Housing First, Affordable Housing, and Ending Homelessness in Alberta

by

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Abstract

This thesis examines the Housing First (HF) approach to ending homelessness in Alberta, with a focus on how it has been constrained by shortages of affordable housing. It reports on qualitative multiple case study research centred on three cities that have adopted the *Ten Year Plan to End Homelessness* policy model: Edmonton, Calgary and Medicine Hat. The objectives of this research were: (1) To assess if constraints on the supply of affordable housing in Alberta influence the ability of HF programs to follow through on key HF principles, such as client choice; (2) To evaluate how constraints on Alberta's affordable housing supply influence the long-term housing sustainability of clients in HF programs; and (3) To determine progress towards the policy goal of ending homelessness in Alberta by 2019.

The research draws on in-person interviews with 48 participants (29 service providers and 19 service users) in the case study cities, conducted between July 2014 and January 2015. Analysis of interview data used the 'framework' approach, which was specifically developed for applied policy research. Through a five-step analytic process, a series of themes emerged out of participants' accounts of HF, affordable housing and homelessness in Alberta.

Four key findings can be drawn from this research. First, HF in principle and practice in Alberta is characterized by a high degree of ambiguity. Although some programs shared guiding principles or program structures, service providers' conceptions of HF and understandings of the HF model varied widely. Service users' experiences with HF were equally variable, with major differences in the types and duration of services received. Second, housing market characteristics, chiefly low vacancy rates and a limited supply of affordable housing, were a major influencing factor on the operation of HF programs in Edmonton and Calgary, and to a lesser extent Medicine Hat. Despite challenges, service providers

demonstrated that barriers could be overcome by means of strategies such as developing positive relationships with landlords. In some cases, the constraints imposed by the housing market created competing demands and forced service providers to prioritize certain HF principles (such as client choice) at the expense of others (such as rapid housing).

Third, constraints on the supply of affordable housing in Alberta undermine the long-term housing sustainability of HF program participants. The market context creates a situation in which rental subsidies are almost always necessary for HF clients to afford housing costs. In addition, when clients 'graduate' from HF programs, they may struggle to retain housing without ongoing financial supports. Housing unaffordability continues to generate new cases of homelessness, and many housed service users in this study were at risk of homelessness.

Finally, despite a large investment in HF at the municipal, provincial and federal levels, key parts of a comprehensive approach to ending homelessness continue to fall short. There remains a critical shortage of affordable rental units across the country. On smaller scales where housing is generally more abundant and affordable (e.g. in cities such as Medicine Hat), a HF approach has succeeded in ending chronic homelessness, proving that it can achieve its potential when the right conditions prevail. However, HF alone is not sufficient to 'end' homelessness as a social and urban phenomenon.

Preface

This thesis is an original work by Jalene Tayler Anderson. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name "Housing First, Affordable Housing, and Ending Homelessness in Alberta", No. Pro00049171, June 23, 2014.

Acknowledgements

Table of Contents

List of Tables

List of Abbreviations

ACT – Assertive Community Treatment

AH/CS – At Home/Chez Soi

HF – Housing First

ICM – Intensive Case Management

LRT – Linear Residential Treatment

TAU – Treatment As Usual

PHF – Pathways Housing First Model

Pathways – Pathways to Housing Program

SPDAT – Service Prioritization Decision Assistance Tool

10YP – Ten Year Plan to End Homelessness

Housing First, Affordable Housing, and Ending Homelessness in Alberta

Chapter 1 Introduction

1.1 Homelessness in Canada

Over the past 25 years, homelessness in Canada has emerged as a significant and growing problem (Gaetz, Gulliver & Richter, 2014), reaching levels described as a crisis unseen "since the Great Depression of the 1930s" (Laird, 2007, p.6). Gaetz et al. (2013, p.5) estimate that each year, over 200,000 Canadians utilize emergency homeless services or sleep outside, with 1.3 million experiencing homelessness or extremely insecure housing over five years. The emergence of this crisis can be traced to a series of policy shifts and economic changes - the most influential being drastic cuts to affordable and social housing programs that have occurred since the early-to-mid-1990s. Canada's national housing strategy was completely dismantled at this time, and responsibility for social housing was downloaded to the provinces in 1996 (Gaetz et al., 2013). This contributed to a major decline in the supply of affordable housing across Canada, which has been amplified by other market factors. For example, rampant gentrification has been implicated in reducing the stock of affordable housing further, particularly in central neighbourhoods where low-income individuals and families traditionally lived (Collins, 2010).

In addition to a decrease in the supply of affordable rental units, social supports such as welfare benefits, Old Age Security and Employment Insurance have also been significantly reduced over the past few decades. Coupled with the rising cost of living, an increasing proportion of low-income Canadians are unable to pay for basic necessities such as housing (Bunting, Walks, & Filion, 2004; Gaetz et al., 2013). In terms of economic changes, income inequality has also been on the rise, linked in large part to "wage suppression, benefit reduction, growth of part time work and the deindustrialization of the Canadian economy" (Gaetz, 2010, p.22). Ultimately, this "perfect storm" of public policy changes and shifts in private sector employment has led to Canada's current homelessness crisis (Laird, 2007, p. 7).

In 2012, the Canadian Homelessness Research Network published Canada's first official definition of homelessness, describing it as "the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it" (p.1). The definition is very comprehensive, going on to describe the range of

housing and shelter experiences encompassed under the term as a typology of 12 possible physical living situations, ranging from those with no shelter at all who are not accessing emergency shelters, through to those who are precariously housed and may be at risk of homelessness in the future.

1.1.1 Homelessness in Alberta

In line with national trends, homelessness in Alberta began to increase dramatically in the mid-1990s (Laird, 2002). In addition to federal programming cuts and broader structural causes, a series of unique issues has been identified as contributing to homelessness in Alberta (Alberta Secretariat for Action on Homelessness, 2008). The booming economy has led to an increase in the cost of living, while many incomes have not increased at the same rate. Strong economic growth has also led to high rates of in-migration, contributing to high demand in the rental market and an influx of people who may experience additional barriers to housing. Other issues identified include: a shortage of affordable housing; negative attitudes towards social housing; discrimination in the rental market; and a lack of coordination between government departments, institutions, and agencies (Alberta Secretariat for Action on Homelessness, 2008).

Homeless counts from across Alberta reveal high and relatively persistent levels of urban homelessness. Total numbers of homeless people observed in single-day counts have declined approximately 15% since 2008 to 2014, from 7627 to 6462, across five urban centres including Edmonton and Calgary (Turner, 2015). However, four cities (Edmonton, Calgary, Lethbridge and Grande Prairie) recorded higher numbers of homeless people in 2014 than in their previous count (see Table 1.1). As of 2014, a province-wide point-in-time count methodology was introduced to allow for better tracking and future comparisons.

Table 1.1: Comparison of Point-in-Time Homeless Counts for Seven Albertan Cities

City	2014 Count (Turner, 2015)	Most Recent Previous Count	Change
Lethbridge	140	114 (City of Lethbridge, 2013)	+ 22.8%
Medicine Hat	64	N/A (first count conducted in 2014)	N/A
Grande Prairie	166	122 (Turner, 2015; count conducted in 2008)	+ 36.1%
Red Deer	137	279 (Org Code Consulting Inc., 2012)	- 50.9%
Wood Buffalo	294	326 (Regional Municipality of Wood Buffalo, 2012)	- 9.8%
Calgary	3555	3190 (Calgary Homeless Foundation, 2012)	+ 11.4%
Edmonton	2307	2174 (Sorensen, 2012)	+ 6.1%

1.1.2 Response to Homelessness in Canada

Over the last decade in Canada, there has been a call to move away from systems of emergency homelessness management (e.g., shelters, drop-ins) and instead work towards *ending* homelessness (e.g., rapidly transitioning people into housing) (Gaetz, 2012; Laird, 2007). This line of thought has consistently been aligned with a strong economic argument for *solving* versus *managing* homelessness, which has the potential to produce significant cost savings through reduced, or more appropriate, use of public services. In this sense, homelessness has been framed as an urgent and ongoing economic problem, in need of a tailored and targeted policy that can save taxpayers money (Employment and Social Development Canada, 2014c; Kuhn and Culhane, 1998, as cited by Stanhope & Dunn, 2011), while also 'doing the right thing' (Gaetz, 2012). These concerns inform the *10 Year Plan to End Homelessness* (10YP) model, which has been touted as best practice in homelessness policy (Belanger, Awosoga & Weasel Head, 2013). Despite the title, some plans that follow the 10YP model are shorter in length. For example, Grande Prairie, Lethbridge, Medicine Hat

and Red Deer have five-year plans for ending homelessness.

The 10YP approach centres on a community-created policy document which "shifts a community's focus from managing homelessness to ending it" (Canadian Alliance to End Homelessness, 2014, np). Broadly speaking, the key elements of a 10YP are: 1) To utilize evidence-based practice and measurable outcomes; 2) To focus on prevention; 3) To focus on quick and efficient methods of moving people from homelessness to stable homes; and 4) To adjust infrastructure to support long-term stability through the provision of affordable housing, support services and sufficient personal income. In addressing the third element of these plans, adopting a Housing First approach is a central policy component of every Canadian plan that follows the 10YP model. Alberta is unique in that it became the first province to adopt a 10YP in 2008. This was preceded by the adoption of Calgary's 10YP in 2008, and soon followed by the remaining six major cities: Edmonton, Medicine Hat, Lethbridge, Red Deer, Grande Prairie and Fort McMurray (within the Regional Municipality of Wood Buffalo). These represent the first cities in Canada to formally adopt 10YPs, and all have implemented Housing First service models as a key response to ending homelessness.

1.1.3 Housing First

The Housing First approach (HF approach) operates on the premise that housing is the first need that should be addressed for someone experiencing homelessness, and that other issues can be better addressed once an individual has obtained safe and secure housing (Goering et al., 2014). This is a major shift away from the status quo approach to addressing homelessness, which is variously referred to as the 'treatment first, 'staircase model, or 'linear residential treatment' (LRT) approach. This was the dominant policy in place over the last three decades and is still employed in many contexts today. The LRT approach treats housing as an earned privilege and rests on the assumption that clients must become 'housing ready' prior to being offered permanent, independent housing. This often requires clients to work their way up a continuum of housing services (the 'staircase') beginning in emergency housing (Padgett et al., 2011; Tsemberis, Gulcur & Nakae, 2004). This approach relies heavily on the use of emergency supports such as homeless shelters and soup kitchens, and has been described as a system of 'managing' homelessness rather than 'ending' homelessness through prevention and housing supports (Gaetz, 2012).

The LRT approach has been criticized widely on a number of grounds, including that it may compromise a clients' independence and self-determination, and that many clients ultimately fail to progress 'up' the steps required to reach permanent, independent housing (Tsemberis, 1999; Waegemakers Schiff & Schiff, 2014). Housing First service models (HF models) were developed with these criticisms in mind in order to provide alternative housing opportunities for people experiencing homelessness. Common principles of HF models include: immediate access to permanent housing with no readiness requirements; consumer choice and self-determination (including choice of housing and supports); recovery orientation; individualized and client-driven supports; and social and community integration focus (Gaetz, Scott & Gulliver, 2013). HF models in place today can be traced to the highly researched Pathways to Housing *program* (Pathways), founded in New York City in 1992 (Waegemakers Schiff & Rook, 2012), and the program *model* it followed, known as Pathways Housing First (PHF). HF models have been widely advocated for, in part for their potential to reduce the costs of homelessness, and have been adopted in a number of countries – including Australia, France, Denmark and Sweden (Busch-Geertsma, 2013). As HF models have diffused from PHF, they have been modified in practice, leading to issues with 'model drift' (Stefancic et al., 2013). This has involved housing service models adopting the HF 'label', which suggests a strong evidence base, without actually following the core principles outlined above. There is a great deal of confusion in practice, policy and relevant literature regarding Housing First terminology. A wide range of programs, models and approaches has adopted the 'Housing First' title, and no formal typology or definition exists. As such, Table 1.2 below provides a description of the terminology used in the present research. However, when summarizing or reviewing other literature in the field, the terminology adopted by the original author(s) is retained.

Table 1.2: Housing First Terminology

Name	Abbreviation	Definition		
Housing First Approach	HF approach	Broadly refers to any approach that prioritizes housing before treatment, but does not promote a specific program model. Many 10YPs refer to a 'Housing First approach' or 'Housing First philosophy', but do not elaborate further.		
Housing First Service Models	HF models	The HF approach is delivered to homeless clients via a wide range of service models that prioritize 'housing before treatment' and related principles. These models include, but are not limited to, the Pathways Housing First model. Service provision includes social and clinical supports. Commonly, a distinction is made between service delivery for low-to-moderate needs clients (Intensive Case Management – ICM) and high-needs clients (Assertive Community Treatment – ACT).		
		HF Principles Overarching ideas that serve as the foundation for HF models and guide program implementation. There is no single set of principles, although broad similarities exist between HF models. *See Table 2.1 for a summary of principles of two PHF models and Housing First in Canada.	**HF Practices** The day-to-day actions that HF programs and their staff carry out to implement a HF model and deliver services to clients. These practices may or may not correspond closely with particular understandings of HF principles. Where there is close correspondence, programs are said to exhibit 'strong fidelity' to the HF model.	**HF Programs** Refers to the coordinated undertaking of HF practices, in the form of HF model service delivery to clients, by various social agencies.
Pathways Housing First Model	PHF	The PHF model provides permanent housing and services to homeless individuals with severe mental illness. The model adheres to a series of empirically validated principles, and is considered an evidence-based practice.		
Pathways to Housing Program	Pathways	Pathways refers specifically to the *Pathways to Housing* Program, originally developed by Sam Tsemberis in New York City in 1992. This program was the first recorded use of the 'housing first' label, and the founding program of the PHF model.		

A HF approach has rapidly become the policy of choice across Canada, with recent endorsement from the Government of Canada following the federally funded, $110 million *At Home/Chez Soi* (AH/CS) study. This study compared outcomes for two groups over four years in five study sites across Canada. The first group were clients in HF programs, and the second group were clients in 'treatment as usual' homelessness programs, referring to the existing housing and support services in their communities that generally followed the LRT model discussed previously. As a result of better outcomes for HF program clients in this study - including increased housing stability, improved quality of life, and more appropriate community-based service use (Goering et al., 2014) – the federal *Economic Action Plan 2013* announced $600 million over five years to "renew and refocus the Homelessness Partnering

Strategy using a Housing First approach" (Government of Canada, 2014, np).

As noted above, a HF approach has been promoted in policy in Alberta since 2008. Thus, homelessness service delivery in Alberta occurs in a unique context where all three levels of government have formally endorsed this approach in policy (see Table 1.3). It has been marketed as the key to ending homelessness across Alberta, and has been heavily promoted for its economic efficiency, with advocates emphasizing that it is "cheaper to fix the problem" of homelessness through a HF approach than continue on with the status quo (Alberta Secretariat for Action on Homelessness, 2008; Gaetz, Scott & Gulliver, 2013), referring to a homelessness response system dominated by emergency management systems, including a heavy reliance on emergency shelters.

Table 1.3: Housing First in Key Policy Documents

Jurisdiction	Policy Document	HF Statement/Endorsement
Canada	Homelessness Partnering Strategy	"Economic Action Plan 2013 announced nearly $600 million over five years starting April 2014 to renew and refocus the Homelessness Partnering Strategy using a Housing First approach. The Housing First approach involves giving people who are homeless a place to live, and then providing necessary supports to help them stabilize their lives and recover" (Government of Canada, 2014, np.)
Alberta	A Plan For Alberta: Ending Homelessness in 10 Years	"The Plan sets out a series of actions aimed at shifting the work of homeless-serving agencies, communities and governments away from simply managing homelessness, and towards ending homelessness through a housing first philosophy" (Alberta Secretariat for Action on Homelessness, 2008, p. 2).
Edmonton	A Place to Call Home: Edmonton's 10 Year Plan to End Homelessness	*"A Place to Call Home* calls for fundamental change: we must transition from managing homelessness, with short-term solutions, to ending it, with housing and support. Central to this is adoption of the Housing First approach. People who are experiencing homelessness are quickly found a home, and then given the supports they need to keep that home" (Edmonton Committee to End Homelessness, 2009, p. 2).
Calgary	Calgary's 10 Year Plan To End Homelessness	"The guiding philosophy of *the Plan* is a proven concept called 'Housing First', which puts the highest priority on moving homeless people into permanent housing with the support necessary to sustain that housing" (Calgary Committee to End Homelessness, 2008, p. 3).
Medicine Hat	At Home in Medicine Hat: Our Plan to End Homelessness	"Medicine Hat's Plan is grounded in the housing first approach and is consistent with the seven principles established in the provincial *Plan for Alberta: Ending Homelessness in 10 Years*" (Turner, 2014, p.7)

1.1.4 Limitations of Housing First: The Need for Affordable Housing

In Alberta, there exists a widespread shortage of affordable housing (Edmonton Homeless Commission, 2014; Gaetz, 2011). This has the potential to compromise the commitment to ending homelessness in at least four ways: 1) It may be a major contributor to 'new' cases of homelessness; 2) It may limit the ability of HF programs to find suitable rental accommodation for clients in a rapid manner; 3) It may inhibit HF programs from providing HF clients with a choice in housing; 4) It may prevent HF clients from achieving long-term housing sustainability.

'Affordable housing' is defined differently by various levels of government and non-profit agencies, and may refer to a wide spectrum of housing options. For example, the Canada Mortgage and Housing Corporation considers shelter affordable if costs account for "less than 30% of before-tax household income" (CMHC, 2014a, np). The City of Edmonton and Government of Alberta define it as "housing that is modest in terms of floor area and amenities, that meets household needs and that has rents or payments below Average Market Rent in the community or area in which the unit is located" (Community Plan Committee, 2012, p. 64). Most commonly, it is understood as referring to adequate housing offered at a rate so that after rent and utility costs, an individual or family is still able to meet all other basic needs on an ongoing basis. Federal funding for social housing was withdrawn in 1993, resulting in a rapid decline in the supply of new rental housing units across Canada, alongside a shift of responsibility for housing and social programs to provincial governments (Hulchanski, 2002; Tsenkova & Witwer, 2011). Alberta's 10YP promised direct funding for the creation of 8,000 new units of affordable housing to assist in meeting plan goals (Alberta Secretariat for Action on Homelessness, 2008). However, according to the three-year update released in 2013, provincial funding has only been allocated for 1,964 units, very few of which were actually constructed (Alberta Secretariat for Action on Homelessness, 2013).

The availability of affordable rental housing is fundamental to the fidelity and sustainability of HF models. Fidelity refers to the degree to which core principles of the HF model are followed (see Stefancic et al., 2013). As HF programs generally rely on private rental markets to secure apartments for clients, they are vulnerable to rising rents. When HF programs are priced out of much of the rental market, their ability to rapidly rehouse clients, and to offer those clients choice in housing, may be severely compromised. Furthermore, if clients are to 'graduate' from HF programs into fully independent housing, affordable units are required (Gaetz, Scott & Gulliver, 2013). These issues have received very limited attention in the literature to date, appearing primarily in commentary pieces or addressed only briefly in academic research focused on other issues (e.g. Falvo, 2009; Keller et al., 2013; Schmidt & Patterson, 2011). Key concerns raised outside of the academic literature include the necessity of a sufficient supply of affordable housing (Gaetz, 2011; Shapcott, 2011) and ongoing funding mechanisms for HF programs (Gaetz et al., 2013). However, academic research exploring the sustainability of HF programs in the Canadian context remains scant

(Stergiopoulos et al., 2015), likely due to the relative newness of HF models, as well as the constrained time frames of many research projects in this field (Chambers et al., 2013, as cited by Stergiopoulos et al., 2015).

1.2 Research Questions and Objectives

Given the centrality of a HF approach to the housing policy of Alberta's cities, and the ongoing shortage of affordable housing that exists in the province, this research aims to answer two key questions: How do constraints on the supply of affordable housing in Alberta influence the fidelity, effectiveness and sustainability of Housing First programs in practice? And, why is affordable housing an important consideration in ending homelessness across Alberta?

To answer these questions, three research objectives are addressed:

1. To assess if constraints on the supply of affordable housing in Alberta influence the ability of Housing First programs to follow through on key Housing First principles, such as client choice:

2. To evaluate how constraints on the supply of affordable housing in Alberta influence the long-term housing sustainability of clients in Housing First programs;

3. To determine progress towards the policy goal of ending homelessness in Alberta by 2019.

1.3 Case Study Cities

This thesis focuses on three case study cities in Alberta: Edmonton, Calgary and Medicine Hat. At the time of the research, Edmonton and Calgary were the two cities experiencing some of the highest average rental rates and lowest average vacancy rates combined in the province (CMHC, 2014a), representing the most restrictive housing markets of the seven centres in Alberta. In contrast, Medicine Hat was just beginning to see a decrease in its above-average vacancy rate. Rental rates in the city also remained the lowest in the province (CMHC, 2014a). Furthermore, overall rates of homelessness were significantly lower (Turner, 2015). In December of 2014, the Mayor of Medicine Hat announced the city was close to ending

chronic homelessness entirely (Maki, 2014), while the number of people experiencing homelessness in Edmonton and Calgary remained high (see Table 1.4). Table 1.4 includes relevant statistics from the time this research was conducted on the populations, rental rates, vacancy rates, and number of homeless individuals in each city and for the province as a whole.

Table 1.4: Relevant Statistical Information for Three Albertan Cities and Alberta

	Edmonton	Calgary	Medicine Hat	Alberta
2014 Population (Alberta Government, 2014)	877,926	1,195,194	61,180	3, 966, 875
2014 Average Monthly Rent for 2-bedroom Apartment (CMHC, 2014a)	$1,227	$1,322	$795	$1,238
October 2014 Vacancy Rate (CMHC, 2014a)	1.7%	1.4%	4.1%	2.1% (average of Alberta's urban centres)
2014 Homeless Individuals Counted (Turner, 2015)	2307	3555	64	6663

1.4 Significance of the Research

The present research is a qualitative multiple case study that presents an in-depth analysis of the operation of HF programs in three cities in Alberta. As noted above, a HF approach is now endorsed and funded by all three levels of government relevant to Alberta's seven urban centres, and is a key focus of homelessness policy in these cities. Despite these considerations, HF programs in Alberta have not been the centre of any sustained inquiry. This research is the first example of a Canadian case study that specifically seeks to identify the influence that a restrictive housing market has on HF programs, and is the first in-depth research project on HF

model implementation in Alberta. This is particularly important given the prominence of a HF approach in Alberta's policy context, and the ongoing affordable housing crisis that characterizes the province as a whole.

1.5 Thesis Overview

The present chapter provides background information on the policy context around housing and homelessness in Alberta, including the focus on a HF approach, and presents an overview of the affordable housing and homelessness situation across the province. Furthermore, it describes the demographic and economic contexts for the three case study cities: Edmonton, Calgary and Medicine Hat. This sets the stage for examining the potential implications of a restricted housing market on HF program implementation in Alberta.

In Chapter 2, the existing literature on HF is reviewed in detail, including academic and non-academic sources. First, the HF approach is described extensively including its history, foundations and policy diffusion to Alberta, as well as specific principles associated with HF models. The existing academic literature on HF is summarized, including Canadian and international research examples. Finally, the small literature base of academic and commentary articles connecting affordable housing and HF is discussed.

Chapter 3 describes the methodology employed to undertake the present thesis. The history of housing studies as a field of research is covered, followed by a discussion of the theoretical underpinnings of this work. The rationale for utilizing a qualitative multicase study approach and choosing the three case study cities is explained. The procedures of this research are described in detail, including recruitment and interviews conducted with 48 service users and service providers, the analysis process, and ethical concerns.

In Chapter 4, the results of interviews conducted with service providers across the housing spectrum in Edmonton, Calgary and Medicine Hat are presented. This chapter covers underlying ideas about HF model delivery, the associated principles and practices, and related implementation challenges. These findings are presented in the context of a potentially restrictive housing market – all from the perspective of service providers working in HF programs, emergency shelters, and other housing or support agencies.

Chapter 5 covers the results of interviews conducted with service users in a variety of housing situations. Participants included those experiencing homelessness, those in HF

programs, and those living in other housing arrangements such as private market housing or supportive apartment buildings. Service users' experiences and opinions on HF and the housing market more generally are presented, including challenges related to housing market restraints.

Chapter 6 presents a comprehensive discussion of the research findings in the context of the three cities. Here, the various levels of influence that HF programs are subjected to are considered. Differences and similarities of the case study cities are reflected upon in order to better understand the implications of HF program implementation in a specific market context.

Chapter 7 provides a conclusion to the thesis, and addresses the specific research objectives outlined in the present chapter. Policy implications and future directions are addressed, as well as the contribution of the present research to the broader housing studies literature.

Chapter 2 Literature Review

2.1 Housing First

2.1.1 Approach Overview

HF is an increasingly dominant approach to addressing homelessness throughout Canada, the U.S., Europe, and beyond (Gaetz, Scott & Gulliver, 2013). The underlying premise of the approach is that housing is a fundamental human right, and that people are more successful in moving forward with their lives if they are first stably housed (Gaetz et al., 2013; Padgett, Gulcur & Tsemberis, 2006). HF centres on moving people experiencing homelessness into housing directly, and as quickly as possible, with no preconditions such as sobriety or treatment expectations. An array of housing policies and programs have adopted the title of HF – ranging from the empirically validated, highly-researched Pathways Housing First (PHF) model - to approaches that follow the general philosophy of 'prioritizing' housing for people experiencing homelessness.

2.1.2 History of Housing First

In the 1990s, rates of homelessness began to grow exponentially in North American cities (Gaetz, 2010). This trend can largely be attributed to a lack of financial supports for low-income households, cuts to social programs and decreases in affordable housing stocks (Fallis, 2010; Gaetz, 2010). Despite a growing recognition of the homelessness crisis and rigorous efforts aimed at addressing the issue, limited progress has been made over the past 25 years. In many cities across North America, rates of homelessness actually continue to rise (Gaetz, Gulliver & Richter, 2014; The United States Conference of Mayors, 2014).

At the time that mass homelessness emerged in cities across North America, a number of key assumptions about people experiencing homelessness prevailed. One assumption was that people experienced homelessness due to personal failings and deficiencies, and therefore lacked the skills required to maintain independent housing (Waegemakers Schiff & Schiff, 2014). This premise contributed to the notion that homeless individuals needed to become 'housing ready' prior to being offered permanent housing, an assumption that provided the underlying justification for the 'treatment before housing' approach to addressing homelessness (Padgett et al., 2011; Tsemberis, Gulcur & Nakae, 2004).

A second assumption, and perhaps the most influential, relates to the high prevalence of mental health issues and co-occurring addictions issues among homeless populations. Deinstitutionalization, which occurred from the 1960s onwards, resulted in a widespread shift in the locus of care for individuals experiencing mental illness and cognitive impairments - from various institutional settings to the broader community (DeVerteuil & Evans, 2009). This process saw many individuals with disabling mental illness placed in the community without the supports needed to maintain housing stability (Waegemakers Schiff & Schiff, 2014). Studies have shown that people who are homeless are more likely to experience poor mental health and mental illness than the general population (Hulchanski et al., 2009). Estimated prevalence for mental illness among people who are homeless in Canada ranges from 23% to 74% (MHCC, 2012).

As a consequence of these high rates, it was often assumed that (most or all) people experiencing homelessness were also mentally ill. This informed custodial responses that essentially replicated key features of psychiatric institutions, where rules were emphasized, clients had few opportunities to make decisions for themselves or to act autonomously, and a focus remained on care services such as providing medication and meals (Klodawsky, 2009; Nelson & Laurier, 2010). There was a broader tendency for *housing* programs to model their responses after *mental health* programs, and thus to emphasize 'treatment before housing' (Waegemakers Schiff & Schiff, 2014).

These assumptions laid the groundwork for the development of the 'treatment first' model of addressing homelessness. This was the prevailing policy response to the current homelessness crisis, and is still used in many contexts today. This approach follows what has been variously termed the 'continuum of care', 'treatment before housing', or 'linear residential treatment' approach across the spectrum of homelessness service provision. The term linear residential treatment (LRT) will subsequently be used throughout this text to refer to approaches that prioritize treatment.

LRT treats permanent independent housing as an earned privilege and not a universal right (McNaughton Nicholls & Atherton, 2011). Clients of such programs start on the continuum in the most restrictive and intensely staffed settings, such as shelters or other emergency housing. Once a client is deemed 'ready'- by means of demonstrating acquired skills, compliance with mental health and substance use treatment, or merely following set

rules – he/she is able to graduate 'up' to a less restrictive setting, such as transitional housing. If the client experiences setbacks along the way, he/she may be sent back 'down' the continuum to a setting that offers more intensive programming or support. The ultimate outcome is for a client to move up and out of the residential continuum, achieving independent living with little or no formal support required (Ridgway & Zipple, 1990).

The LRT model has been criticized on a number of grounds. Early critiques highlighted the lack of client choice in housing and treatment arrangements, the stress associated with multiple moves (required to move up the continuum), the long length of time required for clients to reach the 'final step' of independent housing, and the destabilization created when housing status is tied to a client complying with treatment (Tsemberis, 1999). It also compelled clients on the lower steps of treatment to accept congregate living arrangements, involving communal housing and shared amenities such as washrooms, dining facilities and recreational areas (Padgett, Gulcur & Tsemberis, 2006; Tsai et al., 2010). By the late 1980s there was growing recognition that LRT compromised clients' independence and self-determination (Waegemakers Schiff & Schiff, 2014). In addition, increasing concerns about the morality of making housing dependent on treatment, and poor housing outcomes for clients, contributed to localized shifts in programming. Many of these initiatives viewed housing as both a fundamental right, and an important *first step* in stabilizing individuals experiencing homelessness - two foundations of the HF philosophy (Waegemakers Schiff & Schiff, 2014).

2.1.3 Foundations of Housing First

As a philosophy, the HF approach can be traced to three foundational programs in North America. These were developed seemingly independently of each another, and offered a distinct alternative to the status quo of the LRT model (Waegemakers Schiff & Rook, 2012). In Canada, Houselink was one of the first programs to operate on the principle of housing as a fundamental right (Houselink, 2015), although the term 'housing first' was not specifically used. Houselink was founded in 1977 to meet the needs of people leaving psychiatric institutions, by providing housing that was permanent, affordable and supportive. With a focus on consumer choice and empowerment, Houselink provided (and continues to provide) an assortment of housing options for people with mental illness or addictions, with no treatment

or abstinence requirements. Tenants of Houselink were also members of the organization and had the opportunity to participate in decisions made about it, as well as opportunities for paid employment within the organization. This program was the first to emphasize the concepts of community, culture, consumer participation and recovery in responding to homelessness; all of which have become central to the HF philosophy (Waegemaker Schiff & Schiff, 2014).

The earliest program to use the term 'housing first' was Beyond Shelter, founded in Los Angeles in 1988 (National Alliance to End Homelessness, 2006). It focused on rapidly moving homeless families (parent(s) with children) into permanent, affordable rental housing, and then providing follow-up support as needed for a six-month period. Early on, the program demonstrated success in minimizing use of emergency shelters and transitional housing arrangements. Beyond Shelter mandated strict eligibility criteria; adult family members with a history of substance abuse were required to spend a minimum of six months in a recovery program prior to moving into permanent housing. Additionally, parents in families with a history of domestic violence were required to have at least four months of separation from their abusive partner (National Alliance to End Homelessness, 2006).

The second known use of the 'housing first' term was Pathways to Housing ('Pathways'), founded by Sam Tsemberis in New York City in 1992. Unlike Beyond Shelter, Pathways maintained a harm reduction approach to substance abuse and focused on housing individuals with a dual-diagnosis of mental illness and addictions (Tsemberis et al., 2004). This population was (and sometimes still is) considered essentially unable to be housed, and as such was often excluded from programming along the residential continuum. The underlying approach of Pathways was to provide rapid re-housing without barriers, using scattered-site housing in independent market apartments, coupled with intensive and indefinite services based on consumer choices (Tsemberis, 2010b).

HF programs generally enforce only two program requirements; clients must meet with a staff member at least twice a month, and clients must pay 30% of their income source towards rent and follow the terms and conditions of a standard lease agreement (Tsemberis et al., 2004; Tsemberis, 2010b). This gives clients full tenant rights, but also means that evictions can occur for not following standard tenancy rules. In the Canadian context, many HF clients rely on government benefits for their income source (Polvere et al., 2014). As such, 30% of their income is seldom enough to cover the monthly rental cost. In these cases, a rental

supplement is provided to cover the remaining balance. Depending on the specific case, this funding might come from a variety of sources or funding bodies including the HF program supporting the client, a local housing or support agency, or a provincial or municipal government (Alberta Secretariat for Action on Homelessness, 2013; Employment and Social Development Canada, 2014c; Polvere et al., 2014). Providing ongoing rental support to HF clients has been identified as a challenge, particularly in cases where clients no longer require intensive supports and can 'graduate' from HF, but do need the continued financial assistance (Polvere et al., 2014).

Various HF models quickly emerged as alternatives to the LRT model for addressing chronic homelessness. Their promise was based primarily on several studies that employed randomized control experimental design, and looked specifically at programs following the Pathways Housing First model (PHF). In these studies, PHF clients achieved higher level of housing retention, and used fewer public services, than those in traditional LRT programs (Tsemberis & Eisenberg, 2000). Most importantly, these findings indicated cost savings in various housing and service areas (Gilmer, Manning & Ettner, 2009). This body of research presented PHF as an economically efficient solution to chronic homelessness (Evans, 2015; Stanhope & Dunn, 2011).

2.1.4 Diffusion of Housing First Policy

Pathways played a foundational role in the dissemination and popularity of HF, as both a general approach to service delivery and various program models inspired by (and including) PHF. Following early success of Pathways in New York City, a 'HF approach' was actively promoted by the National Alliance to End Homelessness (NAEH) in their strategy to end homelessness in the United States - *A Plan, Not a Dream: How to End Homelessness in Ten Years* (NAEH, 2006). With strong support from the George W. Bush Administration and United States Interagency Council on Homelessness (Gaetz et al., 2013), HF was declared 'best practice' and rapidly taken up in cities within and beyond the U.S.

The rise of HF in the US is closely linked to the identification of a sub-group of people experiencing homelessness – the chronically homeless, defined as "an unaccompanied homeless adult with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three months" (United States Department of Housing and Urban Development, 2008, p. 277; as cited by

Stanhope & Dunn, 2011). Importantly, research conducted by Kuhn and Culhane (1998, as cited by Stanhope & Dunn, 2011) demonstrated that this sub-group contributed to a disproportionately high amount of shelter use, emergency services, and incarceration, and were a major financial burden in many American cities. This research was widely publicized and framed chronic homelessness as an urgent and ongoing economic problem in need of immediate policy attention.

As acceptance of the HF approach increased, it was incorporated into 10YPs in many cities (Waegemakers Schiff & Rook, 2012). The goal of these plans was to provide permanent housing for people experiencing chronic homelessness. It is important to note that critics have declared the process whereby HF became accepted as 'best practice' a political decision, given the paucity of highly controlled outcome studies on HF models at the time (Waegemakers Schiff & Rook, 2012). Despite this relative lack of evidence, most of the over 400 cities and counties across North America that had adopted 10YPs by 2010 promoted the HF approach (Tsemberis, 2010b; Homeless Hub, 2015).

These plans act as a strategic framework with clear targets and measureable outcomes, and are part of the wider shift in rhetoric from 'managing' to 'ending' homelessness that was widely promoted in the first known 10YP, the National Alliance to End Homelessness' (2000) *A Plan, Not a Dream: How to End Homelessness in Ten Years*. Although a HF approach has been the primary focus of many of these plans, it is intended to work in support of a broader series of initiatives including the provision of affordable housing, implementation of living wages, and various social programs and prevention measures (Homeless Hub, 2015; NAEH, 2006). In this respect, there is recognition that HF in and of itself is not sufficient to 'end' homelessness as a social and urban phenomenon – although it does seek to end homelessness for individual clients (Tsemberis, 2010a).

Reflecting on the widespread promotion of the HF approach in the US, Stanhope and Dunn (2011) contend that it was convincing because of the narrowness of its claims: the available research honed in on the specific problem – the costs of chronic homelessness – and then presented a specific solution (namely the PHF model). In this sense, the policy shift towards a HF approach in the US can be understood as a rational economic decision on behalf of conservative governments. Stanhope and Dunn (2011) argue that HF advocates deliberately avoided framing the issue as "the need to alleviate the misery of the people on the streets"

(p.280), while Willse (2010) similarly contends that a focus on the limited resources of municipalities, rather than individual wellbeing, contributed to acceptance of the new approach. This notion is aptly summarized by HF advocate Phil Mangano, who stated, "cost-benefit analysis may be the new compassion in our communities" (Eckholm, 2006, p. 280, as cited by Stanhope & Dunn, 2011).

2.1.5 Principles and Practices of Housing First

Although all HF programs broadly follow the same underlying philosophy, there is no universal agreement on the operating principles of HF, nor is there a single HF model. To complicate this matter further, different publications outline and emphasize different essentials elements of HF - even in terms of the PHF model. For example, PHF's founder Sam Tsemberis outlined four essential elements of the model in a 2010 chapter (Tsemberis, 2010a), and eight principles in a manual published in the same year (Tsemberis, 2010b). Moreover, as HF grows in popularity, variations on these principles are adopted in new contexts. For example, the *Canadian Homelessness Partnering Strategy* (Employment and Social Development Canada, 2014b) identifies six principles of a 'HF approach' – which differ in wording and emphasis from those originally associated with the PHF model (see Table 2.1). It is important to note that adoption of these principles is formally 'mandatory' for Canadian programs receiving designated Federal HF funding.

Table 2.1: Principles of Pathways Housing First vs. Housing First in Canada

Pathways Housing First (Tsemberis, 2010a)	Pathways Housing First (Tsemberis, 2010b)	Housing First Approach (Employment and Social Development Canada, 2014b)
1. Consumer choice. The starting point of HF is to ask clients what they want. Clients actively participate to select a neighbourhood they wish to live in, choose their apartments and furnishing, and if they wish to live with anyone else. Once housed, clients choose the type, intensity and frequency of treatment and support services they receive.	**1. Housing as a basic human right.** Every person who is homeless and has psychiatric disabilities or a substance abuse diagnosis is given support and a chance to succeed in an apartment of his or her own. Clients do not have to earn housing by first being in psychiatric treatment or achieving sobriety.	**1. Rapid housing with supports.** Clients are directly assisted to locate and secure permanent housing as quickly as possible. Assistance is provided with moving in or rehousing if necessary. Housing readiness is not a requirement.
	2. Respect, warmth and compassion for all clients. These lie at the heart of communication between staff and clients. They are the elements that create a healthy, positive, forward-looking relationship and program culture that affects clients and staff.	**2. Offering client choice in housing.** Clients must have choice in terms of housing options and the services they wish to access.
2. Separation of housing and treatment. The program uses a scattered-site, independent housing model and rents affordable apartments from community landlords. Housing loss may only occur for lease violations, and is not affected by treatment noncompliance or hospitalization. If housing is lost, clients remain connected with support to avoid returning to homelessness and find new housing as quickly as possible. Clients have access to time-unlimited support services located off-site. As recovery progresses and support needs change, client housing remains consistent.	**3. A commitment to working with clients for as long as they need.** Once clients enter the program, staff must convey a consistent message of commitment to him or her. This is particularly evident during times when the client may be hospitalized, incarcerated or returned to homelessness. If support is no longer required and support is discontinued or shifts to less-intensive through a community-based program, a client may 'graduate'.	**3. Separating housing provision from other services.** Acceptance of any support service, including treatment programs, is not required to access or maintain housing. The only condition is clients must accept regular visits from a program worker. Programs must commit to rehousing clients as needed.
	4. Scattered-site housing; independent apartments. The program rents suitable, affordable, decent apartments scattered around the city from property owners in the community. This housing model honours clients' preferences such as choosing apartments in neighbourhoods with which they are familiar.	**4. Providing tenancy rights and responsibilities.** Clients are required to contribute a portion of their income, preferably 30%, towards rent, with a rent subsidy covering the remainder. Clients have rights under the applicable landlord and tenant act. A landlord/tenant relationship must be established.

3. Recovery orientation. This philosophy and practice puts consumer choice and decision-making at the core of the program model. Clients choose their own goals and define their needs. The program also utilizes a harm –reduction approach, meaning substance use or treatment are not linked to housing in any way.	**5. Separation of housing and services. All clients have ready, reliable access to treatment and comprehensive support services**. Most services are provided in a clients' natural environment (apartment, neighbourhood, etc.) and service is time-unlimited. Any clinical issues are regarded as separate from clients' housing issues. In the event of an eviction, staff will assist client to move directly into another apartment or short-term housing until an apartment is available.	**5. Integrating housing into the community.** Scattered-site housing in both public and private rental markets should be promoted. Other housing options such as social housing can be offered when available and if clients choose.
	6. Consumer choice and self-determination. A client-directed approach is the basis of the initial engagement and guides housing and services throughout all program interactions. Clients are given an active choice in their housing, living arrangement (e.g. alone or with roommates), furniture choice, goals to pursue, treatment, etc.	
4. Community integration. The program promotes community integration by using the scattered-site housing approach, in which clients live in regular apartments in the community. Program staff support and facilitate further community integration by encouraging clients to reconnect with family, meet neighbours, and participate in groups, programs, and community events.	**7. A recovery orientation.** Clients' service plans are based on their own treatment goals and not clinical assessments of their needs. Staff must continually convey their belief that recovery is possible and even inevitable.	**6. Strength-based and promoting self-sufficiency.** The end goal of the program is for clients to stabilize and successfully exit the HF program, building on necessary skills, goals, etc. as needed.
	8. Harm reduction within the context of client-defined goals. If the client does not yet consider using drugs or drinking excessively to be a problem, focus is not placed on stopping substance use but rather how drugs and alcohol may interfere with the clients' goals.	

Despite differing numbers and variations in emphasis, the two sets of PHF principles above share key similarities. Both underline the importance of consumer choice, a recovery orientation, community integration, and a separation of housing and services. Each of these is considered in turn below.

Consumer choice in housing, as well as in potential treatment and pursuit of personal goals, is emphasized in both descriptions of PHF. Tsemberis (2010a) asserts that PHF is based on the belief that people who are homeless and also experiencing psychiatric disabilities are fully capable of defining their own goals, and that clients are also more likely to remain in housing programs that allow them to make choices. One of the cornerstones of recovery is "experiential learning" (p. 45) in which clients are supported to make decisions on their own and observe the consequences, thereby gaining the ability to make better decisions in the future (Tsemberis, 2010a). Importantly, most individuals also express a preference for independent apartments over other housing types, such as congregate living (Tsemberis, 2010a).

In elaborating on the recovery orientation in PHF, which includes the acceptance of a harm reduction approach, Tsemberis (2010b) defines recovery as "the process in which people are able to live, work, learn and participate fully in their communities" (p. 27). This approach is promoted on a number of grounds, including that clients are more likely to stay motivated and engaged with service providers if their service plans are based on their own stated treatment goals. In addition, by following a recovery oriented harm reduction philosophy, clients are able to have open, productive conversations with service providers about psychiatric symptoms or substance use (Tsemberis, 2010a; 2010b). The outcome of the recovery orientation is for service providers to move from doing things *for* clients, to doing things *with* clients, to clients eventually doing things for *themselves* (Tsemberis, 2010a).

Community integration is promoted in PHF by use of the scattered-site housing model, which encourages clients to integrate into surrounding communities (Tsemberis, 2010a). This housing model is intended to avoid stigmatizing clients and prevent clients from becoming socially isolated, an outcome that is linked to housing instability (Gaetz et al., 2013). Furthermore, Tsemberis (2010a) states that "community norms and social pressures" (p.47) within a 'normal', mixed community environment help to sustain normative behaviours among consumers and promote recovery, as well as promoting social inclusion. Other tenants

within clients' buildings can help to promote "a normative context for neighbourly behaviour" (Tsemberis, 2010b, p.22) that allows clients to participate more fully in their communities. PHF also promotes social and cultural engagement by facilitating opportunities for clients to engage in meaningful daily activities as they wish, including employment and recreational activities (Gaetz et al., 2013).

Finally, the *separation of housing and services* is prominent in both sets of principles above. This includes a cornerstone of the PHF philosophy: eliminating psychiatric or sobriety prerequisites for housing. Keeping these domains distinct is a major barrier for chronically homeless individuals who may have difficulty (or simply no interest) in adhering to treatment protocols prior to being housed (Tsemberis, 2010a). However, these individuals may be better placed to pursue treatment once they have the stability of permanent housing. Evidence suggests that being housed (compared to homeless) is linked to decreased drug and alcohol use, even when abstinence is not required, and that having the security of a home may afford greater opportunities and motivation to control substance use (Larimer et al., 2009; Padgett et al, 2011).

Furthermore, separating housing and services provides a number of benefits in terms of PHF program outcomes. As support services are not contingent on the housing location, clients can be re-housed if necessary with no lapse in support. Similarly, if a client experiences a psychiatric or substance use-related crisis that requires a stay in a clinical setting, his or her apartment is not lost, and the client can return to a stable housing environment. Tsemberis (2010b) summarizes this point, stating "the PHF model provides continuity of clinical care during a housing crisis, and continuity of housing stability during a clinical crisis" (p.24). Tsemberis (2010b) also notes that separating the two domains allows for flexibility in the frequency and intensity of supports provided, which can be varied over time while a clients' housing situation remains unchanged.

In considering differences between the descriptions outlined in Table 2.1, the PHF models outline a principle in the form of a commitment to working with individuals for as long as they need. In this sense, supports are specifically *not* time-limited, and some individuals may remain in a program for their entire lives. This is an integral aspect of PHF, which generally focuses on housing individuals with acute mental health and/or addictions issues (Gaetz et al., 2013). However, it is often excluded from other HF models. For example,

HF as outlined in the *Canadian Homelessness Partnering Strategy* (Employment and Social Development Canada, 2014b) mandates that clients graduate from the program after a certain period of time, at which point it is assumed stability has been reached. In Canada, only select programs that specifically follow the PHF model (such as the Boyle McCauley Health Centre Pathways to Housing Program in Edmonton) actually offer time-unlimited support if required.

Also of note are differences in the underlying tone of each model. The PHF model emphasizes housing as a basic human right, respect and compassion for clients, restoring dignity and hope, and empowering clients to make choices. The ultimate goal of PHF is transforming peoples' lives and supporting them to move towards becoming valued members of their community (Tsemberis, 2010b). In contrast, the 'HF approach' outlined by the Canadian government centres on HF as a tool for solving chronic homelessness that will help to reduce pressure on shelter, health and justice services, and ultimately save money. HF is described as an evidence-based approach capable of producing measurable results, and emphasizes the end goal of clients exiting the program into self-sufficiency (Employment and Social Development Canada, 2014a).

Depending on the agency running a HF program, the target population may also differ, with examples including anyone who is homeless, only the chronically homeless, or sectors of the homeless population defined by ethnicity or age (e.g. Aboriginal people or youth) (Gaetz et al., 2013). The *Canadian Homelessness Partnering Strategy* suggests an exclusive focus on the chronically and episodically homeless, and recommends prioritizing service delivery to those who have been chronically homeless the longest (Employment and Social Development Canada, 2014c). In this context, chronically homeless refers to individuals, often with disabling conditions such as chronic physical or mental illness, or substance abuse problems, who are currently homeless and have been homeless for six months or more in the past year. Episodically homeless refers to individuals, also often with disabling conditions, who are currently homeless and have experienced three or more episodes of homelessness of at least 30 days in the past year. In both cases, a person is considered homeless if they have spent a period of time in a shelter or a place not fit for human habitation (Employment and Social Development Canada, 2014c, np).

It is important to emphasize that HF as described above does not mean *housing only*. In line with the principles outlined above, client access to treatment-oriented and support-

oriented services is an integral part of HF programs. The goal of HF is not merely to house people, but also to provide barrier-free access to the services that will help keep tenants housed by way of two distinct approaches: Intensive Case Management (ICM) for clients with low-to-moderate needs and Assertive Community Treatment (ACT) for clients with high needs (Goering et al., 2014). Client need is determined based on mental health and service use history. ICM programs are provided by caseworkers who provide some level of firsthand support, but also assist clients to access external health and support providers as needed. They have lower staff to client ratios than ACT, and generally provide support seven days a week for 12 hours per day (Goering et al., 2014). ACT programs provide higher-intensity supports through a multi-disciplinary team of specialists including a psychiatrist, nurse and peer worker, with crisis services available to clients 24/7 (Goering et al., 2014). ACT teams have a higher staff to client ratio than ICM, and meet daily to discuss client needs. It is entirely up to the client if they wish to pursue any of these support services, regardless of whether an ICM or ACT approach is employed.

2.2 Housing First in the Literature

Until 2008, the academic literature on HF was dominated by studies conducted by Sam Tsemberis, or using data from PHF programs. Since this time, the literature on HF has expanded to include some examples of programs outside of this scope, including findings from *At Home/Chez Soi* (AH/CS) – a massive, multi-site Canadian study. For the purposes of this review, findings related to AH/CS will be addressed separately in the context of the Canadian literature. The remaining academic literature can be broadly divided into two categories: that which measures the outcomes or effectiveness of HF programs, and that which analyzes or critiques HF models more broadly.

2.2.1 Outcome-Based Studies

2.2.1.1 Housing Retention, Access and Stability

The first theme addressed in the outcomes literature relates to housing retention. Many of the articles that focus primarily on housing retention outcomes also include an assessment of one or more treatment outcomes. For example, Pearson, Montgomery and Locke (2009) report on a study with a primary focus on housing stability, comparing three HF programs in different

cities (one of which was Pathways). They found that between the three programs, an average of 84% of the study sample remained engaged in program housing for 12 months. Although it was not the focus of the study, the authors also presented data on changes in clients' level of impairment related to psychiatric symptoms and substance use, concluding there were no significant changes over the 12 months in housing.

Stefancic and Tsemberis (2007) also focus on housing access and retention in a four-year study comparing HF programs (one of which was Pathways) with a TAU group receiving services based on an LRT approach. A key finding was that 68% of clients who acquired housing through HF were able to remain housed after four years. TAU results were only recorded after two years, and therefore could not be compared. The authors conclude that a HF approach can promote housing stability for homeless people with severe mental illness and substance-related disorders.

Tsemberis, Kent and Respress (2012), in a two-year study of a Pathways program, observed promising outcomes in housing stability and recovery indicators, among a group of clients with high service needs and alcohol dependence. They found that 84% of clients remained housed after two years, and noted reductions in psychiatric symptoms and alcohol use. In an earlier study on a Pathways program, housing tenure of formerly homeless individuals with severe psychiatric disabilities and addictions was assessed over a five-year period (Tsemberis & Eisenberg, 2000). It found a significantly higher rate of housing retention for Pathways clients, with 88% still housed after five years, compared to only 47% in the TAU stream.

2.2.1.2 Substance Use-related Outcomes

A number of studies had a primary focus on substance use-related outcomes, either alone or in relation to other outcomes. Padgett et al. (2011) compared substance use outcomes for homeless clients with serious mental illness in HF (Pathways plus three other HF programs) to TAU, finding lower rates of substance use among Pathways and HF clients. Similarly Collins et al. (2012) found that homeless clients housed in a HF program decreased their alcohol use and related problems over a two-year period. For every three months in the study, clients decreased their alcohol use on "typical and peak drinking occasions" by 7% and 8% respectively (p. 514).

Davidson et al. (2014) found that clients of HF programs with consistent principles related to consumer participation were more likely to retain housing and less likely to engage in substance use at follow-up. Measures of consumer participation included programs following a client-centred non-judgmental approach, client-driven service plans, programs offering skill training and skill building opportunities, and the provision of harm reduction services. In a four-year study contrasting Pathways with a TAU approach, reports of drug and alcohol use remained consistent between the two groups. TAU clients also accessed services for mental health and addictions more frequently than Pathways clients. The study concluded that individuals with mental illness and substance use problems can live independently, and that HF program models are not linked to increased substance use (Padgett, Gulcur & Tsemberis, 2006).

2.2.1.3 General Outcomes

A number of studies had a broader scope, looking at a range of outcomes. Greenwood et al. (2005) discussed the results of a randomized, controlled evaluation of HF versus a TAU approach. All study participants, who were previously homeless and experiencing mental illness, had a decrease in psychiatric symptoms, while HF clients experienced less time homeless and greater perceived consumer choice. In a similar study (Tsemberis et al., 2004), clients assigned to HF received housing earlier, remained stably housed and reported higher perceived choice, and had greater access to substance use treatment than those in the TAU group. There were no differences between the client groups for psychiatric symptoms or substance use.

Tsai, Mares and Rosenheck (2010) conducted an observational study comparing clients who received immediate access to HF with clients who received TAU, meaning more specifically that they had spent time in transitional or institutional housing prior to placement in independent housing. HF clients had more days in their own home, fewer days incarcerated, and higher perceived choice in treatment. The authors concluded that for clients with substance use disorders, prior transitional/residential treatment may not benefit them any more than HF programs, especially in terms of independent housing outcomes. Henwood et al. (2014) reported on a one-year study of mentally ill adults who had recently transitioned from homelessness to permanent supportive housing under a HF approach, where 'quality of life'

was the outcome of interest. Findings indicated that certain domains of quality of life improved for clients following housing, including satisfaction with living situation, family relationships and having adequate financial resources. Despite this, general quality of life for clients actually did not improve over the year. The authors suggested these findings might be in line with previous research that found overall life satisfaction was associated with personality measures and was not influenced by obtaining housing, and that change in life circumstances is more directly related to domain-specific satisfaction than general life satisfaction.

2.2.1.4 Cost-analysis or Service-use Outcomes

The last category of outcomes-based research includes studies that focus on financial or public costs, particularly in terms of quantifying clients' use of public services. Gulcur et al. (2003) assessed a sample of formerly homeless individuals with psychiatric disabilities housed either through Pathways or TAU. Results indicate that clients in the Pathways program spent fewer days homeless and in psychiatric hospitals, and incurred fewer costs than clients in TAU, with the greatest cost difference occurring in the initial phases of housing. In a similar but more comprehensive study, Larimer et al. (2009) evaluated the association of a HF intervention with the health care use and costs of clients with severe alcohol problems. Outcomes measured included days incarcerated, shelter and sobering centred use, hospital-based medical services, emergency medical services and Medicaid-funded services. The authors found a greater decrease in the use and cost of services (after six months) for HF program clients, compared to a TAU group on the waitlist for HF services.

In a study focusing on hospital utilization, Parker (2010) compared a cohort of homeless persons with long-term disabilities prior to housing enrolment and at six months post-housing (through a HF program). Findings indicated that over the course of the study, emergency department visits and inpatient hospitalization use decreased, although not to a level that was statistically significant. DeSilva, Manworren and Targonski (2011) examined the impact of a HF program on the use of specific health services, detox services and criminal activity of chronically homeless individuals. Client outcomes were assessed for two-years prior to enrolment in a HF program and two-years following. In the two years following, clinical service use increased and emergency department use and detox use decreased,

although none to a statistically significant level. There was, however, a significant decrease in client criminal activity following enrolment.

Mackelprang, Collins and Clifasefi (2014) undertook a study to determine whether time spent in a single-site HF program predicted decreases in emergency medical services contact in the two years following move-in, compared to the two years prior. Program clients were all adults with severe alcohol problems. Researchers found that contacts decreased for each additional month of single-site HF service, supporting the authors' conclusion that "housing is health care" (p.476).

2.2.1.5 Summarizing the Evidence

A number of conclusions can be drawn about the outcome-based literature discussed above. The focus of every study was on single adults, nearly all of whom were identified as having a mental illness and/or substance use issue. Additionally, most studies examined PHF, often in its original New York location (Pathways). These two characteristics are linked, in that Pathways clients are high-needs individuals with mental illness and/or addictions disorders. Of the 20 studies discussed above, half included Pathways in their study sample. This is problematic in that the evidence base for HF models may appear broader than it truly is, as a large number of studies are actually based on the same limited sample, and also because the PHF model is more regimented than most HF programs in practice today across North America.

It is also useful to note that the strength of the evidence behind HF models has been called into question - primarily on the basis of methodological shortcomings. For example, the cost-analysis studies have been criticized for *underestimating* both the resources needed and used for HF, and the benefits of interventions provided in many treatment-based programs (Waegemakers Schiff & Rook, 2012). Another shortcoming of the data is the timeframe for which research has been undertaken. The longest data set covers five years, while most fall between 12 and 24 months, which may not be enough time to analyze the housing stability of program clients sufficiently. Johnson, Parkinson and Parsell (2012) argue that despite the seemingly impressive evidence base on HF models, some observers have oversimplified, and even ignored, complexities and problems identified in implementing HF programs. The authors express concern over the 'straight cost comparison' method, based on annualized costs

for HF compared with annualized costs for a shelter, prison or hospital bed. They argue that this is "one of the least sophisticated approaches" (p.9) to calculating the economic benefit of HF, and is likely to overstate the cost benefit of HF as it assumes that HF clients would spend all of their un-housed time in prison or hospital (Johnson, Parkinson & Parsell, 2012). Johnson (2012) similarly contends that beyond housing retention rates, HF may offer few significant advantages over TAU – e.g. in areas such as substance use or social exclusion. Johnson notes the "patchy" (p.185) evidence base which exists to support the claim that HF is more effective than other approaches at reducing rates of substance use or improving mental health, drawing attention to the fact that some studies report declines in alcohol or substance use (such as Larimer et al., 2009), while others do not (Padgett et al., 2006), as well as studies that specifically note emergent concerns like social isolation (see Yanos et al., 2007), as a result of the scattered-site housing model used in HF.

Johnson, Parkinson and Parsell, (2012) identify a need to consider the implications of Pathways research that tends to exclude people with serious addictions due to program requirements, and how this might act to bolster housing retention rates. The authors argue that social security arrangements in the U.S. dictate that chronically homeless people with mental illness are eligible for government benefits, but not individuals with a serious addiction. This therefore influences what clients Pathways works with. Despite Pathways' literature stating that 90% of people it works with have a history of, or have been diagnosed with substance use disorders (Tsemberis et al., 2004, p.652, as cited by Johnson, Parksinson & Parsell, 2012), a secondary analysis of Pathways data (done by Kertesz et al., 2009) indicated that less than one on five individuals would actually be considered "at risk" according to established alcohol abuse standards. Kertesz et al. (2009) concluded from this that the Pathways program "recruited severely mentally ill homeless persons whose addiction severity at housing entry was less than normally seen in homeless persons" (p. 10, as cited by Johnson, Parksinson & Parsell, 2012).

Also of note, there are major gaps in the literature measuring HF model outcomes around issues of diversity (such as ethnicity), and the many sub-groups of homeless people *other* than the mentally ill and/or substance users (such as Aboriginal peoples, families, youth, seniors, immigrants and refugees) (Waegemakers Schiff & Schiff, 2014). These groups have received limited consideration in the Canadian literature, which is discussed below (see

section 2.3)

Despite the frequent assertion that HF is a 'best practice' for addressing homelessness, only one U.S. study involved randomized assignment of participants (the original Pathways program study in New York: Tsemberis et al., 2003). Based on the findings presented above, it can be concluded that *some* evidence has shown programs which closely follow a HF model are effective in meeting specified outcomes, such as housing retention, for single, mentally ill adults in major urban centres in the US.

2.2.2 Descriptive & Analytic Literatures

In considering the broader literature around HF, a wide range of topics has been covered by a diverse group of researchers. A number of articles focus on HF and the history of the program. Greenwood, Stefancic & Tsemberis (2013) for example, described how the HF model evolved, the related challenges, and how research can be used as a tool to achieve social and political change. Tsemberis (2010a, 2010b) similarly outlined the history of the HF model, central principles, and how the model was developed to provide an alternative to the LRT approach.

2.2.2.1 Fidelity

In the context of program implementation, fidelity refers to "the degree to which an intervention or programme is delivered as intended" (Carroll et al., 2007, p. 1). The concept of fidelity has been widely discussed in the HF literature. Often it refers specifically to the degree of exactness with which new programs replicate the original model (PHF) and its principles, although in some cases another HF model is referenced. In 2010, Sam Tsemberis authored an eight-chapter implementation manual, *The Pathways Model to End Homelessness for People with Mental Illness and Addiction*. It includes information on the history and principles of PHF; detailed steps on how to implement the program, from client referrals to security and safety issues; how to gain community support for implementation and incorporating other evidence-based practices into a PHF program. Stefancic et al. (2013) more recently developed and validated a PHF fidelity scale, in response to the rapid and variable dissemination of the PHF model in the U.S. and beyond. The criteria include eliminating barriers to housing access and retention; fostering a sense of home; facilitating community integration and minimizing stigma; using a harm reduction approach and adhering to consumer choice and providing

individualized, consumer-driven services that promote recovery. The outcome is a 38-item fidelity scale, intended as a guide for program development and technical assistance.

An earlier paper by Gilmer et al. (2013) reports on the development and validation of a fidelity survey, which is intended to allow a large number of programs to assess fidelity to the HF model on a continuum, from high to low adherence. The relationship between these two studies is unclear, as the resulting fidelity scales differ, despite overlapping authorship. A 2012 article by Pleace and Bretherton provides an overview of the issue of HF services drifting significantly from the original PHF design, as outlined by Tsemberis (2010a). The authors argue that there is a need to construct a clear and accurate taxonomy of HF services in order to refocus attention on the effectiveness of the original PHF model and look critically at the effectiveness of emergent forms of HF.

A recent body of work has emerged that looks at the potential links between fidelity and various program outcomes. Gilmer et al. (2014) measured the association between fidelity to HF and housing outcomes in a series of housing programs in California. The authors found that clients in high fidelity programs were given the opportunity to have a choice in their housing arrangement and were assisted to secure housing that met their individual needs. The study concluded that programs with higher fidelity had better residential outcomes for clients, meaning that after clients were enrolled in these programs they spent fewer days homeless and more days in apartments than those in low-fidelity programs. Several other articles have recently been published that look at fidelity and program implementation based on data from a large Canadian study – AH/CS. These are covered in detail in section 2.3.3.

2.2.2.2 Program Evaluation

Expanding on the notion of program evaluation, a range of studies has addressed issues related to improvement, implementation or best practices within HF models. McNaughton Nicholls and Atherton (2011) present findings from a study that sought to identify which components of HF (as implemented by two New York agencies, Pathways and Project Renewal) are significant for housing stability and why. The authors identified three components of these programs that contributed most to positive housing outcomes; 1) immediate access to permanent housing, 2) the provision of a range of services by one organization with no attached obligation, and 3) providers work with clients who have previously been unable to

engage with mainstream provision. These components have influenced the success of the programs in two key ways; by making mainstream housing available for people for whom such opportunities would not otherwise exist, and by providing an integrated and holistic approach to client support services. This approach cuts across housing, health and social support from a single point of contact, ensuring continuity of care is provided and allowing clients to develop a long-term relationship with a support team (McNaughton Nicholls & Atherton, 2011).

Two articles assessed the U.S. Department of Veteran Affairs (VA) transition to a HF approach. Kertesz et al. (2014) evaluated the role of organizational practices in the implementation of HF for homeless veterans, finding that medical centre directors played an important role in influencing program success. Austin et al. (2014) identified a number of practical challenges to implementation of HF programs at eight VA facilities, including housing issues due to difficult rental markets, the need to coordinate with local public housing agencies, a shortage of funds for move-in costs, and difficulty finding appropriate interim-housing options.

2.2.2.3 Client Experiences

Another prominent theme in the literature is the experiences of HF program clients. In all cases qualitative methods were used, at least in part, to expand on the HF knowledge base and improve programming from a client-based perspective. Yanos, Barrow & Tsemberis (2004) explored the response to housing and experiences of community integration for formerly homeless individuals diagnosed with a severe mental illness. All clients were recently housed through either Pathways or a TAU housing option. Building on data from a previously undertaken American study (see Gulcur et al. 2003), the authors concluded that a minority of clients in both treatment groups experienced a variety of challenges with the integration process after housing. For individuals in the HF intervention, loneliness, isolation, and difficulties adjusting to the tasks of living independently were identified as particular challenges.

A later study by Yanos et al. (2007), again building on data from Gulcur et al. (2003), used qualitative and quantitative methods to examine the impact of housing type and neighbourhood characteristics on physical, social and psychological aspects of community

integration in a group of formerly homeless people diagnosed with severe mental illness. Clients in a Pathways program and participants receiving TAU were included. The authors concluded that different aspects of housing and neighbourhood influence different dimensions of community integration. For example, residence in independent apartments with off-site services (compared to congregate settings) was associated with increased independence, greater occupational functioning, and greater sense of choice, but housing type was not associated with any other functioning or community integration outcomes.

Fields (2011) investigated the emotional and spatial dynamics of belonging among formerly homeless individuals with mental illness, as part of a larger study conducted by Pathways in New York (Yanos et al., 2007). Findings indicated that experiences of belonging were subject to multiple social and spatial constraints, including stigma about mental illness, neighbourhood amenities, crime and drug activity and connections to networks outside of resident neighbourhoods. A study by Collins et al. (2012) explored the role of alcohol use in the lives of formerly homeless residents in a project-based HF program, all of whom had identified as having alcohol problems. In this paper, 'project-based HF' is described as a newer HF service model that uses individual units within a single housing project (i.e. congregate housing). Findings suggest that alcohol played a central role in the lives of clients. Reasons for alcohol use were identified and include: avoiding alcohol withdrawal symptoms, to self-medicate for psychiatric symptoms, and to develop a sense of community with others. Clients and staff cited the harm-reduction approach to alcohol use employed by the housing program as a key factor in clients attaining and maintaining housing. A final finding was that some clients experienced ongoing issues with the moral side of alcohol use, in that they felt ostracized by the larger community outside of their housing arrangement, and felt shame regarding their continued use of alcohol, despite the greater acceptance of alcohol use demonstrated by the harm-reduction approach of HF models.

Finally, two papers explored the meaning of home for clients of HF programs. Padgett (2007) qualitatively examined the subjective meaning of 'home' for formally homeless individuals with mental illness who were presently living in their own apartments. This included participants who had obtained housing through Pathways and TAU participants who had acquired housing by other means. Findings of this study support the conclusion that formerly homeless individuals with mental illness are able to live independently, without on-

site supervision or monitoring, and that housing provides a fundamental building block for ontological security. Padgett (2007) contends that these findings contradict assumptions of the TAU approach, namely that ontological security cannot be gained until mental illness has first been addressed. In another qualitative study, Burlingham et al. (2010) explored the housing experiences of women in a HF program in the U.S., who were also experiencing alcoholism, in order to identify risk factors for future homelessness. This research was part of a larger study on the effectiveness of a HF project (Larimer et al., 2009). Key themes from this research revealed that participants' personal histories of childhood, home life, substance use, and relationships influenced both the barriers and facilitators to sustained housing. For example, a number of women cited escape from marriage or one's sexual partner as a reason for leaving housing situations, drawing attention to the unique factors at play in the experience of homelessness for women.

2.2.2.4 Service Provider Views

Two articles in the literature explored views of service providers in HF programs. Henwood, Stanhope and Padgett (2011) and Henwood et al. (2013) investigated perspectives of frontline workers in TAU and HF programs to learn more about implementation from an insider perspective. Both studies found that providers in TAU prioritized the pursuit of housing, while HF providers focused on clinical concerns. This was because TAU providers were unable to engage consumers in treatment and services without housing, while HF providers were able focus on issues beyond securing housing. As such, the findings are not necessarily as paradoxical as they may first appear.

2.2.3 Critiques of Housing First

A number of articles critical of HF models and related policies have been published in recent years. In an early example, Kertesz et al. (2009) suggested that research results on HF were not yet sufficient to identify an optimal housing and rehabilitation approach for people with active addictions experiencing homelessness. The authors cautioned against applying findings beyond the limits of an original study, and warned of the risk of over-estimating the benefits of HF and presenting it as a broad solution to chronic homelessness. They drew attention to the fact that HF literature to date has shown positive outcomes for individuals almost

exclusively with non-addiction psychiatric disorders.

In an editorial published the same year, Kertesz and Weiner (2009) raised questions about the economic argument for HF, and reviewed two studies of HF to demonstrate that cost-savings of the HF intervention are more powerful when clients are more frequent users of health and judicial services *prior* to receiving housing. They contend that the apparent cost-savings associated with housing homeless individuals are likely to decrease as HF programs are offered to clients with lower needs over time, and not only the "severely debilitated" (p.1822). The authors concluded by drawing attention to pervasive systemic issues that continue to affect the vast majority of the homeless population (who are not considered to be chronically homeless and therefore usually ineligible for a HF program), such as a shrinking supply of affordable rental housing, decreasing support for the poor and disabled, and deinstitutionalization of the mentally ill.

Three articles identify and critique the neoliberal foundations of HF, and of contemporary homelessness policy more broadly. Sparks (2012) discussed the shift in U.S. homeless service provision over the last decade, which centres on the federal government's adoption and promotion of the 10YP model, within which a HF approach is generally the principle response. Sparks identifies a presupposition that is deeply embedded in such policy - namely, that characteristics of the homeless in fact cause homelessness. It follows that people experiencing homelessness are seen to be in some way deficient and in need of treatment, counselling or other programming in order to overcome these personal failings. Sparks argues that evidence of homelessness being caused primarily by a lack of affordable housing is commonly overlooked.

For Sparks (2012), pathologized understandings of homeless individuals is used to justify state intervention in their lives, while also limiting their ability to contribute to the formation of urban social policy. To demonstrate this, he uses examples from *The Committee to End Homelessness* in King County, Washington. He argues that although the committee intended to include homeless voices in their planning process, persistent assumptions silenced these voices. A powerful example is the structure of the committee, wherein the 'consumer advisory council' (those with lived experienced with homelessness), falls at the bottom tier of the organizational scheme. Sparks claims this power structure maintains existing social inequality, and continues to emphasize the dependent status of homeless individuals.

Willse (2010, p.168) articulates a similar concern, discussing how the "invention of chronic homelessness" has shifted the issue of housing need from a social problem into an economic problem. This is based on the economic argument underlying 10YPs, which emphasizes housing the highest resource users (the chronically homeless), in order to conserve resources and save money. Willse characterizes the 10YP model as a business plan for managing the costs of chronic homelessness that does nothing to "alter the structural conditions that reproduce and distribute housing insecurity and deprivation" (p. 173). In this sense, although this new wave of initiatives has removed chronically homeless individuals from 'the streets', the streets continue to produce homeless populations. Willse argues that initiatives aimed at ending chronic homelessness benefit the economy in two ways: removing an economic obstacle in urban centres (where consumers/tourists do not want to be bothered by the homeless problem), and promoting investment in the non-profit industry. In understanding this new wave of homeless initiatives as economic initiatives, rather than social programs, the ways in which they reproduce the same neo-liberal conditions that contribute to housing insecurity and deprivation to begin with are revealed.

In a similar critical vein, Hansen Lofstrand and Juhila (2012) critique the discourse of consumer choice in the PHF model manual (Tsemberis, 2010b). Using Foulcauldian discourse analysis they contend that PHF is embedded in an advanced liberal way of governing subjects. Specifically, they argue that despite program principles suggesting otherwise, PHF in reality uses behavioural modification of clients to deal with homelessness in a way that reflects the original LRT models it claims to offer an alternative to, albeit using different techniques. For example, the authors point out that both PHF and LRT aim "to render people as self-responsible as possible" (p.64) through the promotion of independence, motivation and recovery, as staff teach clients to conduct themselves in the appropriate manner. Furthermore, the authors note that PHF and LRT both openly distinguish between capable and incapable clients, and can ultimately exclude the latter (who do not 'fit' program models). After repeated failures in PHF, clients may be deemed incapable and needing other services, a situation that may result in a "choiceless" (p. 65) position for the client, where they are ultimately unable to proceed from the lowest housing levels.

Two responses to this article were published. Pleace (2013), while agreeing with some aspects of the above argument, contends that although PHF may not have abandoned all of the

ideas of behavioural modification associated with LRT style programs, the distance between PHF and the old model is still considerable, and PHF has contributed to major advancements in the treatment of homeless individuals. A second response by Padgett (2013) faults Hansen Lofstrand and Juhila for offering a "decontextualized critique" that "offers a limited and somewhat misleading perspective" (p.342). Padgett contends that their context for scrutinizing PHF falls short on two points. First, violating consumer choice by means of involuntary discharge from the PHF program (that Lofstrand and Juhila argued might leave clients in a state of choicelessness) is actually quite rare in practice, as tenants who lose their housing are usually offered another apartment. Second, their critique did not include some important contextual information; including the fact that the majority of homeless adults have expressed a preference for PHF over alternatives. Additionally, they contend current evidence points to PHF being more effective than LRT, which should be considered when evaluating the two models.

Stanhope and Dunn (2011) discuss HF in the policy context, noting the uniqueness surrounding the popularity of HF in the U.S. as a socially progressive policy that was adopted by a conservative government (the George W. Bush administration). The authors explain how the initial problem was framed by identifying a group of chronically homeless individuals who represented a small proportion of the homeless population, but accounted for an alarmingly high rate of service use and financial resources. Subsequently, President Bush made addressing chronic homelessness a priority in his 2003 budget, and paved the way for a drastic departure from the status quo for addressing homelessness (i.e. from LRT to a HF approach). The authors raise some interesting questions around the framing of the argument for a HF approach on evidence (for service utilization and cost savings) versus values (moral issues related to homelessness, such as dehumanization). They caution that neglecting moral concerns at the expense of the cost accounting approach may imply that 'less costly' and 'less visible' problems are not worthy of policy response. The focus on cost-benefit analysis may make it difficult to address other policy problems in the future.

In the Canadian context, Evans (2015) conducted a discourse analysis of major provincial and municipal policy documents concerned with 'ending homelessness' in Alberta. In so doing, the author identified five types of statements that constitute the homelessness policy environment. The first involves statistical descriptions of homeless populations, which

have been used to justify the adoption of a more sophisticated data management system. The second set of statements are biographical, and have become increasingly popular in recent years as a method of showcasing success, primarily the economic efficiency of a stated intervention. The third set of statements encompasses planning, and often reference specific policy models and their procedures. Evans notes a shift over time from an emphasis on the LRT model to promotion of the HF approach from 2007 onwards. The fourth series of statements are economic, with a recent focus on the "spillover" (p.11) costs of homelessness such as emergency service use. Such statements form the foundation for the business case for 'ending homelessness' in Alberta, and act as evidence for the notion of best practices in the policy realm. The final theme encompasses philosophical statements, including the shift in discourse from 'taking action', to 'managing accordingly', and finally 'ending homelessness'.

Evans contends that taken together, these statements represent a new environment for homelessness policy in Alberta in which it becomes possible to declare "the end of homelessness" (p.15), a rhetoric that can be understood as an economically rational response, but also one that blatantly ignores inequalities in the housing system that contribute to homelessness. Thus, despite an emphasis on ending homelessness in Alberta, housing inequality is in fact normalized, and the role of social injustice in an "oil fuelled growth economy" (p.18) is effectively ignored. Also in the Canadian context, Klodawsky (2009) argues that discussions of the merits of a HF approach and TAU raise questions regarding neo-liberalization. She posits that a wholesale shift to HF could act as a vehicle for further excluding marginalized peoples by removing their right to public space in the city, including the specialized, congregate spaces associated with the TAU model such as emergency, transitional and supportive housing. Additionally, in shifting towards the individualized approach of HF, the potential benefits that some homeless clients gain from living in supportive, congregate or group settings (which are generally not supported by the HF model) may be disregarded.

2.2.4 Housing First in the European Literature

A significant proportion of the critical accounts of HF are written by European researchers, and serve as a useful transition into the broader European literature. Programs that follow a HF model have been rapidly taken up in a number of cities across Europe and are an important

part of the wider shift in homeless policy occurring in the region. Alongside this dissemination, a growing body of research exists on the feasibility of HF models in Europe. In a widely-cited article, Pleace (2011) argued that PHF and other HF models can lead to gains in housing stability for a high cost, high risk group of vulnerable homeless people.

However, he also raises three critical questions. First, what does 'Housing First' mean today? Near countless variations of HF exist in practice and there is a need to better understand what is being delivered. Second, to what extent can HF address all aspects of chronic homelessness? HF is not necessarily the best approach for all chronically homeless people, and other ways of organizing housing and support services might provide similarly positive outcomes for some people. Third, does the policy and research focus on HF lead to over-emphasizing issues of severe mental illness and/or problematic substance use within the homeless population? Challenges such as limited access to affordable housing, poverty, and inadequate housing supply are pervasive - yet less addressed in policy.

Pleace's (2011) article prompted six published responses. Tsemberis (2012) addressed the first point raised by Pleace (2011), agreeing that ambiguities have emerged following the widespread uptake of HF internationally. Hansen Lofstrand (2012) built on Pleace's (2011) three points to contend that what is "going on in reality" is "an intensified medicalization of homelessness, and a constant narrowing of the category of homeless people" (p.181) which downplays the scale of homelessness and its structural causes. Johnson (2012) similarly used Pleace's (2011) main points as a framework for discussing the "ambiguities, limits and risks" (p.183) of a HF approach in the Australian context. Johnson (2012) agreed with the importance of clarifying crucial components of HF, especially given the rapid international uptake, and contends that until more research on the efficacy of HF outside of the U.S. is available, an 'agnostic' standpoint on HF is the only defensible position. Tsai and Rosenheck (2012) agreed with and expanded on Pleace's original points, suggesting that research on HF is still in its early stages, and that widespread uptake of any model is not warranted without exploring and evaluating other viable service models. Finally, Busch-Geertsema (2012) disagreed with a number of points made by Pleace, including the idea that a focus on HF may lead to ignoring structural issues such as affordable housing. The author argued that HF in fact places access to housing at the centre of the debate. Busch-Geertsma concluded by stating that HF and housing-led policy approaches more generally are no miracle cure, but hold great

potential in the European context.

Moving beyond this particular debate, Pleace and Bretherton (2013) critically evaluated the implementation of HF in the European Union. They contended that services following the broad principles of a HF approach are very effective in a range of national contexts, and that high fidelity to the original PHF model does not seem necessary to effectively address chronic homelessness. Focusing on HF in the context of the UK, Johnsen and Teixeira (2012) explored the reasons underlying scepticism towards the approach, including gaps in the HF evidence base. Furthermore, they argued that HF in the UK does not represent a major paradigm shift (as it does elsewhere, including North America) as a number of long-standing programs already prioritize rapid re-housing of the homeless.

A number of articles assessed the uptake of a HF approach in Europe as a whole, or within a specific country, as part of a larger shift in homelessness policy. In an early discussion, Atherton and McNaughton Nicholls (2008) considered the potential effectiveness and applicability of HF in the UK. They identified a number of potential contextual challenges, including fragmented service provision and administrative boundaries, legal issues that could preclude choice for clients (such as the use of illegal drugs in one's apartment), and a limited availability of affordable housing across the UK. The authors concluded that despite cautionary notes, HF deserves consideration in the European context.

Knutagard & Kristiansen (2013) describe the emergence of HF in Sweden. The authors note that the foundational ideas of HF are not new in the country, although only seven of Sweden's 290 municipalities had either started or committed to starting HF programs by 2013. In addition, a HF approach was excluded from the national homelessness strategy. In pointing to possible barriers to HF implementation in Sweden, the authors note that the organisation of service delivery in the country, including the configuration of many agencies and the housing market as a whole, is highly structured around the 'staircase' model. The institutionalized nature of the staircase model is reinforced by moral perceptions about homeless people, including prevailing assumptions around the need for abstinence and control in housing, which are challenged by the HF approach.

Houard (2011) described the emergence of HF in France in 2009, which coincided with a reform in the country's existing system of homeless service provision. Despite an explicit promotion of the HF approach as part of this reform, and the rapid dissemination of

information from other European countries implementing HF, Houard claims that government guidance for HF promotion is actually in conflict with principles that commonly underline HF models. A heavy reliance on the LRT model persists throughout the country, in both government and non-profit agencies, and is working to restrain any real change in homelessness policy towards a HF approach. Tainio and Fredriksson (2009) outlined a similar situation with the Finnish government's response to homelessness, where a continued emphasis on LRT models persists.

Greenwood et al. (2013) described and evaluated HF programs in six European countries (Portugal, France, Netherlands, Scotland, Ireland and Finland). The authors reported that although none of the programs in these countries was an exact replica of the PHF model, generally there was a high level of fidelity to PHF principles, in terms of independent scattered-site housing, no housing readiness requirements, separation of housing and treatment, consumer choice in services, harm reduction approach and multidisciplinary support teams. Other key areas did not adhere to the PHF model as closely, including housing choice and availability, intensity and array of supports, and client involvement in program planning. The most significant deviations from the model occurred in the Finnish context, although the title of HF was commonly used there. Although each program faced challenges in implementation, and local variations could impact fidelity significantly, the authors concluded that HF programs could be successfully implemented in the European context.

Initial findings from this research project were updated with those of an additional research project, Housing First Europe. In 2011, Busch-Geertsema first reported on five test sites across Europe where programs broadly following PHF principles were in place; Amsterdam, Budapest, Copenhagen, Glasgow and Lisbon. The test sites generally followed the principles of PHF, but adapted them to local housing and service provision contexts. The Budapest test site differed quite widely from the others, due to a number of limitations including only one year of support provided, less intensive supports available, and little financial assistance for housing. Results of this evaluation indicated high housing retention rates in four of the five projects (all over 80% housed after one year), with Budapest demonstrating less positive results (Busch-Geertsema, 2014, see also Busch-Geertsema, 2013 for full report).

2.3 Housing First in Canada

Until recently, the academic literature on HF in the Canadian context was extremely sparse. However, following the recent completion of a four-year, $110-million study of HF in Canada, this literature base has grown tremendously with outcomes-based and descriptive studies using this newly generated data. A relatively large base of grey literature (including government, independent researcher, and NGO-authored reports) existed prior to this, and has been steadily expanding in line with the growing popularity of HF across Canada.

2.3.1 At Home/Chez Soi

In 2008 the Government of Canada allocated $110-million to the Mental Health Commission of Canada to undertake a research demonstration project on mental health and homelessness, following a model which closely reflected PHF (MHCC, 2015). The resulting project, AH/CS, ran from 2009-2013 and was conducted in five cities. In each city, participants were stratified into High Needs or Moderate needs, and then randomised into HF programs which provided ICM, ACT, or a third service approach individualized to the city (Goering et al., 2011). While all sites required participants to be experiencing one or more serious mental illnesses, Vancouver included dually diagnosed participants also experiencing problematic substance use, Winnipeg focused on an urban Aboriginal population, Toronto looked at ethno-racialized populations, Montréal included a vocational study and Moncton demonstrated HF service provision in smaller communities. A randomized trial design was employed, with more than 1000 participants receiving the HF intervention, and a control group of over 900 participants receiving TAU, across the five cities. Although the influence of the PHF model is recognized in the study, the term 'HF' is consistently used to describe the intervention itself, and will therefore be used when discussing AH/CS findings.

The Mental Health Commission of Canada released the AH/CS final report in 2014, using data collected for two years after implementation in the five cities (Goering et al., 2014). The study concluded that HF could be successfully adapted in a variety of Canadian contexts, using both ICM and ACT approaches. It found the HF intervention had a large and significant impact on the housing stability of formerly homeless individuals experiencing severe mental illness. For example, in the last six months of the study (beginning ~18 months post-housing), 62% of HF participants (receiving either ACT or ICM support) were housed all of the time,

22% some of the time, and 16% none of the time. For the TAU participants, the equivalent figures were 31%, 23% and 46% (i.e. almost half were unhoused). Throughout the study period, TAU participants spent considerably more time insecurely housed or homeless compared to HF participants. Additionally, it was found that the quality of housing for HF participants was significantly and consistently of higher quality than the housing TAU participants were able to obtain through other programs or on their own (Goering et al., 2014).

In terms of cost and service use, a general shift was observed in the HF participant group from expensive inpatient and crisis services (such as psychiatric hospital care and emergency shelters) to lower-cost community services (such as support from a HF worker). However, some participants also experienced increased use of acute or rehabilitative care as previously unmet needs were identified. All costs incurred by public agencies were calculated for both HF and TAU participants. On average, it was found that a high needs HF participant cost $22,257 per year and a moderate needs HF participant cost $14,177 per year. Over the two-year study period, there was an average cost reduction through reduced use of other public services of $21,375 for high needs participants, and $4849 for moderate needs participants (Goering et al., 2014).

The study also reported on participant outcomes including quality of life, community functioning, mental health and substance use (based on observation and self-report). In many areas (including satisfaction with social lives and relationships, and mental health and substance-related issues), both the HF and TAU groups experienced similar improvements. However, HF participants had greater positive outcomes in terms of quality of life and community functioning, demonstrating that this intervention can produce *additional* improvements in the lives of formerly homeless individuals (Goering et al., 2014). A related finding was that participants in HF programs with higher fidelity to the original PHF model had better overall outcomes in housing stability, quality of life, and community functioning.

2.3.2 Housing First in the Canadian Literature

Prior to the AH/CS study, most HF literature in Canada was non-academic in character. The Homeless Hub, a web-based research library and resource centre, produces the *Homeless Hub Research Report Series* as an initiative of the Canadian Observatory on Homelessness (Homeless Hub, 2015). This source has contributed greatly to the grey literature on HF and

homelessness more broadly in Canada.

In 2013, Gaetz, Scott and Gulliver authored an inclusive overview of the state of HF in Canada, including the history, detailed case studies of HF programs in practice across the country, and lessons learned. Waegemakers Schiff & Rook (2012) produced a comprehensive literature review on the existing evidence base for HF, concluding that HF "has been shown to be effective in housing and maintaining housing for single adults with mental illness and substance use issues in urban locations where there is ample housing stock" (p.18). Gaetz recently released two major reports: a framework for applying HF to youth populations in Canada (2014), as well as a discussion of the cost-analysis of current approaches to ending homelessness, including HF (2012).

Beyond the Homeless Hub, a number of valuable documents has been made available. Waegemakers Schiff and Turner (2014) authored a report on rural homelessness in Canada and the feasibility of implementing a HF approach in 22 communities. They found that rural homelessness is on the rise in Canada, and that an adapted HF model presents a viable policy option for addressing it. Waegemakers Schiff (2014) also reported on a project that examined if HF programs created independently of – and operating under different principles from - the AH/CS study would serve the same type of clients. It found that the client bases were indeed similar, and that client retention in housing was comparable to or better than those reported in Goering et al. (2014).

The Homes for Women Campaign (2013) calls attention to the lack of consideration of gender differences among HF clients, including in the AH/CS project. If HF is to be effective in housing women and girls, it must take into account their unique experiences of homelessness (e.g. exposure to gender-based violence and abuse). Recommendations of the campaign include greater efforts to connect those leaving shelters for abused women with permanent, affordable housing; the promotion of women and girl-only spaces and programming; and acknowledgment that HF may not be appropriate for all women, particularly violence survivors who may require the added security of transitional housing arrangements.

2.3.3 Literature from At Home/Chez Soi Study Data

The AH/CS project contributed to a massive new data set on HF and persons with severe mental illness experiencing homelessness across Canada. This data has informed a recent surge of reports and academic articles, in addition to the main study discussed above (Goering et al., 2014). The *Canadian Housing First Toolkit* was developed based on findings from the AH/CS project, and is intended to assist Canadian communities that are interested in adopting the HF approach (Polvere et al., 2014). There have been numerous reports published on the five individual study sites (e.g. Distasio, Sareen & Isaak, 2014) and fidelity evaluations (eg. Nelson et al., 2013).

Peer-reviewed articles based on AH/CS look at fidelity, program implementation, and program outcomes based on data from all five sites. For example, Nelson et al. (2014) determined the degree of fidelity to the HF model achieved across all five AH/CS study sites at 'early implementation' (programs operating between 9 – 13 months), and assessed what factors helped or hindered program implementation. They found that two sets of factors facilitated implementation: delivery system factors, such as community capacity, and support system factors, such as staff training and technical assistance. The authors noted fidelity challenges related to the availability of housing (due to issues such as low vacancy rates), client representation in program operations (as a result of challenges associated with involving recently homeless people in programs), and the range of services offered to clients (linked to a shortage of services in some communities).

Macnaughton et al. (2015) conducted a very similar evaluation at a later time frame, looking at fidelity to the HF model and implementation across five sites at 24-29 months of program operation in order to determine what factors promoted program implementation and allowed for greater fidelity to be obtained. Key findings revealed that HF program implementation was facilitated by staff expertise, partnerships with other services, and program staff leadership. Implementation was impeded by staff turnover, the need to rehouse clients, client isolation and limited supports for vocational and education training. Goering et al. (2015) examined whether HF fidelity scores corresponded to actual program descriptions and what the implications were between fidelity and client outcomes. The authors found that higher fidelity was significantly associated with improvement in housing stability, community functioning and quality of life.

O'Campo et al. (2015) examined ways in which HF programs in Toronto adapted to the local challenges of the city. Challenges emerged relating to the scarcity of affordable housing for clients in desired locations, inconsistent staff experience with the HF model, coordinating housing and other support services, and the ability of programs to provide comprehensive services to address multiple, complex needs, and the needs of racially diverse clients. The authors noted a number of strategies that programs had developed in response to these challenges, concluding that locally relevant strategies can be implemented to overcome challenges and provide high-fidelity services to clients. At the same site, Stergiopoulos et al. (2012) reported on an implementation evaluation that specifically considered the ethno-racial background of program clients. The authors found that HF could be adapted with an anti-racism/anti-oppression principle, in order to better meet the needs of participants with very different sociocultural backgrounds.

Much of the work using AH/CS data continues in the tradition of outcomes evaluation in HF research. This can be illustrated with reference to the case of Vancouver, where three such analyses have been undertaken. First, Somers et al. (2013) assessed justice system involvement of participants pre- and post-housing in independent and congregate model apartments. Findings showed that the HF intervention reduced re-offending. Second, Patterson, Moniruzzaman and Somers (2014) examined community integration of participants after housing, concluding that participants assigned to independent apartments were more likely to endorse statements related to the emotional components of community, but not those related to knowing their neighbours. A third study at the same site revealed that after six and 12 months, participants who had received the HF intervention reported significantly greater quality of life compared to TAU participants (Patterson et al., 2013). It is important to note that TAU participants did report increased quality of life during this same time period, which the authors attribute to a collective effort at improving housing and services available to homeless individuals in Vancouver. After 12 months, HF participants in this study spent about 80% of the study period stably housed, while TAU participants spent only 20% of this time stably housed (Patterson et al., 2013). Beyond outcomes-based work, four studies explored AH/CS participant perspectives, looking at housing and recovery (Polvere, Macnaughton & Piat, 2013), hopes for recovery (Kirst et al., 2014), perceived discrimination (Skosireva et al., 2014) and the role and meaning of interim housing in the HF experience (Zerger et al., 2014).

A modest sample of Canadian literature to date has included the input and opinions of service providers. Two examples assess programs implemented in the same city as part of the AH/CS project. Volk et al. (2014) examined the perspectives of community partners in relation to the implementation of HF in Moncton, NB. Key findings indicated that impressions of HF were positive, and community partners felt the initiative was offering a much-needed service in the community. Areas needing further improvement were identified, including increased financial support for clients, more support workers, 24/7 support and increased capacity to serve more clients. Most community partners reported HF having a positive impact, including increasing community awareness around homelessness, and also believed it fitted well with services already being offered in the community.

Yamin et al. (2014) presented findings based on client and staff opinions on the implementation of a program in Moncton, NB. The program, Peer Supportive Housing (PSH) was developed for clients of HF who demonstrated ongoing housing instability in the program. PSH is described as a structured and clustered housing strategy with on-site support, security measures, and tenant rules. As such, it disregards the scattered-site model promoted by HF. In the PSH, one of six apartment units is occupied by a 'peer-support couple', while the remaining five are HF clients receiving ACT support. The authors do note that PSH differs from the HF model in key ways. Findings indicate that clients noted weaknesses with the program, including overly restrictive rules, housing in the PSH being only temporary in nature, and the apartment location being less than ideal. Noted strengths were the provision of on-site services and the ability to create relationships with other tenants in the building. In terms of staff opinions, identified weaknesses included that it was "frustrating to work with tenants who were not housing-ready" (p.10), while strengths included the support role of the peer couple in the building. Staff also indicated that they felt tenants were more socially integrated at the PSH and were able to achieve greater housing stability than they would have in regular market apartments. The authors conclude that the PSH model might provide a valuable alternative for clients who are not able to achieve housing stability in regular HF programming.

In a more recent study, Macleod et al. (2015) sought out the perspectives of service providers, as well as landlords, in order to compare their experiences in two housing programs in Toronto with different lease structures. One of these programs was an AH/CS study site that

utilized a rent supplement system in which program clients held the lease for their own apartment. The other was a supportive independent housing program that utilized head leases, meaning that the agency held the lease title and subleased to program clients. The authors found that lease type was closely linked to landlord and tenant experiences. The head lease program left few opportunities for clients to interact with building landlords and was characterized by intensive oversight and only partial separation of housing and clinical services. In contrast, the rent supplement arrangement allowed for tenants to interact with the mainstream housing market and promoted social inclusion and community participation for clients.

Stergiopoulos et al. (2015) also captured the perspectives of HF service providers at the Toronto AH/CS study site, in this case looking at implementation and fidelity challenges. These qualitative findings were compared to quantitative assessments of program fidelity in order to provide a better understanding of the reasons why certain challenges emerged, and why certain HF principles could or could not be carried out in full.

Almost all of the above studies based on AH/CS study data were collected after two years of a HF intervention. The one exception to this was Macnaughton et al. (2015), which looked at a timeframe slightly past two years (29 months). It is unclear whether or not follow-up studies will be conducted with program participants at a later date, which would be useful for tracking long-term sustainability of the program, especially because the AH/CS study was time limited to a five-year period. As with the broader HF literature, in the Canadian context there remains a dearth of information on any outcomes of HF programs longer than five years.

2.4 Connecting Affordable Housing and Housing First

In assessing the HF literature as a whole, few articles give serious consideration to the necessity of an adequate supply of affordable housing in order for HF programs to succeed. In many articles this issue is not referred to at all, while in others it is mentioned briefly, but not elaborated upon. For example, in their concluding statement after reviewing the scope of the evidence base for HF, Waegemakers Schiff and Rook (2012) contend that "HF has been shown to be effective in housing and maintaining housing for single adults with mental illness and substance use issues in urban locations *where there is ample rental housing stock*" (p.17). Despite the emphasis of "ample rental housing stock", this is the first and only time it is

mentioned in the review.

In discussing the practical challenges of implementing a HF approach for the U.S. Department of Veteran Affairs, Austin et al. (2014) concluded that due to variations in availability, desirability, and safety of affordable housing "competition for housing was often a major impediment to rapid placements. In some areas, frontline staff spoke of apartments routinely being rented within an hour of public advertisement" (p.3). Again, the topic receives no further discussion. In a third example, Padgett (2013) acknowledges objections to applying the HF approach in Europe based on "a scarcity of apartments in tight housing markets" (p.343), but offers no further analysis.

Several Canadian studies recognize that a lack of affordable housing poses a challenge to HF, but do not consider the point in any detail. Waegemakers Schiff (2014) drew attention to a problem experienced by staff of Calgary's Homebase program, stating "the immediate goal of this program is rapid-rehousing in accommodation that is within acceptable limits of space and location. A tight rental market and the scarcity of available housing make this matching difficult to achieve" (p.16). An assessment of AH/CS recognized the lack of affordable housing and available housing as a universal barrier to program implementation across all five sites (Nelson et al., 2012). The authors expand on this citing the example of Winnipeg, where some individuals waited up to five months for housing. Similarly, in Toronto program staff identified the scarcity of affordable housing units as a hindrance to program implementation, and reported some clients waiting three to four months to be housed. Once again, the issue is not expanded upon, although it is noted that "these findings are consistent with fidelity data that indicate that challenges regarding housing choice and housing availability hinder implementation" (p.21).

In the HF literature, only one article explicitly addresses the potential constraints of a housing shortage on HF. Bullen and Fisher (2015) question how HF programs manage given a shortage of affordable housing, considering their mandate to provide rapid access to a permanent home. Using an Australian case study, the authors determined that the housing shortage affected program implementation, leaving providers no choice but to adjust the program and undermine its original intent and design. This compromise resulted in issues such as inconsistently provided support, clients being put on housing waitlists and otherwise eligible clients being deemed unqualified for the program or deferred due to a scarcity of

affordable housing. The authors conclude that HF can be effective in a housing shortage when assertive approaches are taken by service providers to help clients find housing and provide other needed support to clients while they wait for housing.

The above examples describe situations in which constraints on the supply of affordable housing are working directly contrary to key principles of the HF model, particularly rapid re-housing and client choice in housing. Outside of the academic literature, Canadian housing advocates have expressed similar concerns. In an editorial, Gaetz (2011) questioned whether HF can work without enough affordable housing, noting that in a tight rental market, consumer choice is one of the first things to go from HF programs. In addition, people may be housed in inappropriate neighbourhoods leading to isolation, marginalization, difficulty accessing services and even safety concerns, ultimately contributing to problems with housing retention. Gaetz concluded that in order to ensure the fundamental principles of HF are protected, a sufficient supply of affordable housing must be available.

Shapcott (2011) also stressed the necessity of affordable housing, stating that, "a housing first approach to ending homelessness has to be combined with a commitment to ensure that there is adequate housing in place first" (p.1). In another example, the Edmonton Homeless Commission (2012) identified a tight rental market as one barrier to HF implementation. They noted that Edmonton's 10YP began at a time when rents were relatively low and a rising vacancy rate made housing homeless individuals attractive to landlords. However, these circumstances changed dramatically by 2012. Additionally, in commenting on issues with the sustainability of HF graduates, they discussed the need for an on-going rental supplement for clients who are unable to afford rental costs otherwise. This supplement is currently provided by the Government of Alberta, but is not guaranteed indefinitely and according to the authors, "comes at the expense of other low income households" (Edmonton Homeless Commission, 2012, p.1). Unfortunately, this point is not elaborated upon.

In cities across Canada, despite calls to increase the stock of affordable rental housing, issues of scarcity continue to worsen. Furthermore, although many 10YPs outline targets for increasing the housing supply as part of a systems approach to ending homelessness, there remains a critical shortage of affordable rental units across the country (Gaetz et al., 2014). Considering this in the context of growing support for the HF approach across Canada, and an obvious awareness in the academic and policy realms of the fundamental role housing plays to

HF programs, a significant gap in research exists. Researchers and housing advocates have drawn attention to situations in which common principles of HF models - such as rapid housing, client choice, and permanency in housing – are severely undermined by constraints on the rental market. However, only one study (Bullen & Fisher, 2015) has gone on to examine this constraint in any detail, and to consider the differences it makes to the operation of HF programs, and the broader policy goal of ending homelessness. There is a dire need for more research on these implications.

Chapter 3 Methodology

3.1 Development of Housing Studies

Housing studies is a relatively new social science field. Although studies *about* housing have been taking place since the Industrial Revolution, until the 1970s these were generally limited in scope and situated within a specific social science discipline (Clapham, Clark & Gibb, 2012). Housing studies as a distinct field of research emerged in the 1970s in response to increased state involvement and interest in housing, and the subsequent need for research that could inform policy decisions (Clapham, Clark & Gibb, 2012). Housing studies is therefore rooted in an applied and empirical research tradition; it seeks to establish facts and to prescribe policy recommendations (Jacobs & Manzi, 2000). Funding opportunities for housing research have typically been tied to policy-related outcomes and have favoured the application of empirically testable methods, therefore limiting the opportunity for researchers to engage in explicitly theoretical or critical work (Jacobs & Manzi, 2000). Although early housing research was not *explicitly* theoretical, it often fell within the parameters of a positivist epistemology. Within this theoretical paradigm, it is the researcher's job to discover facts about objective reality and to present them in a descriptive format, assuming that rational policy decisions will follow (Jacobs & Manzi, 2000).

Despite modest theoretical developments in the field's early years, in 1992 Kemeny called for more attention to theory in housing studies, expressing concern that most studies focused narrowly on housing policy and markets, neglecting larger issues and ignoring the societal context in which housing issues are situated. Kemeny used the term 'epistemic drift' to describe housing researchers neglecting to advance the theoretical underpinning of their own work, as they were generally engaged in research intended to address specific factual deficits or local policy needs (Kemeny, 1992, as cited by O'Neill, 2008). By focusing on very specific and localized policy issues, which are defined as 'problems' by administrators and politicians, Kemeny (1992) believed that housing issues were being treated as separate from social issues, and that housing studies (as a field) was also removed from broader social science debates and controversies. Further to this, Kemeny (1992) worried that as university research became increasingly engaged with external agencies, which were primarily interested in research for specific information and policy outcomes, the institutionalization of power structures within housing studies would occur, further repressing more critical and reflexive research in the

field.

Since Kemeny's original call for more explicit attention to theory in housing studies, many researchers have expressed similar sentiments. Jacobs and Manzi (2000) and Marston (2002) assert that while housing research has developed an impressive empirical tradition, it continues to lack any substantial body of explanatory theory. Related to this, O'Neill (2008) draws attention to the difficult set of demands placed on researchers in the present-day political and funding contexts of universities. He argues that the need to generate external research income in an increasingly competitive field leads researchers to resort to applied and policy-related work as a more financially stable alternative to theoretically informed social science (O'Neill, 2008). Clapham, Clark & Gibb (2012) also express concern over the way housing studies has become institutionalized, linking this to the fact that research centres have been established to conduct work on housing outside the academic realm. In the Canadian context this is clearly visible. Research centres such as the Canadian Observatory on Homelessness and the National Housing Research Committee, both major hubs of housing research, prioritize evidence-based research for the purpose of informing and changing policy outcomes.

In terms of research conducted within the academic realm, housing studies today remains on the fringes of most academic institutions, with very few departments specifically dedicated to the field. Some Universities have established inter-disciplinary housing research centres, as with the five networked centres that form the Australian Housing and Urban Research Institute (AHURI). But without a formal disciplinary 'home' in academia, much housing research was, and continues to be, fragmented across many academic departments. Certainly, 'housing specialists' draw on work across a large range of disciplines to analyze housing issues (Clapham, Clark & Gibb, 2012) including sociology, human geography and political science, although they do not necessarily engage with the theoretical traditions and debates in those fields (Marston, 2002).

3.2 Theory in Housing Studies

Although most work in the housing field retains a close link to policy and outcomes-based research, new areas of inquiry have emerged in recent years. Housing research today includes everything from ethnographic studies of homeless people to econometric studies of housing

markets (Clapham, Clark & Gibb, 2012). A broader spectrum of theory-based work is beginning to emerge alongside the expanding scope of research topics, representing a slow shift from the over-reliance on positivism and empiricism of the past.

Lawson (2006) describes housing research today as being dominated by two positions, those that fall towards the positivist or objective end of the spectrum and those that fall towards the interpretivist or subjective end. Positivism is an epistemological position that promotes the application of the methods of the natural sciences to the study of society and accepts the existence of an objective and observable reality (Bryman, Teevan & Bell, 2009). Positivism seeks out patterns of observable, measurable findings in order to develop predictive theories that contribute to the development of universal laws, such as those relating to the 'natural state' of objects like housing markets, and which can be applied generally and empirically validated (Lawson, 2006). In contrast, interpretivism encourages researchers to understand the subjective meanings people attach to their actions and behaviours (Bryman, Teevan & Bell, 2009). In this understanding, social reality is always subjective and multifaceted, taking into account the experiences of individuals and their personal understanding of reality. In this sense, an expert observer cannot define what is real. Rather, reality reflects the explanations and understandings of individual social actors (Lawson, 2006).

Both positivism and interpretivism have been critiqued widely in the context of the housing field and beyond. Lawson (2006) outlines a number of arguments that have been made against the use of positivism in the social sciences. The underlying premise of these arguments is that positivism ignores the role of culture, relationships, and changing historical and cultural circumstances on individuals and society. The application of experimental method to human behaviour denies the complex nature of social life and does not consider the ability of individuals to learn and adapt. Lawson (2006) similarly summarizes some of the major critiques of intepretivism, beginning with an implicit assumption of this theory - that people act rationally. She challenges this, questioning the value of interpretivism in cases where people act without reason, or when their motivations are hidden or false. Lawson (2006) also contends that this position ignores the existence of social structures that may influence a social actor, perhaps unconsciously, and are therefore not articulated as a source of motivation.

3.2.1 Critical Realism in Housing Studies

Critical realism has been introduced as a valuable theoretical framework for housing studies that appeals to the middle ground of the epistemological spectrum and successfully counters many of the arguments outlined above. Lawson (2006) has argued that the standard approach to housing research, which relies upon descriptions of key events, politics and housing outcomes, was not adequate to explain the phenomenon encountered in her own housing research. As such, she proposed critical realism as an alternate perspective "that promoted the consideration of underlying social relations and causal mechanisms generating social practices, ideological constructs and perceived phenomena" (Lawson, 2006, p. 34).

Critical realism combines a realist ontology - the belief there is a real world that exists independently of our beliefs and constructions, with a constructivist epistemology - the belief that our knowledge of this world is our own construction and cannot be a purely objective account (Maxwell, 2012, p. vii). This distinction is highly relevant to the present research study. Specifically, it proceeds on the basis that there is a 'real world' in which Housing First and housing affordability challenges exist, situated in the context of various cities and influenced by various social, economic, demographic and political factors. At the same time, our knowledge and experiences of this real world' are necessarily partial, and each person who seeks to understand Housing First and housing market dynamics (e.g. from the perspective of a tenant, service provider, or researcher) will develop a unique account reflecting their own knowledge and perspective.

A second important characteristic of critical realism is that researchers within this framework consider the ideas and meanings held by individuals to be of equal value to physical objects and processes (Maxwell, 2012, p. viii). In this understanding, researchers are not interested in seeking out a 'correct' description of reality, but rather a rich description of various perspectives on reality, which serve as evidence for real phenomena and processes. This is done in order to "understand the processes, meanings, and local contextual influences involved in the phenomena of interest" (Maxwell, 2012, p.94). While Maxwell does not indicate a preferred method of data collection for conducting realist research, he does note that interviewing is an "efficient and valid way of understanding someone's perspective" (p.106) and can be "a valuable way of gaining a description of action and events" (p.107).

3.3 Study Methodology

In order to understand how constraints on the supply of affordable housing across Alberta may influence HF programs in practice, this research was conducted using a qualitative case study approach. This approach was deemed most appropriate on a number of grounds. First, qualitative research has been identified as particularly relevant and useful in homelessness research (Martin & Kunnen, 2008). It is "especially appropriate" for research that involves vulnerable participants, including people experiencing homelessness, because its "flexible, fluid and facilitative" approach enables participants' voices to be heard through the research process (Liamputtong & Ezzy, 2005, p. 7; as cited by Martin & Kunnen, 2008, p. 65). Second, there is value in working inductively from a specific case (or cases), and not a pre-existing framework or theory, in order to provide a comprehensive description of a particular phenomenon (Mayan, 2009). Because the aim of this research was to gain rich insight into a contextual phenomenon - HF programs in Alberta's rental market - and to understand the associations between HF, affordable housing and homelessness, this approach was very fitting.

A case study design was considered most appropriate in order to "investigate a contemporary phenomenon within its real life context, especially when the boundaries between phenomenon and context are not clearly evident" (Yin, 1994, p.13). This approach ensures that the issue is explored through a variety of lenses, allowing for multiple facets of the phenomenon to be revealed and understood (Baxter & Jack, 2008, p. 544). A case study approach has been described as suitable for homelessness research as it contextualizes social action, facilitates multiple perspectives, and has an open-ended quality that often leads to incorporation of unexpected data sources and discovery of unanticipated findings (Snow & Anderson, 1991).

In case study research, the 'case' is defined as a phenomenon of some nature occurring in a bounded context (Miles and Huberman, 1994). The case being explored in this research is HF programs in the context of Alberta's cities. In order to understand how contextual factors of a particular city may influence the operation of HF programs, and to explore the differences between and within cities, a multicase study design was chosen. Specifically, three cities in Alberta were selected; Edmonton, Calgary and Medicine Hat. Multicase studies possess all the same advantages of a single case design in capturing real world contexts, but have the additional advantage of allowing the researcher to examine how a program or phenomenon

performs within different environments (Stake, 2013). This allows the researcher to identify how a specific environment influences a phenomenon and to better understand the contextual factors that lead to particular outcomes (Chmiliar, 2010). Ultimately, multicase studies allow for the development of more extensive descriptions and explanations of issues, they allow for more rigorous theories to be developed in the analysis phase of research, and provide more powerful results than a single case study (Chmiliar, 2010).

3.3.1 Case Study City Selection

Edmonton, Calgary, and Medicine Hat were chosen as case study cities for a number of specific reasons. These were selected from the seven urban centres in Alberta that had implemented a 10YP policy approach. At the time this research project was designed, Edmonton and Calgary were the two cities experiencing some of the highest average rental rates and lowest average vacancy rates in Alberta (CMHC, 2014a). As such, they were appropriate and important sites for investigating how HF programs operate when (rental) housing markets are restrictive (i.e. difficult to access). Both cities also had large homeless populations, in absolute terms. The most recent counts at the time this research began identified 2,174 people experiencing homelessness in Edmonton (Sorensen, 2012) and 3,533 in Calgary (Calgary Homeless Foundation, 2014). By comparison, smaller Albertan centres such as Lethbridge and Grande Prairie saw numbers well below 200 (City of Lethbridge, 2013; City of Grande Prairie, 2012).

Medicine Hat fell on the opposite end of the housing accessibility spectrum, having the lowest average rental rate and an above average vacancy rate for the province (CMHC, 2014a). This contrast allowed for very different housing market contexts amongst the three case study cities. Furthermore, in December of 2014, the mayor of Medicine Hat announced the city was on the brink of becoming the first in Canada to successfully end chronic homelessness (Maki, 2014), guaranteeing that no person in the city would be without a home for more than 10 days (Wong, 2015). This impressive claim was another key reason Medicine Hat was selected as the third case study city: it was being promoted as a context in which a HF-centred approach had indeed 'ended' homelessness.

3.3.2 Inclusive Research Practice

An inclusive research practice addresses issues such as power differentials between researchers and stakeholders, and seeks to understand and respond to the actions and needs of disadvantaged persons (Martin & Kunnen, 2008, p.66). This approach promotes the inclusion of marginalized stakeholders who are often excluded in traditional research, particularly research that informs policy development (Martin & Kunnen, 2008). The qualitative case study approach discussed above was guided by key principles of an inclusive research practice, as summarized by Martin and Kunnen (2008). The first principle is to incorporate a strengths-based perspective throughout the research, recognizing individuals for their potential rather than their inadequacies, and viewing them as active participants in their experiences. By adopting this perspective towards all participants, including those experiencing homelessness, the researcher is more likely to let go of the 'expert' role and facilitate effective conversations.

The second principle is to follow a framework for ethical participation in research. What this means, in practice, is acknowledging that an individual may be vulnerable, but not allowing this vulnerability to define them or the value of their knowledge. Martin & Kunnen (2008, p.68) warn against "giving voice" to potentially marginalized participants, which has clear paternalistic undertones, in favour of facilitating participants' telling of their own stories. In this way, service users are seen as active collaborators in the research process.

The third principle centres on the relevance of narrative or biographical methods as a means for obtaining comprehensive knowledge on stakeholders' experiences and as a potential method for identifying embedded organizational and policy discourses (Martin & Kunnen, 2008). Such methods invite the research participant to draw on their individual experiences, allowing the researcher to gather comprehensive knowledge about stakeholders' experience in a particular setting and ultimately enhancing the quality of information obtained (Martin & Kunnen, 2008). Suggested forms of data collection for this type of sensitive research include in-depth interviews, life history interviews, and focus groups or small group meetings (Liamputtong, 2007).

3.3.3 Data Collection

This research utilized multiple data collection methods: key informant interviews, biographical life history interviews and feedback sessions. The approach was informed by the

principles of an inclusive research practice outlined above, as well as recommendations found within pertinent literature on qualitative case study methodologies. Multiple methods of data collection were used in order to allow for triangulation of the data, an important step in minimizing misinterpretation and reinforcing the credibility of findings (Baxter & Eyles, 1997). Furthermore, triangulation allows for a greater understanding of the attitudes and behaviours of research participants (Shenton, 2004).

Key informant interviews were conducted in-person with 'service providers' – referring to individuals who worked for a housing or homelessness service organization in a professional capacity. These interviews were semi-structured in nature, and broadly followed an interview guide (see Appendix A). Some questions were tailored to the individual participant, as service providers held a very wide range of professional roles. In line with Bryman, Teevan & Bells' (2009) description of semi-structured interviews, questions did not always follow the order of the guide, new questions were sometimes introduced, and the interviewee possessed a great deal of leeway in how they answered questions. The flexibility afforded by semi-structured interviews allowed the interviewees to interpret and make sense of issues and events, and allowed for the introduction of additional issues perceived as important by the participants. The structure provided by the interview guide still allowed for cross-case comparability in multiple-case study research, and ensured the main topic of interest (HF) was adequately addressed (Bryman, Teevan & Bell, 2009).

Biographical interviews were conducted in-person with 'service users', a category referring to those with current or previous lived experience of homelessness or severe housing need, and who were consumers of HF or other homelessness services. Specifically, it was not limited to current clients of recognized HF programs. This category was intentionally broad in order to take into account the wider context in which HF programs operate in Alberta. The experiences of those outside of HF were of interest to understand how the constricted (rental) housing market impacts people across the housing spectrum and may be contributing to new or ongoing cases of homelessness. Furthermore, these experiences were of value to allow for comparison of those in HF programs against those involved with other programs or in the general rental market.

A biographical life history approach was used to encourage these participants to recount past, present and (anticipated) future experiences of homelessness, housing

unaffordability, and engaging with housing services (especially HF). May (2000) contends that "a biographical approach gives space to a fuller examination of the complex ways in which people negotiate the opportunities and constraints shaping their access to housing, employment and welfare, and allows for a consideration of the ways in which such negotiations are themselves shaped by a persons' individual circumstances, characteristics, vulnerabilities and experiences" (p. 633). As such, this approach was considered highly appropriate for shedding light on individual experiences of homelessness, housing affordability and HF programs (both individually, and in terms of how they combined in people's lives). Biographical interviews have been used to chronicle experiences of HF participants in New York (Padgett, 2007) and Aboriginal peoples' experiences with HF in Winnipeg (Alaazi, 2013). This approach follows the principle of an *inclusive research practice* as it enables participants to re-tell and evaluate their personal histories (Martin & Kunnen, 2008). For these interviews, a general interview guide with a biographical approach was created (see Appendix B) in order to cover past and present experiences related to housing and/or homelessness, as well as outlooks on the future. The guide was tailored slightly depending on the living situation of each participant.

Participant interviews ranged in length from 30 minutes to nearly two hours, and took place in a location selected by the participant. In some cases this was the individuals' home or office, in others a neutral public location such as a mall or library. Interviews were conducted in the three cities between July 2014 and March 2015. Participants received a written and oral description of the research, and were then asked to sign an informed consent form to demonstrate their willingness to participate and understanding of the research procedures. Following completion of the interviews, participants in the service user group received a $20 gift card of their choosing as an honorarium in recognition of their time and expertise. Participants in the service provider group were not offered an honorarium, as they were speaking in their professional capacities (i.e. as employees of HF programs or other agencies providing housing/homelessness services).

Participants were recruited using purposive sampling, a technique that "stresses the search for information rich cases" (Baxter & Eyles, 1997, p.513). This technique is not concerned with statistical representativeness, but rather works to include as many experiences as possible until data saturation occurs (Baxter & Eyles, 1997). Participants with diverse

personal or professional experiences were sought out in order to capture as much information as possible about housing affordability and HF in the three case study cities. Although HF was a focus of the research, individuals from other programs were sought out in order to understand the broader context of ending homelessness in each city.

Participant recruitment varied across the two groups. Service providers were contacted by e-mail, based on contact information available on the websites of relevant agencies. This initial contact included information on the purpose of the research and an invitation to participate. Those who expressed interest in participating were contacted again to set up interviews. In some cases, the initial contact passed on the research information to others at their agency and additional (or alternate) participants were recruited in this way.

In terms of service user participants, the primary method of recruitment was information posters and cards placed at various locations throughout the three cities, including housing agencies, shelters, libraries, grocery stores and support agencies such as Alberta Works. In Medicine Hat, an ad was also placed in the classifieds section of a local newspaper in order to reach more potential participants. Most participants in the three cities contacted the researcher based on the original posters. However, it was a challenge to recruit participants who were presently in HF programs, as (by definition) they are housed in apartments and have limited contact with agency buildings. By chance, some HF clients (including former clients) were recruited through the methods described above in Edmonton and Calgary. Additional posters and cards were given to service providers of HF programs to distribute to clients on their caseload, which resulted in one participant being recruited in Medicine Hat.

The participation criteria were intentionally broad so as to include both service providers and service users with diverse perspectives. To be eligible to participate, service providers were required to have professional involvement with issues (or policy) relating to housing, homelessness, or HF programs, or to support clients of a related program in some capacity. For service users, participation depended on current or former personal experience with housing affordability challenges, homelessness, and/or use of housing support programs. A wide range of participant backgrounds, like those included in the present research, allows for the verification of viewpoints and experiences against others. Furthermore, these diverse contributions provide an exceptionally rich description of the phenomenon (Shenton, 2004).

3.3.4 Research Participants

In total, 48 participants were interviewed in the three case study cities. There were 29 service providers interviewed: 11 from Edmonton, 11 from Calgary and seven from Medicine Hat. Service provider roles ranged from executives to front-line workers in a wide assortment of services including homeless shelters, HF programs, affordable housing programs, and various types of support programs for people experiencing homelessness or mental health issues, as well as staff of academic and government institutions.

Table 3.1 presents further information regarding service provider research participants. For confidentiality purposes, participant roles are categorized as either 'frontline', referring to those who worked directly with clients, or 'administrative', referring to anyone in a managerial, academic, policy, or related role. In some cases participants actively worked in both of these areas, and are referred to as 'both'.

Table 3.1: Service Provider Research Participants

City	Professional Role	Agency (Employer)	Participant Code
Calgary	Administrative	Housing Policy	C-SP1
Calgary	Both	Housing First	C-SP2
Calgary	Administrative	Housing Policy	C-SP3
Calgary	Administrative	General Support Agency	C-SP4
Calgary	Both	Housing First	C-SP5
Calgary	Frontline	Housing First	C-SP6
Calgary	Frontline	Housing First	C-SP7
Calgary	Administrative	Housing First	C-SP8
Calgary	Both	Emergency Shelter	C-SP9
Calgary	Administrative	Affordable Housing	C-SP10
Calgary	Administrative	Affordable Housing	C-SP11
Edmonton	Frontline	Housing First	E-SP1
Edmonton	Both	Housing First	E-SP2
Edmonton	Frontline	Emergency Shelter	E-SP3
Edmonton	Frontline	Crisis Support	E-SP4
Edmonton	Frontline	Housing Support	E-SP5
Edmonton	Both	Housing First	E-SP5
Edmonton	Frontline	Housing First	E-SP6
Edmonton	Administrative	Affordable Housing	E-SP7
Edmonton	Administrative	Affordable Housing	E-SP8
Edmonton	Frontline	General Support Agency	E-SP9
Edmonton	Frontline	General Support Agency	E-SP10
Medicine Hat	Frontline	Housing First	MH-SP1
Medicine Hat	Both	Housing First	MH-SP2
Medicine Hat	Administrative	Housing Policy	MH-SP3
Medicine Hat	Administrative	Housing Policy	MH-SP4
Medicine Hat	Administrative	Housing Policy	MH-SP5
Medicine Hat	Administrative	Housing Policy	MH-SP6
Medicine Hat	Both	Housing Support	MH-SP7

In total, 19 service users were interviewed: seven in Edmonton, nine in Calgary and three in Medicine Hat. Service users experiences included people currently experiencing homelessness, those in precarious housing, in affordable and/or supportive housing complexes, and in HF programs. Participant details are expanded upon in Table 3.2 below.

Table 3.2: Service User Research Participants

City	Housing Situation	Participant Code
Edmonton	Housing First	E-SU1
Edmonton	Affordable Housing (Former HF)	E-SU2
Edmonton	Currently Homeless	E-SU3
Edmonton	Currently Homeless	E-SU4
Edmonton	Currently Homeless (Former HF)	E-SU5
Edmonton	Currently Homeless (HF Waitlist)	E-SU6
Edmonton	Housing First (Former HF)	E-SU7
Calgary	Currently Homeless	C-SU1
Calgary	Supportive Housing	C-SU2
Calgary	Supportive Housing	C-SU3
Calgary	Supportive Housing	C-SU4
Calgary	Affordable Housing	C-SU5
Calgary	Supportive Housing	C-SU6
Calgary	Precariously Housed	C-SU7
Calgary	Housing First	C-SU8
Calgary	Currently Homeless	C-SU9
Medicine Hat	Precariously Housed (Former HF)	MH-SU1
Medicine Hat	Precariously Housed (Former HF)	MH-SU2
Medicine Hat	Housing First	MH-SU3

3.3.4.1 Sample Justification and Recruitment Challenges

The number of interviews completed was shaped by two key considerations. First and foremost, practical restraints influenced the number of willing research participants who could potentially be recruited. For service providers this included the number of relevant service agencies in each city, as well as the willingness of participants to complete a research interview or pass on information to other possible participants. Additional challenges

associated with recruiting service user participants are detailed in the following paragraph. The second consideration was to ensure that data saturation had been met, referring to the point in data collection and analysis at which new information produces little or no change to coding procedures (Guest, Bunce & Johnson, 2006). In the context of Calgary and Edmonton, data saturation was undoubtedly achieved for both service user and service provider interview sets. Guest, Bunce and Johnson (2006) contend that almost complete data saturation can likely be achieved after 12 interviews when purposive sampling of a relatively homogenous group of participants is conducted. An adequate level of data saturation was also achieved from service provider interviews conducted in Medicine Hat. This is supported by findings of a methodologically similar study in which almost 75% of codes were identified in the first six transcripts (Guest, Bunce & Johnson, 2006). Due to recruitment challenges, data saturation was not achieved for service user interviews from Medicine Hat.

Recruiting service user participants for this research was a major challenge. While many potential participants made initial contact, having seen the recruitment posters, and arranged to participate in an interview, many were 'no shows' for set meeting times (three in Edmonton, three in Medicine Hat, and one in Calgary). This was particularly challenging when interviews had been arranged in Calgary and Medicine Hat, as the researcher had limited time in these cities and was unable to reschedule in most cases. Similar recruitment challenges with vulnerable populations are well documented in other areas of research, and have been described as a "formidable task for researchers carrying out research in sensitive areas" (Liamputtong, 2007, p.48). Ultimately, a sufficient number of service users did participate in Edmonton and Calgary to gain diverse perspectives on housing challenges and experiences with HF programs; and a partial account was generated in Medicine Hat.

3.4 Data Analysis

All but one of the interviews was digitally recorded with participants' permission. One participant declined to have their interview recorded, and detailed notes were taken instead. Two recording devices were utilized in the recorded interviews to ensure the data was preserved. Both sets of interviews were analyzed separately (service user and service provider) using the "framework" approach described by Ritchie and Spencer (2002). This approach has proven to be versatile across a wide range of studies and was developed specifically for

conducting applied policy research. It takes into account the particular demands and constraints of applied policy research, including research objectives shaped by specific information requirements, shorter time-scales, and the need for newly generated data (Ritchie & Spencer, 2002). Framework was developed to effectively respond to specific research questions, as outputs of this approach are targeted towards providing 'answers' and a greater understanding of the issues in question (Ritchie & Spencer, 2002). Additional key features of framework include that it is heavily grounded in the original accounts of participants, it is dynamic and open to change throughout the analytic process, and it allows between- and within-case analysis (Ritchie & Spencer, 2002).

Framework identifies five stages to qualitative data analysis that were carried out as part of the analytic process for this research (Ritchie & Spencer, 2002). The first stage was familiarization with the range and diversity of the data. This was accomplished by transcribing the interviews, and then taking time to read though transcripts and make observational notes to get a feel for the material as a whole. During this stage, the researcher began to conceptualize and identify key issues, concepts and themes for subsequent consideration. The second step of framework is identifying a thematic framework. For this, the researcher drew upon issues that informed the original research proposal, as well as new issues and concepts that were identified within the transcripts. This process involved both logical and intuitive thinking, and was used to guide the creation of an index. As the service provider transcripts were analyzed first, an original index was created for this data set (see Table 3.3). A separate index (see Table 3.4) was created for the service user data set based on pre-determined concerns about the experiences of this group, and the unique themes and concepts in those transcripts.

Table 3.3: Original Index for Service Provider Transcripts

Theme	General description of theme
Change	Anything that needs to change/could be done to help reduce homelessness or improve housing situation
Gaps	Gaps in service
Client Choice	Client choice in housing in HF or other programs
Definition	Definitions of HF
Fidelity	Opinions or practice regarding HF program fidelity
Graduation	Opinions or practice regarding graduation in HF
Increase	Rental increase
Isolation	Client isolation in housing situations
Landlord	Any interactions/experiences with landlords
Politics	Politics or bureaucracy in housing work/policy
Rent Subsidy	Any discussions of rent subsidy
Response Change	How/has response to homelessness changed over time
Shortage	Any discussions of rental housing shortage
Sustainability	Sustainability of housing, housing programs, and subsidies
Working well	Programs or policies that are currently working well
Adaptations	Adaptations that have been made to deal with housing market
Barriers	Client or program barriers to accessing housing

Table 3.4: Original Index for Service User Transcripts

Theme	Description of theme
Barriers to housing	Barriers to housing experienced or observed
Discrimination	Experiences of discrimination by landlords, housing providers, service providers, etc.
Eviction	Experiences of eviction
Homelessness	Experiences of homelessness
Housing insecurity	Experiences of housing insecurity or worry about housing future
Landlord	Experiences of problems with landlord
Loneliness	Loneliness or isolation in housing
No housing problems in past	Did not experience housing trouble in the past, only a recent phenomenon
Poor quality housing	Experiences with poor quality housing
Rent process	Process involved with renting housing
Rules in housing	Rules enforced in various housing arrangements; opinions and experiences
Support	Any experiences or thoughts on receiving support
Wait lists	Experience with wait lists
Definition	Definitions of "affordable housing"
Housing choice	Choice in housing
Left out	Who is left out of programming, gaps in programming
Poverty	Experiences with poverty; outside of housing directly (or as a result of expensive housing)
Previous HF	Previous experience with HF

In the third step of framework, the relevant index was systematically applied to the textual data (transcripts) in a process called indexing. All transcripts were read through and annotated according to the framework, linking specific pieces of text back to specific themes laid out in the index. For this process, NVivo was used to 'code' each segment of text according to its index reference. The data was then lifted from its original form (in the transcript) and rearranged according to the index theme it was linked to. This process forms the fourth step of the framework and is referred to as charting. Charts were created based on the core headings of the original indexing frameworks and then organized further by emerging

subthemes and also by each participant. This allowed for the data as a whole to be easily reviewed, and for further interpretation to take place.

The final step of framework involved mapping and interpretation, and is when the deepest level of analysis took place. The researcher reviewed original research notes and the newly created charts and noted emerging associations and patterns in the data. General themes were re-worked, and new subthemes created throughout this process (see Appendix C). Themes were eventually re-ordered to link back to the objectives of the research and a written summary of results was prepared based on this data.

3.5 Reliability and Validity

Once data analysis was complete, feedback sessions were arranged in each of the three cities. The purpose of these sessions was to further validate the research findings, to ensure that participants felt as though their narratives had been appropriately interpreted and expressed, and to shed further light on emerging findings. Martin and Kunnen (1998) note the importance of "following up and providing participants with feedback" (p.66) as part of an inclusive research practice. Furthermore, these sessions can be seen as a form of "member checks", a process recommended by Lincoln and Guba (1985, as cited by Shenton, 2004) for bolstering the credibility of a study. This process allows participants to verify the researcher's emerging findings and share any thoughts they have on why certain themes might be appearing or how they may be linked.

All service provider participants were notified by e-mail of the session and invited to attend. All service users who had provided contact information were also notified, although some could not be contacted as their phone was out of service by the time this session was being organized. General invites were sent to relevant agencies in each of the three cities as well. The events were open to anyone with an interest in the research, and not limited to research participants.

The session in Medicine Hat was eventually cancelled due to very low interest in attendance. In Edmonton and Calgary, the sessions occurred at neutral locations and were attended by a mix of research participants (both service users and providers) and other individuals interested in the research. A summary of preliminary findings was presented orally and one-page summaries were provided with further information. Attendees were able to ask

questions or give comments throughout the session, and invited to contact the researcher with any further feedback at a later date. During the sessions, feedback on the research was positive, and both service providers and service users expressed that key findings were a reflection of their own experiences. Participants also provided additional insight on findings that was incorporated into the discussion portion of this thesis.

3.6 Ethics and Reflexivity

This research project was approved by the University of Alberta Human Research Ethics Board. Great effort was taken to ensure the privacy and anonymity of participants in this research. Interviews were conducted in a location of the participant's choice, and were conducted primarily in a one-on-one setting. In a few cases, participants requested to complete the interview with a partner or colleague(s) present. These requests were accommodated, and in all cases the partner or colleague turned out also to be a relevant research participant. In these situations, all those present provided informed consent and participated in the interview process. In order to ensure that service users did not feel pressured to complete an interview as a result of the $20 incentive, they were informed they would receive the incentive even if they withdrew from the interview early. All participants had the option of not being recorded during the interview - and as noted above, one chose to do so. Furthermore, participants were informed that they were free to refuse to answer any questions, could stop the interview at any time, and could withdraw from the research project anytime prior to analysis being completed. In the process of transcription, all interviews were anonymized, and in the results presented here quotes are linked only to participant codes and locations, and not to more specific identifiers.

It was considered unlikely that service providers would experience any significant risks or discomforts throughout the interview process. However, there was the potential for participants to raise critical points regarding their employer or the policy framework they work in, which could cause some to worry about who would hear these opinions. Accordingly, care was taken to ensure participants of the confidential nature of the research. For service user participants, there was the possibility of revisiting emotionally sensitive past experiences, such as circumstances that led to an experience of homelessness. Care was taken to ensure that any participants who found the interview process distressing or otherwise expressed a need for

additional support would be referred to an appropriate agency. In Edmonton and Calgary, *211 Alberta* was to be used to connect anyone with necessary resources. This is a program that provides a direct link to essential community and social services such as shelter, financial support, counselling or support groups, health care and legal services. In Medicine Hat, a similar service exists through the Canadian Mental Health Association Alberta Southeast Region, where various support resources can be immediately accessed by telephone. Throughout the interviews, no participants appeared distressed at any time and none requested the additional support.

Reflexivity is described by Mayan (2009) as "the process of being highly attentive to how and why you make decisions and interpretations along the research way, critically examining your personal-researcher role and how this interfaces with all – even the most minute – aspects of the research" (p. 137). In this sense, the researcher must constantly remain self-aware and keep in check their decisions and actions, from the time the research questions are developed, through data collection processes, until the last step of analysis and writing are complete. In the present study, the researcher had prior experience working in a HF program and with vulnerable populations in Edmonton. As such, the researcher had to remain conscious of this pre-existing knowledge, experiences, and opinions and critically examine the motives behind each decision made in the analysis process. Furthermore, throughout the process of interviewing participants, the researcher actively worked to avoid having participants feel as though a particular response was desired by reiterating that the value of the research was in the honest opinions and experiences of individuals and developing a complete picture of the research topic. The researcher also attempted to keep questions and the interview structure open-ended and flexible whenever possible. This was to prevent influencing participants, and to allow them the opportunity to shed light on the issues they felt most strongly about.

Conducting research with vulnerable populations requires special skills and knowledge of the researcher, and a commitment to building trust and rapport with (potential) participants (Liamputtong, 2007). This is an important step in the reflexivity process, so that the researcher can take on the perspective of the participants and attempt to understand the situation from their worldview, rather than superimposing an academic frame or other preconceived notions upon them (Fontana & Frey, 2005, as cited by Liamputtong, 2007).

Furthermore, developing rapport allows for a more informed research process, as participants who trust in the researcher and feel comfortable will often speak more freely of their experiences and opinions. The researcher ensured participants of the confidentiality of the research and reiterated that there was no 'right answer' to the interview questions, emphasizing that the real value of the research was in the participant's personal life experiences, thoughts and opinions. Also, the researcher was open in talking about her previous work and life experiences and how she came to be interested in the research topic, and openly divulged personal information when it felt appropriate in order maintain the openness of the relationship. As part of the inclusive research practice approach that was followed, the researcher made a conscious effort to develop non-exploitive relationships with participants, and to make clear the outcomes and objectives of the research whenever possible (Martin & Kunnen, 2008). In doing this, the researcher was very upfront about the aims of the project and what the research could potentially be used for. Participants were also given the researchers contact information and informed about the feedback sessions that would take place in the future, where they would have the opportunity to view results and provide additional input to ensure findings were represented appropriately.

3.7 Positionality

As has been discussed previously, a key principle of an inclusive research practice (Martin & Kunnen, 2008) is incorporating a strengths perspective. Martin and Kunnen (2008) highlight the importance of developing open and non-exploitive relationships with research participants as part of this practice, whereby the researcher is open about the motivations behind their research, as well as their hopes for the future and outcomes of the research project. This is made possible by the nature of qualitative research, which positions the researcher as the data collection instrument. As such, the researcher's positionality – including their beliefs, background, and experiences - are important variables in the research process (Bourke, 2014). This is true for every step of the research process, from study design and data collection, through to data analysis and writing (England, 1994).

My interest in homelessness stems from personal curiosity, and in particular a drive to understand *why* people in Edmonton find themselves without a home. Having grown up in an affluent suburb, my first real exposure to homelessness came when I started University and

moved to a central area of Edmonton. At this time, homelessness in Edmonton was a very visible issue, and I remember being struck by the overrepresentation of Aboriginal peoples amongst this population. I also recall becoming increasingly aware of the way in which people discussed this issue, and the many discriminatory and uneducated remarks that were made in efforts to 'explain' this phenomenon. It is also worth noting that I spent my teen years in a household where half of my family identified as Métis, yet I cannot recall a single time when ethnicity or cultural background were discussed in our family. The rhetoric around Indigenous homelessness, underlined by stereotypes and discrimination, was entirely new to me. I had a very hard time comprehending how (if at all) these parts of my life were connected.

Despite having limited background knowledge at this point in my life on homelessness or Indigenous peoples in Canada, I was not satisfied with the explanations I had heard. I began volunteering with local homeless shelters and social agencies, I began mentoring an at-risk youth in care, and I signed up for University classes in Human Geography, Native Studies and Sociology. In the last year of my undergraduate degree, I also pursued a directed study on the prevalence and causes of Indigenous homelessness in Canada, Australia and New Zealand, which was subsequently published (Anderson & Collins, 2014).

Following my undergraduate degree, I began working as a Follow-Up Support Worker with a Housing First agency in Edmonton, beginning an 18-month foray into the complex world of homelessness service provision. During this time, I learned a great deal about poverty, housing, homelessness and addictions, and formed relationships with clients whom I still consider friends today. In my quest to help clients navigate the various social systems and programs in place, I became incredibly frustrated. As a service provider, I felt that the system was set up in a way that helped us prevent people from drowning, but never learn to swim. We were constantly treading water, gasping for air and trying to remain above the surface. I would help a client find housing, knowing that at any moment they could be without a home again – due to a rental increase, an angry condo board, or a lost piece of paper at Alberta Works. Moreover, my clients knew this too. Despite my best efforts, which were often above and beyond what my role required, I consistently saw the system fail people. As a service provider, I felt like my concerns were heard by my supervisors and those within my agency, but there was only so much that could be done at the frontline level. As a result of this experience, I set my sight on the bigger picture, hoping to document and conceptualize HF and the housing

market in Alberta through research, with a view to informing policy change.

Throughout the research process, I was very open with participants about my past experiences and motives for conducting the research project – namely, that I felt the current approach could be improved and I wanted to understand the experiences of people involved in order to make things better in the future. For the most part, my social position proved useful throughout the data collection process. Service providers responded positively, treating me as an 'insider' (see Dowling, 2005) in their world of social service provision. My familiarity with the programs, agencies and structure of services, as well as many shared experiences (and frustrations), allowed for the development of rapport. As such, I was able to build trust as someone who would accurately represent their experiences and opinions.

In terms of service users, my background knowledge of the social system and its shortcomings allowed me to empathize with participants' experiences, and ultimately form trusting relationships. On a more personal level, my living situation as a renter on a limited income was another shared experience. I also faced challenges in securing affordable rental housing, and was very aware of current issues from the perspective of a renter. This experience provided a point of commonality with service users, and participants felt comfortable discussing their housing challenges, as I was also open to discuss mine.

Although many of the views I held going into this research were critical of the status quo, in terms of social service and housing provision, I was actively aware of this and sought to remain open-minded throughout the research process. I did not set out to only find what could be improved, but also to understand what was working well for people. In interviews especially, I was aware of how my position could influence what people felt comfortable sharing with me, and I did not want to sway people away from sharing their positive stories with HF or other social services. I reiterated to participants that the value of this study was their experiences and opinions, and that there were no 'right' answers. At the same time, it was often easy to tell from the start when an individual held critical viewpoints, and I feel as though participants felt more comfortable opening up to me further about their views in this respect, once I acknowledged that I felt the same way.

My prior experiences shaped the very foundations of this thesis, including the research questions and objectives. My educational background in social sciences contributed to my understanding of the world and social issues. While I recognize that individuals have agency

and can make their own choices, I also believe in structural determinants, including systemic racism and barriers to housing. My worldview is closely in line with the framework of critical realism; moreover, a critical realist perspective requires the researcher to take account of the beliefs, values and dispositions they bring to the study – which can serve as valuable resources or sources of distortion (Maxwell, 2012). Positionality inevitably influences the research process, and as such it is important for researchers to be open about their subject position and to engage actively in the process of reflexivity.

3.8 Conclusion

This chapter has provided a detailed overview of the study methodology for the present research project. A qualitative case study approach was used in order to explore HF in the wider context of Alberta's restrictive housing market. A multicase study design was employed, with Edmonton, Calgary and Medicine Hat selected as case study sites. The research was guided by key principles of an inclusive research practice and utilized multiple data collection methods: key informant interviews, biographical life history interviews and feedback sessions. Interviews were conducted in person with service user and service provider participants in the three case study cities, following purposive sampling to recruit participants. In total, 48 participants were interviewed: 29 service providers and 19 service users. Transcripts were recorded and transcribed verbatim, then analyzed using framework, an approach specifically developed in the context of conducting applied policy research. Following analysis, feedback sessions were conducted in Edmonton and Calgary, where preliminary results were presented to further improve validity of the research and give participants (and the broader public) the opportunity to actively engage in the research process.

Chapter 4 Service Provider Results

This chapter discusses the relationship between affordable housing, homelessness and HF in Edmonton, Calgary and Medicine Hat, Alberta. It draws upon interviews conducted with service providers from a variety of housing and homelessness-serving agencies in the three cities, and presents the results of these interviews thematically.

All service provider interviews were organized around the objectives of this research, as outlined in section 1. Interview questions, while broadly similar overall, were tailored to the participant's role along the housing spectrum, as not all interviewees worked in direct contact with a HF program. Service providers discussed their conceptions of affordable housing, and associated issues in the current rental market; both the principles and practices of HF in Alberta, and where these two diverge in reality; the challenges and constraints of HF programs, particularly those resulting from a restrictive rental market; and finally, gaps in the current homelessness response in Alberta.

Participant interviews reflected a wide range of opinions and experiences with HF, homelessness, and affordable housing issues in the province, and draw attention to the divergence between homelessness policy on paper and in practice. Service providers were supportive of Alberta's 10YP policy response and the associated promotion of a HF approach. However, most participants also believed HF programs worked best as part of a coordinated response to homelessness, as is outlined in the various 10YP documents, and not as a stand-alone response. As such, they emphasized the dire need to follow through on all facets of the 10YP response – not just HF - including the provision of affordable housing, mental health support services, and a spectrum of housing options. This brief summary of the participants' conceptions around the current homelessness response help set the context for the remainder of the chapter, which details their opinions and experiences regarding HF, homelessness, and affordable housing in Alberta.

4.1 Affordable Housing and Homelessness in Alberta

4.1.1 Constraints on the Supply of Affordable Housing

Almost all service providers in Edmonton, Calgary and Medicine Hat expressed concerns about the limited availability of affordable rental housing in their respective cities, and the impact this had on homelessness. Their concerns were wide-ranging, and not limited to HF

programs. Many participants believed the issue had worsened over the past few years, with decreasing supply linked to condo-conversions, an unwillingness of developers to build new rental units, and the high rate of in-migration to Alberta's cities. For example:

I mean it's been challenging, I would say in the last decade. And what I see happening is that there is no rental housing being built, let alone affordable rental housing. There's no new stuff coming on. In fact, older more decrepit buildings are being bought up and being redeveloped into…you know, upscale condos. So that's not helping. (C-SP11)

One of the issues we were dealing with at the time was the conversion of rental stock to condos, and that continues to go on. At the time I think it was about $1200 a year or something like that. We were losing rental stock and nobody was building rental stock. Now there has been some building since, but we're still experiencing about…a very close to zero vacancy rate, which makes it difficult. (C-SP3)

In-migration is a big deal in Alberta for sure right. You can't control that so people are coming for work but there isn't affordable housing, and then you've got those kinds of people needing shelter, needing housing as well. (C-SP8)

One participant felt that because the rental market was so constricted, the efforts of HF programs may have actually been contributing to new cases of homelessness for those who were already precariously housed:

… what happens is you have support workers working with people who are homeless to get them into housing … So you're creating a bit of - what would look like an infinity symbol right - you're taking your people who are homeless, getting them into that marginal housing, and then the people who are barely making it as is are falling out at this end. …. You can take people out of homelessness, but if you're not stopping new people from falling in, it's a cycle that will never end. (E-SP8)

Participants from Medicine Hat indicated that problems with affordable housing were beginning to take hold in the city and appeared on track to worsen in the future. Until recently, the city had relatively low rental rates and a high vacancy rate. However, factors such as economic growth and in-migration were contributing to increased pressure on the rental market:

*... economic development has increased, people moving into the city has increased. People needing the housing stock that is available which is really old ... The need for additional housing is just going to change dramatically in the next year to two years for sure. But I mean it has already from last year to this year. The drop in the vacancy rate has been pretty dramatic. So the affordability factor generally for Medicine Hat is starting to slip away. (*MH-SP4)

Interviewees from all three cities noted the unique economic and demographic context of Alberta, where in-migration to the province reached record highs in recent years, related largely to the booming oil economy (see Statistics Canada, 2014). They drew connections between the shrinking supply of housing, new cases of homelessness, and the influx of people to Alberta for economic reasons:

This is the west. Traditionally this has been kind of a transient, you know people come in from everywhere to work the natural resources and you know. ... boom/bust sort of thing. ... People are just drawn to Alberta for the money. And they are separated from their families from all over Canada or North America or wherever, and it's stressful and you can't find a place to stay and maybe things are working out with your friends and all of a sudden it doesn't. (E-SP6)

I volunteered with the homeless count, and several people that I spoke with were new to Edmonton. And they came to Edmonton with you know, stars in their eyes, this whole idea of like...there's jobs everywhere and people at Tim Horton's make $24 an hour and whatever else and now they're sleeping in a Husky parking lot. So I think that's something that we can't avoid, because we are seen as like a prosperous city and a city of opportunity. (E-SP1)

Some of them [homeless shelter clients] are new Canadians too that maybe landed in Toronto and then they heard about job opportunities so they come to Alberta. And then I don't know if they don't pair the job opportunity slogan with the lack of housing slogan, but people will come here with the idea that they could get a job, but then they didn't know there wouldn't be anywhere for them to live while they are working. (E-SP3)

4.1.2 Housing Affordability Issues Affect Everyone

Participants emphasized that challenges relating to housing affordability were not limited to the most socially disadvantaged and economically marginal residents of the province, but rather were increasingly experienced by Albertans from all walks of life. Many providers stated they had *personally* experienced recent challenges in accessing affordable rental accommodations. They empathized with the struggles of those experiencing greater barriers than themselves:

You know, me I'm a renter as well, I think it's a challenge just for the average person to find affordable housing, let alone someone who's dealing with one income or maybe no income, in addition to mental health challenges. ... I just can't imagine how challenging it would be given my personal experiences. (C-SP11)

... I move a lot and even for me finding housing that I can afford as a student is hard so I can't imagine how it would be if maybe you're on AISH [Assisted Income for the Severely Handicapped – explained below] or you know EI [Employment Insurance] or whatever. ... Even like service providers – we don't get paid a whole lot. A lot of us are a couple of paychecks away from being homeless I'm sure. So yeah I think everyone can – I think it's pretty obvious it's out there. Like affordable housing, it's hard to come by. (E-SP9)

One service provider outlined this phenomenon in greater detail, explaining how the current housing situation was beginning to have effects along the housing spectrum, ultimately putting increased pressure on the most vulnerable and contributing to homelessness:

And so, what we've seen is that people are actually renting below their capabilities. And that's downward pressure, because there's nothing else available. They can afford a three-bedroom apartment, but there's none available so they rent the two-bedroom. ... [Or] individuals that might be at the upper end of ...the income margin, are renting affordable when they really don't need to, they can probably go into the marketplace but that's all that's available right now so they rent that. ... So eventually it hits the people that can least afford it and are the most vulnerable. Which are those that are facing poverty and homelessness. It squeezes them the hardest. You know it's the nursery rhyme of all the kids in the bed. One crawls in, the other falls out. And someone has to fall. The bed's not big enough for everybody. Somebody's gonna fall out. (E-SP7)

Related to this, service providers drew attention to the number of people experiencing housing insecurity issues. Examples included people living paycheck to paycheck, people spending more than 30% of their income on housing costs, and people with very little income left for living expenses after housing costs. For example:

Yeah and not just for low-income people. I think most people are paying more than 30% of their income on either their mortgage or their rent, and I think it's out of control. It's just nuts, I don't know what else to say about it. (E-SP6)

Let's just get right down to it. There's just not enough affordable housing. And I'm not even talking about for the poor – I'm talking for the middle-class now even you know. It's just ridiculous. We are heading towards that...nothing in the middle. Here in Calgary anyways, it's ridiculous. (C-SP7)

Additionally, service providers emphasized the cost of rental apartments in the market today. In particular, they contextualized monthly rents of basic accommodation relative to income support (welfare):

I'm finding people the worst room rentals and they are like $600, $800 for the one, or if it's a bigger room $850. So it's just like a lot of...how can I make sure you're going to be safe if

that's all you can pay and that's where you want to live. (E-SP3)

A single person, I would challenge anyone to try and find a place for $600. Less than $600. (E-SP2)

If you look – like yes, we live in Alberta and yes we are supposed to have lots of money, but there are lots of people out there who don't have a lot of money. And how do they [property management company] justify themselves coming in? So going from $580 to $825. That girl was on income support and made $323 for rent. She only made $790 altogether on income support ... and her rent went to $825. So she is $35 in the hole, and that's just on rent not groceries, bills, and ... utilities on top of that. (MH-SP2)

Central to this issue is the disconnect between the money provided to people receiving provincial income support – whether through Assisted Income for the Severely Handicapped (AISH), disability benefits, or other related programs - and basic housing costs in Alberta. Alberta Works is a provincial program that provides employment and training services, as well as income support, to Albertans who are unable to meet their basic needs. Three general groups of people may qualify for assistance: 1) people looking for work, or who are working and require short-term assistance; 2) people who require academic upgrading or training to obtain a job; 3) people who have ongoing difficulty working because of chronic mental or physical health problems or multiple barriers to employment, and will likely not be able to obtain full-time permanent employment (Government of Alberta, 2004). Individuals who qualify for monthly income support under one of these categories receive two main types of payment, 'core essentials' to cover general living costs, and 'core shelter' to cover monthly housing expenses. In some cases, individuals are able to receive additional (albeit limited) income for a bus pass, speciality diet, or other specific needs as required. The monthly core essential amount for a single adult ranges from $304 to $524. The core shelter amount is set at $323 for a single adult in private housing, and $120 in social housing. These amounts increase slightly for couples ($436 in private housing), maxing out at $665 per month, for a two-parent family with six children or more, in private housing. For an individual eligible for AISH, a permanent disability benefit offered to those who are unable to work indefinitely, the

maximum total monthly amount is $1588. This is intended to cover all monthly living and shelter expenses (Alberta Human Services, 2015a). In the following quotes, service providers specifically commented on this disconnect and the financial shortfall experienced by those receiving income support:

If we could get people on subsidies faster or if we could just find a place where this $323 [core shelter] actually made sense, then we would have huge turnover I think at [emergency shelter]. (E-SP3)

And for people who are on income support … affordable housing [is] still not affordable enough. Like not even close. So there might as well be no affordable housing for those people. Like what does it matter to them? $600 is still twice too much. $900 is three times too much, it doesn't matter. (E-SP1)

Lots of people that are on income support they get $323 for … their housing portion. That's not gonna - you're not gonna be able to find a place for that. So people are coming in constantly asking for help paying it … That's the biggest one is just people don't have enough money to pay for it. Because the rent's gone up, and how the heck do you pay for a place with $323. Or use your whole cheque and then not have any money to live. (MH-SP1)

4.1.3 Additional Barriers to Accessing or Maintaining Housing
4.1.3.1 Additional Mental Health Support Needed
In addition to housing shortages and affordability issues, service providers identified a series of additional barriers to housing. Issues with mental illness, and gaps in care for those experiencing mental illness, were frequently discussed:

Yeah rent is one component of it and it's a really big one, but there's a lot of people that require the patience that we give them that would never be successful elsewhere. We have a lot of people with mental health issues that probably would have been kicked out from every landlord in the city, but we know that they are going to go through rough periods, they are going to go through stable periods … and that's just a reality for them. (E-SP8)

The biggest trend we see is mental illness. And I think that's just a factor in if you've ever been homeless, chances are pretty good that you've experienced some kind of trauma and that there is a mental illness piece there. (C-SP8)

Our guys are coming in with AISH, they could conceivably secure housing. But it's not just financial. I think with our guys it's the other barriers that go along with it. Their thought disorders, they are disorganized. (C-SP5)

4.1.3.2 Discrimination

Discrimination by landlords was identified as a factor that could make accessing housing more difficult. In some cases, people were discriminated against based on their socio-economic circumstances, including experiences of homelessness or receiving social assistance. Discrimination against Aboriginal people was also widely reported:

Oh 'cause their skin colour is different. … Aboriginals, it's a shitty life for finding housing in the city. Some of their friends or people that they may not know have caused some horrible things to go on in housing and people remember it. They don't remember the white person who damages the house, but if an Aboriginal does, landlords remember. Yeah – looks, it's appearances. And landlords have the cream of the crop to pick from, right? Aboriginal families might go to the same house that a lawyer's looking at right now. Who do you pick, right? (C-SP2)

Racism. One thing that is not well understood is not just the subtle varieties, but the number of clients who have landlords look them in the face and say "I don't rent to natives". That isn't understood. And regardless of their ethnicity, [people who] are not the most attractive - during a housing shortage they are never going to be the best candidate for the apartment. Landlords don't want people on welfare. (E-SP10)

A high number of our clients are Aboriginal and when you take them to view an apartment, sometimes, …racism is huge. You can walk into the same apartment with two different clients,

the same situations, they are both great personable clients, they dress appropriately, they have showered ahead of time, they've done everything they are supposed to do to show up for a viewing. And [you] can tell by the way the landlord or the building manager is asking questions, the person won't get it and it's because they are Aboriginal. (E-SP6)

Interestingly, discrimination against Aboriginal people was considered a non-issue in Medicine Hat. One interviewee gave a possible explanation:

We aren't in close proximity to a reserve as well so our Aboriginal population is quite low, we aren't seeing that migration in. That's another thing that is very unique. That doesn't mean that the Aboriginal population isn't over-represented in our program, but, not near anywhere like in other communities. (MH-SP4)

The above quotes speak to the challenges that Aboriginal peoples may face across Alberta in accessing housing and experiencing homelessness. Such challenges are particularly significant given the vast over-representation of Aboriginal peoples amongst the homeless in Alberta (Anderson & Collins, 2014). Notably, only one service provider discussed a HF program that specifically considered these challenges and provided culturally tailored programming for Aboriginal clients:

We have a cultural support person, [an] Aboriginal cultural and spiritual facilitator in our HF team, and their job is to sit with the clients and you know give them some awareness, give them some education on the Aboriginal culture. There's some myths attached, from residential schools right, so there's a fear, a spiritual fear of the Aboriginal culture. And so we want to dispel ... we want to provide them with education and awareness and then if they are open at looking at that as a form of healing, make the appropriate connections for them to be able to attend ceremonies. ... And then we have a trauma support worker in our Housing First program. ... who sits with the clients and talks about some of the underlying issues, right? Trauma usually being the most common, you know. (E-SP2)

4.1.4 What Does Affordable Housing Mean?

Throughout the research interviews, no consensus emerged among service providers as to what the term 'affordable housing' meant. This is not entirely surprising, given that no national or provincially agreed upon definition exists. Some interviewees considered 'affordable' to refer to a situation in which people paid 30% of their income or less towards housing costs. This cut-off is commonly used internationally in social housing programs (CMHC, 2014b), and is also standard in Pathways (Tsemberis et al., 2004). Service providers used the 30% measure as a general benchmark by which to describe affordability:

Right. I guess my take on it is that people shouldn't be paying more than 30% of their income towards the rent. That's sort of a whole other ball of wax right. Because it doesn't just apply to people who need these programs, it applies to people like you and me as well. (C-SP8)

Some of the rents we do provide the subsidy ourselves, so it's basically just a reduced rent. So we try to keep rents within the 30% of income. (C-SP10)

In general, housing was understood to be affordable in Edmonton and Calgary only when agencies could provide access to units where rents were geared-to-income. Some agencies could also provide subsidies to offset the cost of a market apartment. However, it was considered impossible for a client to secure their own 'affordable' unit in the private market without some form of agency assistance. Moreover, agencies themselves struggled to secure housing that was of appropriate quality, and some were said to work with 'slumlords' simply to secure some form of housing for clients:

The cost of rent is huge. It's wherever we can find them. Because of the housing crisis, we're finding that, I'm gonna use this term, that slumlords are the ones that are willing to take our clients. (E-SP2)

I: What is (apartment name)? I haven't heard of that.
P: Okay it's a slum landlord who owns an apartment building out on the west end. And I mean we, I mean HF participants must make up at least three quarters of their suites. And they've

really capitalized on the fact there's workers they can call whenever something goes wrong, or there's a complaint, things like that. We alone probably have five or six suites in the building.
I: So it's basically tuned into a supported living affordable housing.
*P: Yeah. And even then it's $1000 for a one bedroom suite! (*E-SP4)

It is important to note that in Medicine Hat, average rental rates were only beginning to increase at the time of interviews. As such, concerns about being forced to access poor quality housing options were not as prevalent there, although they were beginning to be expressed.

Well the thing that's actually really on the rise with everything of course, I mean not to mention all the rents and stuff like that, but it's the quality of the places being looked after. I don't know what it's like in Edmonton. Bed bugs have been a huge pain in my butt. And so it just becomes more and more of an issue because these bigger guys [property management companies] aren't looking after their places like they should be. (MH-SP2)

In some cases, respondents reported that financial barriers to housing clients were compounded by other factors that kept more marginalized, often homeless individuals from accessing housing:

Yeah there's a few affordable units, depending on age, availability. A lot of the affordable units where it's rent geared-to-income, they're not necessarily HF right. They don't want a bunch of addicts or a bunch of un-medicated mental health in their building. So they might have some exclusionary principles which is fine. (C-SP2)

I think accessing it is difficult because we've found even having us as a support with the participant trying to access [affordable housing agency] – like there's an interview now, there's a criminal record check that needs to be completed. Like it's a really long process so I can't imagine someone who is homeless and without supports successfully navigating that system without a support worker. (E-SP1)

Throughout the above section, service providers touched on a broad range of challenges related to the provision of affordable housing in Alberta. While the housing market was identified as a primary concern due to the limited availability of rental housing, and the unique economic situation in Alberta, participants noted additional challenges such as discrimination faced by already-marginalized clients (or potential clients) of HF programs. Overwhelmingly, service providers linked the current shortage of affordable housing to new and ongoing experiences of homelessness, not only for those with low or fixed-incomes, but even average Albertans struggling to keep up with the rising cost of housing prices.

4.2 Principles of Housing First in Alberta

This research did not seek to measure precisely the fidelity of various HF programs in Alberta to a HF model, or to provide a comprehensive summary of program operations. Instead, it sought to explore and describe the current state of HF and affordable housing in Alberta, from the perspective of those working in the housing field. Interviewees provided insights into the principles deemed most important to different programs. Their comments on these matters underscore the notion that HF in Alberta is defined in many ways, and that what is prioritized in principle is not always echoed in reality. In the present section, findings related to the *principles* of HF will be addressed, while those pertaining to the *practices* of HF will be discussed in section 4.3.

4.2.1 What is Housing First?

Throughout the interviews, no consistent definition of HF emerged. Although some programs shared guiding principles or program structures, service providers' conceptions of HF varied widely - between the three cities, between programs, and between individuals. Interviewees described HF in many ways:

… to me, it's all about the spectrum of housing … it can start in the shelter…. So I believe that once you are under a roof – you should never not be under a roof again … say I'm a single mom with a child and I end up at Inn from the Cold, then my Housing First has started. … They should start building a plan the first day I walk into the shelter, where I have a roof, and the goal should be to find me safe, secure, appropriate housing that is affordable. (C-SP1)

Housing First takes a very different approach. ...basically the philosophy is you can't get people ready if they're living in a shelter. So you put them in housing and then you get them ready to live on their own. So you provide the support and so on. (C-SP3)

...you bring a person and then begin to put layers of protection and help and supports and everything ... So I like that concept personally because it's like, how else can you deal with the different issues of people who are suffering poverty, addiction, mental health and homelessness unless you find them a place? (E-SP5)

In these quotes, three 'takes' on HF are apparent. The first appears to situate HF within the housing continuum that characterized LRT approaches (i.e. entry through a shelter, and progress towards regular housing). The second aligns closely with the PHF model, in rejecting notions of housing readiness in favour of immediate re-housing. The third also emphasizes re-housing ("find them a place"), but largely on the basis that it is necessary condition for service provision ("layers of protection and help and supports"), without any suggestion that clients will determine the level and type of services received.

4.2.2 Ideas about Fidelity

'Fidelity' refers to the degree to which key principles of a particular HF model are followed. Fidelity is variously used as an indicator of success, a requirement for funding, or a goal to reach in order to provide the best client outcomes (Goering et al., 2014; Polvere et al., 2014; Stefancic et al., 2013). It is important to note that in terms of previous research on the HF model, programs with empirically proven 'success' have adhered to the core principles of PHF (Goering et al., 2014; Tsemberis, Gulcur & Nakae, 2004). However, in Canada, provincial and federal funding for HF programs impose vague fidelity requirements, and few conditions are in place to determine how HF programs act in practice (Employment and Social Development Canada, 2014c). Furthermore, no official model of HF exists in this context. Service providers had wide-ranging views on the concept of fidelity. One interviewee felt that it was detrimental to client outcomes in HF, as programs needed to adapt to suit individual client needs:

The fidelity model, as a pure fidelity model, is only for people with mental illness. So once you add a dual diagnosis, all bets are off .... So you gotta build something different. ... the fidelity model had some stupid rules. ...What I would say happened is, this amazing movement, became a monument. ... they had to entrench it in rules, structure, because that's what fidelity is, it's follow-up, structure. So I would oppose that. I would say: what's more important, following the structure of the fidelity model or ensuring that a person has relational safety, is able to move from dysfunction to function, and is comfortable and happy in their home? (C-SP1)

On a similar note, another participant felt following a certain model and strict rules was less important than focusing on giving people homes and being flexible in addressing the needs of each city's homeless population:

... the Pathways model is one model right, there's other models out there .... But it's sort of like, it's not so scientific Housing First. Who cares what they're about - give them a house, right? And, then the results come in. ... I don't think they will ever figure it out perfectly, and I don't think that's a huge issue ... it's not going to work [the same model] everywhere because every city has a little bit different population, right? (C-SP2)

In contrast, a third interviewee believed that adherence to a HF model was the key to their organization's success to date, and key to seeing clients succeed in housing:

So what's working well. ... . I think our commitment to maintaining the fidelity of the model. We had policies and procedures from the onset to help guide the process. ... We got our population identified very early on so we could show quick results, but not at the [expense of the] dignity of the people we serve. ... So housing choice has always been important regardless of market. So those concepts ... that are kind of the basis of HF, we've stuck to them regardless of circumstance or shifts or changes in the economic structure or the labour market. (MH-SP3)

The above quotes shed light on the spectrum of views about fidelity across Alberta. Although fidelity measures were not empirically assessed in this research, the degree to which a service provider or organization values fidelity is likely tied to adherence to commonly promoted HF principles. This may influence client outcomes, as previous research has shown a link between HF program fidelity and outcomes such as housing retention and stability and quality of life (Davidson et al., 2014, Goering et al., 2014)

4.2.3 Key Principles of Housing First

Throughout the service provider interviews, the importance of a number of key principles in HF programs emerged. Many of these overlap with principles of the original PHF model, although clear differences of interpretation, and varying levels of commitment also emerged. The first example is utilizing a 'person-centred" approach to client care and support. This closely aligns with a number of key facets of the PHF approach, including a recovery orientation and the principle of client choice and self-determination (Tsemberis 2010a, Tsemberis 2010b). This notion of a client-centred, or client-driven approach to care was discussed frequently in interviews, and was generally supported by most service providers:

So basically I always describe myself as a navigator. So our clients, cause we're very client-centred, strength based. So I always say the clients, you know you are the driver, I'm sitting in the back and I'm navigating, so you've got to tell me where you want to go. (C-SP7)

It's a person-centred program. Or it should be ... It's not always a person-centred program because you have a person who is pre-contemplative who doesn't know what they want right? So you gotta say "yes" to them and kind of coach them and usher them to a place where they say "oh yeah, this is what I'm thinking, this will help me". So they need some helping in some instances, but it's a person-centred program. (E-SP5)

So it's very person-centred, very client-centred. ... a client doesn't have to want treatment to be involved in the program. ... They don't have to want to stay on their medication or to go through some kind of substance abuse treatment ... The assumption is that ... once they realize they need something else then they'll ask for it, and we'll be able to provide it. So it operates

from a harm reduction approach as well. (E-SP6)

Other interviewees also mentioned the importance of promoting a harm reduction approach in their programs, which is closely in line with the PFH mandate to separate housing and treatment services (Tsemberis, 2010a):

... with my agency very strong in harm reduction, ... we appreciate the person for who he is and kind of support them for who they are and where they are at. And what that really is, is to create a safe situation for whatever behaviour the person has, and to help them if they wish to minimize whatever harmful thing they are doing. So like it's non-judgmental, it's more accepting and inclusive and working with the person where they are at. (E-SP5)

We have [a] client who does not want to address their addiction. So we take the harm reduction approach. So, how can we look at you still being able to use, but maintaining your home right? Is that setting up boundaries with friends, is it this kind of stuff? (E-SP2)

However, one interviewee described a program that merged principles of a HF model with the expectation of sobriety:

It is a bit of an anomaly just because we do expect sober living, rather than harm reduction. But, you're not discharged from the program if you relapse. The plan is that we get you into detox and then into treatment program again and when you come out of treatment you're rehoused or you can go back to your own apartment. (C-SP8)

Harm reduction is a key component of the PHF model (Tsemberis, 2010b), and cannot be easily separated from other important principles such as client choice and autonomy, and no housing-readiness requirements. A harm reduction approach has also been shown to keep clients engaged and motivated, and promotes more open and productive conversations between clients and service providers (Tsemberis 2010a, Tsemberis 2010b). Generally speaking, a harm reduction approach is one of the more frequently accepted and followed principles of HF programs in Alberta. The last quote, which describes a program that actually

expects sober living, is an anomaly and inconsistent with even a basic understanding of HF.

Additional principles of HF models centre around the provision of housing. These include rapid rehousing for clients entering the program, and assisting clients to secure new accommodation when necessary (e.g. following evictions). In terms of eviction and rehousing protocols, service providers articulated a diverse range of opinions:

They can be rehoused as many times [as needed] and it says that right in our policy procedure ... then of course the next time we get housed, and it's like ..."What went wrong? What went right? What can we do better?" You know, "you can't be evicted again because I'll never be able to find you another place in the city". (MH-SP2)

... you know what for all the supports that we offer, for all the hard work that our clients put in and the relationships with landlords, evictions happen in Housing First. ... They have a run-in with the wrong person and you know people lose their housing, and then our mandate is always we will rehouse as soon as we can and continue to support. If anything, once they are out and in a little transitional space we up the supports and try to work on "what happened last night? How can we make sure you have success this time when we re-house you?" (C-SP5)

I*: What is the process if someone is evicted? Do they remain in the program and they are rehoused?*
P*: Oh yeah. Yep as far as we can. If they've burned all their bridges with every landlord we can find, chances are they are going to end up somewhere transitional. They might wind up back at the shelter. You know, this team works their butts off trying to make sure they don't lose somebody and they've always got a way to connect with them and keep them safe.* (E-SP6)

The first two quotes align closely with the PHF model, which encourages quickly rehousing a client after an eviction or housing loss and maintaining all supports during this time (Tsemberis 2010a, Tsemberis 2010b). They also touch on using the eviction as a learning opportunity to improve support and improve future housing outcomes, a key example of the 'experiential learning' promoted by PHF (Tsemberis, 2010a). In the third quote, the

interviewee articulates a view on rehousing that is still closely in line with the PHF model, expressing how hard the team works to support clients following an eviction. The first and third quotes also speak to the reality of the current housing situation when a client is evicted and has limited housing options: despite the best efforts of program staff, immediate rehousing is not always an option.

In a marked departure from common HF principles, one interviewee stated that in some cases, clients were not immediately rehoused following evictions because they needed to address barriers to being housed. In short, they needed to become *housing ready* before they would be rehoused:

If there is something that has become a barrier and they're not able to be successful … we aren't saying no more housing for you, we are saying you need to address the issue that landed you back in homelessness, because if not it's just going to continue happening. … for the first go around [first eviction], … that's not even on our radar. But if there is [another] eviction we look at why was there an eviction and how can we support that person. And again, is this program where you're at right now? And if this program isn't where you're at right now, then we need to back up a bit, get you the support, and meet you where you're at so that you can be ready for this next step. (C-SP7)

Another interviewee, who works with clients who are experiencing homelessness, was critical of some of the responses to eviction by HF programs, indicating that it is easy for high-needs clients to lose support:

And so when we have a [client], say… for example who was told she couldn't be a part of [HF program] because they had rehoused her three times and the last time there was damage to the property, and the worker was scared or something when she went to visit her one time. So she was kicked out of that team, and then she was left, like basically dropped off on our doorstep. And she was wondering for a very long time when they were going to contact her to house her. (E-SP3)

4.2.4 The Principle of Client Choice in Housing

Client choice, particularly as it relates to choice in housing, is a key principle of HF models. PHF promotes the client's ability to make decisions about many aspects of housing, including choice in housing type, living arrangements (single or with roommates) and even household furniture or décor (Tsemberis, 2010a). There are often practical impediments to realizing this self-determination (discussed in section 4.3.1 below). Nevertheless, most service providers believed that the principle of client choice in housing was important, and that clients deserved the opportunity to make decisions about their own living arrangements:

I think it [choice] is important, I think it's really important. One of the things that I learned when I first started this program is that people will choose a place in an area where they have fond memories. ... They don't want to move to a place where, ... where they have had a lot of history with other drug users and dealers and maybe they've had a history of working the streets. They don't want to bump into people who are going to try and sell them something, or you know where they are going to feel bad about themselves. (E-SP6)

No I think it [choice] is everything. Because it's the type of housing...they just say "Housing First" but housing means so many [things] - like think about you or I if we were housed in a farm, 30 minutes outside of Edmonton. How happy would we be? ...They are still humans too and I know people think they don't have these rights or they should just be grateful for what they have, but people are people and they want what they want. (E-SP5)

I think there's a lot of value to being able to choose ... there's a lot of autonomy and a lot of ownership in that for a client. And when you, when the only housing you have available is in, for example, a building where there might be a lot of triggers in that area or even within the building, that's hard. That's hard for the clients, that's hard for the staff as well, because you want them to maintain their housing. (C-SP8)

A number of interviewees expressed the belief that people were more likely to remain housed or experience other positive outcomes if they were involved in choosing their home:

Yeah, put your time into the front end and listen to client choice and work with that client choice around appropriate and inappropriate. And once you're both convinced that this is the right place then go for it. And when you do that quality work, you will have almost no recidivism. (C-SP1)

I: And do you find that people end up doing better in a place when they have [choice]?
P: Yes because initially what happens, "oh I don't care I'm just going to take whatever." Uhm, no because if you walk into that place and its dingy and you've got spiders all over the place and you have depression, and its dark and gloomy you cannot sustain long-term housing. ... So the first one isn't always necessarily the good one. That's why I recommend [viewing] three. ... So yes it's their choice - but I always - no matter what – even if they say "I like this one" we have two more to look at. (MH-SP2)

It's hard to say but I believe that it [choice] gives you that buy-in to your place. It makes you proud of it and want to do well rather than just being like, "oh I got placed here and I don't have a choice". I believe it does. I've only had one or two people ... that they were really unhappy and kind of sabotaged themselves so they could get a new place. (MH-SP1)

One interviewee held an opposite viewpoint, concluding that housing choice was a small piece of the larger picture:

I*: Do you think there is any link between people having a choice in where they live and how well they do in that tenancy?*
P*: I don't think so. I think there are still lessons that have to be learned before they can actually make that conscious choice. So no. ... I think an apartment is an apartment, and they are going to learn lessons regardless of if it's the one they wanted or not. And when things get tough and we're not there anymore, yeah. It doesn't come down to anything. I think it's a small point.* (E-SP4)

As has been stated above, client choice is a fundamental principle of HF models, and most service providers supported this principle. Many believed it was not only important in an

ethical sense, but also contributed to better housing outcomes for clients. These views are consistent with PHF literature which states that clients are more likely to remain in housing programs when they can make choices, and can gain valuable skills for decision-making and independence through the process of choice-making (Tsemberis, 2010a). Despite the importance of client choice, following through with this principle is challenging in a restricted rental market (see 4.3.1).

4.2.5 The Principle of Unlimited Support Without Graduation Requirements

A key principle of the original PHF model is time-unlimited support. 'Graduation' is an option for clients who no longer require intensive support or services and wish to pursue independence, but is not a requirement (Tsemberis, 2010b). Essentially, as long as support is required or desired, clients will have access to it. In stark contrast, most HF programs operating across Alberta prioritize graduation as an outcome. There are two main reasons for this emphasis: first, graduation is seen as necessary in order to make room for new clients; second, funding agencies can impose graduation targets on HF providers, in a way that makes graduation necessary to receive ongoing funding.

In service provider interviews, graduation from HF was discussed in a number of contexts. Graduation *practices* will be discussed in greater detail in section 4.3, while issues relating to pressure to graduate clients will be looked at in section 4.4.4.2. The present section outlines service providers' views on graduation and the provision of time-limited support to clients as a principle. A number of interviewees expressed criticism over the graduation process. Some disagreed with it on a moral basis, feeling that it was wrong to build up security and support for someone and then take that away:

...they talk about how much they want it to feel like a community and a family and all these things, and they really put a lot of time in to make sure the people in their programs know like, "we're always here for you blah blah blah". But then they try to end, terminate or graduate the people they are working with, and they [clients] self-sabotage over and over just so they can never leave. And I'm just like, well, ... maybe family isn't the best analogy to use if you're wanting people to actually then one day never need to talk to you again. (E-SP3)

Other participants expressed concerns about the outcomes of graduation, in terms of evictions and subsequent homelessness that undermined the work of HF programs:

They cannot graduate! I mean realistically where the funder is saying "graduate graduate graduate". Well are you saying "evict evict evict" or "homelessness homelessness?" It defeats the purpose. (E-SP5)

My last position was just graduating [clients] for the most part. [I worry] big time. It's that same fear when you put somebody in an apartment for the first time and you walk away and you're like, just please. Holding your breath. ... I think it's a holding breath. I think we haven't had anybody come back in [the program] but it's only a matter of time. (E-SP4)

Interviewees noted examples where clients did not want to graduate from HF programs, or felt fear or stress about the prospect of being without support. This could lead them to 'sabotage' their progress in order to continue receiving HF program support. This is evident in the first quote above, as well as this example:

Part of the problem is that once the clients find out they are going to graduate, all of a sudden crisis will happen. So we had, and here's a prime example, we had .. this lady [who] was doing great. We were going through the grad process with her, we were getting close to the very end of it, and as my FSW [Follow-up Support Worker] is walking out the door and saying you know "we're so proud of you, you did so great" this woman breaks down and discloses all kinds of trauma. And so we're going okay, now we're back to square one. So we can't graduate her right ... The other one is, when we get close to, when we say "okay we're really close to being done" they will stop communicating with us, right? So it's like this fear. (E-SP2)

A number of service providers discussed how the timeframe of support their program offered was inadequate. While not opposed to graduation when it was appropriate for the client, many participants expressed concern over the expectation clients would move on from program support after a relatively short period of time:

Even the 12 month goal of participation in our program is way too short. That you know, homelessness isn't solved by living in a house for 12 months. (E-SP1)

If you take someone out of them being chronically homeless, the likelihood that they are able to be independent within a year, that thought to me is mind-boggling. That we would even think that's an option. (E-SP8)

[For some people] who have been on the lower end kind of the homeless scale. … I think for those people we help them for a year, they get back up on their feet and we can kind of graduate them…. But I would say that's maybe a quarter of the people that we work with, and I think for the other people … we want to continue doing that follow-up for much longer than we're mandated to. I think … a lot of workers aren't comfortable graduating participants that they know aren't going to be successful. … And that is so counter-intuitive, that it's like the highest need participants that need the most supports are given those supports, and then those supports end …. that doesn't make sense. (E-SP1)

There is a stark contrast between service providers general opposition to mandatory graduation, and the wide-scale prioritizing of graduation in HF programs in practice. Notably, the Federal government also states that the end goal of HF programs is for clients to successfully exit (Employment and Social Development Canada, 2014b). This may be indicative of a disconnect between those with the power to make decisions (program funders or another directing body) and the opinions and experiences of those working with HF clients firsthand. Other examples of this disconnect are covered in greater detail in section 4.4.4. Ultimately, the above section sheds light on the wide-ranging views of service providers regarding HF principles, and the diverse interpretations of these principles by HF programs. The following section expands on this idea, presenting the implications of these diverse interpretations for HF programs in practice.

4.3 Practices of Housing First in Alberta

Large inconsistencies emerged with regards to program operations and practices, including the degree to which programs aligned with the core principles of the PHF model. As is evidenced by the quotes below, implementing a HF program in reality may differ greatly from what is dictated by policy, given the unique geographic contexts of each city and related challenges. Challenges specifically related to a restrictive rental market will be covered in greater detail in section 4.4.1.

4.3.1 Client Choice in Housing

As was discussed in section 4.2.4, the principle of client choice in housing is a key piece of the PHF model. In practice, the process of giving clients a choice in housing is anything but straightforward. Service providers talked about the effort required to give clients a choice in housing. For many, the process of facilitating choice involved a complex process of compromise, strategizing, and making the best of a tight housing market:

We gotta raise the question, "where do you want us to put you?" ... Based on availability ... the market is very competitive. The vacancy rate is less than 1% ... So, those options may be there but what if it doesn't work? Is there another alternative for you, or how else can we do? ... So we have to be realistic within the budget. We look at all those constraints and all those questions. (E-SP5)

So when I meet them ... I usually sit down and take a couple minutes to find out if there's any area of town they don't want to live in ... then from there just seeing okay how many bedrooms do you need, do you have pets, do you smoke - and asking all those questions narrows it down ... I always say, " in a perfect world what would be your ideal place?" So I write those things down and we try to get as much of that as we can, but it's also what's available out there, so lots of rent is really high right now. (MH-SP1)

These participants made note of the constraints that a restricted rental housing market places on client choice in HF programs, and emphasized the need to be realistic about providing choices in this type of housing market. Another service provider emphasized that

client choice needed to be "guided" by professional judgement, and was thus fettered in another sense:

... they say "this is the neighbourhood I want to live in" and we say "okay, let's look at the pros and cons. So uh, isn't that your former drug dealer who lives right there, so is that a wise decision to live here?" And we talk about those kinds of things, and somebody else might say "oh, I'd really like to live here" and we would say "well you don't have a vehicle". So we need to learn the bus routes and the C-train line, all of that, or is it more appropriate if you're going to work over here to relocate here. And let's look at what community you have here, is it a healthy community or is it a dysfunctional community? (C-SP1)

Although most of those interviewed considered choice to be important in principle (see section 4.2.4), it could be over-ridden in practice. For example, one Calgary HF program owned apartments, and prioritized keeping these rented over any notion of choice. In another Calgary initiative, rapid rehousing was prioritized over choice, to the extent that new clients would not be accepted until an apartment was available:

... we have our apartments, we try to build those up as we are acquiring more clients. ... We know which unit they are going to go into. ... It's whatever's available, just because we can't let apartments sit empty without the rent being paid, so we have to try and keep them as full as possible. (C-SP8)

We will not do an intake unless we have a spot to put them. We're different than most of the agencies in the city where they'll open up a case management spot and meet with them in community. We base our intake process on, once you're accepted we want you to have a place to move into right away. (C-SP6).

In these situations, clients were more or less entirely removed from the housing process. Housing was available in pre-determined locations, ready for move-in. These examples will be discussed in greater detail under "housing choice" (see section 4.4.1.1)

4.3.2 Graduation and Length of Program Support

HF program support duration fell on a spectrum from those that were open-ended, to those that envisioned support as a short-term form of assistance with a strong graduation goal:

So we don't expect clients to graduate, but we do have some that get well enough over time that they don't seem to need as much intensity and regular visits and you know like they start to be able to take off on this other life trajectory that just seems really good for them. ... if they transition to less intensive services out in the community that's fantastic. But it's not like, they'll have to get back in line to get into the program and start all over again [if they need help]. (E-SP6)

They can [graduate] .... But it's permanent supportive housing. They don't have to. (C-SP5)

Our program is shorter too. So it's usually four to six months, I've had people who have graduated in three months, there is still someone in my program who has been there for a year, so it just depends on what they need because things come up as you go along. (MH-SP1)

Typically we are looking at 12-18 months. And then, off they go kind of thing. (MH-SP2)

One interviewee discussed a situation in which graduation was not a formal requirement for clients, but that there was pressure to do so in order to create room for new clients and to meet funding requirements:

Technically no. Our support, our support is a minimum of 12 months but there's no set maximum. At the 12-month mark we try to see if people are ready for graduation, and that's based on stability in their apartment, no problems with neighbours or landlords, their income is steady. (E-SP1)

The following quotes similarly draw attention to the ambiguity surrounding graduation in practice, despite what a program policy might state. In one example, the participant describes offering support to a client outside of regular work hours, even though the client has

graduated and is technically no longer part of the HF program. Another describes taking over the role of a HF program support worker after clients graduate. In both, the source of support is merely transferred within the original support agency, calling into question the rationale behind graduating clients:

Well there is a relationship here, we built together … do I want him to fail? It's like I put that time and effort and resources in there. I know I shouldn't…I don't get paid for that. But it won't hurt to just stop by and say "Hi, are you okay? What's it that's going on here? Can we resolve this?" (E-SP5)

I provide additional support and of course when they are graduated they can still be part of this program. So then at that point, I usually end up taking on a lot of what a follow up support worker would have done anyways. (E-SP5)

As was discussed in section 4.2.5 previously, PHF promotes a commitment to working with clients for as long as they need, even if this is permanent (Tsemberis, 2010b). The quotes above demonstrate the range of policies and practices in place regarding length of support, and whether or not graduation is an expected outcome. Notably, policies do not always dictate what happens in reality, and numerous factors may contribute to the support a client receives. In some instances, support can continue *after* graduation, as individual HF program workers are committed to their 'former' clients' long-term housing stability.

4.3.3 Who is a 'Good Fit' for Housing First?

The *Canadian Homelessness Partnering Strategy* suggests that HF programs in Canada focus exclusively on serving the chronically and episodically homeless, prioritizing service delivery to those who have been chronically homeless the longest (Employment and Social Development Canada, 2014c). In practice, HF programs in Alberta create their own priorities, from those that focus exclusively on the chronically homeless, to those that work with the recently homeless or even the precariously housed:

Sure. So we serve clientele who have a history of homelessness. Chronically homeless individuals - at least six months on the street, couch surfing, shelters, hospitals, [or] incarcerated. And all of our clients are diagnosed with a thought disorder, so each of them must have a diagnosed mental illness. That could be schizophrenia, schizo-affective disorder, delusional disorder, bi-polar disorder. That needs to be in place and then of course most of our clients also have addictions.... (C-SP6)

Okay so the two main ones are we work with clients who are chronically homeless. So for us that is homeless for over one-year or four periods of homelessness in the past two years. The second criteria for everyone we work with is that they have an income source. Whether that is income support, AISH, a job, employment insurance, something like that. So those are kind of the two main things. (E-SP1)

No the only requirement is basically that you're homeless, and that you're 18 and up. That's basically it. They can be anywhere, and that they want the support. (MH-SP1)

An assessment tool called the SPDAT (Service Prioritization Decision Assistance Tool) is commonly used by HF programs in Alberta to determine clients' 'acuity score'. This score is intended to allow service providers to determine who will benefit the most from HF programs, who is most likely to leave homelessness without assistance, and what supports clients need the most (OrgCode Consulting, 2015). One participant stated that clients determined to have higher needs are prioritized in their program:

People have to fit a certain [high] score on the SPDAT assessment. So they have to face significant barriers to housing whether there are substance use issues, mental health, physical health, social skills, brain injuries, all that kind of stuff. (E-SP1)

However, another service provider discussed the exclusion of clients who were assessed and found to be "too high needs" for particular HF programs:

P: I do have clients ... they were trying to get into HF programs. I have clients who are sleeping outside because they were thrown out of their HF program. Two of whom are now working on getting back housed again. ...

I: So is it that they have been unable to apply so far or they are just -

P: Haven't been able to apply. Probably too high needs - a program won't take them in, but then who will? (E-SP10)

The above quotes draw attention to the emphasis on standardized assessment in HF programs, and a lack of clarity regarding who the ideal HF client is. In addition, some service providers outlined notions of "fit" for their programs that were seemingly unrelated to assessment scores:

We see this person's SPDAT assessment but that doesn't necessarily mean it's a good fit. So one of us team leads would go out and explain [our program] to this person. See if it sounds like a good fit to them, ask them some additional information about mental illness, see if they would be willing to live by themselves, have visits. Because some people are just looking for housing, not supports. And we really try to make it clear - we really want to engage with each client as much as possible, as much as they will allow us into every corner of their life basically. So it needs to be a good fit for the client as well. And if it sounds like it's a good fit for them, then they also get assessed by one of our medical doctors and psychiatrists and it's a team decision whether the person is a good fit. So there is a bit of a process to actually getting approved, but once they are approved we move them in. (C-SP6)

I've referred people before that I think are a great fit but there's something kind of not as common about them. And I'll hear from a worker, "she's too this or too that or not enough this" and I always think like, that the person getting this referral must have this ideal homeless person in mind. (E-SP3)

The notion of an "ideal" homeless person, or someone being a good fit for HF, is problematic in the context of an intervention that is intended to provide barrier-free housing and support, and ultimately aims to house high-needs individuals (Tsemberis, 2010b). This

calls into question what motives might underpin the selection criteria of particular agencies. In some cases, HF programs have criteria in place to ensure that participants with more acute needs are connected with their programs. For example, those that follow the ACT model of support and are able to provide more intensive clinical supports, including psychiatric support, and often require clients to have diagnosed psychiatric disorders (Gaetz, Scott & Gulliver, 2013; Wagemakers Schiff, 2014). In other cases, the motive is less clear. Elsewhere in the literature, researchers have suggested that underlying concerns about damaging positive working relationships with landlords may influence a programs' willingness to house certain high-risk clientele (see Macnaughton et al. 2015).

4.3.4 Rapid Housing and Re-housing

A key goal of the PHF model is to rapidly secure permanent housing for individuals experiencing homelessness (Tsemberis, 2010b). The federal government similarly emphasizes housing clients "as rapidly as possible" through a HF approach (Employment and Social Development Canada, 2014b, n.p.). Nowhere, however, are these terms defined or is a specific timeframe recommended. This ambiguity is reflected in HF practices in Alberta:

We try and do some choice-based stuff, as much as possible. So there's financial considerations to that, but yeah if people can be linked to communities that they think they'll prosper in, we'll start looking in that area. So yeah it usually takes us 30-45 days to find a place for somebody. (C-SP2)

Well we don't give timelines (laughs). Because we know that we can't guarantee a timeline…there's kind of two different situations. There's people that can't maintain contact and they could be five, six, seven months, maybe even up to a year that we can't keep contact enough with them to get them to viewings, to talk to them about what it looks like to be housed, to like do any of those meetings. … And then there's people who are in constant contact with us, who know that there is a process and are trying to speed it up, [but] unfortunately it's kind of out of everybody's hands. I would say that an average [for this group] would be … three to four months. (E-SP1)

Unfortunately right now - and this is due partly because of the client's choice not to contact us, but we have one lady that's been in outreach for 60 some odd days [implying this is an abnormally long time]. But not solely on us. Her choice not to contact us back. Her choice not to put in her ID to the property manager. (MH-SP2)

As is evident from the quotes throughout section 4.3, the operation of HF programs in reality is often not in line with associated policy. A great deal of ambiguity exists surrounding the implementation of key program principles, including who is eligible for programs, processes around graduation, timelines for housing clients, and allowing clients a choice in housing. In all cases, these processes may be influenced by many factors, including top-down requirements on behalf of program funders, the market constraints of a particular city, or the personally held values of a frontline worker. This range of practices demonstrates a large deviation from the PHF model at times and may have real consequences for the housing outcomes of HF clients.

4.4 Challenges and Constraints in Housing First

4.4.1 Challenges Due to Constricted Rental Market

Throughout the service provider interviews, challenges associated with Alberta's constricted rental market were frequently mentioned. For example, a very limited supply of affordable rental apartments constrained client choice in housing, contributed to reduced availability of high quality rental units, and increased the workload of HF programs. In some cases, programs developed creative strategies to deal with the rental market, demonstrating a dedication to securing housing for clients, despite barriers.

4.4.1.1 Choice is Constricted

In section 4.2.4, interviewees expressed their views on the principle of client choice in housing, with the majority feeling choice was a very important piece of the HF program. In section 4.3, further details were presented regarding the contrast between HF in principle and HF in practice, and the ambiguity surrounding what it actually means to 'give a choice'. The present section draw attention to the specific challenge of providing choice in the highly restricted rental markets of Calgary and Edmonton. Some participants concluded that client choice was

simply no longer an option in the current housing market:

There's so many [challenges to finding housing] to choose from (laughs). I think the availability is the big one. Just being, if you're looking for housing you don't have the luxury of being choosy, you take whatever you can get. And that's an unfortunate reality that we face. (E-SP1)

It [choice in housing] doesn't work, no. There was a time when it did, there was a time when apartments were kind of a dime a dozen so to speak ... the rules have changed over the years ... a program could keep so many floater apartments available, but we can't do that anymore. And the vacancy rate is too low, and when we get an apartment we need to have it filled and we need to hold onto it as best we can. (C-SP8)

Client choice is important. And there have been times we've been able to provide choice, but with the - I would say – shrinking rental market, that choice hasn't always been there ... So their initial apartment may not be so much choice - but we will work to get to where they want to come as suites come up. (C-SP5)

An interesting theme emerged regarding choice for clients experiencing homelessness. Some service providers raised questions about what it meant to 'choose' a housing option, when the alternative for a client was to remain homeless or living in a shelter for an undetermined period of time. Interviewees felt that clients were aware of the housing market situation, and that this played into their willingness to take an apartment that might not otherwise have been their first choice:

Most clients understand the market too. They'll say "listen, all my family live in the Northwest, but I'm at the [emergency shelter]". I will take far southeast if that's what you have right now. One day I'd love to but, heck, I'd rather - I choose southeast over the [emergency shelter]. So most of them really do. (C-SP6)

When you have a client who is what they call 'sleeping rough' they are not going to be like "I am adamant, I want to live in Clareview and that's it." It's not going to happen. And even

when we have clients who have identified a certain area and we can't find apartments or rental units in those areas, we offer them … like it is up to them whether or not they take it, but them recognizing it's their only option, they will take it. (E-SP2)

The importance of an adequate supply of affordable housing to HF programs has been recognized in several Canadian studies (Nelson et al., 2012; Waegemakers Schiff 2014). However, none has considered the point in any detail. The above quotes present a starting point for understanding the implications of a restricted rental market on HF programs in practice. Many service providers felt the housing markets in Calgary and Edmonton at best reduced choice, and at worst left clients with essentially no choice in where they would be living.

4.4.1.2 Additional Challenges of a Constricted Rental Market

Outside of client choice, service providers noted additional challenges related specifically to constricted rental markets, some of which have implications for following through on important HF principles. For example, some service providers concluded that high rental prices were resulting in only poorer quality or less appropriate housing options being available for clients:

I mean depending on single vs. parents or single parents then yeah our choices are really limited. We can only subsidize so much. And you know then it gets down to "oh well I probably have to go to this crappy one" … So that could be a real huge barrier. (MH-SP2)

[Remaining affordable apartments] are in bad areas of town. It's really hard because yeah, they are subsidized, but then there's no walkability and so they need bus passes and they [clients] don't go - they want to be downtown. (E-SP5)

Other service providers noted that the housing market was resulting in greater effort required to house people, which slowed down the housing process, took time away from supporting clients in other ways, and generally made the job of acquiring housing for clients more difficult:

P: But the past few months it was really hard because there's just no - nothing that is in our price range that we are looking for, that's affordable. So obviously affordability, options for places. ...definitely affordability and what's available are the two biggest things.
I: So does it just kind of slow down the housing process then? Like people just have to wait longer?
P: Yep. Which is frustrating because then they are wanting to be in a place. (MH-SP1)

C-SP5: I mean it makes the work harder, let's be honest. It slows down intakes, it makes the word harder…
C-SP6: ...and makes us panic if someone does get evicted for some reason right. Or if all of a sudden we're not renewing these leases, it's like shoot, this could potentially mean people on the street and we want to take care of the people in our program but we also have people waiting to get housed. Yeah, it's not as, there's not a cushion right. (C-SP5 and C-SP6)

A final theme that emerged in this area linked rental market restrictions to challenges with landlords. Some participants noted that the limited supply of rental housing and higher demand was contributing to a 'landlords' market', in which landlords could be more selective about who they would rent to. This made it harder for HF program clients to access the housing market or retain housing:

In Alberta it's the boom and bust right? And when it's bust, we don't have a lot of issues getting apartments because really the landlords appreciate the fact that the rent's gonna be paid every month, damages will be taken care of, all those kinds of things. But when it's booming they can be a lot more discriminatory. We've actually lost a few leases just in the last month…. (C-SP8)

I've been in line with the client when 10 other families have shown up for the same apartment. So you're right, it's a landlords' market right now. So where our families also have a real hard time is the landlords can pick and choose who they want in their units. (C-SP7)

4.4.2 Landlord and Property Management Challenges

Beyond challenges related directly to the housing market, participants also articulated a series of issues linked to landlords and/or property management companies. Many service providers in Edmonton and Calgary discussed challenges with landlords and property managers, as well as examples of creative strategies for overcoming these barriers. Interestingly, service providers in Medicine Hat did not seem to face the same challenges.

4.4.2.1 Housing First Not the 'Sell' it Used to Be

Participants noted that the reputation of HF programs was changing, and that it might not be as appealing to landlords as it used to be due to previous (and potentially negative) experiences. Ultimately, this made it more difficult for service providers to access the limited number of affordable units:

I think it has been getting harder to recruit landlords, because like I said most of them have had direct experience with the program, and are more unwilling to take the second chance. Like they took the first chance and maybe it didn't work out and it's harder to convince them the second time around which is fair, they are watching out for themselves. (E-SP1)

There's so much more landlords now that are more aware of what HF is and less likely to rent to anyone. Like a lot of places will be like, "we used to but we had a bad experience" or "we won't rent to anyone that's with [Agency A] team, only [Agency B] team" and things like that. And it's so hard to predict, I can't imagine being a Follow Up Support Worker. You're just like doing anything and everything, like things I never thought I would do as a housing worker to make sure this person never loses this place. (E-SP3)

...that's where Housing First I think provided ... a safety net for the clients. ... the [agency] was going to a number of housing companies, private landlords, and making the pitch about you know, "we will look after the clients, we will make sure you get the rent, we will cover the cost of any damages". So the landlord thinks, "hey! It's one less thing I have to deal with." ...so there was a buy in. And I'm not sure whether or not agencies did their due

diligence … I know there has been some problems… then nobody wants to rent to Housing First. (C-SP9)

4.4.2.2 Stigma of Housing First

A similar challenge that became evident from discussions was the stigma surrounding HF programs, as well as the clientele who use them. Service providers noted cases of discrimination, judgement and unfair treatment of HF clients on behalf of landlords and property management companies, which in some cases contributed to evictions or other housing challenges:

And as much as we are, we offer 24/7 crisis support and all of those things, you're still working with human beings, and there could be, you could have five problem tenants in a building and maybe one or two of them actually be a Housing First client, but those are the ones who are gonna get evicted first. (C-SP8)

And like [social housing agency] landlords as well, telling me, "well you know other people in this building work so your tenant needs to be respectful of those people who are working" …. there's a lot of judgment calls that are made. Private landlords at least you can understand that they don't have the social justice background or goal … But when it's someone who is supposed to be working towards the same goal as you, it's a lot harder to understand. (E-SP1)

…some resident managers are really awful, and prejudiced. I mean they pick on our guys and they call them names and all kinds of things and so on. They will not see the effort that our participants, our clients, are trying. They don't want to see that. They only want to see problems and trouble and they are ready to evict them. They are even ashamed that these people are living in those places. And so on. (E-SP5)

4.4.2.3 Dominance of the Rental Stock

Another challenge mentioned in all three cities was the trend towards a few large property management companies owning a large proportion of the rental housing stock. This dominance over the rental market can make accessing housing difficult if clients have had

previous issues, such as outstanding rental payments or evictions, or if the companies have set policies on renting to HF clients. Furthermore, these companies are able to influence market rental prices within a city. As the following quotes demonstrate, when clients are unable to be housed with the major property companies in a city, this leaves limited options and makes securing housing much more difficult for service providers:

It has been extremely difficult in this last, I would say year and a half, [property management company] came in and bought up a whole bunch of stuff. ...They've got, I think anywhere from 20 to 30 buildings. So they have gone from really good affordable rent to - insurmountable. ... I guess this has been the biggest frustration - a big conglomerate like that coming in and being able to do that. (MH-SP2)

There's the odd one [client] that comes in that has good credit history, they present well, and they are comfortable in a wide range of apartment settings right… But there are some who already have been blacklisted by the major landlords, the major property holders, and it's too hard to...the selection gets reduced really fast when you can't get into a [property management company]. (E-SP6)

[Property Management Companies] … decide as a whole whether they are willing to support these programs or whether they are not in some cases. You don't necessarily just lose a unit, you lose a whole selection in the city. (C-SP8)

4.4.3 Creative Responses to Housing Market Challenges

In response to the many challenges outlined above, service providers outlined a variety of creative responses, including building relationships with landlords, treating landlords like customers, and sheer dedication to the process. Every HF program discussed in research interviews had created staff positions dedicated entirely to securing housing, with job titles such as housing locators, landlord liaisons and housing outreach workers. This reflected the need for HF programs to persevere in order to secure housing for HF clients. A number of service providers emphasized the necessity of building good working relationships with landlords, in order to access housing as well as maintain client housing in times of difficulty:

I think it's been really great that we've had people who have been able to liaise with landlords. ... be friends with them and try to build that relationship between the landlord and the client and the program, to help landlords understand where our clients are coming from. (E-SP6)

We also have a housing liaison - okay so he goes out, strikes up relationships with landlords and tries to get them to rent to our families. He is actually fairly successful. (C-SP7)

Participants also emphasized that high quality case management from HF programs was critical to maintaining working relationships with landlords, and ensuring continued access to market apartments. This was because many landlords considered it a 'positive' to rent to HF clients:

I: So how do you as an agency try and deal with that? Is it the relationships with landlords?
P: It is, yeah. We really try and keep those strong and do whatever we can when something does happen so that the client is immediately supported. But then at the same time the landlord isn't being exposed as much because we're there right away. ... (C-SP8)

Honestly, the landlords who are thinking for their profitability ... they should be working with us. It's a win-win for them basically. Like even if they have a bad experience they aren't going to end out of money or with damages that are unpaid. So it's just like really getting that point across. (E-SP1)

We're creative, we're assertive, we partner, ... we have a lot to offer a landlord as well. Assured rent, damage deposit, multiple visits, we get them out during the day so they're not floating around the building. So you know we have found that being super assertive, we have been able to meet our housing needs but it is, I mean, it's tight. But we have met our needs, but it has not been from coasting. We're out there. (C-SP5)

Another strategy discussed in participant interviews was the idea of treating the landlord as a customer or a client in order to maintain a positive working relationship. One

service provider described a position with a HF program created specifically to advocate for landlords, while a second characterized landlords as "one of our clients":

... Housing Locator is what we call them. And we learned about four to five years ago to separate the roles. And they advocate for the landlord, they don't advocate for the client. Social workers can do that. You can have that friction at work but it keeps that away from the landlord. Landlords stay happy they'll continue doing business with us. (C-SP2)

I think even with our shift in our changing markets and vacancy rates, we had some rapport with landlords. We have roundtable meetings so they are allowed to vent. We actually come up with action plans and are actually accountable to them as one of our clients that we serve as well. So having that relationship and that rapport has been huge... (MH-SP3)

It is important to note that despite major challenges, service providers in all three cities articulated examples of landlords who were a great asset to HF programs, often going the extra mile to help HF clients succeed in housing. Furthermore, in Edmonton and Calgary, a major property management company has partnered with HF programs to offer subsidized rental rates to HF clients, providing an opportunity that many programs rely heavily on. The following quotes draw attention to some of the ways in which landlords and property management companies are supporting HF, and exemplify how important their role is in working to end homelessness:

You know we've had an incident with one landlord in particular, he had a bad experience with one of our clients but said "you know I think you guys are great, you guys did a lot of support, you guys were in here like you said you were, and I'm still willing to rent to you guys." And that's fantastic! (E-SP2)

What I have tried to do in the past is tried to avoid the eviction, work with the landlord in saying "okay yes I can see we have to do an eviction but can we, you know, do something different, or can you give me 3 weeks instead of a 24 hour?" So we really try to work with the landlords. 90% of the time they are really really good... (MH-SP2)

[Property management company] at least gives us the rental subsidy of $150 a month, so that
makes a lot of their units affordable to us where they wouldn't otherwise. (E-SP1)

Landlords have received little attention in HF literature and policy to date. In practice, service providers in the three case study cities are well aware of the power that landlords hold in the rental market, and have adapted their programs to address this. However, the bottom line remains that the rental market in Alberta is largely unregulated in terms of rental costs, housing quality, and even human rights issues such as landlord discrimination. As one participant astutely noted, it is a "landlords' market".

4.4.4 Political and Bureaucratic Challenges

Another set of challenges that emerged throughout service provider interviews related to the operation, administration and 'culture' of HF programs and the 10YP model in Alberta. From the outset, the provincial and municipal 10YPs were introduced as top-down policies. The 10YP approach introduced a central funder or directing body in each city, who was (and still is) responsible for administering HF program funding and managing the various programs under one central framework. Although the specifics of this arrangement vary between cities, the relationship between the central agency and frontline HF workers remains similar, with the central agency responsible for major program decisions, setting benchmarks, and distributing funds, among other tasks. As is evident in the following sections, some participants felt there was a disconnect between decisions made by these central agencies and the experiences of HF workers on the frontline.

4.4.4.1 A Rule-Bound System

Participants frequently discussed the various "rules" that came with implementing a HF program. Often, these seemed like impractical barriers to frontline workers, and perhaps demonstrate an example of the disconnect between those responsible for administering HF policy, and those seeking to deliver HF programs on the ground:

...this is what we've created is this big gigantic complex hard-hidebound-by-rules-and-policies
system, and most people just need to be treated like a human and set on their feet and patted

on the ass and there you go, out the door, fly little birdy fly and you won't come back. (C-SP4)

We've built a Housing First model based on the policing system. ...So find a way for a non-police system. So if you believe that it's a universal right to have housing, then why should we limit things like how many can live in a unit. I mean there comes a point where it's unsafe, but if it's not unsafe? (C-SP1)

Interestingly, a frequently mentioned outcome of HF program rules and client arrangements was social isolation. Although each city differed, generally rules prevented clients from living in certain areas or types of units, and placed restrictions on living with roommates and having visitors. Service providers expressed concerns that these rules contributed not only to loneliness, but also might lead to poorer housing outcomes for clients:

Yeah I think for the most part people feel like they are the renter, they are this odd person out. They go from like, the street where you have to be around people all the time for your safety to get by, to then being like "okay you stay home in this apartment now, and you be good, and you know don't talk to anybody because you might say something wrong. And don't bring anybody over here, and you'll do just fine you know. Good job". (E-SP4)

... isolation is huge, not only...even if you've been living under the bridge, you had your network. Even if that was a dysfunctional network you still knew what to expect from them. You still knew where to go for a hot meal. You knew where you could go to have a shower or whatever. Now you're in an apartment by yourself. And you can't have, in a lot of cases you can't have overnight guests. There are all kinds of stipulations. (C-SP8)

You know, we have been creating total isolation.... Now somebody comes from a different culture and you tell them to sit here and look at the four walls with the TV. That's totally insane. ...you say "nobody should come visit him. Nobody should come here." So is he in prison? What have you really created? ... (E-SP5)

4.4.4.2 Pressure to Graduate Housing First Clients

In terms of rules and bureaucratic challenges, participants in Edmonton specifically discussed the pressure they felt to graduate clients from HF programs. As was discussed in previous sections, graduation in principle varies quite extensively from graduation in practice. Nowhere in the original PHF model is graduation mandated, so it is especially notable how often service providers mention the pressure they experience to graduate clients.

Two interviewees discussed having their graduation outcomes compared to another program. Underlying this comparison was the notion that the more graduations a program has, the 'better' they are doing in the eyes of their funder:

I: Do you ever feel pressure to graduate people? From your funder?
*P: Definitely. I think there's definitely certain times, depending on what numbers they are looking at. There's ten programs in Edmonton that do Housing First, so if they are comparing programs to each other and maybe one is doing better and one is doing worse, you're going to hear about that. (*E-SP1*)*

I: Do you feel like the pressure to graduate and stuff puts agencies against each other in some ways?
P: Oh big time. The reports that get sent out by [funder] that show every agency and what they are doing, oh big time. Yeah even talk about the language. I mean the fact that like, I'm meeting with other agencies and that's like unheard of is so sad. (E-SP4)

4.4.4.3 Rental Subsidies and Housing First Sustainability

The final political challenge that emerged in service provider interviews related to issues of sustainability. In Alberta, a province-wide subsidy is available to HF clients who require an additional 'top up' in order to afford their rent. This is available to both clients in the program, and those who have graduated, albeit via separate streams. Clients who have graduated are only guaranteed the supplement for one year, at which time a renewal application is required, and funding may or may not be continued. This funding stream is not infinite, a fact that service providers are acutely aware of:

So, yeah people, the bulk of people need subsidy. And look at the demographics right. I'm not speaking so much for families or the younger demographic, but the singles, they're getting up there. They're 42, they're presenting like they're 65 because of street life and all that stuff so, it gets hard to find sustainable income. Through employment anyways. (C-SP2)

*[We] know that rental assistance is going to end. And so one of the things that we've identified with our staff is that we want them to look at maybe you know six months into, we need to find them affordable housing without rental assistance. (*E-SP2)

Well my take is it's not sustainable. It was never intended to be though. It was a short-term fix with the hope that … [there] would be a different [social housing] stream for people who had gone through the HF program. (MH-SP4)

Most service providers in all three cities expressed feeling concern and anxiety about the time-limited nature of these subsidies, and what would happen to participants if/when they were no longer able to access the money for housing:

And I do have a lot of concerns around money, the subsidies that are being issued. And whether or not an individual - if there's time limits. And if when those time limits expire, then what happens? (C-SP9)

We tell them [clients] that it's going to continue and in our minds it is going to continue because that's what we've been told, but if favour turns away from the Housing First model and the funding gets put somewhere else, then that is completely out of our hands and that's a whole bunch of people who if the subsidy went away they would return to homelessness almost immediately. (E-SP1)

So of course it comes into my mind that you never know when this will end … I would hope … that when that times comes when that money is going to run out, that there will be some planning involved … of course it's so hard to think about - because yeah when you graduate someone there it's like "oh yeah yeah they are good" but then "oh that could end". (MH-SP1)

As has been discussed in previous sections, rental costs across Alberta are prohibitively high for individuals on low incomes or receiving government benefits. In this context, service providers' emphasis on the importance of an ongoing supplement was not surprising. Specifically, they noted that most clients would be unable to sustain their housing without such assistance. It is rare for an individual who has recently experienced homelessness to have the financial capacity to afford market rent, leaving this population vulnerable to future homelessness and dependent on external assistance. Further light was shed on this scenario in responses to a question which asked how many program clients had graduated *without* the rental subsidy:

Oh in our program? Maybe in the last year…I would say three people have graduated without. … Because they were either somewhere like a rooming house where they could afford it, or they were with [social housing] so their rent was already like downscaled. (E-SP4)

Almost never I would say. For maybe in very few cases where people had full-time jobs before, especially in the trades...if they are able to get back into that work then we would stop providing a subsidy based on their income level. But for the majority of our participants they will continue to stay on income support or AISH for the foreseeable future, and … well income support gives $323 a month which is never going to pay rent in Edmonton. Like not even a closet, so…. (E-SP1)

In Medicine Hat, despite the assertion that "*a lot of people [who graduate] are able to maintain and afford their own places without further assistance*", the same service provider also commented that "*20-25% of people that graduate the program are receiving housing subsidy or are in social housing*". (MH-SP4)

In contrast to these comments, one service provider reported finding ways around clients' needing a rental subsidy:

Actually our numbers for graduating clients without rental assistance are higher than graduating clients with rental assistance … they are able to cover the rent on their own. We

look at - we have a plan with them right. So the first thing we want to do is address their personal challenges and barriers. .... So we want to give them the skills to be able to address crisis in their life, everyday stressors, crisis management, budgeting. ... Then we want to look at, okay well let's look at your future ... and then we start to look at those things with them. Employment programming, life skills programming, we want to connect them in those areas because that just supports their growth. (E-SP2)

It is notable that clients who are currently residing in social housing are some of the few able to live without rental subsidies, and this draws attention to a major piece missing from the 10YP response. HF programs were intended to work in support of a broader series of initiatives including the provision of affordable housing, implementation of living wages, and various social programs and prevention measures (Homeless Hub, 2015; NAEH, 2006). The comment by a service provider from Medicine Hat, that these subsidies were meant to be a temporary fix until a better system for accessing social housing was developed, also speaks to this issue. The current provision of a rental subsidy across Alberta was never intended to become a central piece of the HF approach. However, without the provision of affordable housing or access to living wages, it will continue to be necessary for most clients to retain housing.

4.5 Gaps in Current Service Provision

Throughout the interview process, service providers made note of a wide range of gaps in the current provision of homelessness services in Alberta. In some cases, these responses emerged in reply to questions about "what could improve" or "what is missing in the current response". In many cases, however, interviewees voiced their concerns long before being asked these questions. The general consensus among service providers was that HF, as both a program and an approach, is an extremely valuable piece of the response to ending homelessness in Alberta. Interviewees spoke highly of their program, of the excellent outcomes they have seen to date, and of the shift in rhetoric that has come with the adoption of a HF approach. Service providers also agreed, however, that HF was most effective when utilized in support of a broader series of initiatives including affordable housing and support services, and that in many of these areas Alberta is currently falling short, limiting the potential of HF programs.

The following section summarizes the major gaps in services identified by service providers.

4.5.1 Permanent Supportive Housing

Service providers in Edmonton and Medicine Hat expressed an urgent need for more permanent supportive housing options. While HF programs are often considered 'supported housing' in that they do provide a wide range of necessary support services to individuals living in independent apartments, 'permanent supportive housing', in the context described by interview participants, refers to housing options with a higher level of support, often available 24/7 in congregate housing models. This could refer to group homes, several units in a building, or entire buildings. There is a general consensus that permanent supportive housing options are time-unlimited, may be more tolerant than typical landlords, and offer support services not found in market apartments such as on-site mental health care, medication assistance, or group programming. Participants described the dire need for such housing options, in order to assist high-needs clients, especially after graduation from HF:

So definitely more permanent supportive housing. And it has to be cheaper. You know what I mean, if you were to still add up the cost of the system of rental subsidy, a worker that only holds like a 20 caseload, and then all the other costs still - income support, AISH, all the extra food bank - permanent supportive housing has to be cheaper. It doesn't appear cheaper but it's got to be. (E-SP4)

[There's a] big demand for permanent supportive housing as well. That we just recognize that some people are going to need help the rest of their lives. And if we put the help in, they are going to be successful. If you put them in the market place alone, despite our best efforts to try and get them up to speed and independent - if we take away the supports they falter. (C-SP10)

Look at permanent supportive housing. For people in our program social housing isn't going to cut it for those individuals. They need a different housing structure altogether with support services. (MH-SP4)

In Calgary, none of the participants made note of a need for more permanent supportive housing. The only discussion of this type of housing was in the context of it being a viable option for clients to access or transfer into from market housing if necessary. This gave the impression that service providers do not feel there is currently a shortage of supportive living environments in the city. In general terms, Calgary is home to a greater number of emergency and supportive housing beds, and has a number of well-established social agencies that oversee congregate housing facilities (Alberta Human Services, 2015b). Although this is undoubtedly a reflection of the larger homeless population in Calgary (and thus greater need), the large number of beds available and wider range of support services may provide easier access to permanent supportive housing.

4.5.2 Need for Improved Support Services

4.5.2.1 Mental Health and Substance Abuse Treatment

The delivery of frontline addiction and mental health services in Alberta has been criticized in recent years for failing to appropriately meet the need of Albertans struggling with mental health challenges. In a 2015 report, Alberta's Auditor General described the current system of service delivery as one that remained "unintegrated" and allowed for "ongoing gaps in service continuity" (Auditor General of Alberta, 2015, p.6). Findings of this research echo this concern. Service providers in Calgary and Medicine Hat specifically noted constraints in the mental health system which created difficulties in accessing appropriate care for clients:

… another thing is taking someone to mental health and them telling us "they aren't traumatized enough" or "they don't have enough trauma". That's literally been said ... So this would be if someone came into our housing program right and they needed mental health, they needed counselling or a mental health workers, we would take them over to mental health and try to hook them, like connect them … but basically they don't qualify because they are not depressed, or they don't have enough trauma.. (MH-SP1)

And the other piece I think is the mental health system is completely overwhelmed. … even as a program we can't get people in for psych support. The wait list is so long … As one client put it very recently, you kind of have to fake a mental health emergency in order to get the

support you need. (C-SP8)

In Calgary, service providers raised a specific concern regarding the need for more "institutional" options that could provide a higher level of support than permanent supportive housing, for clients experiencing severe mental health issues or cognitive impairments:

When you think of a continuum of housing for all people, there is definitely a place for people that have severe mental illness and they should be in a care facility that gives them quality of life but addresses their needs on a daily basis. And I think that those centres should never have been closed. (C-SP9)

I mean there are a lot of mentally ill people there. There are some people for whom institutionalization represents the best quality of life. So, you know that should find a comment in your report somewhere. And you look at the politics and what they did…. so what they do when they close institutions is they dump people in the community. No money, no support, no nothing, right? (C-SP3)

A hallmark of HF models is that clients who may be experiencing mental illness or addictions issues need not be 'housing ready' prior to securing stable housing through the program (Padgett et al., 2011). As such, there are no requirements for sobriety or treatment in HF programs. As a result of this, in order to provide appropriate and comprehensive care to all clients, there is a need for housing options suitable for people who may be actively using substances or experiencing mental health problems. Many service providers refer to these options as "lifestyle tolerant" or "harm reduction" housing. Within the interviews, participants from Edmonton described a need for these types of housing arrangements:

There's definitely a huge gap I can see in housing and supports for people who have substance abuse issues and personality disorders. Like histories of trauma where, you know there lives are just a disaster. (E-SP6)

I think over and over again it's going to come down to lifestyle tolerant housing with a certain amount of support. Whether it's your own room and meals served or your own apartments but it's owned by an agency, they have 24-hour staff. ... That seems to be in my mind the way forward, that hasn't been quite openly acknowledged. (E-SP10)

All of the gaps in service outlined above are examples of measures included in 10YP policy documents for Alberta, Calgary, Edmonton and Medicine Hat. A broad range of housing options, supportive housing, the provision of appropriate treatment services – none of these are novel suggestions. Participants asserted the need to expand efforts to reduce homelessness beyond just HF programs. HF was never intended to succeed as a stand-alone response, but rather act as part of the coordinated response outlined in 10YP documents.

4.6 Chapter Summary

This chapter presents the results of interviews conducted with 29 service providers in Edmonton, Calgary and Medicine Hat. Five categories of themes emerged within the interviews, touching on the relationship between affordable housing and homelessness in Alberta, the principles and practices of HF programs in Alberta, challenges and constraints of HF programs, and gaps in service provision in the province.

Section 4.1 provided an overview of the current state of affordable housing issues, from the perspective of those working in the housing field. Nearly all service providers expressed concern about the limited availability of affordable rental housing, and the impact this had on HF programs and beyond. A number of participants believed housing issues had worsened in recent years, linking a decreasing supply of affordable rental units to Alberta's unique economic and demographic situation. Participants drew connections between the shrinking supply of housing, new cases of homelessness and the influx of people to Alberta due to the booming oil economy. Housing issues were more severe in Calgary and Edmonton than Medicine Hat, although participants from Medicine Hat indicated that similar problems with affordable housing were beginning to take hold in the city and were forecasted to worsen due to in-migration.

Participants indicated that challenges relating to housing affordability and housing insecurity were increasingly being experienced by Albertans from all walks of life, and not

just those who were socially or economically marginalized. A number of service providers empathized with the struggles of those facing more barriers than themselves, as many had personally experienced challenges in accessing affordable rental accommodation. A major issue identified as contributing to housing insecurity for people was the disconnect between the monetary compensation offered to people receiving government benefits, such as AISH or Alberta Works, and basic housing costs in the province. In addition to the restrictive rental market, service providers indicated additional barriers to accessing and maintaining housing. These included a need for additional mental health supports in housing, as well as discrimination on behalf of landlords, particularly for Aboriginal peoples.

No consensus emerged among service providers as to what the term 'affordable housing' referred to. Some interviewees considered it housing that cost 30% or less of an individuals' income, which is also the standard rate for clients of PHF. In general, housing was understood to be affordable in Edmonton and Calgary only by way of agencies that could provide units where rent was geared-to-income or through housing subsidies. It was considered more or less impossible for a client to access affordable housing in the private market.

Section 4.2 offered insight into the spectrum of values upheld by service providers and the principles deemed most important to HF programs. Throughout the interviews, no consistent definition of HF emerged. Although some programs shared guiding principles or program structures, conceptions of HF varied widely. Service providers had mixed opinions on the concept of fidelity to a specific HF model, ranging from those who felt it was imperative to the success of programs and contributed to better housing outcomes, to those who dismissed fidelity as an unnecessary measure with little influence on housing outcomes.

Additionally, the importance of a number of key principles was discussed throughout the interviews. Many of these overlap with principles of the original PHF model, albeit with clear differences of interpretation, and varying levels of commitment. These principles included utilizing a 'person-centred' approach to client care and support, promoting a harm reduction approach, rapid rehousing for clients entering the program, and assisting clients to secure new accommodation when necessary. The principle of client choice in housing also emerged as central, with most service providers believing this was an integral piece of the HF program. A final principle that emerged was offering time-unlimited support to clients.

Overall, most participants were opposed to the idea of imposing graduation requirements, with many expressing concern over this practice and the negative influence it could have on clients' housing outcomes.

In section 4.3, service providers shed light on the operations of HF programs, revealing large inconsistencies between HF principles and HF in reality. Client choice in housing is a key principle of the PHF model. Despite this, in reality 'client choice' ranged from programs that facilitated multiple apartment viewings to ensure choice was provided, to programs that kept apartments ready for immediate move-in, completely disregarding choice in order to provide rapid housing. Participants described the process of facilitating choice as complex, requiring compromise and strategizing in order to deal with the restrictive rental market.

Time unlimited support is another key principle of the PHF model. In terms of this, service providers described programs that fell on a spectrum from those that were open-ended, supporting graduation only if a client was ready and seeking independence - to those that envisioned support as short-term, prioritizing graduation anywhere between six months to a few years. In many cases, graduation protocols in practice did not reflect what was stated in policy. A similar situation emerged in the context of who was considered eligible or 'a good fit' for HF programs. Although the *Canadian Homelessness Partnering Strategy* suggests serving the chronically and episodically homeless, HF programs in practice created their own priorities. Despite the use of standardized assessment tools such as the SPDAT, which are intended to identify the highest-needs clients to assist, participants described a lack of clarity around who was prioritized for programs and made note of seemingly arbitrary selection criteria.

The last practice discussed in this section related to a key goal of the PHF model: to 'rapidly' secure permanent housing for individuals experiencing homelessness. In reality, this principle is highly ambiguous, with service providers describing timeframes for housing ranging from 30 days to over six months. This practice was highly dependant on factors including the housing market and a provider's ability to stay in touch with the client.

Section 4.4 began with a discussion of the challenges linked to a constricted rental market. Interviewees described how a limited supply of affordable rental units constrained client choice in housing. Interviewees in Calgary and Edmonton in particular drew attention to the challenge of providing choice, with some concluding it was simply no longer an option

given the housing market. Service providers noted additional challenges related to the constricted rental market. Some concluded that in the current market, only poorer quality or less appropriate housing options were available to clients, while others noted that the market was requiring a greater effort on behalf of service providers to house people. This meant slowed housing times and fewer resources for supporting clients in other ways. A final theme that emerged relating to the constricted market was landlord challenges, primarily landlords being more selective as to whom they would rent to given high demand for apartments, making it harder to house clients.

Other landlord challenges were also noted. In Edmonton and Calgary, interviewees noted that the reputation of HF programs was changing due to previous negative experiences with the program. In addition, cases of stigma and discrimination were noted on behalf of landlords, property management companies, and even support providers. In many cases, discrimination was aimed at Aboriginal clients of programs. Another issue in all three cities was dominance of the rental stock by a few large property management companies, which made accessing the housing market more difficult for various reasons. In response to these challenges, service providers emphasized the importance of building strong working relationships with landlords and treating them "like a customer".

The last series of challenges outlined in this section were political in nature, and related to the operation, administration and 'culture' of HF programs and the 10YP model in Alberta. Participants discussed the various 'rules' that came with implementing a HF program. These were often characterized as impractical barriers to frontline workers, and did not necessarily reflect best practice on the ground. Participants in Edmonton discussed the pressure they felt from their funder to graduate clients, and spoke of instances in which they were compared to other programs in terms of who had 'better' results, meaning more graduations. Finally, issues with sustainability were discussed – in terms of the time-limited nature of rental subsidies that many clients relied upon to maintain housing stability while in HF programs and post-graduation. Many service providers described feeling concern and anxiety about these subsidies, as most clients could never afford rent without these supports.

Section 4.5 identified gaps in the current provision of homelessness services in Alberta. Service providers agreed that HF was most effective when utilized in support of a broader series of initiatives including affordable housing and support services, and that many of these

areas currently fell short, limiting the potential of HF programs. In Edmonton, interviewees noted the dire need for more permanent supportive housing options to assist high needs clients while in HF programs and post-graduation, to ensure ongoing support was available. Participants in Calgary noted a need for more "institutional" type housing options for clients with severe mental health needs or cognitive impairments, beyond the support provided by permanent supportive housing. Gaps were also identified in the provision of mental health support, as well as housing options that catered to participants with substance use disorders.

Chapter 5 Service User Results

This chapter examines the relationship between affordable housing, homelessness, and HF in Edmonton, Calgary, and Medicine Hat with reference to interviews conducted with *service users* from across the housing spectrum in the three cities. This group included those currently homeless and sleeping rough or in shelters, individuals living in market apartment who were struggling to cover their housing costs, current and former clients of HF programs, and individuals housed in a variety of affordable or supported living situations. Throughout the interviews, service users shared a remarkably wide range of experiences and challenges related to housing affordability and housing programs. Critically, no two service users' experiences were identical, even for those in HF programs or supportive housing situations. Participants reported receiving varying degrees of support, for different periods of time, and had markedly different experiences in finding their apartments. This diversity of experience is, necessarily, reflected in the results presented below. Nevertheless, one area of commonality did emerge: housing unaffordability was a noted barrier to housing for every individual at some point in their life.

5.1 Experiences in Housing and Support Programs

5.1.1 Challenges

Almost all service users who were interviewed indicated they were receiving, or had recently received, some type of support or assistance program for housing, including HF programs. Throughout conversations about these supports, service users outlined a broad range of challenges they had faced. Examples included difficulty in accessing help with housing programs or income support, long waiting lists, and poor treatment by service providers. Some of the difficulties centred around HF specifically. For example, one participant described the need to be diligent and continually "pest" a HF program in order to receive help:

A lot of the homeless people believe … that you can go to the housing [agency] and they are gonna say "okay yeah we got one for ya". And then as the, it's the diligence to continue on …. and pest them, and pest them and pest them. And keep going back and say "have you gotten anything? Have you gotten anything? Have you gotten anything?" …. reality is that people go

on vacations ... and sometimes the bookwork gets put aside. So you have to be diligent... (MH-SU3)

Some participants noted problems accessing a program due to a specific program requirement or barrier. For example, one service user noted all of "hoops" required to jump through in order to receive assistance from a support agency:

Like I actually just got help from [social agency] a month back. But you need all this information, you need your three months bank statement, you need your termination letter from your job or laid off letter. It's just crazy all the information you need - and most people don't have even a bank account ... So they make it really hard for people to get help, but yet those agencies are there for help, but at the same time it's not even worth jumping through the hoops for them. (C-SU7)

Another participant mentioned the specific requirement to have a full-time job in order to be eligible for a particular HF program:

Actually I just asked them a couple of months ago, and I've been told [by HF staff] that I have to have some kind of a job confirmation. And I said I'm working pretty steady, but it's through temp agency. And they said they can't accept it, it has to be a full-time job [to be accepted into HF program]... (E-SU2)

It is important to note that the situation described in the above quote is a clear diversion from PHF in principle, which promotes no housing-readiness requirements for potential participants (Tsemberis, 2010b). The requirement of having a full-time job would pose a major barrier for most potential HF clients. In a different example, one participant expressed a general difficulty in knowing where to access housing and related supports:

The money, and the actual...the ability to actually find someone who can provide housing assistance. I've been to like welfare, Alberta Works and stuff. I've asked about housing and there's not much they have said. (E-SU3)

There is support, but getting it is another story. And finding it is another story. People don't know where to turn, who to turn to, or how to talk. It's learning how to talk. ... Yeah all of a sudden okay I found myself in downtown Calgary and I'm going, okay, where am I going to go? (C-SU5)

An additional challenge that emerged within service provider interviews was long waiting times for accessing social or affordable housing. Service users discussed this, in some cases noting years since they had applied, with still no response:

... And all I ever get now is "no funding left, no funding left". The people that are working there [housing agency] I don't know what they do because there's no funding left, so I think everyone sits around and gabs to their friends on the phone, because they are not doing...they're not helping anybody else. I guess we applied a year ago and we were kind of told it would probably take four, five, to six months, now it's over a year. (MH-SU1)

... cause you have to have all these certain qualifications to get onto [social housing]. So I have, all I need is my notice of assessment from Canada revenue, so I got that. So I'm gonna actually go fax that out later and hopefully I'll be - I'm supposed to be first on the list because I was - you usually wait for two years, but in my case cause I have such great luck, I was on the waiting list for four. (C-SU7)

I've applied with them [social housing agency] about four years ago, over four years ago now, and I still haven't received any response, so. (E-SU7)

Amongst clients in HF programs, once a participant had been accepted into the program and the housing process had begun, waiting times for an apartment varied greatly. In some cases, programs would not accept a new HF participant unless they already had an apartment available, meaning that there was no wait time for participants (i.e. clients either entered the program immediately, or not at all). These situations will be discussed in further detail in section 5.1.3 on client choice in housing. For programs that did not operate on this system, participants described situations in which the wait for housing ranged from one month

up to two years:

Then I got involved in [HF program] and within a month they find me a bachelor suite. Rooming house. (E-SU2)

P: And it took three months ... to find a place, yeah. Once they, like I said, went through the paperwork and everything else and your bank statements and you know, and so eventually we come to this place.
I: So the entire three months you were waiting, you were living in the shelter here in Medicine Hat?
P: Yes. (MH-SU3)

I: ... this most recent time you got the place, you said there was a break from September to December?
P: To January 9th ... we signed the papers in November, but the thing was, it was a waiting list. Like cause we're not allowed to move into the suite unless we have the furniture. And it was so backed up with it there with people getting places they couldn't get us in there right away. So that's why we were waiting. (E-SU7)

Yeah when they said I had all the paperwork and I was accepted, now let's find a place, was about four months ... I was constantly being told, "oh this week, this week, this week" which I found aggravating because ... I never knew when I was going to be housed... (E-SU1)

It was sometime in September when they saw me in the park. And it was about a month ago [late December] that [HF worker got in contact to begin housing] (E-SU6)

Well I've been with the list for seven years to get into [social] housing, and with [worker name], with [HF agency], It had been two years to get in. (C-SU8)

It is important to consider that unlike social or affordable housing, which generally works on either a first-come-first-served or highest need basis, countless factors play into

housing times in HF programs, especially as market housing is generally sought out for clients. These factors may include whether client choice is considered in the process, the current vacancy rate in a city, the time a worker is able to devote to the housing search, whether or not programs have access to designated units, and existing program relationships with landlords. As a result, although the PHF model promotes rapidly securing permanent housing for client as a key program principle (Tsemberis, 2010b), what this means in reality clearly differs greatly depending on the context in which programs operate. These findings, in addition to the earlier comments on the variable requirements for potential HF clients (such as the need to have full-time employment), draw attention to major inconsistencies in program offerings when it comes to HF service delivery in Alberta.

5.1.2 Positive Experiences in Housing Programs

In contrast to the challenges outlined above, many service users noted positive experiences in housing programs as well. In HF programs specifically, participants expressed how valuable the support they received was. One participant stated that he could not have exited homelessness without the program:

No the only comment I can ever make, is that in my experience with housing, it's been very good. They have helped me out tremendously and I don't know if I could have...I know for a fact I could not have done it without them. And I really thank them. (MH-SU3)

Another participant commented on how a HF program taught her to advocate for herself in housing, having learned skills to better deal with a landlord:

It's helped. Because instead of just taking the landlords explanation and saying "okay fine I'll move out", now I want to know why. Or if you're renting and landlord ain't meeting the standards for rental conditions, yeah I'm gonna be the first one to say something now. (C-SU8)

A third expressed having made progress in terms of his mental health issues, as well as personal programming, thanks to the support of HF workers:

I was really nervous for about the first year when I was housed, because I was always expecting them to pull the plug or I didn't know how long I would be able to do this for. And I was dealing with a lot of more mental health issues and stuff at the time, so I was constantly worried ... But through the workers that I met through the [HF agency] assured me that's not the way it works ... Now I've just come so far with my personal program stuff that I do... (E-SU1)

Outside of HF programs, some service users in other types of housing models –such as permanent supportive housing - were equally as happy with the support they had received:

As I said they've [housing agency] helped me in other ways too .... they have been so helpful. [Support worker] in particular who has walked by here a couple of times as we've been talking... yeah he's been supportive. (C-SU3)

More specifically, two participants commented on the resources and social activities available in their housing which they greatly valued:

Yeah I live in [building name] ... it's low cost housing, very affordable ... it includes everything, I've been there for almost four years now and yeah I enjoy it, a lot of support there ... they also set up what they call a circle of friends every Friday, I've been participating for a while and you can go in there and play games and have snacks ... Meet people with similar situations and share their stories. It's pretty cool too. (C-SU6)

There's all kinds of resources here. Computers, I go down to use the computers ... they've got all kinds of things. We've got community kitchen, which is a bunch of people getting together and cooking. That's what I'm doing today ...They've got church on Sunday, or church all through the week, the month. There's all kinds of availabilities. If you're coming off of an addiction they've got AA meetings, CA. (C-SU5)

To further contextualize the positive experiences participants had in housing, service users shared what their favourite aspect of their current (or former) housing situation was. For some,

the freedom to do as they pleased and participate in 'everyday' activities was at the forefront:

If you want to drink you can have a beer, you can have a bottle of Jack Daniels sitting in the corner and a six-pack of beer in your fridge. You know, those little things people take for granted right. Like space, having an electrical outlet right next to you. Your landlord can't come in without giving you 24 hours notice to have a meeting with you. Just little things like that. (C-SU9)

*I think it's the freedom. It's the freedom to be able to do what you really want ...
one is health improvement. To get the drugs [medication] also that I wanted. I think just the general being able to go out, get a cup of coffee you know. And you can afford it. That kind of thing is nice. ... And to see nice young people walking by. You know instead of druggies and you know the rest of it. It's just so nice to be able to see clean living.* (C-SU4)

Two participants in HF programs commented on the location, as it allowed them to get to everything they needed and generally made it easier to meet their basic needs:

Well, the reason I like it the best is it's quiet and it's...well it's kind of out of the way but it's within a bicycle route, if I start on the flat. It's within reasonable so I can get to everything that I need to. (MH-SU3)

Uhm I think for one thing it's close to the superstores and dollar stores and stuff like that, so it's a little more economical for shopping. ... I'm able to budget a little better for groceries and get a little more bang for my buck. And I really like being away from downtown, cause you don't get all the problems that come along with downtown. And the neighbours have been great. My neighbour next door sold her condo unit and moved out to a senior's home, and we still talk on the phone, and she left months ago. (E-SU1)

In the quote above, the service user also made note of a positive social connection made from living in an apartment, as well as the valuable escape it offered from "all the problems" that come from being homeless downtown.

5.1.3 Client Choice in Housing in Housing First Programs

Client choice in housing is a key principle of the PHF model (Tsemberis, 2010b), and as such was specifically asked about within interviews with HF clients. The level of involvement in the housing process and choice that service users felt they had ranged from those who were taken to view numerous apartments with a support worker prior to making a decision, to programs that had apartments on standby for participants to move into directly. The first series of quotes below exemplify situations in which HF program participants described having a choice (albeit to varying degrees) in their housing arrangement:

...you have to go through the stops okay, with housing ... you had to apply ... then you had to wait for them to go through the paperwork obviously ... then you were qualified for it. And then you end up with a person like [support worker] who now takes you out and shows you places. And when she shows it, she says "well what do you think?" Cause they don't want you in a place you don't wanna be in. So she showed me a few places and I was living at the shelter ... And it took three months. (MH-SU3)

No my worker at the time told me I was able to look at anything anywhere. And go anywhere in the city I wanted from there, but I chose to stay in this area and that was one of the options and I liked it right off the bat. It was the only place I looked at but I was happy with it. (E-SU1)

In the following two quotes, participants described their experience with housing choice in HF programs they had previously been participants in. Both had since lost their housing, however, and were no longer receiving HF program support:

We went in and right away we saw the counsellors that day and they set us up and yeah. I mean they worked fast. We got issued a counsellor and went out a week later, called us, they had two or three places for us to look at. And yeah they helped us get into a place, helped us with furniture. (MH-SU1)

... Well they had a few affordable apartments they wanted to show me. They showed me the first one and I took the first one. And they had actually offered for me to live in a place called [building name] ... so that I could be in a supported living community. Which I got pretty pissed off at before, cause I kind of liked the idea of living on my own but I didn't realize I was going to get so mentally ill. (E-SU2)

In contrast to the above, some service users described situations in which the HF program they were working with had an apartment lined up for them already, leaving them with little or no choice in the matter:

I: So when you found this place, it wasn't a matter of going out and choosing where you wanted to live? How did that play out?
P: No they just say, we have a unit for you and you either accept it or you go to the bottom of the list. I had been on the list for 7 years. (C-SU8)

Nope they had one place lined up already, so I said let's go check it out so I didn't care. It was big. A big suite for a 1 bedroom. I loved it at first, but then after a while it kind of got to be really lonely cause it was dark and all that we had was a balcony and one window. And the kitchen was closed off. And there was no windows, it was just dark all the time. It was like freaky. (E-SU7)

A third quote draws attention to an interesting dilemma experienced by a service user in a HF program. Although the participant was technically offered the option of viewing more apartments, it came with the disclaimer that not taking the apartment could mean waiting indefinitely (in a state of homelessness) for another place to become available. This calls into question what 'choice' a participant has when the alternative is continued homelessness:

I: So did they take, when you were in [HF program], did you get to pick where you lived? Or did they kind of just tell you -
P: They gave it to me. ... She said, "I'm going to show you one, if you like it you like it, if not you have to wait". So I said "I don't care I'll take it". I didn't even see it yet, and we were on

our way, so I looked at her and said "okay go". Cause I couldn't handle the [homeless
shelter]. (E-SU5)

Although other participants did not directly comment that they had experienced a similar pressure to take the first apartment they saw, it is interesting to note how many stated that they took the first apartment they viewed, despite the offer to view more. While it can be concluded they had a 'choice' in that decision, it is possible that a similar pressure to leave their current circumstance of homelessness played into this decision.

5.1.4 Length of Housing First Program Support

Time-unlimited support is another principle of HF that is interpreted quite vaguely in practice. Despite being an integral aspect of the PHF model (Tsemberis, 2010b), service users noted a range of offerings in terms of program support, from less than six months after housing to time-unlimited:

I: And do you worry about how things will play out [after graduation]?
P: Yeah. Big time. And now as of, I think [worker] was saying the end of November [support will end], because we're in here, the file closes. Then you know, yes she checks in at six months and the one year mark, but you're on your own. (C-SU8)

I: So in terms of the program, is there any end date as far as - like are you expected to graduate or anything of that sort?
P: I believe it is 12 months. (MH-SU3)

In discussing program support length, two service users emphasized the value of time unlimited support. One participant, who was currently receiving this support in a HF program, commented on how having the extra time promoted his recovery from mental health issues and addiction:

I think it's definitely a good program. I mean it's helped me. And the good thing about it, there's no rush. There's no like, "okay this is for six months and then you're out." And they

allot you as much time as you possibly need to get therapy, help with addiction problems. Which is some of the things why you end up qualifying for the program in the first place. So I think that's really good. (E-SU1)

Another participant was critical of a HF program she had been part of in the past that did not allow for time-unlimited support, stating that it would make more sense for the support to be ongoing as she had appreciated the assistance, particularly in dealing with mental health-related concerns:

Yeah what's the point [of providing support that will end shortly]. Cause I know, for example, it was very helpful to have someone come take me to my psychiatrist appointments or grocery shopping or whatever it was ... it was good to have someone taxi me around free of cost, to my important meetings. And that stops after a year as well ... So I hope it changes to a forever model. This would make better sense... (E-SU2)

5.1.4.1 Previous Housing First Experiences

An unexpected finding that emerged within interviews was the number of participants with past involvement in a program, which had ended with another experience of homelessness. Five participants – three in Edmonton and two in Medicine Hat – reported these unsuccessful housing outcomes. This calls into question the sustainability of housing for those who are no longer receiving HF program support. Of these, one was currently still homeless at the time of interview since losing his apartment after HF support had ended and he could no longer afford rent (E-SU5). One was insecurely housed in Edmonton (in severe housing need), following a mental health breakdown and eventual eviction while housed through a HF program in Grande Prairie (E-SU2). A couple had lost the apartment they acquired through a HF program in Medicine Hat following a paperwork misunderstanding, in which their rental subsidy ceased without their knowledge and they were evicted as a result (MH-SU1 & MH-SU2). In this case, they had been placed on a waitlist to receive support again, but had been waiting for nearly two years. The fifth participant had been recently rehoused in a HF program. This was after experiencing a period of homelessness following an eviction once her previous HF support had ended. Throughout her homelessness episode she was out of contact with the program and

did not know that she was eligible for rehousing (E-SU7).

5.1.5 Experiences of Loneliness and Isolation

Another theme that emerged for service users along the housing spectrum was experiences of loneliness and isolation. Participants in quite different housing arrangements, from HF programs in market housing to congregate housing models, reported similar experiences in this respect:

I feel like it [HF] was the worst program ever. Because I was isolated, I was alone, and I was very sick. I'm glad that it exists ... But because of my experience that I went through I don't want to live on my own completely ... So it makes me feel more comfortable to know that I'm in a group of people, around people ... (E-SU2)

I: And did you live there by yourself [in HF apartment]?
P1: Yeah for the first little while I did, but then I started getting lonely. I started just taking off and I'd come home and party. I never got any complaints, thank god. (E-SU7)

P: And then once you find a place and experience it, it's the loneliness. Loneliness hits you hard too, yet you gotta find it and say hey I gotta roof over my head, that's not bad. What I gotta do is just keep it clean and go out on the streets and go back and forth.
I: You mean because you're not allowed to have people staying with you?
P: Yes. And then it's harder to go home alone. And then loneliness hits again.
I: So is that just cause you're used to being around other people? Or why do you think?
P: Yeah used to being around the relatives, friends. But then the rules are there, what can you do. You gotta obey the rules. (E-SU4)

I: And is there anything you dislike about living here?
P: Yeah it's big, I'm lonely. (laughs). (C-SU5)

Isolation amongst participants in HF programs is a known phenomenon, and has been acknowledged in previous research as an issue in need of attention (Yanos, Barrow &

Tsemberis, 2004). The quotes above draw attention to experiences of isolation in a variety of housing options, including HF client apartments, but also affordable congregate housing and homelessness. This may indicate that experiences of isolation are linked more to the social circumstances and lack of social support networks that people who are vulnerable to experiencing homelessness have, rather than to any specific housing arrangement.

5.1.6 Rental Subsidy

Rental subsidies were a frequently discussed topic throughout service user interviews. This is not surprising considering how many participants relied upon a subsidy in order to cover their basic rental costs. Of the 19 service users, 13 were housed at the time of interviews, and of these nine were currently receiving a subsidy. In Calgary, only one housed participant was not receiving a housing subsidy and was struggling to cover the cost of rent (C-SU7). In Medicine Hat, two of the three housed participants were not receiving a subsidy, and both expressed struggling to make ends meet (MH-SU1 & MH-SU2). In Edmonton, of the three participants in housing, two relied upon a subsidy to cover the cost of rent. The third obtained her income from Alberta Works and stated that 100% of her monthly income went to covering the cost of rent, despite living in an 'affordable' housing complex (E-SU2). Ultimately, the few participants who did not receive a subsidy were in severe housing need and uncertain of their housing future.

Most service users in HF programs relied heavily on rental subsidies to cover their basic rental costs, and were keenly aware of how important this subsidy was for them to remain housed. Participants noted varying lengths of subsidy guarantee, from only three months up to one year. In the first case, a participant did not know exactly when the subsidy would end, but knew receiving it was dependent on his circumstances:

P: Well yes, rent is [covered by a subsidy]. Okay rent is, my utilities I have to take care of myself, which becomes...because I'm on CPP [Canada Pension Plan], it becomes a tight situation...
I: And so do you know is there any sort of expectation that that would end? Their subsidy? Or is it kind of guaranteed ongoing as long as-

P: Oh no they get very straight that if things were to change, that yes you're done. Okay - it's not a continuous thing. (MH-SU3)

P: Yeah [support worker] backs out then the end of November, and then you have the three month, six month, nine month, 12 month, and it's more or less just a quick phone call check in. But you're pretty much done when the file closes at the end of the month.
I: And does your rental supplement keep going?
P: For one year, then I have to start advocating to get it back. (C-SU8)

P: Yes. They pay for it [rent], for the first three months, after that you're on your own pretty much. ... (later in the same interview)
I: So how come you ended up leaving the bachelor suite? Same kind of situation?
P: No because I got laid off and couldn't afford the place. (E-SU5)

In the last quote above, a participant describes losing his apartment (acquired through a HF program) after losing his job, as he could no longer afford the rent on his own. On a similar note, in the quote below, a former HF client who lost her housing questions how someone who is unable to work could ever maintain their housing without the subsidy:

I sometimes think about it [applying for a HF program again]. I don't think it's out of the question, but ... it doesn't seem to last long enough. And just so long as I didn't get stuck with my rent going up or something after the program ended ... That's what it seems like to me happens, after the program is over ...It's [subsidy] for one year and then ... So after you come out of this one year subsidized program, what the heck is going to happen for somebody who doesn't work? Who can't work? What is going to happen to that person after the one year program is up? Especially if that person is disabled. (E-SU2)

In line with the above quote, some service users expressed insecurity or stress about their subsidy ending, knowing that they could not stay in their apartments without this support:

P: *... It becomes a stressful situation because you never know when it might happen. So yeah, the stress is a big thing ... Because every day I sit here and I think "okay what happens if they cut me. What am I gonna do?"*
I: *And what would you do?*
P: *Pray for AISH.* (MH-SU3)

I have to go every three, six, eight months with the paperwork to the doctor to have it filled out. And my finances, my wellbeing and my welfare is in the hands of my doctor. Which leaves me with no comfort because it's up to the doctor, whatever they say, as to whether I'm going to be receiving the funding that I need to keep a roof over my head. (E-SU2)

In contrast, one service user expressed feeling confident that their subsidy would not end, and that they would remain housed and receiving HF program support as long as needed:

Yes as far as I know nothing changes [with HF subsidy] unless I start working, and then I gotta let them know… I was really nervous for about the first year when I was housed, because I was always expecting them to pull the plug or I didn't know how long I would be able to do this for … But …. I'm quite comfortable that yes it will be for as long as I need it to be. (E-SU1)

5.1.7 Rules in Various Housing Situations

Throughout the service user interviews, participants noted the variety of rules and regulations they had to follow depending on their housing circumstances. In general, regular market housing was associated with more freedoms, while HF programs, social housing, and homeless shelters were associated with increasingly strong restrictions on daily living. In terms of HF, again there was little consistency between programs. One HF client noted very minimal rules in his program, while a second noted a series of rules, including no overnight guests and no noise during the day:

No the only rule, and it's not really a rule, is that [support worker] likes to stop by once in a while. You know, make sure I'm not tearing the place apart, going crazy or anything. And

that's about it. I mean she basically stops in as a visitation. And no she asks me about my health and that, and how I'm doing, and I have no qualms about that because I appreciate what's happened to me. (MH-SU3)

Right now basically I hide. Leave very early in the morning, come back at night [because guests are not permitted to stay over night] .... how it is with her [HF program] like she's, it's got to be quiet there right, you're not supposed to disturb the tenants at any time, during the day or not. And like I've never heard that kind of a rule before, ever in any apartments. (E-SU5 referring to E-SU7's apartment)

Participants in social housing and other affordable housing arrangements discussed the stringent rules they had to follow, or mandatory program participation, which varied depending on the housing complex. Only one participant seemed supportive of these directives:

Well there's zero tolerance for alcohol or drugs. All the rules are common sense rules for a place like this. (C-SU5)

Other participants were less supportive, expressing disagreement with the imposition of rules, and in some cases linking them to problems with their housing experience:

... the last place I lived in in Kensington, they had like supervisors that lived on each floor. And they were always stopping by, always knocking on the doors and you know, just bugging all the time. There's no privacy. Leave the music up after 11 and they're pounding the doors calling the cops. It's like what? (C-SU7)

In a final example, one service user specifically noted the rules in place in an affordable housing building in Calgary, and how he was discouraged from looking at an apartment there due to these restrictions:

I would look at a housing program as long as I can come and go as I please, because I don't want it to be like a prison, right? I want to be able to live my life, have somebody over to visit

and whatnot. They just built a new place here in Calgary..... It's a building, $750 a month ... but there's all kinds of rules. I'm not saying I'm an alcoholic, but yes I sure do like having the occasional beer once in a while.... So when you stay there, you can't have that. (C-SU1)

The above quotes shed light on the diverse experiences of service users in various housing arrangements, from those trying to afford rent in market housing, to those in fully-supported congregate living models. Housing-related challenges, such as difficulty accessing appropriate programs or support, negative treatment on behalf of service providers, and loneliness or isolation, were not contained to a particular type of housing arrangement or program. Similarly, positive housing experiences were reported across the housing spectrum.

5.2 Housing Affordability Challenges

Housing affordability problems emerged as the single largest category of challenges faced by service users when trying to access market housing. Participants gave detailed accounts of the struggles they faced relating to the high cost of rent in Edmonton, Calgary, and Medicine Hat, which many believed was getting worse over time. They noted the specific challenge of trying to manage rent on low or fixed incomes, and gave insight into the ways in which they attempted to avoid homelessness by relying on poor quality housing or overcrowded situations to afford rental costs.

5.2.1 Affordability is a Significant Barrier to Accessing Housing

Participants in all three cities felt that affordability was a major issue in accessing market housing. Many even identified it as the single biggest barrier faced by individuals:

Yeah but it's the affordability. It definitely, that's numero one. (MH-SU3)

I: So what do you think is the hardest part about finding a place to live when you're homeless?
P: Cost...the cost. (C-SU5)

I've had people come over from the East Coast ... everything is so cheap over there, but that's because you can't find any work. ... everything is so expensive here because everyone is

assuming you're getting paid a lot from the oil sands, or the rig work or whatever. (C-SU9)

Yeah but like you can still get a place here, and you know it'd sort of be easy to get a place ... but bottom line is it's going to cost you. (MH-SU1)

I think that it is way too expensive. It's not affordable at all. Considering in relation to what people get paid as an hourly wage and what you're expected to pay for rent, it's ludicrous. It's complete nonsense and I think that leads to a lot of very sick, stressed people out there working one or two jobs to make ends meet. And if one sick day or one slip up takes place, that's the difference between getting evicted... (E-SU2)

Two participants pointed out a paradox in the restrictive rental markets of Edmonton and Calgary, where you could actually hold a mortgage on a house for less than the cost of a monthly apartment rental:

Yeah like you know it's ridiculous, if you really want to look at that from a different direction, you could actually have a mortgage on a home cheaper than what you can rent an apartment. That's crazy. (E-SU1)

Yeah. It was weird cause I see what my family pays for their homes and some people rent and pay more than that. (C-SU6)

5.2.2 Affordability Challenges are Getting Worse
Numerous participants, in all three cities, expressed feeling as though rental challenges were getting worse with time as prices climbed and the number of options decreased:

I remember 10 years ago ... there were ads like 124 St., move in, it was a one bedroom like $500, $600 bucks. Plus you got a free TV or a free DVD or free cable for a year. Just to move in, because they were a 20 unit apartment, there were nine people living in there and 11 were free, empty. So they try to, come on come on, I'll give you this, just come on in here. Now, I have to buy them a TV just to get in. You know what I mean, it's just not right. (E-SU5)

Well I've certainly noticed from even 10 years ago, the rents have gone crazy. And one of the, in my opinion, a big problem of that is because the government has decided there's no sense in putting rent caps on. So landlords can charge anything they want for suites, and for the most part I think they get too much, even though they are nice places or something there should be some kind of top. It's ridiculous what a lot of apartments are going for. (E-SU1)

It's getting very much, it's getting harder you know. Especially for low income. They are building all kinds of apartments and things like condos but it's not for the, not at all for the lower income. They've only got a few places for lower income now here. (C-SU4)

Another commented that a large property management company had recently purchased numerous apartment buildings in his city and significantly raised the price of them all, effectively dominating the rental market of the city:

It sucks now because, well rent is bad because [property management company] came in. And they bought like 35 apartment blocks, they jacked the rent 30% on everybody, and so everybody that could moved out of those apartments and moved into the other apartments that were cheaper, so the other apartments that are cheaper are all taken... (MH-SU1)

A participant from Calgary noted another change in the tightening rental market, landlords no longer willing to sign long-term leases so that they were able to raise prices more frequently:

...when I first came out here, you know pay rent and deposit and they just wanted some guarantee that you were staying long-term. And now you don't get that. Nobody is offering a one year lease. ... Cause if they do a renewal in six months, if the cost of whatever has gone up they can follow suit. And you either have to pay it or move out, that's your choice. (C-SU8)

5.2.3 Quality Issues in Attainable Market Housing

Outside of designated 'affordable' housing options, service users contextualized the cost of market rentals. Some emphasized that affording a decent quality apartment was unattainable in many cases:

P2: We were in Calgary and we got the hell out of there quick. $1250 minimum, just for a piece of crap place. … And then you got your security deposit so that's $2500 right there…
P1: It was sick. Well the rent was just too high I mean it was ridiculous… we got a room with a television there. It was a concrete floor, television, a microwave, a bar fridge, and we paid $700 a month for that little piece of crap. And it was just demoralizing living there, you just felt like a loser. (MH-SU1 & MH-SU2)

Cost of living, is the big thing. They need rent control here. Over 200 places that we saw this summer, the biggest thing is substandard. I mean they take a duplex and they butcher it into a sixplex. And they are charging $1200 for each piece of it, and I'm going huh? You know, how are they getting around the rules and the regulations? …On average, $1600 for a main level, plus utilities of course. And basements about $1400. And substandard, illegal. (C-SU8)

In the quotes above, participants described poor quality housing that was expensive, and often unaffordable. This sentiment is echoed in the quote below, where a participant stated he would settle for a decent, maintained bachelor apartment:

… I don't expect to have a nice one bedroom apartment or something for that [30% of income], but if you could get … a good decent bachelor apartment even for that, then that's affordable. You know like because you're the working poor, or you're on a fixed income, well that's...you might have to say well I'll have to live in a bachelor apartment. But make them decent. Make them well maintained apartments. And if they are small one bedrooms or something, and it's $500. But certainly not $1000, $1200, like that's beyond your reach. (E-SU1)

Participants in Edmonton and Calgary talked about what types of places they were able to afford, describing small, poor quality apartments, often in rooming houses or hotels, dangerous neighbourhoods, or infested with pests. In one case, a service user concluded that he could not afford to rent any formal housing in Edmonton:

A car. That's the only thing I could rent in Edmonton. But you just have to find somewhere to park it. So I can use it, and sustain that...I don't know. But that was my idea anyways. (E-SU3)

Others described a variety of poor quality housing situations they had encountered:

And even when you pay for a room you may as well just find an apartment, a little apartment, cause you're going to pay the same amount really. They are gouging you as well. Like they are phenomenal money for rooms for rent. (C-SU1)

It was either $450 or something like that. It was really bad. It had a room but there was a stove in there that didn't work. And you had a fridge. Shared bathrooms, they had a laundry thing downstairs. But they had a bug problem and when they sprayed it, they came out, like it was immense. Unbelievable. I asked the girl from the health department, "have you ever seen worse than this?" and she says "well it's probably the worst infestation I've seen." (E-SU6)

I'm not really too impressed. What I like the most is that we get served three meals a day. That's really good. But the room is quite small, there's bed bugs, there's lots of men around there who don't shower. (E-SU2)
And then the crime and - it was horrible. Like there was literally used condoms in the hallways. The stairwells smelling like piss all the time. And needles, empty beer bottles, just, I don't know. (C-SU7)

You were definitely looking for something, in the, you know lower income. And a lot of the places weren't really fit to live in you know. And you know there was one, a garage with a dirt floor. And yeah, they wanted $600. (C-SU4)

The following quote gives some insight into the personal challenge of residing in a substandard housing arrangement, as the participant described the difficulty he faced in trying to keep motivated to keep working, or even just get out of bed, when surrounded by dirt, bedbugs, drugs and other dangerous circumstances:

... when you're either the working poor or working casual labour, same kind of thing, the only place you're going to be able to afford and set up would be a rooming house or the slumlords. Cause you also have to realize you have no furniture, no dishes, none of these things. So it'll take you forever. And then if you've ever been in any of those slumlord places, it's really hard to keep motivated to keep working because you're dealing with bedbugs and cockroaches and fights and arguments and people OD-ing and all this kind of crap. So you're right in the heart of danger if you want, all around you, and it's really hard to... you know you come home from work and you're living in a dump. And with bugs and the places are dirty, and it really gets hard. It's hard enough to get up some mornings even if you love your job, you just feel like you'd rather roll over and pull the blankets over. Well it's even harder when you get up and look around and go "I'm doing all this for this?" Right so it gets really discouraging. (E-SU1)

5.2.4 Government Benefits are Inadequate to Cover Rental Costs

The majority of participants interviewed relied upon some sort of government benefit, such as AISH, Alberta Works, or a pension, for their primary income source. As such, some service users noted how difficult it was to cover rental costs and still meet basic needs on such a limited income. Notably, all but one of the participants in the quotes below received a rental subsidy and already paid less than market cost for their housing. One participant, who had previously stated "I'm paying 100% of my income to rent", expanded on this and her struggle to make ends meet while living in a designated 'affordable' building:

Yeah well I get $800 [from income support], and my rent is $800. So I don't have to worry about food, I got my rent and my food and my laundry ...I have to go crying to my parents and ask them if they would send me like a prepaid visa or something to help me with some of my toiletries and extras that I need throughout the month. (E-SU2)

Participants in various housing arrangements, including HF programs, had to rely on external support services such as the food bank or homeless shelters because so much of their income was going towards rental costs:

No. They're [social benefits] not enough. And I rely a lot on like Food Banks and stuff like that. (MH-SU3)

You know, when you do get your pension you don't get that much, you don't. And that's why your rent has to be low. So you can imagine if you've got a pension and you're trying to find a place that's outside of this, it's almost impossible. You'll have to eat at the [shelter] or the [agency] cause the rest of it's going to go to your rent. (C-SU4)

It's the rents. ... The thing is, we're - I'm on a fixed income. I only get $1500. Well when the rents skyrocket, half of your money if you're fixed income is gone. You only have like a couple hundred dollars to survive on and stuff. And then you're looking for resources like the food bank and everything to tie you over. And you're not trying to use them all the time but you need to. (C-SU2)

While the above quotes describe situations in which participants were generally housed, it is notable how many of them would be considered to be in 'severe housing need' or 'severe housing insecurity'. This means they fall below at least one of the adequacy, affordability, or suitability standards for housing and spend more than 50% of their before-tax income on housing (CMHC, 2010). Not only does this situation act as a barrier to health and economic wellbeing, it also represents a major risk factor for experiencing homelessness.

5.2.5 Strategies to Afford Rent

In order to secure or maintain housing, some service providers described strategies they had employed, or witnessed others employing, in order to afford rental costs. One participant explained how he negotiated a deal with the landlord to assist with maintenance, in order to receive a discounted rent:

...I negotiate by helping the landlord with the maintenance. And he is surprised what my hands are capable of doing, so okay. We got a person who can maintain the place and keep the power low, water low. So decrease the rent. (E-SU4)

Other participants emphasized the difficulty in affording rent on one income in Calgary. In the following quotes they described situations of roommate scenarios or even overcrowding, where numerous people would live in one apartment or house in order to afford the rent:

But it really sucks cause I know a few, like my boyfriend, like they all work. I think there's seven of them in a four bedroom house. So he has, he used to sleep on the couch. One friend moved out so he gets the room now. But that's just like a fact of life. So in Calgary housing, the Chinese people down the hall, there was I think seven of them in a two bedroom. That's just crazy. (C-SU7)

...there's a lot of menial jobs in this city, waitress for instance. They are not making a lot of money when it comes to an actual wage. They may do well in the tips but that's a bonus for them. A lot of those people they are living in a roommate situation. A lot of them are not living in a full -fledged apartment. Even a one bedroom apartments, there's two that are living there right. One's living on the sofa, one's living in the room. (C-SU9)

Yes there are a lot of people that have lower end jobs and these people are definitely finding it very difficult. Cause one paycheque, if there's two of them, there has to be two of them you can't do it on one. So when you have two of them the whole cheque of somebody is going just to the rent you know, so that's the way it is here. (C-SU4)

5.2.6 Housing Sustainability Issues

Given the major issues identified with affordable housing, it is not surprising that some participants expressed feeling concern about the sustainability of their housing. One participant vehemently expressed that she did not feel as though her housing was secure, stating she prayed everyday for a change in circumstances:

I: Right now, you probably don't feel like your housing is very secure?
P: Oh god no.
I: You don't feel like it's a long-term thing?
P: You know what I do everyday? I pray so I can just win something, or get some sort of

money or something, just to put a down payment on a home. (C-SU7)

Another couple shared a similar sentiment. One partner stated that their rent was simply *"too expensive for us"* (MH-SU2), while the other expressed how the concern of losing housing was always on the back of his mind after experiencing homelessness in the past:

Well there's always -no the rent's not going to go up, but I think that being that you've experienced the homelessness, and the 'motel-to-motel' for that long period of time, there's always in the back of your mind that something could go sideways. (MH-SU1)

Participants across the housing spectrum, in all three cities, reported facing major challenges with housing affordability. This was identified as the primary barrier to housing for most participants, and a challenge that many believed was getting worse over time. Even with designated affordable housing, participants noted restrictions that made these options unattainable for those on low incomes. For those who were able to secure housing, many shared stories of the terrible quality apartments that they were able to afford, characterized by crime and pests, and still leaving many struggling with affordability, and likely to experience severe housing need. Such extreme need is a form of housing insecurity, a known precursor to homelessness. Indeed, a number of participants drew attention to the link between affordable housing challenges and experiences of homelessness.

5.3 Barriers to Access and Challenges in Market Housing

Within the service user interviews, participants shed light on additional barriers and challenges they faced in accessing housing in the regular market, aside from the financial issues described in section 5.2 above. These barriers included administrative requirements, the initial costs of getting into housing, and landlord discrimination. Such factors are often what led participants to seek the support of a housing program.

5.3.1 Administrative Requirements

Outside of purely financial issues, participants noted a number of barriers to accessing market housing. One participant noted the long list of requirements that landlords request of potential

apartment tenants:

..applying for an apartment now is not like applying for an apartment way back when. Like there's a lot more hoops to jump through. (C-SU9)

Some participants provided further details of these types of requirements. The need to have criminal record checks and credit checks was frequently discussed, and the difficulty of providing these when you have previously had financial problems:

P2: ...there's so much requirements you know with credit-
P1: Credit checks and all that.
I: Yeah credit checks and all that. Reference checks.
P2: Like I don't know what it is, like even if I have a good paying full-time job you know ... They still want credit, like I usually when I'm going to buy something I pay straight cash. So I don't know, I don't believe in MasterCard and Visa. (E-SU5 & E-SU7)

Yes. Because I have bad credit, and so my credit report does not [help?] and I don't have any good references. Kind of well not recent references. Actually that's not true, I have a couple good references but just my credit score is what would hinder me from renting from [property management company] or something like that. (E-SU2)

In the following quote, a participant described her experience in which a landlord requested detailed personal information, far beyond what would be legally permitted under the *Alberta Human Rights Act* in the area of tenancy (Government of Alberta, 2015):

Yeah the last landlord ... We gave him some damage, then we gave him more damage, then we come met him ... and he wanted our social security number ... wanted five years landlord reference... like I was going for a bank loan, for a business ... I felt really uncomfortable. He was asking really none of his business questions, like asking if we had boyfriends, like if my uncle had a girlfriend, if I had a boyfriend. How often would they be coming and going? ... Like that's none of his business ... as long as we're good tenants, we're quiet, we're neat, we

keep the place clean and the outside clean and pay our rent on time. (C-SU7)

In another case, a service user noted a "viewing fee" charged to perspective tenants, just to come see an apartment:

They want the rent, they want the damage deposit. They want all kinds of, a criminal check, they want bank statements, everything. ... Viewing fee and then on top of the viewing fee, to hold, so the next person that comes along you know maybe he will give me $100 to hold it. Non-refundable. Yeah and such and such a time and day to cancel otherwise I'm going to charge you more right, in case I don't rent it. (C-SU1)

In addition to the barriers outlined above, some participants noted experiencing stigma regarding their past (or current) experience with homelessness, in one case relating simply to the participants appearance:

I: So what do you think is the hardest part about trying to find a place when you're in your situation?
P: Good reference. Your appearance. You don't have time, places like this [name place where interview was conducted], you try to clean up yourself but security will tell you "move on, move on". People -
I: Have you experienced that here?
P: Yeah. That's why I was a little weary sitting here, but I have a reason to sit here now. All the time, never fails. There'll come be security, check on me, you gotta go. Gotta move on. (E-SU4)

I think it is the association of that, being a street person or you know homeless. A lot of people don't want to have them [as renters] ... And everywhere you would go and ask, they would ask you the address of where you're staying. And if you mention the [shelter] the door was shut on you right there because of the mystique. (C-SU4)

5.3.2 Initial Costs Associated With Market Housing

Affordability issues related to the market and rental costs were discussed in detail in section 5.2. The present section focuses specifically on the initial costs associated with accessing market housing, such as damage deposits. A number of participants noted the difficulty in putting together a sum of money required to *secure* housing, which was not only the first month's rent (which in itself is prohibitive for many), but also the damage deposit and any additional costs needed for moving, furniture, etc. For example:

I: So what do you think is the hardest part about finding an apartment here right now?
P2: The money for it.
P1: Well cause you gotta come up with the rent and damage deposit. Like in BC it's half the rent [the damage deposit] ... here it's THE [same amount as] rent. So $975. It costs us $2000 just to move in here and that's before rent, that's before food, furniture, anything. (MH-SU1 & MH-SU2)

Just where to start to...cause I know applying for apartments by yourself is a lot of money. It's like $2000, cause you gotta pay first month's rent and then damage deposit... (E-SU3)

Especially for just moving in, that seems to be the big thing, is moving in. The first, getting that damage deposit and the rent together is your big thing. Once you're in, okay you're in. But it's trying to get everything all together cause that puts you into the big debt. (C-SU5)

Damage deposit exactly. Say your rent is $1200, who can come up with $2400? Plus all the other stuff. So even if it was instalments you paid back to them over time, sure that would work ... But I was never given the option to do that ... It's just temp agencies ... you're not making [a regular wage], it's sporadic. You might get lucky and work a couple.... But $11.50 an hour? You got to get food, you got to get clothing. There's transit you got to take care of. (C-SU9)

Participants also emphasized that the need for a damage deposit sat aside other costs associated with setting up a new apartment, such as furniture, insurance, and "all the little

things" that are required when moving into a new home:

I mean, if you take a one bedroom apartment, which I was given through the housing program, you're looking at $2000 for rent and damages. And then if you get utilities turned on you're over $2000. For somebody living on the street that's impossible to come up with. And then still even if they were managed to do that, let's say they got a job and stayed at the [emergency shelter] until they come up with the rent and damage and utilities, they are walking in with a backpack. They have no furniture, no dishes, no grocery money, no nothing. So it's, you're pretty much doomed to be living in a rooming house or something, paying $450-$500 a month for something that isn't worth the money. (E-SU1)

Yeah so it's gone up 6.5% [rental prices] whatever, and it just compounds. So you know you gotta get, $1800, $2000, you got your furniture. You got insurance, you got some other stuff. The cost of moving. So you're looking at $3000 more than likely just to get in comfortably. It's pretty hard to do. (E-SU6)

The hardest part would be like … where are you going to start? Because if you've been kicked out and you're poor financially, you don't have any money saved up. You don't have any of the furnishing that you would need to live in an apartment. All of the hidden fees, the start up costs … you need garbage bags, you need you know, nails for some reason, and it's all these little hidden fees. Things you don't really think you'll need and then oh you gotta run out and get some saran wrap or duct tape … you gotta put deposits down… (E-SU2)

5.3.3 Landlord and Property Management Issues

Participants identified another major set of barriers to market housing – which revolved around issues with landlords and property management companies. Landlords play a key role in an individuals' ability to access housing, acting as 'gatekeepers' to the rental market. Unfortunately despite regulations intended to prevent landlords from discriminating in whom they rent to, the practice appears widespread. Landlords are able to be very selective in contexts where demand for rental units is high, and supply very limited – a common scenario in Alberta's cities. Furthermore, for those individuals who *are* able to access market housing,

some report receiving differential or negative treatment as tenants, ultimately contributing to poor quality or insecure living situations.

Service users expressed feeling as though landlords were getting worse in the current rental market, resulting in fewer repairs being made, rules not being followed, and landlords generally having the upper hand over tenants. One service provider concludes these things are occurring now more than ever because "there's such a shortage of homes":

… they know that because of the flood [the June 2013 flood in central Calgary that caused extensive damage to the housing stock], they know that they have all the power and can make you jump through hoops and you know, they want damage, they want all the damage. … And then on top of that you don't even get your damage back because they say "oh there's a nick in the wall" or they stiff you for everything … I think it is [getting worse], because as soon as you don't pay your rent, right away they are taking you to rental court. Like they don't even give you a chance it's just like, and you know it's because there's such a shortage of homes, places to rent. (C-SU7)

Landlords are worse … like, in this circumstance … you do a walk-through, and you see the areas that need to be repaired. But it's a management system right. Somebody from Calgary, wherever they are from, decided to buy these places so you get a management system … they almost feel like it's coming out of their pocket … if you need repairs … as you can tell in this room right now... I have no heat. And it's like I was told "well turn on your oven and open your door." (MH-SU3)

This guy that I just finished renting from. When we went to look it was advertising for $1200. When [support worker] and I got there, he had raised the rent to $1375 because he realized it was [HF agency] supporting the rental. So …they will milk it because their opinion is, "I'm taking a chance on this so you're going to pay for it." And "yeah I can promise that I'm going to do this, this and that" and he didn't do shit. Like, no, nothing. You know his idea of fixing and repairing was, "I'm not fixing it they are just a bunch of Aboriginals that belong on the reserve" (C-SU8)

In all three quotes above, landlords not following through on maintenance is identified as an issue, contributing to poorer quality living situations. Interestingly the last participant above also implicated her Aboriginal heritage, as well as her participation in a HF program, as contributing to the treatment she received from a landlord.

5.3.3.1 Landlord Discrimination

On a similar note as the theme outlined above, a finding that emerged throughout service user interviews was that landlords were able to be more 'choosy' or discriminatory in who they rent to, making it difficult for already marginalized participants to access housing. Service users in some cases linked this directly to the constricted rental market. For example, one participant expressed how the affordably priced apartments in his city were in high demand:

I mean, the ones that are $700-$750, they know they are going to rent theirs out fairly soon, you know because of [property management company] coming into town. So they are pretty picky, they can kind of pick and choose who they want to have you know. (MH-SU1)

A participant in Calgary described a similar situation, commenting on the high demand for apartments, and how this resulted in the landlord having a large pool of applicants to pick from, allowing them to choose the 'ideal' tenant:

P: Anything that was do-able and decent wasn't any less than $2400 [for rent]. And the problem is you've got nine other people standing there looking at the same place. Landlord takes that application, that application, that application - guess who he's going to choose?
I: The doctor, the lawyer, yeah.
P: Yeah. "Oh, no kids? No pets? No smoking?" Do your math. (C-SU8)

Another service user expressed frustration over the systematic discrimination of people that seemed to take place, urging landlords to give the average person a chance in rental housing:

It's a landlords market. And I understand the landlords 'cause they don't know who they are going to get in their places … But there are, if they do their research just a little more better,

they would find not everybody is like that. They've actually lived a pretty normal existence in other people's dwellings. I have never trashed a place, I've always kept it clean you know ... So if they tested the market a little better ... maybe give them a little bit of leeway on the rent you know. They've done good in their past with, like – come on. (C-SU1)

One participant noted that landlords seem to shy away from renting to individuals who are receiving social assistance:

And if you're on social assistance, welfare or whatever you want to call it, or AISH. AISH they [landlords] are more ready to take you because you have a regular income. Social assistance, they seem ... to shy away from you: "you stay over there. I'll breathe the air over here you breathe yours over there," you know? That's the way that they treat you. Like you're not needed. (C-SU5)

Racial discrimination by landlords was noted by participants in Edmonton and Calgary. Several interviewees expressed feeling as though their Aboriginal heritage was the basis for the discrimination:

I: Yeah. Do you think it's getting harder to find a place to live here?
P: Yes it is. It's getting harder.
I: Why do you think that is? Just from your own opinion.
P: They just want the references and I think it's my colour sometimes. I don't know. It's starting to feel like cause of being a native here. (E-SU4)

Yeah I mean landlords have got you right by the nuts, to say the very least. Because you know, we're not the standard family and as soon as you admit Aboriginal heritage - what do they assume? Addictions, automatically. Domestic violence, automatically ... they automatically assume that you, you're just part of the tribe, to speak of. They don't stop to actually look or consider. And I mean I shouldn't have to change my last name to get housing... (C-SU8)

Oh yeah they [landlords] do [discriminate]. See I can pass off not being native sometimes, I mean with my name. So they will meet me and as long as I don't come across as really native, then we might, you know [get the apartment]. (C-SU7)

As is evidenced by the quotes above, landlords play a major role in determining who is able to access market housing, and may take into account factors that individual applicants have little or no ability to change (e.g. their credit score, ethnicity). Although regulations are in place to prevent discrimination and other unethical practices by landlords, it is known that discrimination on the basis of poverty, homelessness, and educational level is a growing problem, and that current systems in place to prevent this issue are largely ineffective (Novac et al., 2002). The issue of discrimination against Aboriginal peoples by landlords is particularly concerning, as Aboriginal peoples are over-represented among the urban homeless in Alberta and may face other barriers to housing (Anderson & Collins, 2014).

5.4 Homelessness and Affordable Housing

Previous sections have outlined the challenges faced by individuals trying to access market housing. While many of these challenges leave individuals more vulnerable to housing insecurity and potentially homelessness, no direct links have been reported. This section makes this connection by focusing on participants' accounts of their pathways into homelessness and the role that housing unaffordability played.

5.4.1 Pathways Into Homelessness

Service user interviews took the form of 'life history' conversations, to better understand the roles of housing in the lives of participants in the past, present, and into the future. Throughout these conversations, details emerged from many participants regarding their pathways into homelessness. While no single factor or event was implicated, service users did shed light on important contributing factors including family issues, addiction, mental health, and loss of a job, as well as key housing quality and affordability challenges.

5.4.1.1 Housing Challenges

Some interviewees described situations in which their struggle to afford housing was a key factor in their experience of homelessness:

P: Good old days when I was drinking, and finally I smartened up, got off booze and I got myself a job and got myself working and had a little place of my own. But the costs, I couldn't keep up with the costs.
I: Yeah, the rent?
P: Yeah that's always the big monkey. Even though I was working a full-time job I was just not making enough money. (C-SU5)

These wages are, it's the carrot being dangled from the sky and the bunny rabbit trying to jump up and grab the carrot. Only the carrot is getting pulled up higher and higher and the bunny can only jump so high, so, he's not getting it, no way. So it's unfortunate that your own housing is something that's on a string being dangled in front of you. And you're trying to jump up and reach for it to get what you need and sometimes you can't. (E-SU2)

Yeah well like I said it was, housing got really expensive here in Calgary and I ended up losing my job at the worst possible time … so I got other jobs, [but] I was not doing it at the same pay scale, and … now the housing went from here…. So I found myself on the streets. (C-SU6)

In two cases, participants told stories in which they had lived in poor quality housing that was eventually condemned, leaving them with nowhere else to live:

Condemned housing … we done all the little steps with, you know [HF agency] to try and rectify it but the city finally said, "you know he's [landlord] not doing nothing". They walked in and four days later condemned the house … then we left. Didn't have housing, and being [with] an immune compromised child, I couldn't take him to a shelter, so yeah we stayed in the tent…(C-SU8)

I stayed ... in a condemned house. You know the house wasn't bad but the guy was trying to get too many tenants in, somebody complained. The health department came down, the basement walls were bowed so they condemned it and the police came in and "get out, get out". (E-SU6)

5.4.1.2 Other Personal and Economic Circumstances

For most participants, there was no single cause behind their path to homelessness, but rather unique combinations of personal and economic circumstances. One participant identified the collapse of a relationship and his inability to get ahead while working casual labour as primary factors:

I was living a common law marriage, and that had fallen apart ... so I just wanted to get away and have a fresh start. So I came up to Edmonton and because of my situation I didn't have many clothes, I didn't have a bank account, didn't have all these things. So I started working casual labour. And that kind of defeats itself, cause you'll make $60-$70 for the day, but then because you're working you're not around to get meals or laundry or clothes or stuff, so you end up spending it to keep going, and a couple of times I managed to get a room for a month or two. But then if you're not getting the work, then you don't have the money. (E-SU1)

Another described a co-occurring eviction and job loss as the key reasons:

No no I lost my place, I had my own one bedroom ... I was there for over a year in this apartment, paid for it no problem. Made good money. Then I let the wrong person in. One day I'm coming home and see my manager is changing my lock ... And I notice and I walk into the main door, the main door was kicked in, the window you know. There's holes in the wall. And that's what was happening, they said "your roommate"... so he said "I know you are a good guy, you pay your rent, but you can stay if you pay for these damages. $5000." So I got told to leave. I had to leave everything, like I had to leave right now. So I had the clothes on my back, that's it. So I ended up in [shelter name]. And I got laid off pretty much the same time. (E-SU5)

Others note job loss, as well as personal issues, as factors contributing to their experiences of homelessness:

I became homeless and jobless in the same week ... I wound up at the [shelter] for about a year and a half. ... in January of 2010 I got the job I spoke of, the supervisor position. And I was certainly in a position to move out ... I got laid off from that job ... And there was some other stuff going on at the same time which was not fun, and suddenly there I was having seizures again. (C-SU3)

Yes I lost my job okay after 15 years of working for an oil company, and I lost my job and I was getting to the age where people would rather have somebody younger and it was hard. I couldn't find anything, you know just because of that reason basically. You know I had a good record. But it's just... (C-SU4)

The quotes above demonstrate that there was no single trajectory into homelessness for the individuals involved in this research. Each participant had a unique life history. What is common about their experience, however, is the lack of a home at one or more points in their lives. In many of the cases above, having access to affordable housing options would have prevented, or at least shortened, their experience of homelessness.

5.4.2 What Needs to Change in the Future
5.4.2.1 More Affordable Housing Needed
In looking towards the future, participants were asked what could be changed to help alleviate the current affordable housing crisis, and help people experiencing homelessness find secure, permanent housing. Above all, service users felt that more affordable housing was needed, that it should be prioritized above other types of government spending, and that housing should be a right for all people and not just the most well off:

I think that Housing First, you know I really honestly believe that rent should always be covered anyways. Not just this one year we're going to cover your bills for you. No, if it's that much of a priority then we're going to come up with the funds to make sure everyone is

housed, regardless of the cost. And make sure everyone has a roof over their head no matter what. (E-SU2)

I know when I see this city, all I see going up is like $500,000, $800,000, $1,000,000 homes everywhere. Well, who affords those. Yeah the guys in oil and gas companies right, and their lawyers. Doctors and dentists, I'm not saying they don't deserve that, I'm saying there should be more money set aside by the government and by the construction industries to help those people that can't, that can't have a place to live right, asides from a shelter ... you know there should be some work for the government to help, to say you guys have to build so many that are affordable right. Cheap apartments or townhouses that people can afford to live in when they come here. (C-SU6)

In addition to affordable housing, the following participants noted increasing access to addictions and mental health care as an area for improvement:

I don't know if homelessness will ever end, right, I really don't believe it will. But I think [HF program] is definitely on a right track. I think the government coming up with affordable housing for the working poor, because in my eyes we only have the working poor and the well off. I don't think there's really a middle class anymore ... I also think there's more availability to get help with addictions problems and mental health issues, which is what anyone that's been on the streets has had a touch of at least some of that. (E-SU1)

Alberta needs to get wise. Why do we not have mental health housing? Ontario has it. Manitoba has it. (C-SU8)

5.4.2.2 Rent Control and Increased Landlord Regulation

Participants also suggested rent control and increased regulations on landlords as improvements that could be made to the current housing system:

Rent control. Make them have a license. Make them register. ... make them more accountable for their property. (C-SU8)

I don't know. Lower the bloody rent. Get some, get the Landlord and Tenants Act going again where it's for the tenant instead of the landlord. (C-SU5)

I don't know there's gotta be some sort of law or bill passed to lower our rents, like this is crazy… I know this is a rich oil city, but come on we're not all rich. I don't know what needs to change. I think the mayor and the councillors needs to do an experiment and they need to live my - walk in my shoes for a week. Live on what I live on and live where I live for a week. I think they'd change their minds. (C-SU7)

Another participant wished landlords would give people a chance to be tenants, and provide better quality housing:

Jump on their [landlords'] butts and just tell them to pick things up man. Like keep the places maintained. Try to keep more of an open mind and let people at least, give them a chance. (E-SU7)

As the above section demonstrates, service users quoted in these interviews have had a broad range of housing and life experiences, and are well informed on what changes could be made to improve the affordable housing crisis in the future. The need for more affordable housing is dire, and was expressed by many service users, in order to prevent further cases of homelessness and to assist those currently experiencing homelessness to access housing in the future.

5.5 Chapter Summary

This chapter has presented the results of interviews conducted with 19 service users in Edmonton, Calgary, and Medicine Hat. Four main themes emerged. Section 5.1 focused specifically on the experiences of service users in housing programs and other types of support programs. Almost every participant interviewed was currently involved in a housing or support program, or had been in the recent past, including but not limited to HF. Several participants noted a need for these types of supports, but had encountered difficulty in trying

to access the appropriate support program due to specific program requirements or simply not knowing where to go for help. Long waiting lists for housing were also identified as a challenge, with some participants reporting wait times of years.

The experiences of those in HF programs were also specifically addressed, with a focus on the length of program support and client choice in housing. Interestingly, a number of participants revealed in their interviews having experience with a HF program that ended with homelessness. While each of these situations was different, the loss of HF support is a common theme. Participants in a variety of housing situations noted experiencing loneliness and isolation. This draws attention to the possibility that experiences of homelessness are associated with social exclusion and may be indicative of a wider need to strengthen social networks. Rental subsidies were discussed, revealing that nearly every participant in housing relied upon some type of financial subsidy. Those who did not were experiencing severe housing need, leaving them at risk of homelessness and drawing attention to the dire need for more affordable housing in Alberta. The final topic in this section gave an overview of the rules and regulations encountered by participants in various housing arrangements, revealing that the more institutional or supported a housing option is, generally the less freedom an individual has. In some cases this was a deterrent to accessing these types of housing.

Section 5.2 looked at the most frequently discussed challenge to securing housing, which is unaffordability. This emerged as a major barrier for participants in all types of housing arrangements, from those living on the streets to those in fully supported HF programs. In terms of what type of housing was attainable in the restrictive market setting, many participants described their experiences in poor quality, inadequate housing, which did little to motivate people or support them in other areas of their lives. Interestingly, a number of service users commented on the disconnect between the amount provided for housing by various government benefits and the amount required to find decent housing. Many participants experienced difficulty meeting their basic needs after paying rental costs.

Section 5.3 looked at some of the additional barriers to access and challenges associated with securing housing in the regular market, outside of the support of any housing programs. Administrative requirements mandated by a potential landlord, or in the words of one participant the "hoops to jump through", were noted as a challenge for participants. Requirements such as criminal record checks, credit checks, or even highly invasive

questioning, were given as examples. Another challenge that emerged in discussions were not the actual rental costs for an apartment, but all of the initial costs associated with securing market housing, which in many cases were simply unfeasible for participants. These included security deposits, but also utility deposits, furniture, kitchen items, and insurance. The final topic discussed in this section was landlord and property management issues. Service users discussed experiencing discrimination on behalf of landlords, poor upkeep of apartments, and landlords having the ability to pick and choose between tenants due to high demand for apartments.

Section 5.4 ties together much of what was covered in the previous sections, ultimately revealing there are indeed direct links between housing affordability issues and homelessness for some individuals. In this section, participants' pathways into homelessness were shared, shedding light on the ways in which housing challenges contributed to experiences of homelessness. Both the inability to afford rent, and experiences in very poor quality housing, were noted as precursors to homelessness. Given these broad challenges, participants were asked to share their ideas on what needs to change in the future: they identified affordable housing, rent controls, and increased landlord regulation. In the following chapter, the results of this research are discussed in the context of the three case study cities.

Chapter 6 Discussion

6.1 Ambiguity of Housing First

The original research questions assumed that a degree of continuity existed between programs in Alberta in terms of key understandings of HF principles and commonly implemented practices, which would allow the impacts of the rental market on model fidelity to be assessed. However, participant interviews revealed no consistent definition of HF or a singular model within the province, the three cities, or even within particular HF programs. Although some programs shared guiding principles or structures, conceptualizations of HF varied widely, with major differences in terms of which principles were accepted and which were actually implemented as practices. Variable understandings of HF principles, combined with disconnects between principles and practices, revealed the fundamental ambiguity and complexity of HF as it operates in Alberta.

In the context of this research, 'principles' refers to the overarching ideas that serve as the foundation for HF models and guide program implementation. Collectively, these principles constitute the HF model or philosophy. However, there is no universal agreement on which principles are considered core elements of a HF model (see 2.1.5). In general, the 'model' referred to in the literature (either implicitly or explicitly) is the specific approach developed and advocated by Sam Tsemberis, PHF. However, confusion exists even within this context. 'Practices' refers to the day-to-day actions that HF agencies and staff carry out to implement a HF approach, and deliver services to clients. These practices may or may not correspond closely with particular understandings of HF principles. Where there is close correspondence, programs are said to exhibit 'strong fidelity' to the HF model. Fidelity is deemed important because it is statistically associated with better client outcomes (Davidson et al., 2014; Gilmer et al., 2014), and ensures that results are transferable between different locations implementing a HF model (Goering et al., 2015).

HF in Alberta is influenced by multiple municipal, provincial and federal policies, including Alberta's *10YP to End Homelessness* (Alberta Secretariat for Action on Homelessness, 2008) and Canada's *Homelessness Partnering Strategy* (Government of Canada 2014). However, no policy requires (or even promotes) a standardized approach to HF, and programs are generally free to interpret HF principles as they see fit. While concerns regarding the 'ambiguity' of HF have been raised within the literature (Pleace, 2011; Pleace &

Bretherton, 2012), the specific principles associated with HF differ even amongst key pieces of HF program literature, contributing to ongoing confusion. This presents an interesting contrast, where literature is critical of the ambiguity of HF, while simultaneously offering little in the way of a uniform description of what HF is or should be.

Throughout the service provider interviews, HF was defined in many ways. Some descriptions aligned closely with the PHF model, rejecting the need for 'housing readiness' in favour of immediate access to housing. For example, one service provider stated "*the philosophy is you can't get people ready if they're living in a shelter. So you put them in housing and then you get them ready to live on their own*" (C-SP3). Other descriptions appeared to place HF along the housing continuum that characterized LRT approaches (i.e. clients enter through an emergency shelter and progress through multiple steps towards independent housing). From this perspective, HF was situated within the status quo approach to ending homelessness: "*... to me, it's all about the spectrum of housing ... it can start in the shelter...*" (C-SP1).

Questions surrounding what the term 'Housing First' refers to have been fairly widespread in the literature, reflecting the high degree of variability in programs using the HF label. Pleace (2011) observes that programs in the U.S. described as 'Housing First' include those operating dedicated blocks of housing with on-site staffing, as well as various modified staircase models. These characteristics are in clear opposition to PHF principles, which prioritize rapid access to permanent, regular housing (i.e. independent apartments) in the community. Tsemberis (2012) acknowledges that programs have emerged which deviate significantly from the PHF model. He emphasizes that not all variation is inherently problematic, especially if it occurs in order to better serve a particular segment of the homeless population. However, variation does become problematic when adaptation occurs for reasons that are *not* consumer-centric, such as inadequate funding, lack of understanding, or competing philosophical views. As such, it is critical to understand the rationale behind the adoption or modification of certain principles in order to evaluate fidelity.

In this research, it was not possible to determine the motive behind all decisions to adopt, or deviate from, particular HF principles. However, there are cases where programs appear to have been modified for reasons that are not consumer-centric, as understood by Tsemberis (2012). Service provider opinions on HF principles shed further light on how

ambiguous understandings of HF are, and draw attention to which principles are prioritized and why.

6.2 Housing First Principles

Based on the opinions of service providers who were interviewed in this research, five general principles were identified as key characteristics of HF in Alberta: using a person-centred approach to care and support; employing a harm reduction approach; promoting client choice; the provision of time-unlimited support; and rapid housing/rehousing. Although these share similarities with the original PHF model, there were clear variations in how principles were interpreted by individuals and varying levels of commitment to the fundamental concepts underlying each.

For example, promoting a harm reduction approach emerged as one of the frequently accepted principles. Service providers described HF programs where a client "*doesn't have to want treatment to be involved in the program*" (E-SP6) and that support the person "*where they are at*" (E-SP5). In contrast, one participant (C-SP8) discussed a program that actually merged key principles of a HF model with the expectation of sobriety on behalf of clients, an expectation in clear opposition to even a basic understanding of PHF, which promotes harm reduction, client choice, and no readiness requirements for housing (Tsemberis, 2010b). Although it could conceivably be argued that this program is serving the needs of a unique population (i.e. those with active addictions), it is not clear whether the requirement for sobriety is motivated by concerns for clients or by the philosophical views of the agency running the HF program, which may be founded on traditional views of 'what is best' for clients. This is merely one example of how difficult it is to judge the validity of modifications to the original PHF model.

There was also a lack of consensus around ideas about housing and rehousing, client choice, and time-unlimited support, contributing to the ambiguity around what HF means in Alberta. Although the PHF model promotes the principles of rapid rehousing for clients entering the program, and assisting clients to find new housing immediately after an eviction or other loss of tenancy (Tsemberis 2010a, Tsemberis 2010b), service providers articulated a diverse range of opinions on the matter. Some encouraged quickly rehousing clients after housing loss and maintaining support during this time, with affirmations such as "*they can be*

rehoused as many times [as needed]" (MH-SP2). Others articulated the need for clients to become housing ready before they could be rehoused following an eviction. For example, *"if this program isn't where you're at right now, then we need to back up a bit, get you the support, and meet you where you're at so that you can be ready for this next step"* (C-SP7). The notion reflected in this quote, that where the client "is at" currently is not compatible with housing, reflects a viewpoint completely out of line with HF philosophy. A fundamental premise of HF, including in Tsemberis' PHF model, and Canadian applications such as AH/CS, is that everyone is housing ready – including, for example, homeless people with multiple and complex problems, including mental illness and addictions.

The only exception to the inconsistencies found in service provider opinions was the principle of taking a 'client-centred' approach to care and support. Most service providers shared a core understanding of this principle and it was generally supported by all, with many reiterating the importance of allowing clients to retain autonomy and make decisions about their own lives. Participants described their efforts to "*coach*" (E-SP5) or "*navigate*" (C-SP7) alongside clients, in contrast to making decisions for them, until they *"realize they need something"* and *"ask for it"* (E-SP6).

6.3 Fidelity

From the perspective of a HF approach, any shift in addressing homelessness that begins to prioritize the rapid housing of homeless individuals, or treat housing as a basic right, is a step in the right direction. Why then, are concerns about fidelity so prevalent in discussion about HF? Fidelity, referring to the degree of exactness with which new programs implement a HF model, is an important consideration for a number of reasons. HF has been rapidly taken up across Canada and endorsed and funded by governments on the premise that it is an evidence-based policy proven to decrease homelessness and reduce pressure on public services, such as health care and criminal justice (Wagemakers Schiff & Rook, 2012). Ultimately, this approach has been described as "a sound investment" for its ability to shift service use and subsequently shift costs from expensive crisis and institutional services to more affordable community-based services (Goering et al., 2014, p. 31). The evidence base for these claims to date has been established with reference to high-fidelity HF programs. Indeed, almost all previous research into HF has focused on programs that follow the PHF model, including AH/CS.

174

Additionally, a growing body of literature points to the link between fidelity and housing outcomes. Several recent studies have demonstrated an association between higher fidelity to key principles of HF and superior outcomes for clients in areas such as housing stability and substance use (Davidson et al., 2014), as well as greater choice in housing, which is linked to higher housing satisfaction and quality of life (Gilmer et al., 2014). The AH/CS study also noted that clients of programs with high fidelity to key PHF principles had better overall outcomes in housing stability, quality of life and community functioning (Goering et al., 2014).

Among participants in this research, the value of fidelity was contested. For example, one service provider felt that pursuing fidelity was detrimental to client outcomes because it imposed a set of unnecessary rules and added excessive layers of structure, ultimately taking away from the goal of supporting the individual client. The participant questioned the need for HF to be "*entrenched in rules*", asking "*what's more important, following the structure of the fidelity model or ensuring that a person has relational safety, is able to move from dysfunction to function, and is comfortable and happy in their home?*" (C-SP1).

In contrast, another participant felt that fidelity was the key to the success of their organization and an important part of working toward housing stability because it helped to preserve the "*dignity*" of clients, maintaining that principles such as housing choice had "*always been important regardless of market*" (MH-SP3). Other participants were more ambivalent towards fidelity. For example, one felt that contextual factors often prevented close adherence to HF principles, but this ultimately did not matter provided the end goal of providing housing remained: "*it's not-so-scientific Housing First. Who cares what they're about - give them a house, right?*" (C-SP2).

To the best of the researcher's knowledge, no previous study has considered the perspective of HF practitioners on the value of fidelity as a concept. Although research has clearly established links between fidelity and better client outcomes, in Alberta this does not preclude debate and disagreement among service providers on the value of fidelity. Some research has highlighted the role that individual workers can play in the implementation of model interventions and in whether or not models are able to carry out their intended task (Durlak & DuPre, 2008; as cited by Stergiopoulos et al., 2015). Furthermore, individual characteristics of staff including those "who do not fit well with the HF model" or those who

do not possess values in line with a HF approach, have been noted impediments to high fidelity implementation (Macnaughton et al., 2015, p. 288). While it was not possible in this research to assess directly the links between individual service providers' views and the degree of fidelity in HF programs, previous research suggests they may be influential.

6.4 Housing First in Practice in a Restrictive Housing Market

This research sought to understand how the supply of affordable housing in Alberta influences key aspects of HF programs in practice. The HF principles most at stake in a highly restricted housing market are client choice in housing, rapid housing or rehousing, the absence of housing readiness requirements, and ongoing (long-term) program support. As noted in the previous section, fidelity has been conceptualized as a tool for measuring adherence to key principles of a HF model. A topic that has received far less attention in the literature is *how* fidelity can be achieved and what factors influence adherence to principles. In this respect, previous research has not always been attentive to the contextual factors that influence HF implementation.

Research in the field of implementation science has identified a number of factors influencing program fidelity. These include the characteristics of the service provider, such as personal values or skills; the surrounding program context, such as organizational culture; and the outer context, which encompasses the surrounding environment and community attributes (Macnaughton et al., 2015, p. 280). These three levels of influence – individual, organizational and societal - provide a useful lens through which to understand the 'real world' factors shaping delivery of HF services in Alberta. Characteristics of Alberta's restrictive housing market fall within the societal level, and are a central consideration of this research.

In line with the ambiguities surrounding HF *principles* covered in the last section, HF *practices* were found to be similarly fraught with inconsistencies and limited geographic continuity. Some practices appeared to correspond closely with the a HF model, while others were more in line with LRT operating principles. Service users who participated in this research provided a unique perspective, as many had personal experience on the receiving end of HF programs, shedding light on the inconsistencies in service provision throughout the province. Service providers added to these insights, providing accounts of the challenges they

faced and the impact of various individual, organizational and societal factors on their ability to implement HF principles.

6.4.1 Client Choice in Housing

Service users reported a wide range of experiences in terms of client choice in housing, a core HF model principle. From the perspective of service providers, the provision of choice was almost always linked to external factors and not simply a reflection of their personal views on the importance of choice. The majority of service providers did in fact support choice and attempted to provide this to clients when possible. However, the constraints imposed by the housing market (a societal-level factor) created competing demands and forced service providers to choose between principles.

Given these factors, service users' experiences in being housed ranged from those who were taken to view numerous apartments prior to being offered a choice in their housing, to those who were directly moved into an apartment previously acquired by their HF program. One participant described his housing experience in which he was able to view multiple units and choose the one he liked best: "*Cause they don't want you in a place you don't wanna be in. So she showed me a few places…*" (MH-SU3). Conversely, another participant described a situation in which her housing was lined up for her prior to program entry: "*Nope they had one place lined up already, so I said let's go check it out so I didn't care …. I loved it at first, but then after a while it kind of got to be really lonely cause it was dark…*" (E-SU7). Even amongst participants who reported some choice in housing, the degree to which they were involved in the decision-making (selection) process was highly variable. A number of service users commented that they had been given the option of viewing multiple apartments, but opted to take the first they viewed. Although it can be assumed they had some 'choice' in this decision, many had been in a state of homelessness, and their urgency to obtain housing and awareness of the constrained rental market in Alberta likely undermined the notion of genuine choice.

This issue has been documented in HF research conducted elsewhere in Canada. For example, in a study that sought to understand housing timing and stability within a HF model in Toronto, Zerger et al. (2014) found that "many consumers wished they had waited for their optimal choice [in housing], but had instead settled for the first housing option they were

given out of fear that they would miss their chance to be housed and/or because their current living situation was unbearable" (np). The authors concluded that this "hasty decision making" (2014, np) resulted in later housing difficulties, due to participants eventually requesting housing transfers in order to move somewhere more in line with personal preferences.

The variable degree of choice afforded to HF participants in this research is in line with the broader HF literature (Nelson et al., 2014; Stergiopoulos et al., 2015; Zerger et al., 2014). Given how many service providers expressed their support for the principle of client choice in housing, it follows that choice should be prioritized in practice. However, other factors often posed a greater challenge and sometimes led to a situation of competing demands. Service providers characterized HF in practice as an ongoing process through which they worked to balance adherence to principles with various external factors. For example, the process of facilitating housing choice was complex, involving compromise and strategizing. One service provider emphasized the need to "*be realistic*" and "*look at all those constraints and all those questions*" (E-SP5). This struggle was especially at play when HF principles were competing in nature. In particular, allowing a client to have a choice in housing often came at the expense of rapidly securing housing, and vice versa. As one service provider noted, "*... I always say, 'in a perfect world what would be your ideal place?' So I write those things down and we try to get as much of that as we can, but it's also what's available out there, so lots of rent is really high right now*" (MH-SP1).

The challenge associated with competing principles has been discussed elsewhere in the HF literature. Zerger et al. (2014) noted that case managers felt caught between two conflicting mandates: the need to respect consumer choice in housing and the need to facilitate quick access to housing. When participants opted to provide clients with choice in housing, they experienced delays in the housing process. In the present research, some programs openly prioritized rapid housing in order to streamline their processes and not let their own apartments sit empty.

Throughout the Edmonton and Calgary interviews, the housing market – characterized by low vacancy rates and high costs – was consistently identified as a key barrier to the provision of housing choice, and the key contextual factor that made client choice and rapid housing incompatible goals. Service providers in Edmonton and Calgary made comments such as: " *… the vacancy rate is too low, and when we get an apartment we need to have it filled*

and we need to hold onto it as best we can" (C-SP8); and *"There's so many [challenges to finding housing] to choose from (laughs). I think the availability is the big one. Just being, if you're looking for housing you don't have the luxury of being choosy, you take whatever you can get. And that's an unfortunate reality that we face"* (E-SP1). Others commented on how programs used to be able to provide choice, but could no longer do so in the increasingly restrictive rental market: *"Client choice is important. And there have been times we've been able to provide choice, but with the - I would say – shrinking rental market, that choice hasn't always been there …"* (C-SP5). In Medicine Hat, the housing market was not identified as a barrier to providing housing choice, as housing market challenges were just beginning to take hold at the time.

Affordable housing shortages are by no means unique to Alberta, and appear to play a similar role in complicating the implementation of HF programs across North America and beyond, drawing attention to the importance of local considerations when implementing HF in practice. In an assessment of HF programs in six European countries, Greenwood et al. (2014) noted that housing choice was described as a high priority for all programs, but each faced different local challenges in actually realizing this priority. Ultimately, ideas around choice in principle were constrained in practice by factors such as the cost and availability of market and social housing in the community, and the availability of housing subsidies.

In the Canadian context, similar findings have been recorded. In an assessment of program fidelity early after implementation, housing choice was identified as a challenge at two of the five cities involved in the AH/CS study (Nelson et al., 2014). A shortage of affordable and available housing was also a noted barrier to program implementation at all sites, influencing the ability to house clients rapidly. Waegemekers Schiff (2014) concluded that housing choice was predicated on market availability for clients of a PHF program in Calgary. Housing choice had been particularly limited in Calgary since the widespread flooding that occurred in 2013, which drastically reduced the availability of rental units.

While disagreement remains about the extent to which a model should be adapted to suit local contexts, most researchers agree that some adaptation is not only inevitable, but also important for long-term success and sustainability (Stergiopoulos et al., 2015). It has been argued that HF can be successfully adapted to confront local challenges using "locally-relevant" strategies, while still maintaining fidelity (O'Campo et al., 2015, p. 548). However,

questions remain about the degree to which adaptation is permissible in the context of HF, especially considering the various conceptions of the model in the literature and in practice.

It is useful to recall Tsemberis' (2012) point that adaptation of HF principles is acceptable when it is undertaken for 'consumer-centric' reasons, in that it occurs with the best interests of clients in mind. To date, this is one of the only attempts in the literature to articulate a standard for identifying when departure from principles might be acceptable. However, this directive is fraught with assumptions regarding who gets to decide what the 'best interests' of clients are. In this sense, the validity of any modifications to HF principles is ultimately still judged by service providers and not those on the receiving end of services.

6.4.2 Rapid Housing and Rehousing

In service user interviews, participants revealed that once they had been accepted into a HF program, the time it took for them to receive housing was highly variable. Furthermore, there was a high degree of inconsistency around rehousing protocols, including the time it took for clients to be relocated after 'losing' an apartment for any reason (such as eviction). In terms of initial housing, some participants were placed immediately in pre-arranged apartments, having no choice in where they were to live: "*No they just say, we have a unit for you and you either accept it or you go to the bottom of the list.*" (C-SU8). In other cases, participants detailed waiting anywhere from one month to over a year after program acceptance to actually secure an apartment. One participant described his frustration at having to wait: "*Yeah when they said I had all the paperwork and I was accepted, now let's find a place, was about four months ... I was constantly being told, 'oh this week, this week, this week' which I found aggravating because ... I never knew when I was going to be housed...*" (E-SU1).

In terms of rehousing protocols, after an initial apartment was 'lost' for any reason, practices were similarly varied. Service user discussion on this was limited, but service providers gave some insight into the range of practices. Protocols ranged from a mandate to "*always .... rehouse as soon as we can and continue to support*" (C-SP5) to those that questioned the appropriateness of HF programs for clients after multiple evictions, suggesting that the client "*back up a bit*" before they can be "*ready for this next step [rehousing]*" (C-SP7).

Although rapid access to independent housing is a key principle of HF, there is no set definition of what time frame this refers to or how to go about the process (Zerger et al., 2014). Large variations in housing times have been acknowledged across the HF literature. For example, in a study of 23 self-identified HF programs in the U.S., Pearson et al. (2007) reported the greatest degree of variation between programs was in the immediacy of housing placement (as cited by Zerger et al., 2014). An early PHF study by Tsemberis et al. (2003) found that 52% of clients were moved into housing within the first week of program enrolment, while a study by Tsai et al. (2011) looked at over 600 clients of a Veterans Affair HF program, noting an average wait time of 241 days from initial screening to housing (as cited by Zerger et al., 2014).

It is difficult to separate discussions about rapid housing and housing choice, as the two are so linked in practice. As was stated above, in Alberta these principles are often considered to be at odds with one another in reality. When choice is pursued, housing times are increased. When rapid housing is the goal, choice is often restricted. Both principles are constrained by a similar set of market-related factors. As such, it appears that what principle ultimately 'wins out' is determined by the judgment of the individual who is responsible for prioritizing 'client choice' or 'rapid housing' –be that a service user or service provider. In this sense, the values and opinions of individuals can play a major role in which HF principles are implemented in practice. As previous quotes demonstrated, some service users opted to forego a high degree of choice in favour of rapid housing (i.e. taking the first apartment they viewed). In other cases, participants took the opportunity to view multiple units over a longer timeframe before making a decision. Zerger *et al.* (2014) reported similar findings in a study of HF in Toronto. The authors concluded that consumer driven preferences and ambivalence, as well as provider prioritization of consumer choice over immediate access to housing, were key factors that contributed to housing delays or relocations.

In line with findings from the previous section on client choice, housing market restrictions were found to be a challenge for both initial housing and rehousing events. In addition, service providers noted that the limited supply of affordable housing required them to devote considerable time to the housing process – work that ultimately took away from supporting clients in other ways. One participant stated: *"I mean it makes the work harder, let's be honest. It slows down intakes, it makes the word harder…"* (C-SP5*).*

It is important to remember that HF implementation is an ongoing process, and so fidelity concerns are likely to shift and change over time. In the present research, some service providers noted that certain aspects of implementation had gotten easier over time, as lessons were learnt and changes made. For example, some HF programs created positions to liaise with and advocate for landlords. In contrast, some service providers noted that as time went on, the housing process became more challenging: *I think it has been getting harder to recruit landlords, because like I said most of them have had direct experience with the program, and are more unwilling to take the second chance…"* (E-SP1)

Within the literature, there is no agreement on whether or not HF program implementation becomes easier or more challenging with time. Rather, changing factors at the individual, program and community levels influence implementation, and creative strategies may be introduced to better deal with these (see section 4.4.3). For example, in looking at all five sites of the AH/CS demonstration project, Macnaughton et al. (2015) found that the ability to facilitate housing choice was improving over time, despite low vacancy rates and a lack of affordable housing. The authors credited this success to forming collaborative relationships with landlords, creatively matching clients with housing units, and learning to provide better and more consistent support to landlords (Macnaughton et al., 2015). In contrast, Stergiopoulos et al. (2015) reported that in Toronto, the struggle to balance client choice in housing with other HF principles (such as rapid housing) became more complicated as time passed. This was because affordable apartments became scarcer and landlord relationships became strained over time due to events such as evictions.

6.4.3 Continuity of Program Support and Graduation

The HF approach promotes a commitment to working with clients for as long as they need, even if this is permanent (Tsemberis, 2010b). From this perspective, individuals may remain in the program and receive support for their entire lives. In contrast, the Canadian government explicitly states that the end goal of HF is for clients to stabilize and successfully exit the program (Employment and Social Development Canada, 2014b). In practice, only certain programs that specifically follow the PHF model offer time-unlimited support. Many of the programs included in this research had graduation expectations or requirements, apparently for reasons of practicality, as it is necessary to free up resources and funding in order to take on

new clients.

HF programs fell on a spectrum from those that offered open-ended support to clients, to those that envisioned support as short-term form of assistance with the set goal of graduation. For example, one service provider noted: "*They can [graduate].... But it's permanent supportive housing. They don't have to.*" (C-SP5*). Another described a program with a defined end goal: "*Typically we are looking at 12-18 months. And then, off they go kind of thing.*" (MH-SP2). The latter approach was more widespread (see section 4.3.2). Only two programs had explicit policies in place promoting time-unlimited support for as long as a client wanted or required it.

There is a dearth of literature assessing the length of support offered to HF clients and how this may contribute to client outcomes. As such, it is difficult to compare the findings of this research with practices elsewhere. The topic of 'graduation' receives limited attention in a few documents that summarize the HF practices of select programs across Canada. In these cases, graduation is a process in place once clients have reached certain (sometimes loosely defined) criteria for independence, such as maintaining housing for a specified period of time (Gaetz, Scott & Gulliver, 2013; Waegemakers Schiff, 2014). These documents provide little detail or explanation as to why graduation practices exist, or why they are common.

The process of graduation itself emerged as a contentious issue among participants. Some service providers felt that it was immoral to take away support from someone, while others were concerned about the long-term housing outcomes of individuals forced to graduate. Service users were similarly apprehensive of the practice. One described worrying "*big time*" about how things would play out after graduation (C-SU8). Others emphasized the value of programs that offered time-unlimited support: "*the good thing about it [HF], there's no rush*" (E-SU1).

The contrast between service provider and service user opposition to mandatory graduation, and the wide-scale prioritizing of graduation in practice, presents an interesting contradiction. Some service providers specifically noted the pressure they felt to graduate clients from their funder or managing body. Others discussed situations in which their graduation outcomes were compared to those of other programs – underscored by the notion that the more graduations a program has, the 'better' they are doing. This competitive understanding of graduation pitted agencies against one another (see section 4.4.4.2).

The finding regarding the number of service users with previous HF experiences (see 5.1.4.1) may shed some light on potential outcomes of this practice. Of the five service users who reported homelessness following previous HF experience, two described situations in which they had 'graduated' from HF programs, and subsequently lost their housing. One indicated that he could no longer afford his rent after losing the financial support of a HF program (E-SU5). The other was evicted and was not able to rehouse herself without assistance (E-SU7). It is unlikely these examples are isolated events, and they may point to a larger problem with housing stability following graduation and loss of HF program support. If the mandate of most HF programs in Alberta is to 'graduate' clients, there must be a range of long-term housing options available, including for those who may require permanent support or rental assistance. If not, programs that face pressure to graduate clients may risk promoting housing instability amongst clients who are not able or ready to live independently of program support. This is a deeply problematic outcome, given that housing stability is one of the foremost goals of HF (Goering et al., 2014).

6.4.4 Eligibility Requirements for Housing First

There is little consensus in Alberta around the target population for HF programs. The Canadian *Homelessness Partnering Strategy* suggests that HF programs in Canada focus exclusively on serving the chronically and episodically homeless, prioritizing service delivery to those who have been homeless the longest (Employment and Social Development Canada, 2014c). In practice, HF programs appear to create their own priorities, but do not follow through on them consistently. In this study, descriptions of the target population ranged from the specific: "*... chronically homeless individuals - at least 6 months on the street, couch surfing, shelters, hospitals, [or] incarcerated ... each of them must have a diagnosed mental illness*" (C-SP6) to the very broad: *"No the only requirement is basically that you're homeless, and that you're 18 [years] and up. That's basically it…"* (MH-SP1).

Calgary and Medicine Hat take in new participants through a centralized system, while in Edmonton, intakes can be done through either a centralized system or at the agency level. Both approaches utilize an assessment tool called the SPDAT to determine clients' 'acuity score'. Despite this, who is prioritized in reality appears ambiguous and sometimes based on little more than the preference of service providers. One participant felt that HF programs

"*must have this ideal homeless person in mind*", after seeing potential clients rejected for being "*too this or too that or not enough this"* (E-SP3).

This ambiguity draws attention to the lack of clarity regarding who HF is intended to benefit, and calls into question some of the more arbitrary requirements noted by interviewees, such as the need for participants to "*have an income source*" (E-SP1). One service user commented that he was not accepted into a HF program because he lacked full-time permanent employment: "*they said they can't accept it, it has to be a full-time job…"* (E-SU5). Another participant questioned where service users could go for help when a HF program refused to admit them because they were "*probably too high needs*" (E-SP10). The notion that some clients are rejected from HF due to being too high needs is concerning given that HF is specifically intended to support this population and was specifically developed "to meet the needs of homeless individuals who live on the streets and who have severe psychiatric disabilities and concurrent addiction disorders" (Tsemberis & Eisenberg, 2000, p. 488). The value of implementing a HF approach for high needs, chronically homeless individuals is also emphasized within Alberta's *10YP to End Homelessness*: "under a housing first philosophy, …every homeless individual and family requires permanent housing with supports", including "chronically homeless clients" who may require "robust, ongoing supports to help them address serious challenges and achieve stability" (Alberta Secretariat for Action on Homelessness, 2008, p.31).

Eligibility practices were also complicated by providers' understandings of the constricted rental housing market, which empowered landlords (see Macnaughton et al., 2015). Key informants commented that some HF programs were unwilling to jeopardize established relationships with landlords by attempting to house "more risky" clientele (p.285). In other words, HF programs had a harder time finding housing for this clientele, as they were unwilling to rely on their trusted, usual sources of housing, for fear that a bad experience would undermine their future housing efforts. The aversion to high needs clients that was evident in some cases may be rooted in underlying fears about 'burning bridges' or ruining good working relationships with landlords. The power afforded to landlords speaks to the low availability of feasible housing options, which in turn constrains the practices of HF programs.

6.5 Landlord Challenges

An important theme that emerged in the present research was the central role that landlords and property management companies play in obtaining rental housing for HF clients. Collectively they play a central role in determining whether or not programs will be able to house or rehouse clients and/or provide client choice, as well as influencing the speed at which these processes can occur. The importance of landlords to the success of HF programs has been recognized in the literature (Macnaughton et al., 2015; Macleod et al., 2015).

A number of key landlord challenges emerged from service provider interviews. Participants felt that the reputation of HF programs might be changing over time and was not as appealing to landlords now as it was in the past. This was due in part to previous, apparently negative experiences with HF programs and clients. One participant explained, "*I think it has been getting harder to recruit landlords, because like I said most of them have had direct experience with the program, and are more unwilling to take the second chance*" (E-SP1). Similar issues have been described by Nelson et al. (2014), who noted that despite the best efforts of staff to keep landlords satisfied and engaged with HF programming, it was not possible to keep all of the incentives which were originally attractive to landlords. In another example, HF providers found rehousing increasingly difficult over time as many clients had problematic tenancies, causing landlords to decline further HF tenants, thereby shrinking the pool of available housing options (Stergiopoulos et al., 2015).

Along similar lines, service providers noted a trend in which a few large property management companies dominated the rental market. This led to issues such as making access more difficult for clients who had previous housing issues. One service provider noted that once someone was "*blacklisted by the major landlords ...the selection gets reduced really fast*" (C-SP7). Stergiopoulos et al. (2015, p.4) similarly found that large landlords were prone to getting "apprehensive if one or two situations happen" with problem clients, creating difficulties for future housing efforts.

The final, related challenge concerned the discretionary power of landlords in deciding whether or not to house clients of HF programs. Service providers noted cases of discrimination and unfair treatment of HF clients on behalf of landlords and property management companies, which in some cases contributed to evictions or difficulty finding

housing. As one service provider stated: "*...some resident managers are really awful, and prejudiced. I mean they pick on our guys and they call them names and all kinds of things and so on ... They only want to see problems and trouble and they are ready to evict them.*" (E-SP5). Discriminatory behaviour on behalf of landlords has been noted elsewhere in Canada as a hindrance to HF program implementation (Macleod et al., 2015; Nelson et al., 2014). For example, two study sites of the AH/CS project described a situation in which low vacancy rates allowed landlords to select renters, thereby "avoiding Aboriginal people with mental illness and addictions" (Nelson et al., 2014, p.22).

Service users noted similar challenges, sharing experiences of landlords discriminating on the basis of ethnicity, income source, and even appearance, and the associated feelings of powerlessness: "*Yeah I mean landlords have got you right by the nuts, to say the very least. Because you know, we're not the standard family and as soon as you admit Aboriginal heritage - what do they assume? Addictions, automatically. Domestic violence, automatically…*" (C-SU8). The ability of landlords in a constricted market to be highly selective made it difficult for already marginalized participants to access housing: landlords "*pick and choose who they want to have*" (MH-SU1). Another participant noted that landlords were no longer willing to sign long-term leases so that they could raise rents more frequently, in line with the tightening rental market.

Importantly, not all interactions with landlords were negative. Many service providers described situations in which positive relationships with landlords were a major asset to HF outcomes. Some landlords demonstrated a great deal of compassion and understanding, going the extra mile to work with HF programs, being flexible with tenants, and even providing subsidies in some cases to help provide more affordable housing options (see section 4.4.3). The ability to maintain positive relationships with landlords has been identified as a key method of dealing with fidelity challenges posed to HF programs by the affordable housing shortages across Canada (Macnaughton et al., 2015). Furthermore, landlord recruitment and engagement are factors that commonly influence how rapidly HF clients can access housing (Zerger et al., 2014). In recent years, maintaining this relationship has become a priority for service providers involved in the acquisition of housing in "a very competitive and shrinking rental market" (Waegemakers Schiff, 2014, p.41). In the present research, every program had developed staff positions dedicated to securing housing, with job titles such as housing

locators, landlord liaisons and housing outreach workers. This reflects the need for HF programs to persevere in order to secure housing for HF clients and focus on developing and maintaining relationships with landlords.

6.6 Issues of Local Context in Housing First Implementation

This research project utilized a qualitative case study design in order to investigate HF within three real life contexts in Alberta. It sought to understand how contextual factors of each city influenced the operation of HF programs. However, key findings are not easily organized on a city-by-city basis. Instead of consistent HF program implementation and challenges with each city, what emerged was a great deal of variation and ambiguity. This was evident within *cities*, within HF *agencies*, and at times within *conversations with a single participant*. The local housing market influenced HF practices in all three cities, but in highly irregular ways. In addition, it was not easily disentangled from other factors (reviewed above), such as variable understandings of HF principles and client eligibility.

When comparing case sites, it was difficult to assess to what degree the housing market specifically was influencing modifications of, or departures from, HF principles. In this first instance, this was because participants' underlying perspectives on HF were so inconsistent. To give an example, it was difficult to understand the influence of the housing market on the principle of 'client choice in housing' from the perspective of a service provider who did not believe that 'client choice' was important. Because this individual did not value the principle, they did not attempt to provide client choice in housing, and would therefore not have encountered any potential challenges. In this sense, perspectives of the individual being interviewed could overshadowed the *contexts* in which they worked (in terms of both HF program and city).

At the time of this research, Edmonton and Calgary had far more restrictive housing markets than Medicine Hat (see section 3.3.1). Given this context, it is not surprising that some of the key issues that emerged in Edmonton and Calgary around the restrictive rental market were less prevalent in Medicine Hat. For example, in looking at conceptions around what the term affordable housing referred to, in Edmonton and Calgary this was understood as only being accessible via agencies that could provide access to units where rent was geared-to-income or where subsidies could be provided to offset the costs of market apartments.

Ultimately, it was considered impossible for an individual to secure his or her own 'affordable' housing in the private market without the assistance of an agency. In some cases even agencies struggled to obtain decent quality housing, resorting to "slumlords" as a last option for securing housing: *"the cost of rent is huge. It's wherever we can find them. Because of the housing crisis, we're finding that, I'm gonna use this term, that slumlords are the ones that are willing to take our clients"* (E-SP2).

In Medicine Hat, housing was recognized as gradually becoming less affordable and participants here expressed concern about the changing housing market. One service provider stated "*the affordability factor generally for Medicine Hat is starting to slip away*" and that over the past year the "*drop in the vacancy rate has been pretty dramatic*" (MH-SP4). Service users similarly commented on how it was becoming increasingly difficult to secure affordable rental housing in the city: "*It sucks now because, well rent is bad …. they jacked the rent 30% on everybody, and so everybody that could moved out of those apartments and moved into the other apartments that were cheaper, so the other apartments that are cheaper are all taken…*" (MH-SU1). Critically, then, Medicine Hat was not entirely exempt from rental market trends observed elsewhere in Alberta.

The success of HF in Medicine Hat to date (having nearly 'ended' chronic homelessness) lends support to the finding that many challenges facing HF implementation in Edmonton and Calgary are indeed a result of economic and market factors, and not linked to any inherent shortfall of HF. This is supported by the fact that Medicine Hat is beginning to face new challenges in HF implementation as the housing market tightens. It also draws attention to the diffuse impacts of Alberta's 'oil economy'. Interviewees from all three cities noted the unique economic and demographic context of Alberta, characterized by strong economic growth and high rates of in-migration (see Alberta Government, 2014). Service providers drew connections between the shrinking supply of housing, new cases of homelessness, and the influx of people to Alberta for economic reasons, commenting that "*people are just drawn to Alberta for the money*" (E-SP6) and "*they heard about job opportunities so they come to Alberta*" (E-SP3). What migrants to Alberta seem less aware of are the housing circumstances often associated with an economic boom: *"I don't know if they don't pair the job opportunity slogan with the lack of housing slogan…"* (E-SP3). The link between Alberta's resource development 'boom' and increasing homelessness and housing

affordability problems is a noted phenomenon, and has been discussed elsewhere in the literature (Evans, 2015).

Service users in all three cities contextualized housing affordability problems as the single largest category of challenges they faced in accessing market housing. Even in Medicine Hat, one participant commented, "*Yeah but it's the affordability. It definitely, that's numero one*" (MH-SU3). Participants also described housing affordability problems as getting worse in recent years (see section 5.2.2), recalling situations in which they resorted to living in incredibly poor conditions or overcrowding because there were simply no other housing options available (see section 5.2.3). Given that affordability problems were observed in three differing market contexts, they may be representative of Alberta's cities more generally, pointing to a province-wide housing challenge.

Interestingly, a key issue that emerged in Edmonton and Medicine Hat, but not Calgary, was the dire need for more permanent supportive housing options (see section 4.5.1). This difference might be explained by the presence of a number of well-established homeless serving agencies in the city that provide housing opportunities, such as The DI (Calgary Drop-in and Rehab Centre). This large agency has not shifted towards a HF approach, and continues to provide a range of supported, congregate living arrangements (see www.thedi.ca). While these are more in line with the LRT model, requiring people to work their way up from various levels within the shelter system, they clearly provide a valuable service in the city. Many clients of congregate-model housing (i.e. within dedicated buildings) expressed their satisfaction with this type of living arrangement For example, "*it's low cost housing, very affordable ... it includes everything, I've been there for almost four years now and yeah I enjoy it, a lot of support there ... they also set up what they call a circle of friends every Friday, I've been participating for a while and you can go in there and play games and have snacks ... Meet people with similar situations and share their stories. It's pretty cool too*" (C-SU6). Such comments draw attention to the importance of providing a range of housing options for people, so that they are able to choose what is most appropriate, even if that choice does not always fall within the realm of HF. Even among service providers who strongly supported a HF approach, there was widespread agreement that HF was not right for everyone and that other housing options were a useful piece of the overall approach towards ending

homelessness. As one service provider put it: "*that doesn't mean it's [HF] right for everyone. So I think it needs to be like a tool in the toolkit, instead of the toolbox that we work with*" (E-SP6).

6.7 Adaptation to Local Context

The present research demonstrated that HF practices in Edmonton, Calgary and Medicine Hat were heavily influenced by external factors such as the rental housing market. This raises questions about following through with HF principles, and when it is or is not appropriate to make adjustments from a HF model. Which principles are most important? Is there a line that must be drawn to differentiate HF from non-HF programs, or is the prioritization of housing people 'as a human right' really the most important feature? Relevant homelessness policy documents in Alberta contain little information in this regard, leaving important questions unanswered. At this point, the standard set forth by Tsemberis' (2012) – namely, that modifications are permissible when undertaken for client-centred motives – becomes an important analytical position.

Although adherence to HF model principles is important for a number of reasons (see section 6.3), the present research revealed that in some cases, it might actually be detrimental to client outcomes. For example, instances of client isolation and loneliness were noted in programs that adhere strictly to HF principles. This occurred as a result of clients being housed rapidly, in scattered site market apartments, where various rules were enforced such as limited contact with visitors or banning family members from staying in client apartments. One service user described a bad experience she had when previously enrolled in a HF program: "*I feel like it [HF] was the worst program ever. Because I was isolated, I was alone, and I was very sick*" (E-SU2). Numerous service providers were aware of how the rules and stipulations for apartments provided through HF contributed to social isolation. For example, "*Now you're in an apartment by yourself. And you can't have, in a lot of cases you can't have overnight guests. There are all kinds of stipulations*" (C-SP8).

Isolation amongst participants in HF programs has been acknowledged in research elsewhere (Yanos, Barrow & Tsemberis, 2004), and has been linked to people trying to leave unhelpful social networks behind (Macnaughton et al., 2015), a lack of public transportation,

not having a telephone and changes to family living situations (Nelson et al., 2014). This finding draws attention to the importance of prioritizing client wellbeing in HF implementation. In this case, although scattered-site, independent housing is a key HF principle, other housing arrangements -such as congregate, supervised living, or living with roommates- might better suit the needs of certain clients. This raises questions around what motivated some programs in the present research to adhere strictly to HF principles (such as independent housing), even when they might not be in the best interest of the client.

In accepting that a degree of discretion may be necessary in order to operate HF programs with the best interest of the clients in mind, any modifications made to HF on the basis of a housing shortage alone are not valid changes. In this respect it might be more useful to consider adapting the environment in which HF exists (i.e. the housing market), rather than the program itself. This draws attention to the need to follow through on *all* aspects of the 10YPs in order to allow HF programs to reach their full potential to help chronically homeless individuals exit homelessness. It is critical to recall that HF programs were *always* intended to work in support of a broader series of initiatives including the provision of affordable housing, implementation of living wages, and various social programs and prevention measures (Homeless Hub, 2015; NAEH, 2006). Ultimately, HF cannot end homelessness alone, and was never intended to.

Chapter 7 Conclusion

The key finding of this case study comparison is the consistent level of ambiguity regarding HF in principle and in practice in Alberta. HF principles and practices in the three case study cities are characterized by a high degree of variability, due in large part to the influence of external factors. Housing market restraints are the most influential external factor in HF programs' ability to implement key HF principles. The present chapter provides an overview of the key findings of this research, organized by the three objectives that guided the thesis.

7.1: Objective 1: To assess if constraints on the supply of affordable housing in Alberta influence the ability of Housing First programs to follow through on key principles

Following through on key HF principles can be understood as an ongoing process, continually influenced by many, often changing, factors. In this respect there is no 'constant'. Every action taken on behalf of service providers was constrained in some sense, whether by individual-level factors such as housing preferences of the service user, program-level factors like whether or not the agency has an existing housing stock, or societal-level factors such as high rental rates in Alberta. The housing market, characterized by low vacancy rates and a limited supply of affordable housing, was the key factor of interest in this research.

Housing market characteristics were indeed a major influencing factor on the operation of HF programs in Edmonton and Calgary, and to a lesser extent Medicine Hat. However, the complexity of the HF intervention and the presence of multiple layers of influence, made it difficult to isolate the various pathways through which this influence operated. While there were some instances of direct pathways (e.g. prohibitive rental rates rendering a segment of market housing out of reach of HF programs), most were more complex. Landlord challenges were a key example of this. On the surface, landlord discrimination appears to be a distinct issue, rooted in individual perceptions of HF clients, and broader societal views towards people of a particular social class. On further analysis, this is an issue with strong connections to the housing situation. In the context of a market where vacancy rates are very low, landlords are able to use discretion to a far greater degree than in a context where they are actively required to seek out tenants to fill apartments.

Despite the major influence of the housing market on implementation of HF principles, service providers demonstrated that challenges could be overcome. Sometimes this was by way of creative responses or dedication to their work. For example, all HF programs had learned the importance of maintaining positive working relationships with landlords, and the benefits to having staff members dedicated to this undertaking. Some programs also responded by strategically prioritizing certain principles over others. This allowed for a particular outcome, such as providing client choice in housing, to be fully carried out. In ideal situations, this reflected preferences of the service user whom the provider was supporting, although this was certainly not always the case. The need to constantly re-evaluate priorities and make choices about which principles were most important was a key strategy for providing HF services in Alberta. However, this came at a cost in terms of program fidelity: certain principles had to be sacrificed in order to implement others.

The present research raised questions about the value of fidelity to HF programs. While research elsewhere has demonstrated an association between higher fidelity to HF model principles and positive participant outcomes, it has also been acknowledged that certain modifications may be beneficial to participants. Findings of this research establish that 'high fidelity' implementation does not result in rapidly housing a greater number of people experiencing homelessness. At some point, service providers have to choose between strict adherence to principles such as client choice and supporting as many people to leave homelessness as possible. In this sense, the question becomes what is an appropriate balance between implementing an intervention in its original form and making progress towards ultimately ending homelessness. Critically, this research indicates that is not possible to make this progress in the context of a restrictive housing market.

7.2: Objective 2: To evaluate how constraints on the supply of affordable housing in Alberta influence the long-term housing sustainability of participants in Housing First programs

The intended goal of HF programs in Canada is to move people experiencing homelessness into independent and permanent housing as quickly as possible (Gaetz, Scott & Gulliver, 2013). Throughout the 10YPs to end homelessness for Alberta, Edmonton, Calgary and Medicine Hat, the 'permanence' of housing is strongly emphasized. For example, Alberta's

10YP outlines a specific goal to ensure "every Albertan has a permanent place to live – a place that is secure and stable, and where necessary, barrier free. A permanent place they can call home" (Alberta Secretariat for Action on Homelessness, 2008, p.14). This emphasis on permanent housing is a key piece of the rhetoric around addressing homelessness in Alberta, in which the goal is to move away "from simply managing homelessness" towards actually "ending homelessness through a housing first philosophy" (Alberta Secretariat for Action on Homelessness, 2008, p.2). Given this context, the sustainability of efforts undertaken through HF programming should be a high priority to ensure that the hard work and resources put towards housing clients have long-term benefits. In other words, the overarching goal is to ensure that clients housed through HF programs stay housed, and contribute to overall reductions in the number of individuals experiencing homelessness.

As it stands, constraints on the supply of affordable housing in Alberta undermine the long-term housing sustainability of HF program participants. The market context creates a situation in which rental subsidies are almost always necessary for HF clients to afford housing costs. Of the 19 service users interviewed for this research, 13 were housed, and of these nine were currently receiving a subsidy. Moreover, the minority of service user participants who did not receive a subsidy were all in severe housing need and uncertain of their housing future (see section 5.1.6). Of the five participants who described past experiences with a HF program, two directly linked an ultimate loss of housing to the financial challenge they faced in affording rent following graduation (without a subsidy).

All HF clients were receiving a subsidy. In Alberta, this rental subsidy is available to clients in HF programs, as well as those who have graduated via separate funding streams. While critically important, these subsidies are inherently time-limited and reliant on uncertain funding streams that may shift in line with changing government priorities. In some cases, clients must be reassessed for subsidy eligibility on an annual basis, even if nothing in their lives has changed. Furthermore, this system is not equipped to adapt to fluctuating rental market prices. Subsidies do not automatically increase in line with individual rental increases, leading to situations in which HF clients must either make up the difference themselves or attempt to advocate for more funding. Both groups of participants in this research expressed anxiety about the uncertainty around HF funding and the provision of subsidies, questioning what would happen to HF clients' housing if or when their rental subsidy expired.

There are also concerns regarding the sustainability of client housing following 'graduation' from HF programs, which is a frequently mandated practice in Alberta. Service providers expressed feeling pressure to graduate clients in order to free up resources for new intakes. Sometimes this occurred in situations where clients did not appear fully ready to live independently of program support, increasing the risk of future tenancy loss. In situations where it was determined that clients could not graduate, the noted shortage of permanent supportive housing in Edmonton and Medicine Hat posed another challenge. In some cases, clients with high cognitive and behavioural needs required more support than was available through HF programming, or needed access to alternative housing arrangements that provided more leniency and care than traditional market housing.

Increasing the supply of affordable, quality housing options, including more supportive living situations, and creating a more permanent system of rental subsidy funding, would address many of the sustainability concerns with HF programs. Additionally, increasing social assistance benefits in Alberta to the level of a 'living wage', so that basic housing expenses could be adequately covered, would also contribute to positive outcomes and reduce the need for subsidies in this population. Notably, many of these points are already acknowledged in Alberta's 10YP, including specific recommendations to ensure that income support levels are appropriate and effective, to provide more housing options – including permanent housing with supports, to provide rent supplements in order to prevent people from falling into homelessness, and to work towards reducing poverty amongst all Albertans (Alberta Secretariat for Action on Homelessness, 2008).

7.3 Objective 3: To determine progress towards the policy goal of ending homelessness by 2019

HF programs in Alberta's seven largest cities have helped to secure permanent housing for nearly 10,000 people across the province since the various 10YPs came into policy (Turner, 2015). Despite this, little progress has been made to reduce the *net* number of people experiencing homelessness. For example, the number in Calgary in 2008 was estimated to be around 3601, compared to 3555 in 2014, despite intensive (and successful) efforts to house people during this time (Turner, 2015).

Progress towards ending homelessness in Alberta continues to be undermined by new cases of homelessness. One contributing factor to this is situation is the influx of people to the province, brought on in part by the booming oil and gas sector. In 2014, the number of net interprovincial migrants to Alberta was over 22,000 (Alberta Government, 2014). Additionally, in just the first three quarters of 2014, the number of landed immigrants who arrived in the province was 18,637 (Alberta Government, 2014). Recent homeless count statistics have also shown that 18.4% of people experiencing homelessness in Alberta were new to their community within the past year. In some cities, such as Medicine Hat, this number was as high as 44.8% (Turner, 2015). This leads to the conclusion that high rates of immigration (both interprovincial and international) are one factor contributing to new cases of homelessness in Alberta.

This influx of people also works to put increased pressure on an already restricted housing market. This draws attention to the ongoing significance of the housing market as an underlying factor, and the challenges that people in core housing need face. Many housed individuals in the present research were at risk of homelessness, living paycheck to paycheck or paying large proportions of their monthly income to housing costs. This population is incredibly vulnerable to shifts in the housing market. Considering that in Edmonton alone there is a noted shortage of 20,000 units of affordable housing, falling into homelessness remains a real risk for many people (City of Edmonton, 2015).

Despite a large investment in the HF approach at the municipal, provincial and federal levels, key parts of a comprehensive approach to ending homelessness clearly continue to fall short. HF programs were never intended to be implemented as the only response to homelessness. Although a HF approach has been the primary focus of many of these plans, it was supposed to be accompanied by a broader series of contemporaneous initiatives, including the provision of affordable housing, implementation of living wages, and various social programs and prevention measures (Homeless Hub, 2015; NAEH, 2006).

Although many 10YPs to end homelessness outline targets for increasing the housing supply as part of a systems approach to ending homelessness, there remains a critical shortage of affordable rental units across the country (Gaetz et al., 2014). In Alberta, recent reports indicate that no money has gone towards building new social housing for the homeless since 2011 (CBC News, 2015), despite this being a key goal in the provincial and municipal 10YPs.

Municipalities cannot afford to address these shortcomings alone. While the province can do a lot to support this goal, it is unlikely that the contribution will ever be sufficient to resolve a sustained housing crisis. What is needed is a major investment in affordable or social housing at the federal level. This would entail a reversal of the cuts to social housing that began in the early 1990s, and reinstating the strong social housing foundation Canada was once home to.

On smaller scales where housing is generally more abundant and affordable (e.g. in cities such as Medicine Hat), a HF approach has actually succeeded in ending chronic homelessness, proving that it can achieve its potential when the right conditions prevail. However, HF alone is not sufficient to 'end' homelessness as a social and urban phenomenon. If the current situation continues in Alberta's large cities, little overall progress will have been made towards the policy goal of ending chronic homelessness by 2019.

7.4 Policy Implications

Ensuring that findings are disseminated to a wide audience in a variety of formats is an important piece of promoting an inclusive research practice (Martin & Kunnen, 2008), and seeking to inform or influence policy. This research has a number of policy implications relating to HF and affordable housing, some of which have already been communicated to key stakeholders. Specifically, preliminary findings have been presented at two conferences, including the *National Congress on Housing and Homelessness* (Winnipeg, April 28 – May 1, 2015), where a broad audience of policymakers, service providers, and academics from across Canada were present. Feedback sessions were also conducted with research participants and members of the public in Edmonton and Calgary in late 2015 (see Section 3.5).

Contrary to what the current state of homelessness in Alberta might imply, Alberta has adopted progressive policies regarding the provision of housing and services for people experiencing homelessness. The notion of housing as a right, as outlined in the 10YP documents, is a huge step forward from past approaches. Alberta's plan outline targets such as increasing the availability of permanent housing with supports, creating a spectrum of housing options for people and finding new ways to reduce poverty and help prevent homelessness (Alberta Secretariat for Action on Homelessness, 2008). Calgary and Edmonton's original 10YPs both outlined specific targets for affordable and specialized housing units (Edmonton Committee to End Homelessness, 2009; Calgary Committee to End Homelessness, 2008).

Both this research, as well as various updates to the 10YPs that have been released since 2008, demonstrate that key areas of the comprehensive approach to ending homelessness in Alberta are falling short (Edmonton Homeless Commission, 2014). New policy is not needed, but rather a greater adherence to the policies that are already in place across the province. Existing commitments need to be taken seriously.

It is worth noting that plans to end homelessness cannot be employed in the absence of adequate funding. Many of the shortcomings discussed above have occurred as a result of funding shortages, and not a lack of will. The federal government has generally distanced itself from housing responsibility over the past two decades, and Alberta and its municipalities alone are not adequately resourced to provide the funding that is necessary to make a lasting impact on homelessness. As such, federal investment in housing and homelessness initiatives is a necessary piece of the response.

7.5 Transferability of Results

The present research was conducted in the specific context of a profound and sustained shortage of affordable housing – a context that will not be found in every environment where HF programs operate, and will not necessarily continue indefinitely in Alberta. As such, the findings of this research cannot be transferred to other jurisdictions within or beyond Canada without consideration of the broader context in which they operate.

With this being said, it is inevitable that HF programs will face challenges where there are shortages of affordable housing, a scenario that is common in major urban regions of Canada (Gaetz, Donaldson, Richter & Gulliver, 2013). What could change, over time, is the ability for HF programs to respond to the market context and find ways to adapt to or overcome challenges. This research identified a number of ways in which HF programs have responded to market challenges, such as the creation of landlord specialist position, or selectively prioritizing certai principles (such as rapid housing) at the expense of others (such as client choice). However, these are not necessarily the only adaptations, and may not be representative of responses developed in other Canadian jurisdictions.

7.6 Future Directions

The findings of this study raise a number of further questions and draw attention to potential areas of future research. In particular, the process of graduation emerged as a contentious issue. Specifically, the study revealed a major discrepancy between participant views on graduation, which largely opposed the concept, and the wide-scale promotion of mandatory graduation in practice. Research that directly investigates the disconnect between the principle of time-unlimited support and the practice of mandatory graduation is essential to understand the ongoing evolution of the HF model, especially in light of long-standing concerns about 'model drift' – i.e. application of the HF label to programs that depart significantly from the Pathways approach (Stefancic et al., 2013). It is also critical to determine the impact of mandatory graduation requirements on client outcomes; this research reported several accounts of graduation leading to housing instability. Further investigation into this topic is essential to determine how widespread graduation requirements are (including outside Alberta), how graduation works in practice, and its impacts on housing outcomes. It would also be interesting to identify the origins of the graduation concept, in light of the fact that the Pathways model specifically envisions support as time-unlimited (Tsemberis, 2010a).

A key finding that emerged in the present research was the prevalence of discrimination in the housing market towards Aboriginal peoples. Discriminatory behaviour on behalf of landlords has been noted elsewhere in the Canadian literature on HF (see Macleod et al., 2015; Nelson et al., 2014), but there has been no sustained inquiry on the topic. A greater understanding of the issue, including how often it occurs, how it influences HF programs in practice, and what programs do as a response to landlord discrimination, would be valuable. To date, studies of HF have generally paid little attention to issues of (client) ethnicity, with rare exceptions (see Stergiopoulos et al., 2012). It would also be useful to consider the perspectives of clients/tenants on the receiving end of discrimination, in HF programs and in the general housing market, and how this may play into experiences of homelessness and other housing challenges.

Finally, landlords emerged as key actors within the present research, playing a lead role in determining whether individuals would be able to access housing in the rental market and shaping the ability of HF programs to secure housing for clients. Despite their prominent role in the housing process, landlords have been largely excluded from HF research. Gaining

insight into the perspective of landlords, including their thoughts on HF programs and renting to HF clients, and what could be done to incentivize HF further, could have major implications for HF in practice and reduce barriers to housing.

7.7 Key Contributions to the Literature

This research makes a number of key contributions to the housing studies literature. To the best of the researcher's knowledge, no previous study has considered the perspective of HF practitioners on the value of fidelity as a *concept*. To date, research in this realm has been primarily focused on the link between fidelity and program outcomes, and to a lesser extent on identifying factors that influence the implementation and fidelity of HF programs. This research also contributes a better understanding of how the environment in which HF programs operate can influence their operations. Although the housing market has been considered as a limiting factor for high-fidelity implementation in a few recent studies, it has not been the focus of the research.

In the broader housing studies literature, there is one other example of multi-case study research on HF in Canada (Waegemakers Schiff, 2014). This document is not peer-reviewed, and is highly descriptive in nature, lacking detailed analysis of the implications of similarities and differences between HF models. The present research is the first example of qualitative, multi-case study research on HF in the Canadian context. There is a general dearth of in-depth qualitative research on HF in Canada, particularly that which considers program operations through a critical lens. Almost all research regarding HF in Canada has been produced from a single study (AH/CS), for the purpose of providing evidence-based research to inform policy outcomes. This research provides rich insight into the phenomenon of HF in Alberta's cities that is not tied to the need to realize specific policy goals.

In addition, while some recent Canadian literature on HF has considered the perspectives of service providers and users of HF programs, these perspectives have not been analyzed in conjunction with one another. This research considers both perspectives in order to gain a more comprehensive understanding of the context from differing positions. Furthermore, this research contributes to the previously very limited body of work that includes the perspectives of those living/working outside of HF programs, but in a policy context where a HF approach is prioritized. This is valuable in order to understand the broader

relationships between 10YPs to end homelessness, HF programs and housing market trends.

A great deal of progress has been made in Alberta's response to homelessness over the last decade. The province is working to implement a more comprehensive systems approach to homelessness service provision, and most importantly, hundreds of individuals have been housed through the tireless efforts of many dedicated service providers. While recognizing this progress, this research draws attention to further improvements that can and should be made in order to support the HF approach and meet the goal of ending homelessness in Alberta.

Reference List

Alaazi, D A. (2013). *Aboriginality, Homelessness, and Therapeutic Landscapes of Home: Mapping the Experiences of Aboriginal Housing First Participants in Winnipeg*. Master's Thesis, University of Winnipeg, Winnipeg, MB.

Alberta Government. (2014). *2014 Annual Alberta Labour Market Review.* Retrieved from http://work.alberta.ca/documents/annual-alberta-labour-market-review.pdf

Alberta Human Services. (2015a). *Income and Employment Supports Regulations*. Retrieved from http://www.humanservices.alberta.ca/AWonline/IESA/6435.html

Alberta Human Services. (2015b). *Find a Shelter.* Retrieved from http://www.humanservices.alberta.ca/homelessness/14633.html

Alberta Secretariat for Action on Homelessness. (2008). *A Plan for Alberta: Ending Homelessness in 10 Years*. Retrieved from http://alberta.ca/albertacode/images/AlbertaPlantoEndHomelessness.pdf

Alberta Secretariat for Action on Homelessness. (2013). *A Plan for Alberta: Ending Homelessness in 10 Years - 3 Year Progress Report.* Retrieved from http://humanservices.alberta.ca/documents/homelessness-3-year-progress-report.pdf

Anderson, J., & Collins, D. (2014). Prevalence and Causes of Urban Homelessness Among Indigenous Peoples: A Three Country Scoping Review. *Housing Studies,* 29(7), 959-976.

Atherton, I., & McNaughton Nicholls, C. (2008). 'Housing First' as a means of addressing multiple needs and homelessness. *European Journal of Homelessness*, 2, 298–303.

Auditor General of Alberta. (2015). *Report of The Auditor General of Alberta*. Retrieved from https://www.oag.ab.ca/webfiles/reports/OAG%20Report%20July%202015.pdf

Austin, E. L., Pollio, D. E., Holmes, S., Schumacher, J., White, B., Lukas, C. V., & Kertesz, S. (2014). VA's expansion of supportive housing: successes and challenges on the path toward Housing First. *Psychiatric Services*, 65(5), 641-647.

Baxter, J. & Eyles, J. (1997). Evaluating qualitative research in social geography: establishing 'rigour' in interview analysis. *Transactions of the Institute of British Geographers*, 22(4), 505-525.

Baxter, P., & Jack, S. (2008). Qualitative Case Study Methodology: Study Design and Implementation for Novice Researchers. *The Qualitative Report*, 13(4), 544-559.

Belanger, Y., Awosoga, O., Weasel Head, G. (2013). Homelessness, Urban Aboriginal People and the Need for a National Enumeration. *Aboriginal Policy Studies*, 2(2), 4-33.

Bourke, B. (2014). Positionality: Reflecting on the Research Process. *The Qualitative Report*, Volume 19, How To Article 19, 1-9.

Bryman, A., Teevan, J. J. & Bell, E. (2009). *Social Research Methods*. Ontario: Oxford University Press.

Bullen, J., & Fisher, K. R. (2015). Is Housing First for Mental Health Community Support Possible During a Housing Shortage? *Social Policy & Administration*, 49(7), 928-945.

Bunting, T., Walks, A. R., & Filion, P. (2004). The uneven geography of housing affordability stress in Canadian metropolitan areas. *Housing Studies*, *19*(3), 361-393.

Burlingham, B., Andrasik, M. P., Larimer, M., Marlatt, G. A., & Spigner, C. (2010). A house is not a home: A qualitative assessment of the life experiences of alcoholic homeless women. *Journal of Social Work Practice in the Addictions*, *10(2*), 158-179.

Busch-Geertsema, V. (2012). The Potential of Housing First from a European Perspective. *European Journal of Homelessness,* 6(2), 209-216.

Busch-Geertsema, V. (2013). *Housing First Europe Final Report.* Bremen/Brussels: Housing First Europe. Retrieved from http://www.habitat.hu/files/FinalReportHousingFirstEurope.pdf

Busch-Geertsema, V. (2014). Housing first Europe – results of a European social experimentation project. *European Journal of Homelessness, 8(1),* 13-28.

Calgary Committee to End Homelessness. (2008). *Calgary's 10 Year Plan to End Homelessness.* Retrieved from http://calgaryhomeless.com/wp-content/uploads/Calgarys_10_Year_Plan_2008.pdf

Calgary Homeless Foundation. (2012). *Winter 2012 Point-in-time Count Report*. Retrieved from http://calgaryhomeless.com/wp-content/uploads/2014/06/Winter2012-PIT-Final-Report.pdf

Calgary Homeless Foundation. (2014). *Winter 2014 Point-in-Time Count Report.* Retrieved from http://calgaryhomeless.com/assets/Uploads/Winter-2014-PIT-Count-Report.pdf

Canada Mortgage and Housing Corporation (CMHC). (2010). *2006 Census Housing Series: Issue 8 – Households in Core Housing Need and Spending at Least 50% of Their Income on Shelter.* Retrieved from https://www03.cmhc-schl.gc.ca/catalog/productDetail.cfm?cat=164&itm=33&lang=en&sid=nShMM6lXsgTSwdVwUZpbXqIYSR6MYHgYrdCH5lYalzhGm4bjTw3WgKLBZ6A76OYM&fr=1456718496049

Canada Mortgage and Housing Corporation (CMHC). (2014a). *Housing Market Information: Rental Market Report, Alberta Highlights.* Retrieved from http://www.cmhc-schl.gc.ca/odpub/esub/64483/64483_2014_B02.pdf

Canada Mortgage and Housing Corporation (CMHC). (2014b). *Housing in Canada Online: Definitions of Variables*. Retrieved from http://cmhc.beyond2020.com/HiCODefinitions_EN.html#_Affordable_dwellings_1

Canadian Alliance to End Homelessness. (2014). *10 Year Plan to End Homelessness*. Retrieved from http://www.caeh.ca/a-plan-not-a-dream/10-year-plan-to-end-homelessness/

Carroll, C., Patterson, M., Wood, S., Booth, A., Rick, J., & Balain, S. (2007). A conceptual framework for implementation fidelity. *Implementation Science*, 2(40), 1-9.

CBC News. (2015, Sept 11). 10-year plan to end homelessness in Alberta falls short. *CBC News Edmonton*. Retrieved from http://www.cbc.ca/news/canada/edmonton/10-year-plan-to-end-homelessness-in-alberta-falls-short-1.3223712

Chmiliar, L. (2010). *Multiple-Case Designs*. In Mills, A., Durepos, G., & Wiebe, E. (Eds.), *Encyclopedia of Case Study Research* (583-585). Thousand Oaks, CA: Sage Publications.

City of Edmonton. (2015). *Housing and Homelessness 2013/2014 Update*. Retrieved from http://www.edmonton.ca/programs_services/documents/PDF/2014%20Housing%20Update_web_final.pdf

City of Grande Prairie. (2012). *2012 Grande Prairie Homeless Count*. Retrieved from http://www.cityofgp.com/index.aspx?page=1198&recordid=823.

City of Lethbridge. (2013). *Bringing Lethbridge Home: 2013 Homeless Census Report*. Retrieved from http://www.bringinglethbridgehome.ca/sites/default/files/Bringing%20Lethbridge%20Home%20-%20Homeless%20Census%20Report%202013.pdf

Clapham, D., Clark, W., & Gibb, K (Eds.). (2012). *The SAGE Handbook of Housing Studies*. Thousand Oaks, CA: Sage Publications.

Collins, D. (2010). Homelessness in Canada and New Zealand: A comparative perspective on numbers and policy. *Urban Geography*, 31(7), p. 932-952.

Collins, S.E., Malone, D.K., Clifasefi, S.L., Ginzler, J., Garner, M., Burlingham, B., Lonczak, H.S., Dana, E.A., Kirouac, M., Tanzer, K., Hobson, W.G., Marlatt, G.A., Larimer, M.E. (2012). Project-based Housing First for chronically homeless individuals with alcohol problems: within-subjects analyses of 2-year alcohol trajectories. *American Journal of Public Health*, 102, 511–519.

Community Plan Committee. (2012). *Edmonton and Area Community Plan on Housing and Supports: 2011- 2015*. Homeward Trust Edmonton. Retrieved from http://www.homewardtrust.ca/images/files/2012-01-25-11-02Edmonton%20Area%20Community%20Plan%202011-2015.pdf.

Davidson, C., Neighbors, C., Hall, G., Hogue, A., Cho, R., Kutner, B., & Morgenstern, J. (2014). Association of Housing First Implementation and Key Outcomes Among Homeless Persons With Problematic Substance Use. *Psychiatric Services*, *65(11),* 1318-1324.

DeSilva, M. B., Manworren, J., & Targonski, P. (2011). Impact of a Housing First program on health utilization outcomes among chronically homeless persons. *Journal of Primary Care & Community Health*, *2(1),* 16-20.

Deverteuil, G., & Evans, J. (2009). Landscapes of Despair. In Brown, T., McLAfferty, S., & Moon, G. (Eds). *A Companion to Health and Medical Geography* (278-300). Oxford: Wiley-Blackwell.

Distasio, J., Sareen, S., & Isaak, C. (2014). *At Home/Chez Soi Project: Winnipeg Site Final Report.* Calgary, AB: Mental Health Commission of Canada. Retrieved from: http://www.mentalhealthcommission.ca.

Dowling, R. (2005). Power, subjectivity, and ethics in qualitative research. In I. Hay (ed.). *Qualitative research methods in human geography*. Oxford: Oxford University Press, 19-29.

Edmonton Committee to End Homelessness. (2009). *A Place to Call Home: Edmonton's 10 Year Plan to End Homelessness.* Retrieved from http://www.edmonton.ca/attractions_events/ documents/PDF/10-YearPlantoendHomelessness-jan26-2009.pdf

Edmonton Homeless Commission. (2012). *Barriers.* Retrieved from http://homelesscommission.org/index.php/barriers.

Edmonton Homeless Commission. (2014). *A Place to Call Home: Edmonton's 10 Year Plan to End Homelessness Update, Year 5 Halfway to Ten.* Retrieved from http://www.edmontonsocialplanning.ca/index.php/resources/digital-resources/d-housing/71-edmontons-10-year-plan-to-end-homelessness-year-5-update/file

Employment and Social Development Canada. (2014a). *Housing First.* Retrieved from http://www.esdc.gc.ca/eng/communities/homelessness/housing_first/index.shtml

Employment and Social Development Canada. (2014b). *Housing First Approach.* Retrieved from http://www.esdc.gc.ca/eng/communities/homelessness/housing_first/approach/index.shtml

Employment and Social Development Canada. (2014c). *Homelessness Partnering Strategy Directives 2014-2019.* Retrieved from http://www.esdc.gc.ca/eng/communities/homel essness/funding/directives.shtml

England, Kim V. L. (1994). Getting Personal: Reflexivity, Positionality, and Feminist Research. *The Professional Geographer, 46(1),* 80-89.

Evans, J. (2015). The Paradox of Plenty: Ending Homelessness in Alberta. In Stefanick, L. and Shrivastava, M. (Eds) *Beyond the Rhetoric: Democracy and Governance in a Global North Oil Economy.* Athabasca, Canada: AU Press.

Fallis, G. (2010). Progressive housing policy in the 21st century: A contrarian view. *Journal of Sociology & Social Welfare*, *37(4)*, 173–199.

Falvo, N. (2009). *Homelessness, Program Responses, and an Assessment of Toronto's Streets to Homes Program*. CPRN Research Report, Social Housing Services Corporation. Ottawa: Canadian Policy Research Network.

Fields, D. (2011). Emotional refuge? Dynamics of place and belonging among formerly homeless individuals with mental illness. *Emotion, Space and Society*, *4*(4), 258-267.

Gaetz, S. (2010). The struggle to end homelessness in Canada: How we created the crisis, and how we can end it. *The Open Health Services and Policy Journal*, *3*(21), 21-26.

Gaetz, S. (2011, January 19). *Can Housing First work if there isn't enough affordable housing?* Retrieved from http://www.homelesshub.ca/blog/can-housing-first-work-if-there-isnt-enough-affordable-housing.

Gaetz, S. (2012). *The Real Cost of Homelessness: Can We Save Money by Doing the Right Thing?* Toronto: Canadian Homelessness Research Network Press. Retrieved from http://www.homelesshub.ca/ResourceFiles/costofhomelessness_paper21092012.pdf.

Gaetz, S. (2014). *A Safe and Decent Place to Live: Towards a Housing First Framework for Youth.* Toronto: The Homeless Hub Press. Retrieved from http://www.homelesshub.ca/sites/default/files/HFFWYouth-FullReport_0.pdf

Gaetz, S., Donaldson, J., Richter, T., & Gulliver, T. (2013). *The State of Homelessness in Canada 2013.* Toronto: Canadian Homelessness Research Network Press. Retrieved from http://www.homelesshub.ca/sites/default/files/SOHC2103.pdf.

Gaetz, S., Gulliver, T., & Richter, T. (2014). *The State of Homelessness in Canada: 2014.* Toronto: The Homeless Hub Press. Retrieved from http://calgaryhomeless.com/wp-content/uploads/State-of-Homelessness_2014.pdf.

Gaetz, S., Scott, F., & Gulliver, T. (2013). *Housing First in Canada: Supporting Communities to End Homelessness.* Toronto: Canadian Homelessness Research Network Press. Retrieved from http://www.homelesshub.ca/sites/default/files/HousingFirstInCanada.pdf.

Gilmer, T. P., Manning, W. G., & Ettner, S. L. (2009). A cost analysis of San Diego County's REACH program for homeless persons. *Psychiatric Services, 60*(4), 445-450.

Gilmer, T. P., Stefancic, A., Katz, M. L., Sklar, M., Tsemberis, S., & Palinkas, L. A. (2014). Fidelity to the Housing First model and effectiveness of permanent supported housing programs in California. *Psychiatric Services*, 65(11), 1311-1317.

Gilmer, T. P., Stefancic, A., Sklar, M., & Tsemberis, S. (2013). Development and validation of a Housing First fidelity survey. *Psychiatric Services*, *64*(9), 911-914.

Goering, P, Streiner D., Adair, D., Aubry, T., Barker, J., Distasio, J., Hwang, S., … & Zabkiewicz. (2011). The At Home/Chez Soi trial protocol: a pragmatic, multi-site, randomized control trial of a Housing First intervention for homeless individuals in five Canadian cities. *BMJ Open*, 1, e000323.

Goering, P., Veldhuizen, S., Nelson, G. B., Stefancic, A., Tsemberis, S., Adair, C. E., … & Streiner, D. L. (2015). Further Validation of the Pathways Housing First Fidelity Scale. *Psychiatric Services*, 67(1), 111-114.

Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., … & Aubry, T. (2014). *National At Home/Chez Soi Final Report.* Calgary, AB: Mental Health Commission of Canada. Retrieved from http://www.mentalhealthcommission.ca/English/system/files/private/document /mhcc_at_home_report_national_cross-site_eng_2.pdf

Government of Alberta. (2004). *Alberta Works Overview*. Retrieved from http://www.humanservices.alberta.ca/documents/FCH-IS_ncn0922.pdf

Government of Canada. (2014). *Homelessness Partnering Strategy.* Retrieved from http://actionplan.gc.ca/en/initiative/homelessness-partnering-strategy

Government of Alberta. (2015). *Residential and Commercial Tenancy: What you need to know.* Retrieved from http://www.albertahumanrights.ab.ca/other/tenancy/what_to_know.asp

Greenwood, R. M., Schaefer-McDaniel, N. J., Winkel, G., & Tsemberis, S. J. (2005). Decreasing psychiatric symptoms by increasing choice in services for adults with histories of homelessness. *American Journal of Community Psychology*, *36*(3-4), 223-238.

Greenwood, R. M., Stefancic, A., & Tsemberis, S. (2013). Pathways Housing First for homeless persons with psychiatric disabilities: Program innovation, research, and advocacy. *Journal of Social Issues*, *69*(4), 645-663.

Greenwood, R. M., Stefancic, A., Tsemberis, S., & Busch-Geertsema, V. (2013). Implementations of Housing First in Europe: Successes and challenges in maintaining model fidelity. *American Journal of Psychiatric Rehabilitation*, *16*(4), 290-312.

Guest, G., Bunce, A., & Johnson, L. (2006). How Many Interviews Are Enough? An Experiment with Data Saturation and Variability. *Field Methods,* 18(1), 59-82.

Gulcur, L., Stefancic, A., Shinn, M., Tsemberis, S., & Fischer, S. N. (2003). Housing, hospitalization, and cost outcomes for homeless individuals with psychiatric disabilities participating in continuum of care and housing first programmes. *Journal of Community & Applied Social Psychology*, *13*(2), 171-186.

Hansen Löfstrand, C. (2012). On the Translation of the Pathways Housing First Model. *European Journal of Homelessness, 6*(2), 175-182.

Hansen Löfstrand, C., & Juhila, K. (2012). The discourse of consumer choice in the Pathways Housing First model. *European Journal of Homelessness*, *6*(2), 47-68.

Henwood, B. F., Matejkowski, J., Stefancic, A., & Lukens, J. M. (2014). Quality of life after housing first for adults with serious mental illness who have experienced chronic homelessness. *Psychiatry Research*, *220*(1), 549-555.

Henwood, B. F., Shinn, M., Tsemberis, S., & Padgett, D. K. (2013). Examining provider perspectives within Housing First and traditional programs. *American Journal of Psychiatric Rehabilitation*, *16*(4), 262-274.

Henwood, B. F., Stanhope, V., & Padgett, D. K. (2011). The role of housing: A comparison of front-line provider views in housing first and traditional programs. *Administration and Policy in Mental Health and Mental Health Services Research*, *38*(2), 77-85.

Homeless Hub. (2015). *Homeless Hub Reports*. Retrieved from http://www.homelesshub.ca/library/homeless-hub-reports

Homes for Women Campaign. (2013). *Housing First, Women Second? Gendering Housing First: A brief from the Homes for Women Campaign*. Retrieved from http://ywcacanada.ca/data/publications/00000066.pdf

Houard, N. (2011). The French Homelessness Strategy: Reforming Temporary Accommodation, and Access to Housing to deliver 'Housing First': Continuum or Clean Break. *European Journal of Homelessness, 5*(2), 83-98.

Houselink. (2015). *Our History*. Retrieved from http://www.houselink.on.ca/who-we-are/our-history/

Hulchanski, J. D. (2002). *Housing Policy for Tomorrow's Cities*. Canadian Policy Research Networks Inc. Retrieved from http://www.urbancentre.utoronto.ca/pdfs/elibrary/CPRNHousingPolicy.pdf.

Hulchanski, J. D., Campsie, P., Chau, S. B., Hwang, S. W., & Paradis, E. (2009). Homelessness: What's in a word. *Finding Home: Policy Options for Addressing Homelessness in Canada. Toronto: Cities Centre Press, University of Toronto*.

Jacobs, K., & Manzi, T. (2000). Evaluating the social constructionist paradigm in housing research. *Housing, Theory and Society*, 17(1), 35-42.

Johnson, G. (2012). Housing First 'Down Under': Revolution, Realignment or Rhetoric? *European Journal of Homelessness, 6*(2), 183-191.

Johnson, G., Parksinson, S., & Parsell, C. (2012). *Policy shift or program drift? Implementing Housing First in Australia,* AHURI Final Report No.184. Melbourne: Australian Housing and Urban Research Institute.

Johnsen, S., & Teixeira, L. (2012). Doing it Already? Stakeholder Perceptions of Housing First in the UK. *International Journal of Housing Policy*, 12(2), 183-203.

Keller, C., Goering, P., Hume, C., Macnaughton, E., O'Campo, P., Sarang, A., Thomson, M., Vallee, C., Watson, A., & Tsemberis, S. (2013). Initial implementation of Housing First in five Canadian cities: How do you make the shoe fit, when one size does not fit all? *American Journal of Psychiatric Rehabilitation*, 16(4), 275-289.

Kertesz, S. G., Austin, E. L., Holmes, S. K., Pollio, D. E., Schumacher, J. E., White, B., & Lukas, C. V. (2014). Making Housing First Happen: Organizational Leadership in VA's Expansion of Permanent Supportive Housing. *Journal of General Internal Medicine*, *29*(4), 835-844.

Kertesz, S. G., Crouch, K., Milby, J. B., Cusimano, R. E., & Schumacher, J. E. (2009). Housing first for homeless persons with active addiction: are we overreaching? *Milbank Quarterly*, *87*(2), 495-534.

Kertesz, S. G., & Weiner, S. J. (2009). Housing the chronically homeless: high hopes, complex realities. *Journal of the American Medical Association*, *301*(17), 1822-1824.

Kirst, M., Zerger, S., Harris, D. W., Plenert, E., & Stergiopoulos, V. (2014). The promise of recovery: narratives of hope among homeless individuals with mental illness participating in a Housing First randomised controlled trial in Toronto, Canada. *BMJ Open*, *4*(3), 1-8.

Klodawsky, F. (2009). Home spaces and rights to the city: Thinking social justice for chronically homeless women. *Urban Geography*, *30*(6), 591-610.

Knutagård, M., & Kristiansen, A. (2013). Not by the book: The emergence and translation of housing first in sweden. *European Journal of Homelessness*, *7*(1), 93-115.

Laird, G. (2002). *Homeless in Alberta*. Sheldon Chumir Ethics Foundation. Retrieved from http://www.chumirethicsfoundation.ca/files/pdf/LairdFFWDhomeless.pdf.

Laird, G. (2007). *Homelessness in a Growth Economy: Canada's 21st century paradox.* Calgary: Sheldon Chumir Foundation for Ethics in Leadership. Retrieved from http://www.chumirethicsfoundation.ca/files/pdf/SHELTER.pdf.

Larimer, M. E., Malone, D. K., Garner, M. D., Atkins, D. C., Burlingham, B., Lonczak, H. S., ... & Marlatt, G. A. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *Journal of the American Medical Association*, *301*(13), 1349-1357.

Lawson, J. (2006). *Critical Realism and Housing Research*. London, UK: Routledge.

Liamputtong, P. (2007). *Researching the Vulnerable: A Guide to Sensitive Research Methods*. Western Sydney University, Australia: SAGE Publications Ltd.

Liz, S., & Jane, R. (2002). Qualitative Data Analysis for Applied Policy Research. In Huberman, A. M., & Miles, M. B. (Eds.), *The Qualitative Researcher's Companion.* Thousand Oaks, CA: Sage Publications.

Mackelprang, J. L., Collins, S. E., & Clifasefi, S. L. (2014). Housing First Is Associated with Reduced Use of Emergency Medical Services. *Prehospital Emergency Care*, *18*(4), 476-482.

Macleod, T., Nelson, G., O'Campo, P., & Jeyaratnam, J. The experience of landlords and housing and clinical staff in supportive independent housing interventions. (2015). *Canadian Journal of Community Mental Health,* 34(3), 1-13.

Macnaughton, E., Stefancic, A., Nelson, G., Caplan, R., Townley, G., Aubry, T., … & Goering, P. (2015). 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*, *55*(3-4), 279-291.

Maki, A. (2014, Dec 11). Medicine Hat's Ted Clugston, 'the mayor who ended homelessness'. *The Globe and Mail*. Retrieved from http://www.theglobeandmail.com/news/alberta/medicine-hats-ted-clugston-the-mayor-who-ended-homelessness/article22058811/

Marston, G. (2002). Critical discourse analysis and policy-orientated housing research. *Housing, Theory and Society*, 19(2), 82-91.

Martin, R., & Kunnen, N. (2008). Reinterpreting the Research Path: Using qualitative methods in homelessness research. In Maginn, P. J., Thompson, S., & Tonts, M (Eds.), *Qualitative Housing Analysis: An International Perspective (Studies in Qualitative Methodology, Volume 10)* (61-89). Bingley, UK: Emerald Group Publishing Limited.

May, J. (2000). Housing Histories and Homeless Careers: A Biographical Approach. *Housing Studies,* 15(4), 613-638.

Mayan, M. (2009). *Essentials of Qualitative Inquiry.* Walnut Creek: Left Coast Press.

Maxwell, J. (2012). *A Realist Approach for Qualitative Research*. Thousand Oaks, CA: Sage Publications.

McNaughton Nicholls, C., & Atherton, I. (2011). Housing First: Considering components for successful resettlement of homeless people with multiple needs. *Housing Studies*, *26*(5), 767-777.

Mental Health Commission of Canada (MHCC). (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Retrieved from http://strategy.mentalhealthcommission.ca/pdf/strategy-text-en.pdf

Mental Health Commission of Canada (MHCC). (2015). *Initiatives: At Home*. Retrieved from http://www.mentalhealthcommission.ca/English/initiatives-and-projects/home

Miles, M. B. & Huberman, A. M. (1994). *Qualitative Data Analysis: An Expanded Sourcebook*. Beverly Hills, CA: Sage Publications.

National Alliance to End Homelessness (NAEH). (2000). *A Plan, Not a Dream: How to End Homelessness in Ten Years*. Retrieved from http://www.endhomelessness.org/library/entry/a-plan-not-a-dream-how-to-end-homelessness-in-ten-years

National Alliance to End Homelessness (NAEH). (2006). *Beyond, Shelter, Los Angeles, CA*. Retrieved from http://www.endhomelessness.org/library/entry/beyond-shelter-los-angeles-ca

Nelson, G., & Laurier, W. (2010). Housing for people with serious mental illness: Approaches, evidence, and transformative change. *Journal of Sociology & Social Welfare*, XXXVII(4*)*, 123-146.

Nelson, G., Macnaughton, E., Caplan, R., Macleod, T., Townley, G., Piat, M., ... & Goering, P. (2013). *Follow-up Implementation and Fidelity Evaluation of the Mental Health Commission of Canada's At Home/Chez Soi Project*. Retrieved from https://www.mentalhealthcommission.ca/English/system/files/private/document/Housing_At_ Home_Qualitative_Report_Follow-up_Implementation_Fidelity_Evaluation_Cross_Site_ENG.pdf

Nelson, G., Rae, J., Townley, G., Goering, P., Macnaughton, E., Piat, M., ... & Tsemberis, S. (2012*). Implementation and Fidelity Evaluation of the Mental Health Commission of Canada's At Home/Chez Soi Project*. Retrieved from http://www.mentalhealthcommission.ca/sites/default/files/filefield_private_download/docume nt/Housing_At_Home_Qualitative_Report_Implementation_Fidelity_Cross_Site_ENG.pdf

Nelson, G., Stefancic, A., Rae, J., Townley, G., Tsemberis, S., Macnaughton, E., … & Goering, P. (2014). Early implementation evaluation of a multi-site housing first intervention for homeless people with mental illness: A mixed methods approach. *Evaluation and Program Planning*, 43, 16-26.

Novac, S., Darden, J., Hulchanski, D., & Seguin, A. (2002). *Housing Discrimination in Canada: What Do We Know About It?* Research Bulletin #11. Retrieved from http://www.urbancentre.utoronto.ca/pdfs/researchbulletins/11.pdf

O'Campo, P., Zerger, S., Gozdzik, A., Jeyaratnam, J., & Stergiopoulos, V. (2015). Strategies to balance fidelity to housing first principles with local realities: lessons from a large urban centre. *Journal of Health Care for the Poor and Underserved*, 26(2), 536-553.

O'Neill, P. (2008). The role of theory in housing research: Partial reflections on the work of Jim Kemeny. *Housing, Theory and Society*, 25(3), 164-176.

OrgCode Consulting Inc. (2012). *Red Deer Point In Time [PIT] Homeless Count 2012. Final Report.* Retrieved from http://www.reddeer.ca/media/reddeerca/about-red-deer/social-well-being-and-community-initiatives/housing-and-homelessness/Red-Deer-PITFinal-Report--Nov---2012.pdf

OrgCode Consulting, Inc. (2015). *Service Prioritization Decision Assistance Tool.* Retrieved from http://www.orgcode.com/product/spdat/

Padgett, D. K. (2007). There's no place like (a) home: Ontological security among persons with serious mental illness in the United States. *Social science & medicine*, 64(9), 1925-1936.

Padgett, D. K. (2013). Choices, Consequences and Context: Housing First and its Critics. *European Journal of Homelessness, 7*(2), 341-347.

Padgett, D. K., Gulcur, L., & Tsemberis, S. (2006). Housing first services for people who are homeless with co-occurring serious mental illness and substance abuse. *Research on Social Work Practice*, 16(1), 74-83.

Padgett, D. K., Stanhope, V., Henwood, B. F., & Stefancic, A. (2011). Substance use outcomes among homeless clients with serious mental illness: Comparing Housing First with treatment first programs. *Community Mental Health Journal*, 47(2), 227-232.

Parker, D. (2010). Housing as an intervention on hospital use: Access among chronically homeless persons with disabilities. *Journal of Urban Health*, 87(6), 912-919.

Patterson, M., Moniruzzaman, A., Palepu, A., Zabkiewicz, D., Frankish, C. J., Krausz, M., & Somers, J. M. (2013). Housing First improves subjective quality of life among homeless adults with mental illness: 12-month findings from a randomized controlled trial in Vancouver, British Columbia. *Social Psychiatry and Psychiatric Epidemiology*, 48(8), 1245-1259.

Patterson, M. L., Moniruzzaman, A., & Somers, J. M. (2014). Community participation and belonging among formerly homeless adults with mental illness after 12 months of Housing First in Vancouver, British Columbia: a randomized controlled trial. *Community Mental Health Journal, 50*(5), 604-611.

Pearson, C., Montgomery, A. E., & Locke, G. (2009). Housing stability among homeless individuals with serious mental illness participating in housing first programs. *Journal of Community Psychology*, *37*(3), 404-417.

Pleace, N. (2011). The Ambiguities, Limits and Risks of Housing First from a European Perspective. *European Journal of Homelessness,* 5(2), 113-27.

Pleace, N. (2013). Consumer Choice in Housing First. *European Journal of Homelessness*, 7(2), 329-339.

Pleace, N., & Bretherton, J. (2012). *Will paradigm drift stop Housing First from ending homelessness? Categorising and critically assessing the Housing First movement from a social policy perspective*. In: Social Policy in an Unequal World: Joint annual conference of the East Asian Social Policy Research Network and the UK Social Policy Association, 16 – 18 July 2012, York.

Pleace, N., & Bretherton, J. (2013). The Case for Housing First in the European Union: A Critical Evaluation of Concerns about Effectiveness. *European Journal of Homelessness,* 7(2), 21-41.

Polvere, L., MacLeod, T., Macnaughton, E., Caplan, R., Piat, M., Nelson, G., Gaetz, S., & Goering, P. (2014*). Canadian Housing First toolkit: The At Home/Chez Soi experience.* Calgary and Toronto: Mental Health Commission of Canada and the Homeless Hub. Retrieved from
http://www.housingfirsttoolkit.ca/sites/default/files/pdfs/CanadianHousingFirstToolkit.pdf

Polvere, L., Macnaughton, E., & Piat, M. (2013). Participant perspectives on housing first and recovery: Early findings from the At Home/Chez Soi project. *Psychiatric Rehabilitation Journal*, *36*(2), 110 – 112.

Regional Municipality of Wood Buffalo. (2012). *Housing Needs Count: A comprehensive report about the homeless population in Wood Buffalo.* Retrieved from
http://www.rmwb.ca/Assets/00assets/living/social+support+services/pdfs/2012+Housing+nee
ds+count.pdf

Ridgway, P., & Zipple, A. M. (1990). The paradigm shift in residential services: From the linear continuum to supported housing approaches. *Psychosocial Rehabilitation Journal,* 13, 20–31.

Ritchie, J., & Spencer, L. (2002). Qualitative Data Analysis for Applied Policy Research. In Huberman, M., & Miles, M. (Eds.), *The Qualitative Researchers Companion* (305-330). Thousand Oaks, CA: SAGE Publications, Inc.

Schmidt, D., & Patterson, M. (2011). *The At Home/Chez Soi Project: Implementation at the Vancouver, BC Site*. Mental Health Commission of Canada. Retrieved from
http://www.mentalhealthcommission.ca/English/node/16196?terminitial=67

Shapcott, M. (2011). *'Housing First' will help end homelessness, but first Toronto needs health, affordable homes.* Toronto: Wellesley Institute. Retrieved from http://www.wellesleyinstitute.com/wp-content/uploads/2011/07/Core-Services-Review_Wellesley-Institute_Affordable-Housing.pdf

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63-75.

Skosireva, A., Patricia, O., Zerger, S., Chambers, C., Gapka, S., & Stergiopoulos, V. (2014). Different faces of discrimination: perceived discrimination among homeless adults with mental illness in healthcare settings. *BMC Health Services Research*, 14(376), 1-11.

Snow, D., & Anderson, L. (1991). Researching the Homeless: The Characteristic Features and Virtues of the Case Study. In Feagin, J. R., Orum, J. R., & Sjoberg, G (Eds.). *A Case for the Case Study* (148-173*).* North Carolina: University of North Carolina Press.

Somers, J. M., Rezansoff, S. N., Moniruzzaman, A., Palepu, A., & Patterson, M. (2013). Housing first reduces re-offending among formerly homeless adults with mental disorders: results of a randomized controlled trial. *PloS one*, *8*(9), e72946.

Sorensen. (2012). *2012 Edmonton Homeless Count*. Retrieved from http://www.homewardtrust.ca/images/resources/2013-01-22-11-53FINAL%20%202012%20Homeless%20Count.pdf

Sparks, T. (2012). Governing the Homeless in an Age of Compassion: Homelessness, Citizenship, and the 10-Year Plan to End Homelessness in King County Washington. *Antipode*, *44(4),* 1510-1531.

Stake, R. E. (2013). *Multiple Case Study Analysis*. New York: The Guilford Press.

Stanhope, V., & Dunn, K. (2011). The curious case of Housing First: The limits of evidence based policy. *International Journal of Law and Psychiatry*, *34*(4), 275-282.

Statistics Canada. (2014). *Annual Demographic Estimates: Canada, Provinces and Territories.* Catalogue no. 91-215-X. Retrieved from http://www.statcan.gc.ca/pub/91-215-x/91-215-x2014000-eng.pdf

Stefancic, A., & Tsemberis, S. (2007). Housing First for long-term shelter dwellers with psychiatric disabilities in a suburban county: a four-year study of housing access and retention. *The Journal of Primary Prevention,* 28(3-4), p.265-279.

Stefancic, A., Tsemberis, S., Messeri, P., Drake, R., & Goering, P. (2013). The Pathways Housing First fidelity scale for individuals with psychiatric disabilities. *American Journal of Psychiatric Rehabilitation*, *16*(4), 240-261.

Stergiopoulos, V., O' Campo, P., Gozdzik, A., Jeyaratnam, J., Corneau, S., Sarang, A., & Hwang, S. W. (2012). Moving from rhetoric to reality: Adapting Housing First for homeless individuals with mental illness from ethno-racial groups. *BMC health services research*, *12*(1), 1.

Stergiopoulos, V., Zerger, S., Jeyaratnam, J., Connelly, J., Kruk, K., O'Campo, P., & Hwang, S. (2015). Dynamic Sustainability Practitioners' Perspectives on Housing First Implementation Challenges and Model Fidelity Over Time. *Research on Social Work Practice*, *26*(1), 61-68.

Tainio, H., & Fredriksson, P. (2009). The Finnish Homelessness Strategy: From a 'Staircase' Model to a 'Housing First' Approach to Tackling Long-Term Homelessness. *European Journal of Homelessness*, 3, 181-199.

The United States Conference of Mayors. (2014). *Hunger and Homelessness Survey: A Status Report on Hunger and Homelessness in America's Cities*. Retrieved from http://www.usmayors.org/pressreleases/uploads/2014/1211-report-hh.pdf

Tsai, J., Bond, G. R., Salyers, M. P., Godfrey, J. L., & Davis, K. E. (2010). Housing preferences and choices among adults with mental illness and substance use disorders: A qualitative study. *Community Mental Health Journal*, 46(4), 381-388.

Tsai, J., Mares, A. S., & Rosenheck, R. A. (2010). A multisite comparison of supported housing for chronically homeless adults: "housing first" versus "residential treatment first". *Psychological Services*, 7(4), 219.

Tsai, J., & Rosenheck, R. A. (2012). Conceptualizing social integration among formerly homeless adults with severe mental illness. *Journal of Community Psychology*, 40(4), 456-467.

Tsemberis, S. (1999). From streets to homes: An innovative approach to supported housing for homeless adults with psychiatric disabilities. *Journal of Community Psychology*, *27*(2), 225-241.

Tsemberis, S. (2010a). Housing First: Ending homelessness, promoting recovery and reducing costs. In Ellen, I. G., & O'Flaherty, B (Eds.), *How to House the Homeless* (37-56). New York, NY: Russell Sage Foundation.

Tsemberis, S. (2010b). *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction*. Center City, MN: Hazeldean.

Tsemberis, S., & Asmussen, S. (1999). From streets to homes: The pathways to housing consumer preference supported housing model. *Alcoholism Treatment Quarterly*, *17*(1-2), 113-131.

Tsemberis, S. (2012). Housing First: Basic Tenets of the Definition Across Cultures. *European Journal of Homelessness*, 6(2), 169-174.

Tsemberis, S., & Eisenberg, R. F. (2000). Pathways to housing: Supported housing for street-dwelling homeless individuals with psychiatric disabilities. *Psychiatric Services*, *51*(4), 487-493.

Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health*, *94*(4), 651-656.

Tsemberis, S., Kent, D., & Respress, C. (2012). Housing stability and recovery among chronically homeless persons with co-occuring disorders in Washington, DC. *American Journal of Public Health*, *102*(1), 13-16.

Tsemberis, S., Rogers, E., Rodis, E., Dushuttle, P., & Skryha, V. (2003). Housing Satisfaction for Persons with Psychiatric Disabilities. *Journal of Community Psychology, 31(6*), 581-590.

Tsenkova, S., & Witwer, M. (2011). Bridging the gap: Policy instruments to encourage private sector provision of affordable rental housing in Alberta. *Canadian Journal of Urban Research, 20*(1), 52-80.

Turner, A. (2014). *At Home in Medicine Hat: Our Plan to End Homelessness*. January 2014 Update. Retrieved from http://production.mhchs.ca/static/main-site/files/housing-development/Refocused-Plan-to-end-Homelessness.pdf

Turner, A. (2015). *2014 Alberta Point-in-Time Homeless Count: Provincial Report.* Retrieved from http://homelesshub.ca/sites/default/files/2015-02-05-12-287%20Cities%20AB%20PIT%20Report.pdf

Volk, J. S., Yamin, S., Jetté, J., Aubry, T., & Bourque, J. (2014). The At Home/Chez Soi Project: Community Partners' Perspectives on the Implementation of Housing First in Moncton. *Canadian Journal of Community Mental Health*, 33, 1-14.

Waegemakers Schiff, J. (2014). *A Comparison of Four Housing First Programs (Report for Human Services Canada).* Calgary: University of Calgary. Retrieved from http://www.houselink.on.ca/wp-content/uploads/2011/01/Comparison-of-Four-Housing-First-Programs-Final-Aug-1-v2.pdf

Waegemakers Schiff, J. W., & Rook, J. (2012). *Housing First: Where is the Evidence?* Calgary: Homeless Hub, University of Calgary, Social Work. Retrieved from http://www.homelesshub.ca/sites/default/files/HousingFirstReport_final.pdf

Waegemakers Schiff, J., & Schiff, R. A. (2014). Housing First: Paradigm or program? *Journal of Social Distress and the Homeless*, *23*(2), 80-104.

Waegemakers Schiff, J., & Turner, A. (2014). *Housing First in Rural Canada: Rural Homelessness and Housing First Feasibility across 22 Canadian Communities*. Human Resources and Development Canada. Retrieved from http://www.homelesshub.ca/sites/default/files/Rural_Homelessness_in_Canada_2014.pdf

Watson, D. P., Wagner, D. E., & Rivers, M. (2013). Understanding the critical ingredients for facilitating consumer change in Housing First programming: A case study approach. *The Journal of Behavioral Health Services & Research*, *40*(2), 169-179.

Willse, C. (2010). Neo-liberal biopolitics and the invention of chronic homelessness. *Economy and Society*, *39*(2), 155-184.

Wong, J. (2015, April 25). In Medicine Hat, Homelessness Is (Almost) Over. *The Tyee.* Retrieved from http://thetyee.ca/News/2015/04/25/mIn-Medicine-Hat-Homelessness-Is-Almost-Over/

Yamin, S., Aubry, T., Volk, J., Jetté, J., Bourque, J., & Crouse, S. (2014). Peer Supportive Housing for Consumers of Housing First Who Experience Ongoing Housing Instability. *Canadian Journal of Community Mental Health*, *33*, 1-16.

Yanos, P. T., Barrow, S. M., & Tsemberis, S. (2004). Community integration in the early phase of housing among homeless persons diagnosed with severe mental illness: Successes and challenges. *Community Mental Health Journal*, *40*(2), 133-150.

Yanos, P. T., Felton, B. J., Tsemberis, S., & Frye, V. A. (2007). Exploring the role of housing type, neighborhood characteristics, and lifestyle factors in the community integration of formerly homeless persons diagnosed with mental illness. *Journal of Mental Health*, *16*(6), 703-717.

Yin, R. (1994). *Case Study Research: Design and Methods. (Second Edition)*. Newbury Park, CA: Sage Publications.

Zerger, S., Pridham, K. F., Jeyaratnam, J., Hwang, S. W., O'Campo, P., Kohli, J., & Stergiopoulos, V. (2014). Understanding housing delays and relocations within the Housing First model. *The Journal of Behavioral Health Services & Research*, 43(1), 38-53.

Appendix A: General Interview Guide for Service Providers

1. Can you tell me about your job?
2. How long have you been working in this field?
   a. Did you work in this sector before the implementation of the 10YP to End Homelessness (or before HF was a program of focus)?
   b. *If yes,* how has this changed the way homelessness is dealt with in your agency?
3. What are the defining principles of the HF program you work in?
   a. How would you describe the program views on client choice?
   b. Is there an emphasis on rapid (re)housing once someone has applied for your program, or if they are evicted while in the program?
   c. How long does your program provide support to clients?
      i. What are your programs' policies around graduation?
4. Can you describe what type of clients you work with?
   a. What are some of the issues or barriers that clients seem to be dealing with?
5. What types of barriers do people struggle with when it comes to housing in particular?
   a. Do you see any unique barriers for Aboriginal peoples?
6. Does the housing market in *(city)* present any particular challenges for clients?
   a. If yes, what are they?
7. What do you think about affordable housing in *(city)*?
   a. Do you think there is enough provided?
   b. Do you think this is different for a family vs. an individual?
   c. Does this cater to a variety of ethnic backgrounds and cultures?
8. Does the supply of affordable housing relate to homelessness at all? How?
   a. Have you seen this in your work?
   b. Can you give any examples?
9. What role does rental housing play in the HF program?
   a. What is the difference between market rental units and designated affordable units?
10. Is affordable housing important for HF?
11. What are the challenges you have experienced relating to HF in the current housing market?
    a. How do you mitigate these challenges?
12. Where are people able to be housed in your program?
    a. What areas?
    b. What types of housing?
    c. Is it market apartments or affordable units only?
13. How does the supply of housing relate to where a participant can be housed with the program?
    a. How does this affect a participant's choice of housing?
    b. Do limited housing options ever cause someone to be housed somewhere less than ideal for them?
14. How long do people typically wait to be housed once they have applied for the program?
    a. Why is this?
    b. Does the supply of affordable housing relate to this?

15. How does the supply of housing relate to a participants ability to stay housed?
16. Are participant evictions an issue you deal with?
    a. What are some of the major reasons people experience evictions?
    b. Are people re-housed after evictions?
        i. What is this process?
        ii. How long must a person usually wait before being rehoused?
17. How does the supply of housing relate to a participants ability to graduate from HF?
18. What is the biggest barrier to people graduating from the HF program?
19. How does the supply of housing influence a participants sustainability in the program, both during the program and once they have graduated?
20. What type of housing do participants seem to do best in?
21. If an individual lives in market housing with a rental subsidy, how long is this subsidy guaranteed for?
22. Are there any measures in place to assist a participant if this funding expires?
23. Do you think we will end homelessness in Alberta by 2019?
    a. Why or why not?
    b. If no, what needs to change?
24. Is there anything missing from the current response?

Appendix B: Participant Interview Guides – Biographical Life History Approach

Currently Housed – HF or other
Present
1. Can you tell me your age?
2. Can you tell me what gender you identify with?
3. What ethnic background do you identify with?
4. Have you always lived in this city? Why did you decide to move here?
5. Can you tell me about your current housing situation?
    a. How long have you lived here for?
    b. Do you live here alone?
    c. What do you like best /worst about living here?
    d. Are there any services here (in the building) that you like to access?
6. How is your relationship with the landlord? How about your neighbors in the building?
7. Can you tell me about your experience in getting this apartment?
    a. How did you hear about this program?
    b. What was the process like to get to live here?
        i. Did you have any choice in living here?
    c. How long did you have to wait to move in here?
        d. Where did you live while you were waiting for a place?
    d. Are there any rules you have to follow to live here?
        a. What do you think about the rules?
8. How does the rent get sorted out?
    a. If rental subsidy: What would you do if you didn't have the subsidy? Would you be able to afford rent?
9. Have you ever been evicted since being in a housing program?
    a. What happened/what was the process?
10. Are you getting support or resources from any other programs for housing?

Past
11. Can you tell me about your situation before you lived here?
12. Can you tell me about some of your experiences with housing in the past?
13. Did you ever have troubles finding a place to live?
    a. What were the main reasons?
    b. Did you ever have to leave a place because the rent was too expensive?
14. What do you think is the hardest part about finding a place to live when you are homeless?
15. What could be done to help people who are homeless find a place to live?
16. Do you think it has become harder to find a place to rent, compared to in the past?
    a. How have things changed?
    b. Have people come up with any creative ways to make housing work for them?

Future
17. Do you feel like your housing here is secure? (long-term?)
    a. Do you ever worry about your housing in the future? What do you worry about?
    b. Are there any time limits on living here?

18. Do you think you would like to move in the future?
19. What would your ideal housing situation look like?
20. What does affordable housing look like to you?
21. Are there affordable places to live here?
22. Is there anything about this city that makes it especially hard to find housing?
    a. *(If Aboriginal identity)* Are there any extra barriers for aboriginal people?
    b. How about aboriginal people moving here for the first time?
23. If you had to move in the future, do you think you could find an apartment on your own?
24. What do you think can be done to help end homelessness here?

Currently Homeless
Present
1. Can you tell me your age?
2. Can you tell me what gender you identify with?
3. What ethnic background do you identify with?
4. Have you always lived in this city? Why did you decide to move here?
5. Can you tell me about your current housing situation?
6. How long have you been in this situation?
7. How do you feel about your current situation?
8. What do you think is the hardest part about finding a place to live when you are homeless?
9. Are you currently looking for a place to live?
   a. What are some problems you are having?
10. Have you ever been in a housing program before?
    a. If *yes*, what happened?
    b. If *no,* have you ever applied for housing before?
11. Have you heard of the Housing First program?
12. Is there anything about this city that makes it especially hard to find housing?
13. What does affordable housing mean to you?
14. Are there affordable places to live here?
15. Do you think it is harder to find an affordable place now then it used to be?
16. Do you know of any ways people are getting creative to find new places to live, or to afford the rent?
Past
17. Can you tell me about some of the places you lived in the past?
18. When is the last time you had a place of your own?
19. Why did you stop living there?
20. Can you tell me a bit about other places you have lived?
21. Did you ever have to move because the rent was too much?

Future
22. Is there anything you can think of, that would help you be able to get a place of your own?
23. What would your ideal housing situation be in the future?
24. What could be done to help people who are homeless find a place to live?

Appendix C: Sample Analysis Chart of Service User Data – "Politics" Theme Broken Down
by Sub-Theme and Participant

	Politics			
Code	Culture of the 10YP	Pressure/outcomes based	HF is the "only way", no flexibility	Disconnect from top, too many rules
C-SP9	Well what happens when you don't agree with the 10YP, right? And then you don't have access to that money. You are, I believe, singled out and looked at as someone that is not a believer right. And then people come to certain conclusions right.		To look at the 10YP and say -this isn't working because of this right. And could we not look at it in a different way. And so to have that openness to dialogue with people instead of someone just saying - "no, this is how its been created and this is how it shall fall".	
E-SP10	Yea there was a culture of fear too. It was just bizarre. I didn't enjoy working there. I'm trying to think of a constructive way to put that. I think, I don't know just look at the meeting minutes from the permanent supportive housing team with [name removed].	Yes. There was a huge culture of...I felt like, I don't know, like I felt like we were given these outcomes that you had to meet and you were gonna meet them no matter what you need to do to fudge them. And I know the stats were fudged. Lied.		
C-SP4	If you weren't in you were out. And I think a number of organizations were chasing, this is my own opinion, because I don't have any evidence that it was, like I don't think very many organizations did what [organization name] did was saying "no, this is how we think it should be dealt with and this is our response to your proposal." And then when they turned us down we just said "okay."			What we've created is this big gigantic complex hard hidebound by rules and policies system, and most people just need to be treated like a human. And set on their feet and patted on the ass and there you go , out the door, fly little birdy fly and you won't come back.

C-SP1		Well I think that a big part of it is control. There is also pressure to produce results. So to me, all of that has to be rethought.		Well we have found ways to police everything. So like, taxes, welfare, we are policing everybody. We've built a Housing first model based on the policing system.
C-SP8		It's like they always say, everyone is fighting for the same dollars right. And everything is performance based and outcomes based, so all of these Housing First programs have to report to government. And that, it does create a bit of a competitive, or maybe territorial feel to it. And really it should just be about serving the client the best that you can.	I think that if there's an unattainable goal set for - and people are very, you know there's always politics involved, you've got to say what you said you were going to do. Instead of just coming out and saying, we've learned from the last 10 years so this is what we need to do to move forward. That's what I worry about. There's too much pride involved. There's too much money involved. There's too much politics involved for people to just be able to say, this is what we've learned from this experience and this is what we figured out that people really need.	
MH-SP3		You know when they first implemented the plan it was about showing immediate results with our chronic, you know get rid of the visible homeless people. Get the PR, get the politicians behind it as well.		

E-SP6			I think there's still space for Housing First, I still think I've worked with participants who would definitely be homeless still if they hadn't joined the Housing First program, but that doesn't mean it's right for everyone. So I think it needs to be like a tool in the toolkit, instead of the toolbox that we work with.	