *Move-In* component that provides rapid and immediate access to self-contained units in a single-site building for up to 60 people with experiences of long-term homelessness. The supportive services in the **Move-In** component are intended to extend over the **first three years of tenancy and offer a wide range of supportive services to clients** (e.g., primary health care services or food bank, appointment arrangement and accompaniment to services, case management, peer support counseling, and education on tenancy rights and responsibilities). The second component, **Move-On**, provides a full complement of wellbeing supports to longstanding tenants of HLMS to facilitate transitions into private market housing. The program has been running since 2018 and is funded by City of Toronto. During this study period, 44 people out of the targeted 60 were enrolled in the Move-In component, 20 clients in the Move-On.

Evaluation Study Methodology: As illustrated in the figure, researchers carried out a mixed method evaluation study. Twelve tenants from the Move-In component participated in a quantitative questionnaire and qualitative interviews. The quantitative questionnaire gathered data on social and health factors such as sociodemographic background, chronic diseases, homelessness trajectory, substance use, program engagement, healthcare utilization, and COVID-19. **The qualitative interviews** explored housing context, relationships to social systems and services, COVID-19 lockdown implications and key changes participants have seen in their lives and self-identity. Ten people from the Move-On participated in qualitative interviews. The researchers also hosted **one focus group discussion** with six program staff workers and periodic meetings with staff management to document COVID-19 program adjustments, and challenges related to staffing and resources.

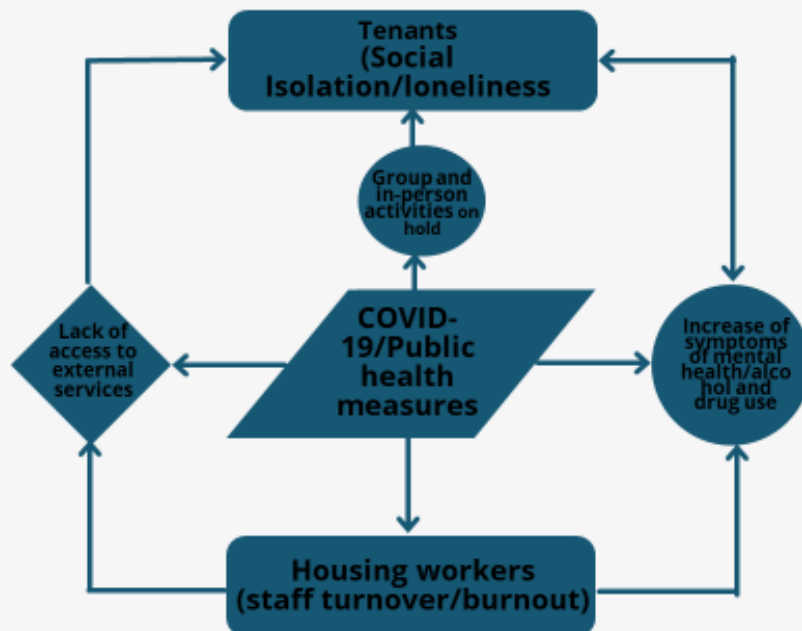


COVID-19 and supportive services:

Throughout the first months of the pandemic, HFG staff distributed cell phones, personal protective equipment to both workers and tenants, door-to-door food delivery (mainly to older tenants or those with a disability), and completed minor building renovations to allow for adequate and protected counselling sessions. **These adjustments allowed the program to avoid COVID-19 outbreaks** within the building up to the time of this study.

Nevertheless, for the first phase of the COVID-19 pandemic, all HFG in-person activities, including counselling and other group activities, were put on hold to adhere to public health measures that were intended to mitigate the spread of COVID-19. Housing workers discussed the impacts on social isolation and loneliness of tenants and symptoms of mental health/alcohol and drug use, while made it more difficult to connect tenants to health care services and other external services. Housing workers had to face these new challenges, with limited resources and not adequately trained and prepared, which led to a high-rate of staff turnover and burnout.

COVID-19 impact model for Supported Housing



COVID-19 and housing:

Most participants expressed feeling thankful to have a key to their own home and for regaining some level of privacy, especially during the COVID-19 pandemic. However, some also expressed challenges they experienced in relation to adjusting to a new environment and property management gap such as pest control and safety.

“If I was in the shelter system, wow. But just now knowing that I can, like with, during COVID yeah, when you hear them say stay home as much as possible I can and I don't have to have anybody in my place whereas I remember in the shelter I was in a room full of five women. This definitely is you know, yeah, like I'm thankful. Very Thankful.”

“I knew the area very well but moving into this particular building they were saying it's infested, and just the amount of men like the population from men to women.”

COVID-19 and other needs:

Phase 1 data collection also highlighted other complex needs beyond the need for adequate shelter, which were also influenced by COVID-19. Of the **Move-in** participants, a majority reported poor health conditions: 9 out of 10 reported at least one chronic disease, including homelessness-related conditions like back pain (50%), dental problems (33.3%) or foot problems (33.3%). Participants also reported severe mental health symptoms (41.7%) and high levels of alcohol and drug use (41.7%). Researchers explored whether existing health conditions such as mental health were worsened by COVID-19 lockdown and found that in most categories COVID-19 restrictions had moderate to high influence on factors such as substance use and access to food and community services.

Private Market Tenants (Move-on component): All 10 individuals who moved into private housing in the Move-On component provided consent to participate in this study. The participants shared the challenges they faced in searching and applying for an apartment, such as not having government identification, a good credit score, proof of stable income, guarantors, social status discrimination and stigmatization for receiving social assistance.

“a lot of people don't want to take somebody on ODSP. They think you got an issue and a problem; they don't trust you; you're not going to give them their money.”

Main recommendation:

Taking a more holistic approach to housing: The provision of housing and support services are the pillars of supportive housing. However, this approach remains limited to addressing the basic needs of individuals with recent long-term homelessness experiences, and mainly of those with mental health and chronic conditions. A more holistic approach is needed. It should include support for other basic needs like access to food, public transportation, or care for some specific chronic conditions that result from homelessness and poverty including dental problems, back or foot problems. Building partnerships with community organizations and health care service providers to support property management and other basic needs is crucial.

To read the full report [here](#).

Recommended citations:

Lachaud, J., Da Silva, G., Yusuf, A., Gogosis, E., Mejia-Lancheros, C., Perri, M., Maelzer, F., Francombe Pridham, K., Nisenbaum, R., Zerger, S., and Hwang, S. (2022): **Home for good: Evaluating an integrated Housing First program in the COVID-19 context: Highlights**. Houselink and Mainstay Community Housing and MAP Centre for Urban Health Solutions, Toronto, Canada