AT OUR PLACE

A Study on Living & Belonging in Enhanced Supportive Housing

John Howard
SOCIETY OF ONTARIO

About the John Howard Society of Ontario

The John Howard Society of Ontario (JHSO) is a leading criminal justice organization advancing the mandate, "effective, just and humane responses to crime and its causes." We work towards our mission through the delivery of services to those in conflict with the law and at-risk, both adult and youth, provided by our 19 local offices who are active in communities across the province. In 2003, JHSO's provincial office established its Centre of Research & Policy (the Centre) to contribute to the evidence-based literature and policy discourse in order to further advance our mandate. Local John Howard Society (JHS) offices provide services in a broad continuum of care from prevention through aftercare. Programming is sensitive to and reflective of the unique needs of the community it serves.

JHS is often the first point of contact for programs and services for people who have mental health issues and who are justice-involved. JHS has a reputation for providing services that are accessible, welcoming, and safe for those who have experienced the criminal justice system. JHS staff conduct assessments to identify individual strengths, needs and risk factors. Evidence-based services target the criminogenic risks and needs and the social determinants of health to ensure that the services are responsive to the specific client and their circumstances. When a person has mental health issues, staff adjust their case management approach in order to ensure that service delivery targeting identified criminogenic factors is responsive to and addresses a person's mental health needs. JHS services aim to reduce the risk of criminal behaviour while building on an individual's strengths. Our offices maintain an open-door policy offering long-term follow-up to clients who have accessed services.

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Executive Summary

The Rita Thompson Residence (RTR) is an enhanced supportive housing facility operated by the John Howard Society (JHS) of Ottawa. RTR provides a home to a group of previously homeless men and women confronting complex health and substance use concerns by providing them with on-site supports. Chronic homelessness is a rising issue across Ontario, therefore, there is a growing need for programs such as RTR to provide the necessary supports and services for this vulnerable population.

The Centre of Research & Policy at the John Howard Society of Ontario (JHSO) received support from the Ministry of Municipal Affairs and Housing to examine promising practices for supportive housing programs for the chronically homeless. This study examined the successes, challenges, and shared meaning of RTR's approach to sustaining resident tenancy and community inclusion. This was accomplished through conducting surveys, interviews and focus groups on residents, staff, stakeholders and neighbours of RTR. The aim of this study was to aid other housing programs in their capacity to anticipate, assess, and implement promising solutions in their own housing programs. Key findings from the current project include:

- During the period of data collection (570 days), an aggressive incident occurred at the residence 50% of the days, the majority of which were not rated as highly aggressive;
- Out of all the supports and services provided at RTR, the prescription management program was discussed most frequently as being effective and helpful in improving residents' complex health needs;
- The overarching theme discussed throughout the one-to-one interviews was relationships. The residents desire and seek relationships with others (other residents of RTR, the staff of RTR and the neighbours of RTR). This theme was intertwined with all other themes that were drawn throughout the interviews and focus groups;
- There were four main suggestions for improvement for the supports of the program which include: making changes to the meal management program by being more accommodating of meal times, implementing different strategies to help residents manage their money more effectively, the inclusion of more group outings to help residents build relationships with one another, and integrating more counselling supports to provide residents with an outlet to discuss their emotions and feelings with others;
- Residents reported a higher sense of community compared to the neighbours on the street. This could be due to the residents associating community with RTR as they experience a sense of support and belonging from the others in the building.

Introduction

Living in supportive housing, where individuals reside in their own apartments but share access to common living spaces and amenities, can blur the lines between home, support, relationships, and community. In the case of the Rita Thompson Residence (RTR), an enhanced supportive housing facility operated by the John Howard Society (JHS) of Ottawa, a group of previously homeless men and women confront the upshots of living independently with on-site supports. The frequent interactions between residents, service providers, and neighbours living on the same street foster both familiar and unfamiliar encounters for all involved (Valentine, 2008). Such contacts overtime can reveal nuanced understandings for service providers and neighbours of individuals who have experienced chronic homelessness, and unfortunately, can also reinforce the stigma that individuals who actively use drugs or experience homelessness find difficult to separate from their identity.

Each resident at RTR has their own apartment, however, they share a common living space and access services in designated offices (i.e. the on-site nurse and case managers have private offices inside the residence). RTR was thus an ideal site to learn what has helped a sample of men and women who have experienced chronic homelessness retain their tenancy and feel a sense of community. This report presents the findings from a mixed- methods study involving residents, staff, stakeholders, and surrounding neighbours of RTR to unpack convergence and divergence in the perceptions of what works for sustaining tenancy and fostering community inclusion. This report begins with a brief background of the study and residence, followed by the methodological and ethical considerations undertaken for this study. The findings are presented in two sections: (1) providing an overview of the sample and the supports residents, staff, and stakeholders have found effective for retaining tenancy amongst residents; (2) unpacking thoughts on community inclusion inside the residence as well as the relations between residents and neighbours on the same street as RTR.

About the Study

The Centre of Research & Policy (the Centre) at JHS-Ontario received support from the Ministry of Municipal Affairs and Housing to examine promising practices for supportive housing programs for the chronically homeless. RTR is designed to combat chronic homelessness and address the complex health and addictions needs of this population. Considering the unique challenges and intensive model of this housing program, RTR provided a significant learning opportunity for Ontario's housing sector.

While there is a plethora of research underscoring the need for supportive housing and its impact on reducing chronic homelessness, there is much less research on the potential to scale locally-driven supportive housing solutions in Ontario. This study aimed to fill this gap by examining the successes, challenges, and shared meaning of RTR's approach to sustaining resident tenancy and community inclusion. The aim of this study was to aid other housing programs in their capacity to anticipate, assess, and implement promising solutions in their own housing programs.

About the Rita Thompson Residence

The Rita Thompson Residence (RTR) provides permanent housing alongside 24/7 health and social supports for 34 individuals with complex physical health, mental health and addiction needs. Prior to entering the residence, these 34 individuals were using Ottawa's shelter system for at least two years. Residents do not have dates for discharge or expectations for leaving the residence within a set time. Some individuals may be a resident at RTR for the remainder of their lives, while others may transition to more independent living. The expectation for the length of stay at the residence is dependent on the case management goals and plans each resident determines with their case manager. Although residents may remain at the residence for however long they wish, once they enter into a tenancy agreement with the program, residents can be evicted for infractions in their agreement. Infractions can include missing rent (i.e. withholding or disengaging from rental supports provided by Ontario Works or the Ontario Disability Support Program), damaging property, violent behaviour, or violations of safety rules.

Program Intake

When RTR opened in August 2015, residents were recruited through an intake process conducted by JHS-Ottawa staff, partners involved in the delivery of programming at RTR, and other shelter providers in the Ottawa area. This has now been supplanted through the Coordinated Access Portal operated by the City of Ottawa. JHS-Ottawa staff and the partners collectively decided whether the participant met the minimum program eligibility requirements. In order to be eligible for RTR, individuals must require two of the following: have been living in the Ottawa shelter system for over two years; have medium to high Service Prioritization Decision Assistance Tool (SPDAT) scores; have a concurrent mental health and substance use disorder or dual diagnosis; be receiving or eligible for the Ontario Disability Support Program (ODSP) / Canadian Pension Plan (CPP) supports; and be able to live independently with support.

Once an individual was referred to RTR, a JHS-Ottawa Outreach Worker then met with the prospective participant at the shelter or in the community. If the prospective participant was interested in the program, they then visited the apartment provided at RTR and completed an intake interview. During this interview, the Outreach Worker explained the lease agreement, such as the responsibilities of the landlord (JHS-Ottawa) and tenant (resident) and the use of property amenities. If individuals noted they were not amenable to these stipulations (i.e. the lease agreement; participation agreement; healthcare agreement from Ottawa Inner City; and behaviour contract) the prospective resident was not deemed eligible for RTR.

Program Supports

Individuals who agreed to the program were then moved into an apartment at RTR and given an orientation to the program. Each resident was assigned one of two case managers who meets weekly with residents to assist them in accessing voluntary supports which may help them maintain their tenancy. This includes but is not limited to, assistance in attending appointments (health or justice related), budgeting, food security, connecting to room cleaning services, conflict resolution with fellow residents, etc. In summary, the following supports are available at RTR for residents:

- Full-time nurse coordinator on-site for residents to drop-in, 5 days a week.
- Prescription management services: pharmacy coordinates with Nurse

Coordinator for dispensing resident medication and follow-up with residents.
- Round-the-clock supervision and support from an available Support Worker.
- Access to 24-hr on call medical support from a nurse and doctor from Ottawa Inner City Health.
- Supports for self-care, housekeeping, money management and budgeting skills.
- Meetings with case managers to assist with goals of the residents.
- Planned social or recreational outings as a group.
- Referral and follow ups with physical and mental health partners
- Free food program (free breakfast every day and community meal on Fridays)
- Additional option for the paid meal program (one meal a day).
- Substance use supports (needle exchange program, peer support workers, alcohol management program).

Methodology

Design & Ethics

This study took place over the course of 18-months from project start to end. This study employed a one-shot design with a mixed-methods approach to explore what had been helpful in assisting residents to maintain their tenancy, support their physical and mental health, and build a sense of community inside and outside the residence. For a complete list of the retaining tenancy and community inclusion questions framing the research see Appendix A.

Ethical considerations were embedded in the design and implementation of this study. The methods undertaken for this study comply with the principles set out in The Tri- Council Policy Statement (TCPS2), and this study was approved by the John Howard Society of Ontario's External Research Ethics Board.

Research Question

The central research question of this study was to uncover whether residents, staff, stakeholders, and neighbours shared a common understanding on what efforts are most successful for maintaining tenancy and providing a sense of community for residents. Researchers analyzed the results across four perspectives (residents, staff, stakeholders, and neighbours) to indicate what works for maintaining tenancy and enhancing community inclusion for the chronically homeless.

Sample

Eligible participants who were recruited for this study included:

- 34 residents who were living at RTR at the time of the study;
- 8 staff employed at RTR and an unknown number of care workers employed on an ad-hoc basis who had the option of completing the staff satisfaction survey;
- 10 neighbours, one individual per household, who live on the same street as RTR;
- 15 individuals from the following stakeholder organizations: Emergency Shelters: Ottawa Mission, Shepherds of Good Hope, and Salvation Army;
- Health Partners: Ottawa Inner City Health; the Assertive Community Treatment team from the Royal Ottawa; VISTA Brain Injury; CMHA-Ottawa; Respect Rx Pharmasave.
- First Responders: Community Service Police Officer.

Summary of Methods

Table 1: Summary of Sample, Methods, & Data Utilized for Study				
Sample		Instrument/ Method	Description of Instrument/Method	Responses
Residents		One to one interview	Each resident had an opportunity for one interview to discuss what has been helpful towards meeting their health needs and maintaining their tenancy.	31/34 residents consented to the study and were interviewed.
		Focus Group	Each resident had an opportunity to participate in one focus group with three other residents to discuss promising practices towards community inclusion.	25/31 residents who consented to the study participated in 7 focus groups.
	Medical & Needs Assessments	Service Prioritization Decision Assistance Tool (SPDAT)	Needs assessment tool for frontline workers at agencies and organizations that work with homeless clients to prioritize which of those clients should receive assistance first based on their level of acuity.	Total scores for all 31 residents who consented to the study.
		Multnomah Community Ability Scale (MCAS)	A mental health assessment to determine independent functioning.	Assessments for 27/31 residents who consented to study.
		Montreal Cognitive Assessment (MoCA)	A brief cognitive screening tool for measuring cognitive impairment amongst residents.	Total scores available for 22/31 who consented to the study.
	Administrative Data	Serious Occurrence Reports	Ongoing tracking by staff at JHS-Ottawa of serious occurrences involving residents, commonly emergency situations where first responders were called to RTR.	Analyzed logs and reports gathered between January 01, 2018 - July 27, 2019 for the 31 residents who consented.
		Aggression Logs	Ongoing tracking by staff at JHS-Ottawa of incidents using the St Joseph's Healthcare Hamilton (2018) Aggressive Incidents Scale.	
Staff		Staff Satisfaction Survey	Asks staff to score the degree to the degree to which neighbours and stakeholders support RTR and their satisfaction with the program.	8 staff completed survey, out of 7 full-time staff and an unknown number of part- time care workers.
		Data Party Focus Group	Present aggregate findings from the data collected and gathered from residents, staff, stakeholder to assist in making meaning of the results.	7 full-time staff participated in the Data Party.
Stakeholders		Stakeholder Satisfaction Survey	Asks community stakeholders to score the degree to which residents at RTR feel a part of their community, and the degree to which neighbours and stakeholders support RTR and their satisfaction with the program.	11/15 stakeholders completed the survey.
Neighbours		One to one interview with neighbours	Asks neighbours open-ended and Likert scale questions on their thoughts about community inclusion in the neighbourhood where RTR is located.	3/10 neighbours living on the same street as RTR participated.

Findings on Maintaining Tenancy

Individuals who have experienced chronic homelessness are commonly referred to as "hard to house." In the case of RTR, nearly all the residents are active substance users whose pre-existing health conditions compound their challenges in living independently without supports. To capture the successes and challenges in maintaining tenancy amongst RTR residents, this study asked residents in one-to-one interviews what supports at RTR have or have not helped them, as well as the ways in which their lives may or may not have changed since moving in. Staff and stakeholders who frequently interact with residents were also asked to share their thoughts via survey - or in the case of staff during a focus group - on the supports that have helped RTR residents avoid eviction and continue to live at RTR. The administrative data from serious occurrence reports and aggression logs filled by staff offer a glimpse into instances where tenancy may be placed at-risk. Collectively, these sources help provide a recipe for housing stability: the supports needed or desired, raising awareness on the frequency of events where tenancy may be at-risk and revealing patterns in those occurrences to possibly prevent them.

The findings below on maintaining tenancy are divided into three sections, beginning with a brief profile of RTR residents to help understand the needs and challenges this sample faces in their efforts to retain housing. This is followed by an analysis of the administrative data logging occasions where a serious or aggressive incident at the residence occurred involving a resident. Last, the perceptions of what staff and stakeholders view as the most effective supports for residents is presented, followed by what residents cited as most helpful throughout the interviews.

Resident Profile

Nearly all the residents at RTR (31 out of 34) consented to participate in this study. All the data presented in this report pertains at most to those 31 residents, as opposed to all residents. Eight of the 31 residents who consented to this study were women. 25 of the 31 who consented had intake forms in their case notes which included demographic data, their move-in date into the residence, and the length of time they had experienced homelessness prior to moving in. The age of the 25 residents with intake forms at the time of study ranged between 33 to 82 with an average age of 49 (standard deviation of 11). These 25 residents had been living at RTR from anywhere between less than a year to nearly four years, since 2015 when RTR first opened. 15 of these 25 residents had been living at RTR since it first opened in 2015 and were continuing to live there at the time of the study. 18 of the 25 residents had their length of time spent homeless indicated on their intake forms. The length of time these residents were homeless ranged from a year to over 20 years, with an average of 9 years prior to moving-in (standard deviation of 6). Nearly half of the sample in this study have lived in the residence since its inception, and there was wide variation between the age of the residents and the length of time they spent homeless prior to moving.

Accompanying the intake data is the medical and needs assessment data which has been collected by the Nurse Coordinator from Ottawa Inner City Health. The most recent medical assessments note roughly 70% of the residents have an acquired brain injury, nearly 50% of them have the cognitive functions equivalent to living with Alzheimer's, and many of them are active intravenous drug users.

The following sections provide overviews from the SPDAT, MCAS, and MoCA assessments to further detail the complex needs and health concerns of RTR residents.

Service Prioritization Decision Assistance Tool (SPDAT)

This tool was used as one component to determine one's eligibility to RTR, which was administered once prior to housing. There are 15 factors which the SPDAT takes into consideration, including but not limited to, mental and physical health, substance use, histories of trauma and experiences in managing tenancy, as well as self-care and meaningful daily activity. Scores can range from 0- 60, with a higher score indicating higher acuity and a greater degree of priority for placing an individual in supportive housing. (Org Code Consulting Inc., 2015) SPDAT scores were collected across three time periods for residents, the descriptive statistics for their scores are provided in table 2 below.

Table 2: Descriptive Statistics of SPDAT Scores for Residents at RTR Across Collection Periods

Descriptive	Upon Entry	2018	2019
# of SPDATs Administered	17	13	24
Range of scores (low to high)	23-55	30-58	22-48
# Scores High Acuity	14 (82%)	12 (92%)	17 (71%)
Average Score (standard deviation)	43.88 (9.71)	46.23 (8.05)	37.13 (7.65)

The majority of residents who had a SPDAT completed across all three data collection periods were deemed high acuity. No resident in table 2 received a low acuity score, and less than a third of the assessments at any time contained scores where an individual was categorized as having moderate acuity.

Many individuals experienced some improvements over the course of RTR in their ability to retain housing, however, they largely remained high acuity. This suggests that while residents can experience wide ranging degrees of improvement, static factors, as the assessment results below will highlight, may present ceilings to the extent to which residents can transition to less supportive forms of housing.

Montreal Cognitive Assessment (MOCA)

This measure was used to determine executive functioning of the resident prior to housing. The MoCA measures mild cognitive dysfunction and assesses different cognitive domains. The highest possible score is 30; a score of 26 or above is considered 'normal' (Nasreddine, 2010). Assessments were conducted in 2018 and 2019 for residents at RTR, with descriptive statistics provided below in table 3.

Table 3: Descriptive Statistics of MoCA Scores for Residents at RTR Across Collection Periods		
Descriptive	2018	2019
# of MoCAs Administered	12	20
Range of scores (low to high)	10-28	16-30
# of "Normal" Scores	1 (8%)	7 (35%)
Average Score (standard deviation)	20.17 (5.04)	23.25 (3.88)

Table 3 underscores the complex mental health and functioning issues residents at RTR face. In 2018, only one of the 12 residents who was administered the MoCA displayed normal cognitive functioning. A larger sample of assessments was collected in 2019, yet produced similar findings, as nearly two-thirds of residents that completed the MoCA did not exhibit normal cognitive functioning. Some of the residents' scores demonstrated marginal decreases while others experienced marginal increases. This suggests some residents may oscillate on the borders of mild cognitive dysfunction, as active substance users whose functioning may be just below the threshold of "normal." Most residents fluctuate around the boundaries of functioning and disability, with some displaying severe disability or others indicating as highlighted in the MCAS analysis below.

Multnomah Community Ability Scale (MCAS)

The MCAS was used to determine community ability and was administered once within the last two years to 27 of the 31 residents who consented to this study. This tool is used to measure the functioning of individuals with mental illness living in a community. Each item is rated on a 5-point scale, with a lower rating indicating poorer functioning (Durbin, Dewa, Aubry, Krupa, Rourke & Foo, 2004).

Total MCAS scores indicate severity of disability, with lower scores indicating increased severity of disability. The majority (n=17/27) of residents with MCAS scores indicate medium disability, with few residents demonstrating severe disability (n=6/27) or little disability (n=4). The findings from the total MCAS scores reiterate how residents at RTR, a sample who were chronically homeless and remain active substance users, frequently drift in and out of the boundaries indicated by clinical tools as displaying ability or cognitive functioning.

Summary

In analyzing the assessments collectively, a key takeaway is that previously chronically homeless individuals with active health and substance use issues are likely to fluctuate in their functionality. Moreover, the combination of assessments suggests that the static health challenges some of the residents face may place limits to the kind of independent living with supports that would be appropriate for this population. Although a proportion of residents improved in their SPDAT and MoCA scores, the gains were marginal and not significant enough to declare them suitable for independent living or with fewer supports.

Due to this populations chronic and static health challenges, it is likely that they will need to live with supports indefinitely. The one-to-one interviews analyzed later in this report provides a rich perspective as to how these marginal gains in assessments have correlated with qualitatively different outlooks on life and views on "success." As life-altering as these experiences may be, they may outline ceilings in functionality, and inform the supports necessary to inch towards improvements in assessments, which may amount to leaps in the quality of life of residents.

Instances Where Tenancy is At-Risk or Interrupted

The following sections are presented for the reader not to lose sight of the forest (as many days at the residence are uneventful), while much of this report focuses on the trees (the frequent substance use and challenging health needs of residents). This broader perspective is provided by examining the extent to which there are instances where a resident's tenancy is put at-risk. This can include problematic behavioural issues amongst residents, between residents and staff, or serious occurrences involving violence or health-related emergencies.

Using the administrative data collected regularly by staff, specifically the aggression logs and the Serious Occurrence Reports (SOR), we provide an outline of the types of "problematic" incidents involving residents either putting their tenancy at-risk or interrupting their stay at the residence. The analysis provided below depicts how frequent housing is interrupted or at-risk of being terminated to approximate housing stability amongst RTR residents, or in other words, the extent to which their housing is maintained.

Ordinary, Foreseeable, or Erratic

Data was collected for aggression logs and SORs between January 1, 2018 to July 25, 2019 (n=570 days). Reviewing logs collected over the course of 570 days provided a large and recent enough sample frame for the analyses below to be relevant while remaining representative of the experience of the residence.

Figures 1 and 2 are connected below to demonstrate the number of days where an incident interrupted or placed tenancy at-risk, with Figure 2 providing additional detail on the days where an aggressive incident occurred. Reviewing both charts collectively helps to contextualize the extent to which problematic behaviour occurs and the type of aggressive conduct being referred to in Figure 1 in grey. Figures 1 and 2 demonstrate the separation between ordinary (no incident), foreseeable (aggressive incident), and erratic days (serious occurrence) at RTR.

Over the last year and a half, there were no aggressive or serious incidents recorded on 41% of the days for 31 out of the 34 residents living at RTR. In other words, 40% of days were uneventful in relation to aggressive or serious incidents, and simply ordinary: an otherwise normal day that can be often forgotten in the lull. In half of the days over this time period, there was an aggressive incident reported, and in 10% of the days (n=56 days) there was a serious occurrence reported. As Figure 2 illuminates, 61% of all aggressive incidents related to the resident raising their voice or being argumentative with staff or other residents. The analysis further down will indicate the foreseeable quality of aggressive incidents. As for the SORs, there were only two days where two SORs occurred on the same day; only one occurred for the remaining days, and erratic, as anticipated, as they related to emergency situations. Further exploration of aggressive incidents and SORs are provided next.

Figure 1: Number of Days Where an Aggressive, Serious, or No Incident Occurred Involving Residents
[January 01, 2018 - July 25, 2019]

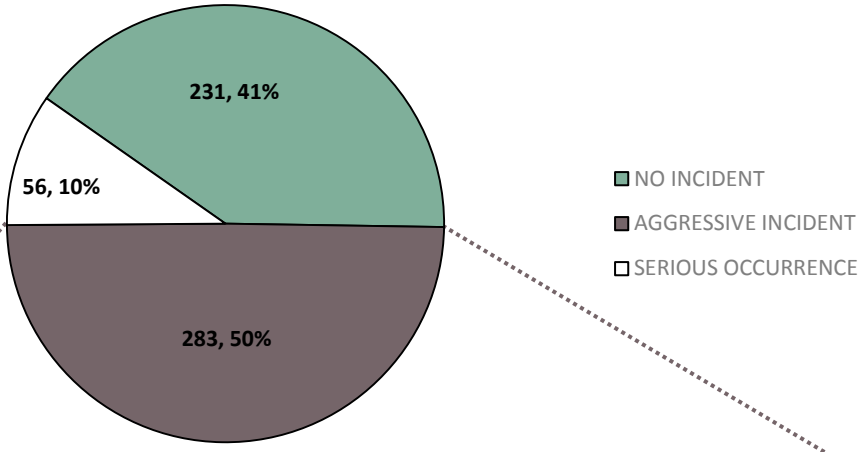
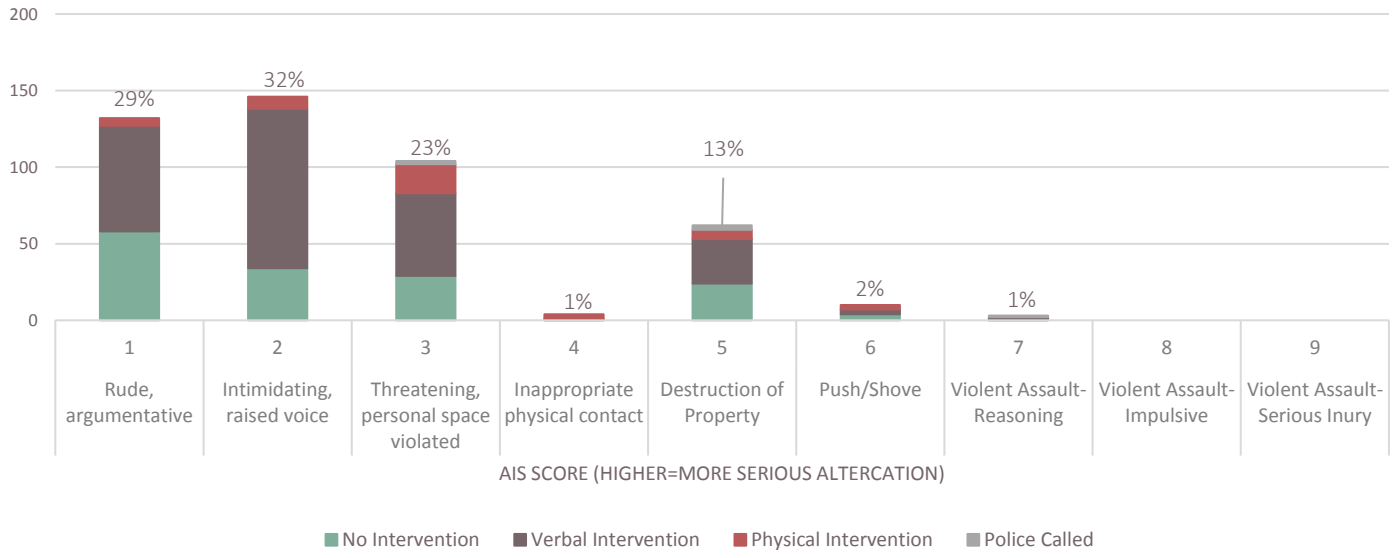


Figure 2: Number of Aggresive Incidents from Residents Occuring over 283 Days by AIS Score & Intervention Type from Staff
(n= 461)



Aggression Logs

Each aggressive incident that was reported by the staff at RTR included both a numerical and letter rating based on the Aggressive Incidents Scale (AIS) (St. Joseph's Healthcare Hamilton, 2018). Aggression log data was collected for 31 residents at RTR, with three residents not having a single aggressive incident occurring between staff or residents over the past year and a half.

In 56% (n=160) of the days where an aggressive incident occurred in Figure 1, only one aggressive incident occurred per day. In less than one-third of the days where an aggressive incident occurred (29%, n=82), there were two aggressions in single a day. Moreover, 8% of the days three (n=23) aggressive incidents occurred in a single day, and in 7% of the days (n=19) four to seven aggressions were reported in one day. There was only one day where seven aggressions were reported. For the most part in reviewing Figure 1 and the frequency of aggressive incidents within those days, it is frequently—85% of the time—one or two aggressive incidents, which are likely verbal in nature and rarely surpassing an AIS severity of three (i.e. threatening or violating personal space).

Aggressive incidents are relatively sparse, rarely involving physical contact, and predominately resolved through a verbal intervention (57%, n=262) or no intervention (32%, n=149) from staff. Importantly, several residents account for the lion's share of these aggressive incidents occurring at RTR. One group of 4 residents account for 54% of the incidents shown in Figure 2 earlier, and another 4 residents account for 25% of all incidents reported in Figure 2 earlier. The majority of residents (n=20) account for 21% of aggressive incidents, with some (n=3) not having any reported aggressive incident over the past year and a half. Considering the severity of the aggressive incidents, it is inaccurate to label the 8 residents with the most aggressive incidents as either problematic or having behavioural issues. Rather, these individuals may be more prone to lash out verbally or voice their displeasure to staff compared to other residents.

When preliminary results were shared with staff at the 'Data Party' (i.e. an event where staff and stakeholders collectively discuss the data with the researchers; ensures that data is representative), there were also discussions on the limitations of the aggression logs. Staff noted that logs are not always recorded when they occur, particularly if staff are busy, hence, the data presented here may undercount aggressive incidents. There may also be inconsistency in recording of the logs, as what counts as aggressive behaviour worth documenting is subjective and can vary across staff. It was noted that staff would often address the issue afterwards with the resident when they were sober, but that they did not record it in the aggression logs. Last, administrative data was only collected for the 31 residents who consented to the study, hence, those whose tenancy had been terminated due to violent behaviour with residents or staff were unable to participate and consent to sharing data about them for this project. Similarly, several individuals have passed away, some from natural causes and others by overdose, at RTR and these individuals SORs or aggression logs were also not collected.

The degree to which the data presented has undercounted actual incidents are likely minimal, as we, the researchers for the study, organized and parsed out the administrative data for those who consented prior to analyzing it. In our collection there were few logs or SORs which were excluded because a resident had not consented to the study. These limitations (i.e. potential of data not capturing all incidents or inconsistent scoring by staff), are present throughout all administrative data collected and used by researchers. The analysis presented

above should be interpreted with those limitations in mind. However, it does not negate the broader argument made here, that in light of the fact that an aggressive incident was reported on half of the days over the past year it is important to keep in mind that: a few residents account for most of those aggressive incidents; those aggressive incidents are not concentrated, meaning most days where the residence experiences an aggressive incident from residents it is often the sole one; and last, that most aggressive incidents are verbal and rarely physical.

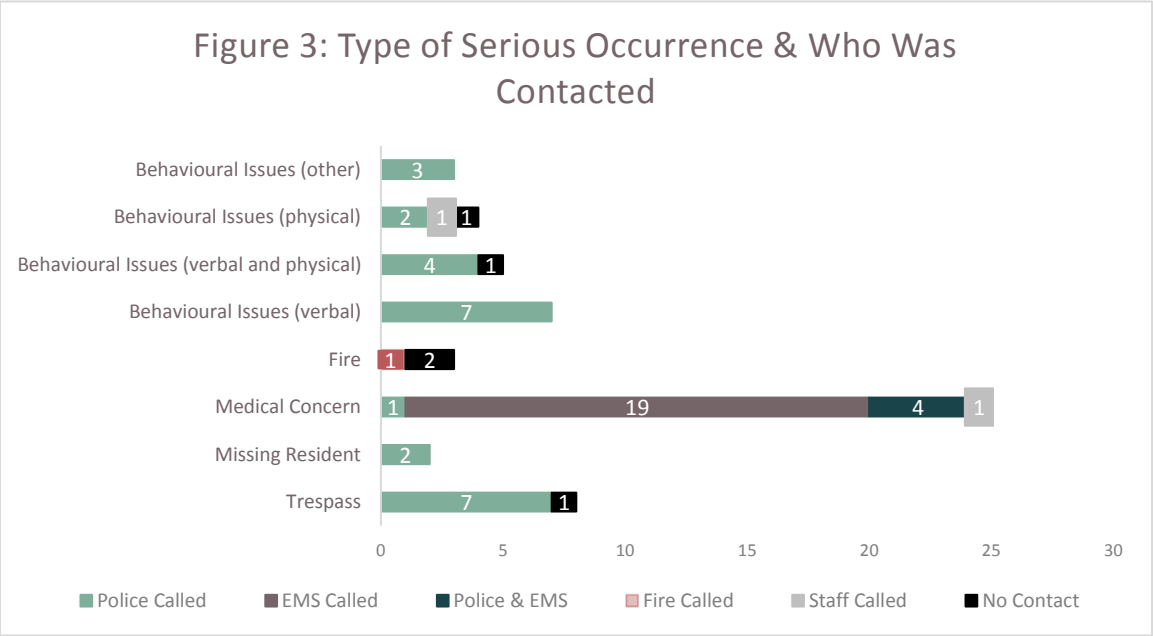
Although there were concerns with the use of the aggression logs, staff at the Data Party confirmed that the SORs are always recorded when they occur. SORs, even if there are few, offer the most complete and accurate picture of serious incidents where tenancy is either interrupted or placed at-risk.

Serious Occurrence Reports (SOR)

A total of 57 Serious Occurrence Reports (SOR) were collected involving 21 of the 31 who consented to the study. SOR's indicate the date of the occurrence, type of incident, description of the incident and if applicable, who was contacted (i.e. Ottawa Police, EMS, Fire Department, Staff), the type of involvement or intervention and any additional comments (e.g. status of the resident). There are five categories which the serious occurrence reports incidents fall under:

- Medical Concern – this could include a fall, an overdose, or requiring additional assistance due to medical emergency or bodily harm.
- Fire – this could include an incident of a fire in the residence or the fire alarm being pulled.
- Missing Client – reported when a resident has not been seen at residence for an unusual amount of time.
- Trespass – unwanted guests in the building either by staff or residents.
- Behavioural Issue– could be verbally, physically, or other.

Figure 3 below provides a breakdown of the types of serious occurrences which occurred over the last year and a half, and who was contacted in those instances. 21 of the 31 residents who consented to the study, had at least one serious incident occur over the past year. Although, five residents did account for half of the serious occurrence incidents, their SORs were a combination of medical and behavioural issues as opposed to simply one. The SORs were much more erratic compared to the aggression logs, as almost half of the SORs are related to medical concerns (44%); one third are due to various behavioural issues (verbal: 12%; verbal and physical: 9%; physical: 7%; other: 5%); 14% are due to incidents of trespassing; 5% due to fire/risk of fire; and 4% due to a missing resident. Out of the 57 SOR's, the Ottawa Police Service were contacted the most frequently (46%), followed by Emergency Medical Services (33%). The Fire Department was contacted the least, only once over the course of a year and a half. Both the Police and Emergency Medical Services were contacted together on four occasions. Out of the 57 days, the non-emergency police services were called three times and the non-emergency medical services were called once. On seven of the 57 serious occurrences, no external services were contacted, either staff/management at JHS-Ottawa were contacted (2), or no one was contacted (5)



The most frequent serious occurrence at RTR is medical in nature, which is anticipated considering the findings from the medical and needs assessments noted earlier. Although most serious incidents are related to the medical needs of residents, the police attend the residence most frequently as a response. Considering the remaining categories outside of medical concerns all relate to safety and security this is also unsurprising. While the medical incidents represent interruptions in tenancy which are necessary, the remaining incidents were behavioural or security oriented. In all cases these instances were unpredictable or did not amount to a pattern in relation to maintaining tenancy. Over the past year and a half there was only an SOR documented on 10% of the days. This is in comparison to the foreseeability of the few residents with frequent verbal incidents, and the ordinary lull where there were no incidents.

What Supports Are Most Effective?

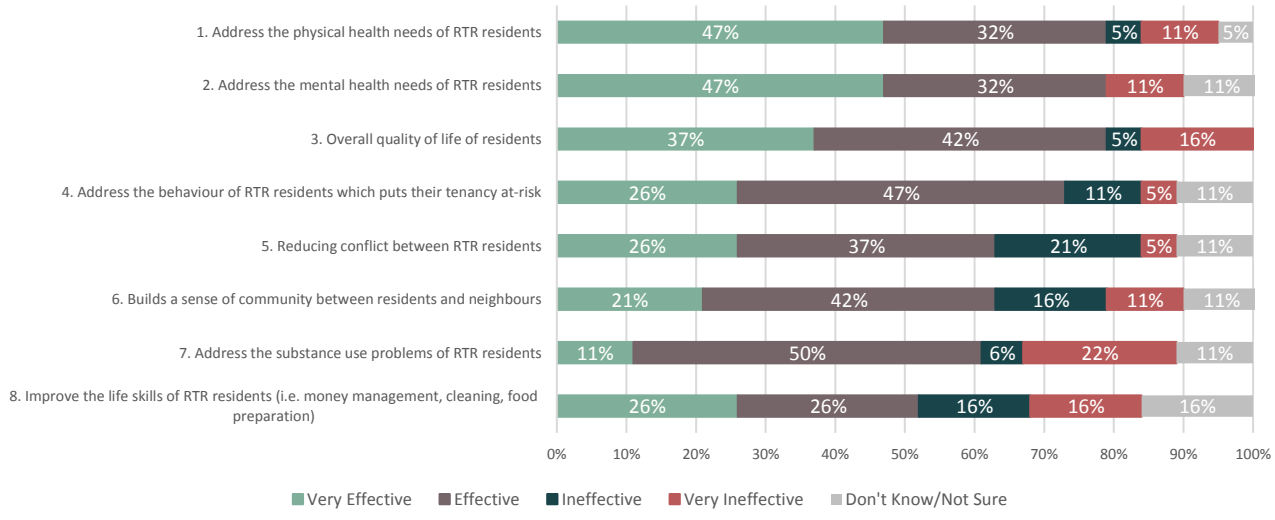
Staff and Stakeholder Survey Findings

Through an online survey, staff and stakeholders (N=19) were asked to provide their feedback on what supports have helped residents in resolving any of the previously mentioned health needs or ability to maintain tenancy. Staff members (n=8) at the Rita Thompson Residence were asked for their perspective to assess the referral process for residents. Through a similar survey, stakeholders (n=11) that have interacted either with residents at RTR or staff involved with RTR were asked to evaluate RTR, and to discuss any successes and challenges. Upon analysis, staff and stakeholder responses showed almost no differences; therefore, for identical survey questions, the staff and stakeholder survey responses were combined.

Achieving Outcomes

Staff and stakeholders were asked to rate how effective RTR is in relation to achieving program outcomes, which was rated on a 4-point scale including: Very Effective, Effective, Ineffective, Very Ineffective. Responses also provided the option of Don't Know/Not Sure. Results are summarized in order of most effective to least effective in the chart below (Figure 4).

Figure 4: How would you rate the effectiveness of RTR in relation to achieving these outcomes?
(*n*=19)



Successes, Challenges & Strengthening RTR

Staff were asked what features have worked best at RTR from their perspectives and experiences surrounding substance use, medical care, personal care, case management and the ongoing teamwork between the John Howard Society-Ottawa (JHS-O) and the Ottawa Inner City Health (OICH) partners.

Stakeholders were also asked what features have worked best at RTR from their perspective. In terms of services, stakeholders mentioned that the 24-hour supports available with various on-site services including medication supports the promotion of mental and physical health and maintaining strong community support have been the most helpful. In terms of the residents themselves, stakeholders stated that the supports aimed at promoting personal growth and development of residents and how supportive housing has allowed the residents to not only maintain housing but provide them a sense of ownership and autonomy in their living conditions has been the most successful aspect.

Challenges

Staff were asked what the most challenging features of RTR were from their perspective. Due to the range and depth of residents' needs, there is a want for more resources that would adequately address these needs. Some of these needs include personal care resources, life skills, on-site health care, and meal management. Staff also indicated that they have experienced challenges building trust with incoming residents.

Stakeholders were also asked what the most challenging features of RTR were from their perspective. Stakeholders found that, outside of the residence, there were challenges within the neighbourhood as neighbours seemed to be unwelcoming towards the residence being in their community. As for the residents, stakeholders indicated that they believe there are safety issues between residents due to their behavioural issues. Many of the stakeholders also noted issues with mental health and high levels of continued alcohol and substance use. Additionally, maintaining tenancy for residents with high needs was described as being difficult to manage.

Suggestions for Improvement

Staff were asked if they had any suggestions about how program delivery for RTR can be improved for the future. Answers included cleaning and maintenance skills, life skills, more resources such as counselling, personal support workers, and community development support. Staff were also asked if they had any suggestions about how RTR could further assist the City of Ottawa in eliminating "chronic homelessness" by 2024. Answers included increasing available services and facilities across the city, as well as providing more employment opportunities for homeless people.

Stakeholders were asked if they had any suggestions about how program delivery for RTR could be improved for the future. Answers ranged from basic living skills, mandatory meal planning, and social enterprise (more revenue for residents, less panhandling), to using a diverse interdisciplinary approach to identify and achieve residents' goals and promoting full reintegration into the community.

Stakeholders were also asked if they had any suggestions about how RTR can further assist the City of Ottawa in eliminating "chronic homelessness" by 2024. Answers included consistency of services,

providing housing programs over shelters, investing in programs like JHS's RTR, promoting healthy lifestyles, educating the public, establishing strong links with community partners to raise awareness of the population needs, lobbying for more provincial funding or for the maintenance of existent ones, more funding for a model similar to RTR or expand RTR, and more residences such as RTR.

Resident Perspectives on Effective Supports

To gather qualitative data from the residents, the researchers conducted one to one interviews, asking residents (N=31) questions regarding their health and daily functioning. Themes were drawn from the interviews to make inferences.

In order to provide a more in-depth understanding of the themes, the diagram on page 27 provides direct quotes for each of the themes described below.

Relationships

The most prominent theme found throughout the one-to-one interviews was relationships as it was found to be interconnected throughout all other themes. Relationships are of great importance because they provide residents with supports, friendships, and a sense of purpose.

Supports and Services

Residents were asked about their satisfaction with the various supports and services that are offered at RTR, how they could be improved and potential supports and services that they would like to see at RTR. Many residents indicated that they value the supports and services as it allows them to have someone to talk to and provides them with meaningful and supportive relationships.

Additionally, residents suggested that they wish to have more mental health or counselling supports available, preferably external services. This would provide an outlet for them to speak one-on-one with someone rather than repressing their experiences and emotions. Implementing external services would be beneficial as some residents were not comfortable discussing their personal problems with staff.

Staff

The staff at RTR provide both supports and services to the residents as well as relationships. For some residents, the staff are their only support. Residents appreciate the staff not only for the supports that they provide, but also because they are people residents can talk to. It is important for staff to be mindful that residents seek their support and want to build relationships with them. It would be helpful for staff to place a priority on bonding with residents and be more readily available, if needed.

Group Outings

Residents commonly discussed group outings. Many indicated that group outings did not occur as frequently as they used to, and they wish to have more. Additionally, some stated that they would like to engage in the group outings but are unaware of when they occur. Group outings are a way for residents to develop relationships with their peers and the staff, as well as being a way to occupy their spare time. Many of the residents want to build relationships with others, but do not know how to initiate it, and group outings provide an opportunity to do so.

Self-Care and Activities

Residents often discussed ways that they fill their spare time and the types of activities they would like to engage in to improve their mental well-being. These skills and activities include: music, art, work and employment, sports, watching television, exercise, and education.

Routine

Individuals were asked to describe their daily routine now that they are living at RTR and then to compare their current routine to their routine before they lived at RTR. Most indicated that they have more structure in their routine now which has been extremely helpful for them resulting in decreased substance use and anxiety, and increased motivation and social interactions.

Loneliness and Solitude

Residents discussed feelings of isolation and solitude. They described the challenges of developing relationships with others in the residence due to lack of trust and lack of opportunities in creating connections.

Additionally, the visitation policies that are implemented by staff were said to hinder their external relationships, creating increased feelings of loneliness.

Residents also discussed the choice of solitude within the residence. If they do not feel like socializing or engaging with one another, they have the option to be alone.

Security and Safety

Living at RTR provides individuals with a sense of security and safety. Individuals feel a sense of gratitude and dignity knowing that they have a roof over their heads, as many of them did not have a place to call home prior to living at RTR. Additionally, individuals feel safe living at RTR knowing that they have others looking out for them which they did not have when they were living on the streets and in shelters.

Victimization and Institutionalization

Individuals suggested that residents are bringing shelter culture and mentality into RTR, which reinforces a form of institutionalization. This is in contrast with their desire to distance themselves from street living. Residents mentioned that they often feel victimized through certain behaviours such as theft and pawning of belongings.

The policies implemented by staff also reinforce these cultures within the residence.

Trauma

Individuals described instances of dealing with the death of someone they were close to due to substance-related overdose, both inside and outside the residence.

Due to the frequency of substance use and death by overdose, they implemented a peer support program at the residence.

Physical Health

Residents were asked to state and compare past physical health problems to their current physical health problems and indicate whether they have improved, stayed the same or gotten worse. With the exception of chronic illnesses, most individuals indicated that their physical health has improved since moving to RTR. Some said they appreciated that they are not forced to engage in healthy behaviours, but that it is merely a suggestion from staff.

Some have discussed how including exercise and proper sleeping patterns into their daily lives has also helped with improving their physical health.

Mental Health

Residents were asked to compare past mental health problems to their current mental health problems and indicate whether they have improved, stayed the same or gotten worse. Many individuals discussed how their mental health and emotional regulation has improved since moving to RTR. Other residents expressed resistance to asking for help and talking about their issues with others.

Some individuals indicated that they use cannabis to help with regulating emotions.

Substance Use

Some individuals discussed how their use has increased since moving to RTR due to the influence of other residents or having harm reduction readily available, while others said their use has decreased since moving to RTR due to less peer pressure and a desire for sobriety for health and wellness.

Money Management

Individuals were asked about their spending habits. Majority of residents discussed their money management through paying off debts and finding ways to make money, if necessary.

Residents described a resistance to being told how to spend their finances and a desire for more independence in their spending habits.

Food Security

When asked if they feel that the meal management program is effective, residents expressed dissatisfaction with where the food is coming from, as it comes from the Mission, therefore residents could get the meal for free elsewhere when they are paying for it at the residence. They also provided some suggestions for improvement such as having more 'Fun Food Fridays' (i.e. weekly free meal).

Other feedback was about limitations on the amount of food, quality of food, and for many residents the desire to eat more than one meal a day. Residents are provided with a daily free community meal, but it is only available for a limited time. Residents can have a free breakfast between 7am and 9am, however, many of the residents do not wake up before 9am and therefore, are unable to have what may be their only meal that day.

Additionally, some residents lack an appetite or ability to eat solid foods due to health issues, and so there may be a need for meal alternatives (e.g. ensure).

Interactions and Connections Between Themes

Two overarching themes throughout the project are relationships and supports and services. Themes that were drawn throughout the project are interconnected to relationships and/or supports and services in one way or another.

With relationships, it was found that group outings, staff, security and safety, and loneliness and solitude are closely related. Within the connections, the theme of group outings was related to staff and security and safety was connected to loneliness and solitude. Implementing group outings for the residents could help them develop relationships with others, as this is an area which appears to be difficult for them and contributes to their feelings of loneliness. Group outings may also help residents improve their existing relationships, not only with other residents, but also with staff.

Staff are best suited to help organize these activities and ensure that everyone has the opportunity to be included to avoid feelings of exclusion and/or isolation. Feelings of security and safety allow residents the opportunity to have moments of solitude which they were not afforded in their previous living conditions.

With supports and services, it was found that it was interconnected to self-care and activities, routines, mental and physical health, substance use, food security, money management, victimization and institutionalization, and trauma. Having supports and services available allows residents to develop routines that they previously were unable to have due to lack of structure in their previous living conditions. This also enabled them to engage in more self-care related activities to help improve their mental well-being. Supports and services are also directly related to mental health and physical health as there are resources readily available within the residence. Mental health and physical health are interconnected as they can influence one another, positively or negatively. One of the biggest factors of influencing mental and physical health for the residents was their substance use. Substance use is intertwined with food security and money management considering substance users have to prioritize what they spend their money on: food or substances. Additionally, substance users generally experience lack of appetite, which results in a negative impact on physical health.

In addition, substance use is connected to the theme of trauma as many of the residents are substances users and/or are often exposed to death by overdose. The theme of victimization and institutionalization was found to be connected to many other themes such as substance use, staff, and security and safety. With substance use, victimization is prevalent as some residents steal substances from other residents, and/or pawn their belongings in order to buy additional substances. It is related to staff, as rules on access to meals and other supports may at time reinforce institutionalized cultures, mirroring the previous experiences some residents felt they had in jail and shelter environments. It is related to security and safety as these behaviours reduce the sense of safety for residents.

PERSPECTIVES OF CLIENTS

RELATIONSHIPS

[INTERVIEWER]: *"SO, HAVING THAT RELATIONSHIP? THAT'S WHAT'S HELPED THE MOST?"*

[RESIDENT]: *"YEAH… BECAUSE I NEVER HAD THAT IN MY LIFE."*

STAFF

"ALWAYS HAVING SOMEONE THERE TO EXPLAIN WHAT'S HAPPENING AND THERE TO HELP. BECAUSE WE ARE IN A VULNERABLE POSITION BEING DRUG USERS AND PEOPLE WITH HEALTH PROBLEMS… AT THE WRONG TIME SOMEONE COULD GET SICK OR HURT."

GROUP OUTINGS

"THEY'RE FUN, SOMETHING TO DO AND WASTE THE TIME AWAY. BECAUSE A LOT OF THE TIME I DON'T HAVE ANYTHING TO DO."

"WE GO OUT TO OUTINGS AND THAT BRINGS US ALL TOGETHER"

SUPPORTS & SERVICES

"MAKING SURE THAT YOU'RE OKAY AND THAT YOUR WELL-BEING MATTERS … I KNOW WHERE TO GO IF I NEED TO TALK TO SOMEONE"

SELF-CARE & ACTIVITIES

"I WAS THINKING ABOUT DOING MY OWN ART PROGRAM WHERE PEOPLE WOULD COME DOWN LIKE TWICE A WEEK AND I COULD TEACH THEM HOW TO DO ART TOGETHER."

LONELINESS & SOLITUDE

"I SIT IN MY ROOM CONSTANTLY… I KEEP MYSELF LOCKED IN MY ROOM FOR WEEKS."

"YOU CAN'T HAVE GUESTS OVER AS MUCH AS YOU WANT AND IT'S REALLY BEEN HARD FOR ME BECAUSE PEOPLE WANT TO COME OVER AND I CAN'T HAVE THEM OVER. NOW THEY DON'T WANT TO BE MY FRIEND."

SECURITY & SAFETY

"IT FEELS GOOD. I ALWAYS WONDERED IF SOMEONE CARED ABOUT ME. AND I DON'T WANT TO LEAVE THIS PLACE BECAUSE THERE ARE CAMERAS AND STUFF, AND PEOPLE CAN BE CALLED IF SOMETHING HAPPENS."

MENTAL HEALTH

"I FELL DOWN AND THIS PLACE BROUGHT ME BACK UP."

"THEY TAKE CARE OF ME A LITTLE BIT, BUT I'M RELUCTANT SOMETIMES TO TELL PEOPLE THINGS BECAUSE I DON'T KNOW HOW THEY'RE GOING TO REACT IN A SITUATION SO I TEND TO HIDE THINGS INSTEAD OF LET THEM OUT."

PHYSICAL HEALTH

"FOR ME, GETTING A BIT OF EXERCISE IN THE DAY MAKES YOU FEEL BETTER TOO… IT'S NOT ABOUT HOW YOU PHYSICALLY LOOK, IT'S ABOUT HOW YOU PHYSICALLY FEEL… BUT EATING WELL, SLEEPING WELL AND EXERCISING … THAT'S HOW YOU MOVE FORWARD."

ROUTINE

"BEFORE, I HAD NO STRUCTURE, I DIDN'T DO ANYTHING, JUST SAT AROUND GETTING BORED AND FRUSTRATED, AND NOW, I HAVE A PLAN WHERE I DO THINGS … BEFORE, I JUST SAT AROUND AND MOPED AND DID ABSOLUTELY NOTHING. I HAD NO ASPIRATION TO DO ANYTHING. I JUST SAT AROUND AND COMPLAINED AND DID NOTHING."

TRAUMA

"THERE HAVE BEEN NUMEROUS PEOPLE DYING HERE, AND I'VE ONLY BEEN HERE [LESS THAN A YEAR] … MY FRIEND DIED, ANOTHER LADY DIED, AND THEN SOMEONE ELSE DIED."

"MY NEXT- DOOR NEIGHBOUR DIED, [THEY] OD'D, THAT WAS HARD."

VICTIMIZATION & INSTITUTIONALIZATION

"[RTR]'S 'STREET', BUT IT'S STREET HOUSING."

"A LOT OF PEOPLE THINK THIS IS A REHAB OR LIKE A HALFWAY HOUSE… THE PEOPLE I HANGOUT WITH…THEY THINK IT'S A HALFWAY HOUSE. THEY'RE LIKE,'WHAT IS IT, A JAIL?'"

SUBSTANCE USE

"SOMETIMES I USE PILLS AND STUFF… IT'S ALWAYS NICE TO HAVE SOMEONE CHECK ON YOU WHEN YOU'RE [USING], ESPECIALLY WHEN THERE'S A FENTANYL EPIDEMIC. YOU WANT TO MAKE SURE YOU DON'T DIE OR OVERDOSE … SO THE PEER SUPPORT HAS DEFINITELY BEEN A BIG PART OF KEEPING ME SAFE AND KEEPING EVERYONE SAFE"

MONEY MANAGEMENT

"[WHEN] THERE ISN'T ENOUGH TO COVER THE WHOLE MONTH…I HAVE PANHANDLING TO TAKE CARE OF IT."

"I JUST DON'T LIKE THE FACT THAT SOMEBODY ELSE HAS A SAY ON WHEN OR HOW OR WHY I CAN USE MY MONEY. IT'S MY FUCKING CASH AND I'LL SPEND IT HOW I WANT."

FOOD SECURITY

"THOSE ARE THE SAME MEALS THEY ARE GIVING AWAY AT THE MISSION … I'M NOT GOING TO PAY FOR SOMETHING I COULD GET FOR FREE."

"YEAH, LIKE I MEAN, YOU GET 4 SLICES OF BREAD A DAY, BUT YOU ONLY GET IT BETWEEN CERTAIN HOURS, BUT YOU CAN'T GET IT AFTER THOSE HOURS. I WISH YOU WERE

what is the

RITA THOMPSON RESIDENCE

The Rita Thompson Residence (RTR) is an enhanced supportive housing facility operated by the John Howard Society (JHS) of Ottawa. RTR houses a group of previously homeless men and women and provides them with the opportunity to live independently with on-site supports.

1. The **prescription management** services are a coordination between a pharmacy and the nurse coordinator for dispensing resident medication and maintaining follow-ups with residents.
2. In addition to coordinating with the pharmacy, the **Nurse Coordinator** works full-time and is on-site for residents to drop-in, 5 days a week.
3. **Peer Support Workers** provide round-the-clock supervision and support. One support provided, in particular, is the substance addiction support which includes checking up on residents that are active substance users.
4. **Case workers** meet weekly with residents to provide assistance in accessing voluntary supports which may help them maintain their tenancy. Supports cover a wide range of issues and topics.
5. The **Needle Exchange Program**, which is run by the Client Care Workers, allows residents to pick-up clean needles for use. Client Care Workers keep track of the number of needles being administered to each client, and the cleaning staff will often pick up the used needles from clients' rooms.

RESIDENT PERSPECTIVES ON

STRENGTHS OF THE PROGRAM

1. "They keep up with how the medication is working for me"

2. "When you need to have a little bit of help, they're fantastic"
3. "You know that you're safe, which helps a lot"

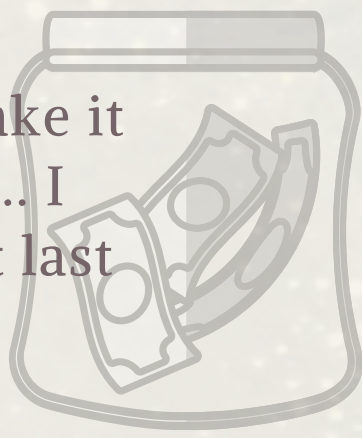
4. "They do everything. Everything for you"
5. "Before, I would have been lazy & started using dirty needles again"

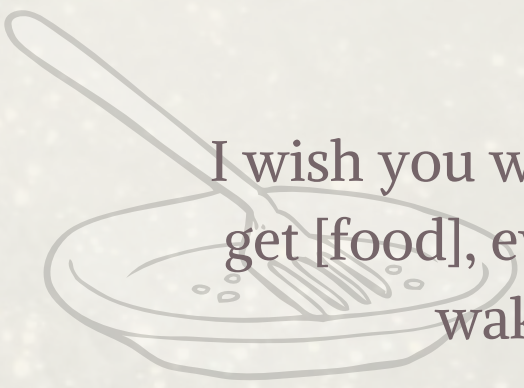
RESIDENT PERSPECTIVES ON

PROGRAM CHALLENGES

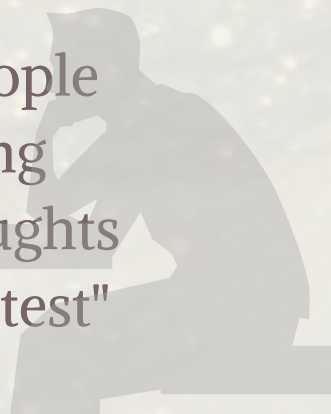
1. Many residents described their **money management** as effective, though several residents' benefits cheque went directly to paying off previous substance-related debts or spending the entirety of their money within the first few days. Many residents expressed the desire to have autonomy over their spending habits.
2. The **meal management** program provides residents with a free daily community meal, but this is not an adequate amount of food. Though it is not the responsibility of RTR to provide more food, there are a few suggested ways to assist residents such as implementing skill building activities, and ensuring that the availability of the free community meal is accommodating to the schedules of all residents and not just those who wake up early.
3. There is a substantial need for residents to have **counselling supports**. This does not need to be a psychiatrist or therapist, but an individual who they feel comfortable disclosing information to. Without these outlets, residents repress emotions which may contribute to increased substance use, increase in aggressive behaviours, bouts of loneliness, difficulty forming and maintaining relationships, and inability to regulate emotions.

1. "I waste it. I don't make it last for the month... I don't always make it last for the week"





2. I wish you were allowed to get [food], even when you wake up"
3. "There are a lot of people here with wandering feelings and their thoughts aren't always the greatest"



JohnHoward SOCIETY OF ONTARIO

Findings on Community Inclusions

The desire to seek new relationships or improve on existing ones highlighted by residents above also extend to the relationships to the neighbours on the same street as RTR. In order to examine whether residents feel a sense of community and their thoughts on the neighbourhood the researchers facilitated seven focus groups with 25 residents. The focus groups examined residents' perspectives on three main topics: (1) how they define and describe a community; (2) their sense of community inside the residence; (3) their sense of community outside the residence.

Both the residents and neighbours completed a brief sense of community index scale (BSCI-D), to assess the extent to which residents and surrounding neighbours feel a sense of community.

Additionally, interviews were conducted with neighbours living on the same street as the residence to get their perspective of community. Similar questions were asked to the questions that were asked in the focus groups with the residents. Themes were drawn based on residents and neighbours responses and compared between groups for similarities and differences throughout themes.

Brief Sense of Community Index-Disability Scale

The BSCI-D was administered at the start of the study to residents willing to participate, following the one to one interview, and neighbours after completing their interview. The BSCI-D measures the psychological dimension of community integration and consists of three factors: (1) Social Connection; (2) Mutual Concerns; and (3) Community Values (Townley & Kloos, 2009). It is important to examine the sense of community for individuals living with disabilities as they often experience social barriers living in communities due to stigmatization from others living in the same space. Neighbours were not asked specific questions relating to perceptions of their disability, as the residents were.

28 of the 31 residents who consented to the study completed BSCI-D, as did all the three of the neighbours who consented to the study. Residents (M=4.53, SD=5.80) reported a slightly higher average score than neighbours (M=4.33, SD=1.15), however, these differences were not statistically significant; (t(df)= 0.06 (29), p=0.95). The sample sizes were too small to suggest with confidence that residents have a greater sense of community than neighbours. There was variation amongst residents on their scores, with some residents' sum scores on the scale at the very top end and others whose sense of community were negatively skewed. Overall most residents (23/28) had a positive sum score on the scale, indicating they felt a degree of community. Similarly, all three of the neighbours' sum scores on the scale were also overall positively skewed, indicating that they also feel a sense of community.

The findings from the focus groups and individual interviews with neighbours reveal what community might mean to both residents and neighbours, as well their thoughts on RTR's place in the neighbourhood. The key themes are outlined below.

What is Community?

Both neighbours and residents were asked, "when you think about the word community what are the first things that come to your mind?", which prompted individuals to provide their definition of community. Common themes and direct quotes are provided below for each group.

Definition of Community - *Residents*

Overall, residents of RTR associate the people living within close proximity to be their community. They also believe that these individuals living close by should provide a sense of comfort, safety and friendliness. Many individuals stated that there is mutual respect between themselves and those who live within their community.

THE RESIDENCE

When individuals were describing community, the majority discussed the Rita Thompson Residence and the people who live there, suggesting that individuals living at the residence experience a sense of community predominantly inside the residence.

"TO TELL YOU THE TRUTH, FOR ME, IT'S THE BUILDING. THIS BUILDING IS GREAT, I REALLY LOVE IT HERE AND I GET ALONG WITH EVERYBODY PRETTY GOOD EH. SO, MY SENSE OF COMMUNITY IS GOOD BECAUSE I GET ALONG WITH EVERYBODY WELL."

"I ENJOY LIVING HERE. I NEVER HAD A HOME FOR A LONG TIME. SINCE I WAS 14, I WAS MOSTLY ON MY OWN. AND THIS IS THE ONLY PLACE THAT I REALLY STUCK TO. AND IT'S REALLY GOOD. THEY'RE SHOWING US THAT WE CAN DO SOMETHING. THAT WE'RE WORTHWHILE."

CHANGE FROM BEFORE

When discussing community, some indicated that their idea of community has changed significantly from before when they did not live at RTR. Residents compared their previous experiences of community living on the streets to their current experiences of community living at RTR and suggested that there is an increased sense of belonging.

Definition of Community - *The Neighbours*

DEFINITION OF COMMUNITY

Neighbours consider community to be both the physical and social space that they live in, not only how they interact with others living within their proximity, but also how they engage with public spaces nearby such as, parks, businesses, and community centres.

One neighbour provided a comment about the mixed socio-economic status throughout Vanier, making community hard to define, as its dynamics are unique compared to other communities.

"THE PHYSICAL BASE IN WHICH YOU LIVE, INCLUDING MORE THAN JUST YOUR HOUSE AND THE PEOPLE WHO LIVE IN IT AND THE SOCIAL INTERACTION WITH THEM. NOT JUST YOUR HOUSE BUT PARKS AND STUFF THE PHYSICAL AND SOCIAL ENVIRONMENT. PHYSICAL AND SOCIAL SPACE YOU INTERACT WITH"

"IT'S SO MIXED, WE HAVE PEOPLE IN [THE] NORTH WHO LIVE IN MULTIMILLION-DOLLAR HOUSES AND THEN A FEW BLOCKS DOWN SUBSIDIZED HOUSING. [THE] SOUTH AND NORTH ARE QUITE DIFFERENT FROM ONE-ANOTHER…IT'S HARD TO GET A SENSE OF COMMUNITY AND NEIGHBOURHOOD IF YOU DON'T HAVE THE SAME OUTSIDE OF HOME STANDARDS."

"THE MOST UNSAFE EXPERIENCE I HAD WAS WITH SOMEONE POSH AND NOWHERE NEAR THIS NEIGHBOURHOOD. AND SO, I KNOW THOSE WHO LOOK LIKE THEY MIGHT NOT HURT YOU MIGHT. A LOT OF PEOPLE CONSIDER THIS NEIGHBOURHOOD UNSAFE BUT BECAUSE IT'S MADE UP OF A LOWER SOCIOECONOMIC PROFILE, BUT NO ONE IS ACTUALLY VIOLENT."

SENSE OF SAFETY

Neighbours either brought it up themselves or were asked if they felt safe within their community. The consensus was that they feel safe for the most part and do not believe the individuals at RTR to be threatening or aggressive. However, some provided instances where the RTR residents made them feel uncomfortable or they had observed specific instances at the residence which made
them question the safety of the neighbourhood. Additionally, some individuals stated that they felt less safe at night compared to the day. But overall, individuals feel that the neighbourhood is a safe place to live.

Relationships Inside the Residence -- *Residents*

A prominent theme of the project, which continued to be discussed throughout focus groups was the relationships that individuals living at RTR have with the other residents living at RTR. Considering 34 individuals live at the residence, there were various types of existing relationships between individuals within the residence that were described.

FRIENDSHIPS

Some individuals indicated that they have friendships with the other residents living in RTR. They view the other individuals living at RTR as more than just the person living next to them, they are a friend and a neighbour.

Some of the friendships existed prior to moving into RTR. They knew each other when they were living on the streets and in shelters and their friendships continues now that they live together at RTR.

[FACILITATOR]: *"ARE THEY FRIENDSHIPS OR JUST NEIGHBOURS?"*
[P4]: *"FRIENDSHIPS AND NEIGHBOURS."*
[FACILITATOR]: *"IN WHAT WAY ARE THEY FRIENDSHIPS?"*
[P4]: *"'CAUSE WE GET TO TALK TO EACH OTHER."*
[P2]: *"GET TO KNOW EACH OTHER."*

"JUST ROBBING THROUGH A LOT OF THE SAME STUFF. IF SOMETHING BAD HAPPENS HERE, WE ALL STICK TO ONE ANOTHER – HANG OUT TO EACH OTHER LIKE A GROUP."

SUPPORT NETWORK

Many described their relationships with the other residents as their main support network. Many of the individuals have lost touch with their families and lack reliable support systems. As a result, many of the individuals living in RTR stated that they support each other. In addition, considering they all come from the same backgrounds and have similar life experiences, they understand and relate to one another, therefore can empathize with one another.

Forced Interactions

Many individuals indicated that they feel obligated to engage in interactions with other residents, which they would prefer not to, demonstrating the challenge of introverts and extroverts living in the same space and interacting with one another.

BOUNDARIES

Some individuals discussed how they feel that they need to have boundaries when developing relationships with other individuals living in the building. Many have feelings of distrust towards others and therefore need to be cautious and have boundaries with other residents in the building. This stemmed from their background of living on the streets and in shelters or previous experiences individuals have had with other residents.

"YEAH, I THINK THAT YOU JUST HAVE TO TAKE A SAFE DISTANCE FROM EVERYBODY UNTIL YOU FEEL THEM OUT, YOU KNOW WHAT I MEAN? AND THEN IF THEY'RE IN – I MEAN, SOMEBODY WHO'S VERY GOOD TO YOU ONE DAY, THE NEXT DAY IS MEAN. BUT IT'S NOT YOU PERSONALLY THEY'RE MAD AT, IT'S JUST SOMETHING WHERE THEY'RE TAKING IT OUT ON YOU."

"I THINK THEY DO THEIR BEST. AND THEY DO A PRETTY GOOD JOB, EVEN MAINTAINING THE CALMNESS AND EVERYTHING. THEY DO THE BEST THEY CAN FOR WHAT THEY HAVE TO PUT UP WITH. THEY DO PRETTY GOOD TO STAND STRONG AND DEAL WITH US, YOU KNOW?"

STAFF RELATIONSHIPS

In addition to relationships with other residents, individuals were asked to describe their relationships with staff. There was a strong divide between those who think highly and have positive relationships with the staff and those who think the staff lack understanding and do not have relationships with the staff.

Not all individuals had positive contributions regarding their relationships with staff. Some of the residents avoid interactions with the staff unless necessary or believe that they do not understand or empathize with the residents.

THEIR OWN PLACE

A common theme that was discussed was individual's appreciation and gratitude for having their own place to live; the ability to close the door. This is a luxury many had not experienced for years, or ever, living in the shelters or on the streets; they finally have a place to call home.

"I THINK IT'S MORE MY PLACE THAT I LIKE. IN MY OWN SPACE, MY OWN PLACE FOR ONCE, YOU KNOW?"

Desire for Change/Improvement

A few individuals indicated that they are trying to use RTR as a way to change and improve their lives. For some this is challenging as other residents make it difficult as they can influence them to engage in behaviours they no longer want to partake in.

Others indicated that they would like the building to incorporate programs or activities to help them attain their goals.

[P2]: *"YEAH, AND IT'S LIKE WHEN THEY WERE INMATES BEFORE - WE WERE ALL INMATES AT ONE POINT IN TIME. I GUESS THEY WANT TO INCORPORATE THE SAME STUFF THAT GOES ON IN THE JAIL. I'M TOTALLY AGAINST THAT BECAUSE I HATE RE-LIVING THE EXPERIENCE OF IT. SO, TO EACH THEIR OWN."*
[FACILITATOR]: "SO THEY BRING IN SOME INSTITUTIONAL CULTURES, INSIDE THE RESIDENCE?"
[P2]: *"YEAH, THERE'S NO ONE OR TWO PEOPLE. LIKE I BRING MY OWN INSTITUTIONAL, YOU KNOW, ... BUT SO DOES HE. WE ALL BRING OUR OWN INSTITUTIONAL BACKGROUNDS"*

INSTITUTIONAL CULTURE
The reinforcement of institutional culture from both jails and shelters was a topic that came up frequently among residents. It appears that individuals are bringing institutional cultures into supportive housing, where the intention is to create an environment which is distinct from institutions. In this context, individuals discussed other residents reinforcing these cultures at RTR.

Group Activities

Group activities was an extremely prominent theme throughout this project. Individuals indicated the types of group activities they would be interested in, the impact group activities can have on them, and why some feel resistance to engaging in group activities.

Residents provided examples of group activities that they would be interested in, including: fishing, Winterlude, bowling, going to the movies, swimming, board/card games, poker night, and coffee groups.

IMPACT OF ACTIVITIES Overall the residents indicated that engaging in group activities could allow them to build and improve on existing relationships with the other residents.	*"IT HELPS TO BUILD RELATIONSHIPS WITH SOME OF THE RESIDENTS"*
"I WATCH MOVIES, BUT I DON'T GO WATCH MOVIES WITH MY AUNT AND UNCLE WHY WOULD I GO WITH RESIDENTS? WE'RE ALL STILL STUCK IN THE SAME PLACE WHETHER YOU GET TO KNOW THEM OR NOT."	**RESISTANCE TOWARDS ACTIVITIES** Although many individuals indicated that they were interested in engaging in more group activities with other residents, others explained why they have no interest in participating in group activities. Some individuals state that they do not feel obligated to engage with other residents just because they live in the same space. Others would prefer to be alone due to mental distress or preferences to engage in alternative activities.

Outside the Residence - *Residents*

Residents of RTR were asked to describe the sense of community outside of the residence. They were asked various questions regarding relationships with neighbours, how to improve relationships with neighbours and group activities they would like to engage in to improve relationships with neighbours. Additionally, neighbours were asked to describe their relationships with the residents of RTR, if they feel that the residents of RTR have similar goals in the community, and if they wish to improve their relationships with residents. Common themes and direct quotes are provided and explained below.

SELF-IMPOSED STIGMATIZATION Individuals were asked to describe their relationship with the individuals who live on the street. Many believe that the neighbours view them negatively and as a result are hesitant to interact with them. Based on the residents' responses, it is unclear if the neighbours are engaging in stigmatizing behaviours or if the residents merely believe the neighbours are stigmatizing them.	*"YEAH, AND IT'S BASED ON THE FACT THAT WE'RE FROM SHELTERS AND ALL THAT SO WE'RE ALL CRIMINALS, WE'RE ALL ADDICTS, WERE ALL DEADBEATS, YOU KNOW?...WE'RE ALL MESSED UP MENTAL HEALTH. I KNOW THAT'S THE DECEPTION A LOT OF PEOPLE HAVE."*

"IF I SEE SOMEONE WANTS TO WAVE OR IS WAVING AT ME ALREADY, I FEEL OBLIGED TO WAVE FOR SURE, BUT I'M ANXIOUS AND NERVOUS AROUND ALL THE NEIGHBOURS, ESPECIALLY THE ONES ON OUR STREET."

ANXIETY

Individuals also stated that they experience feelings of anxiety regarding interacting with neighbours as they cannot anticipate the neighbours' reaction to them.

COMPLAINTS FROM NEIGHBOURS

Individuals were asked if the neighbours complain about the people living at RTR. For those who stated that they do complain, many indicated that their complaints were unnecessary.

"I CAN TELL YOU FROM EXPERIENCE. I GOT INTO A LITTLE BIT OF TROUBLE A WHILE AGO WITH ONE OF THE NEIGHBOURS AND I SENT THEM A LETTER STATING THAT I APOLOGIZED PROFUSELY, AND IT WILL NOT HAPPEN AGAIN KIND OF DEAL AND THEY WERE GREAT, THEY SAID NO PROBLEM."

Outside the Residence - *The Neighbours*

"WHAT RTR WANTS AND WHAT NEIGHBOURS WANT IS DIFFERENT IN THE SHORT TERM. WE WANT A SAFE AND SHARP AND ATTRACTIVE LOOKING COMMUNITY. THEY WANT A BETTER QUALITY OF LIFE, AT THE END OF THE DAY WE ALL WANT TO LIVE IN A NICE PICKET FENCE… IT'S A HUGE CONFLICT OF VALUES FOR ME…I WILL ALWAYS VOTE FOR A PARTYWHO WANTS THIS TYPE OF PROGRAM, BUT YOU FEEL DIFFERENTLY ONCE ITS IN YOUR NEIGHBOURHOOD…TO PUTA DOLLAR VALUE TO IT, WE WANT OUR HOME VALUE TO INCREASE."

CONFLICTING VIEWS

Individuals indicated that they experienced some cognitive dissonance when the residence first opened, in that they support the value of the RTR program and want the best for the residents, but they are also homeowners and want their property to have value in the future and be respected by their neighbours.

"WHEN YOU LOOK INTO THE HISTORY OF WHEN THIS RESIDENCE CAME OUT, THE NEIGHBOURS FELT THE CITY WAS VERY SNEAKY IN PUTTING THIS UP…THE PROCESS WASN'T OPEN OR TRANSPARENT AT ALL UNTIL WE WERE INVITED ABOUT THE TOWNHALL ABOUT PARKING…WE ALL FELT DISRESPECTED BECAUSE WE WEREN'T TOLD ABOUT THE RESIDENCE."

"ABOUT A YEAR AGO, THEY INTRODUCED WOMEN INTO THE RESIDENCE AND WE JUST NOTICED THAT WOMEN WERE COMING IN… THE STAFF SAID THEY MADE THE DECISION A YEAR AGO, BUT NONE OF US WERE TOLD ABOUT IT."

POOR COMMUNICATION

Individuals discussed the poor communication early on towards RTR and JHS-Ottawa. As stated in the quotes below, the neighbours stated that they were not informed of the type of program that would be implemented in the building and indicated that they are still not entirely certain about the type of programming involved. Neighbours wish to be more involved and informed on what is happening at RTR.

Additionally, when RTR started taking in female residents, they did not inform the neighbours of the changes being made to the program. This furthered neighbours' views that there had been limited transparency.

IMPROVING RELATIONSHIPS WITH NEIGHBOURS

Of the individuals who already engage in relationships with neighbours or those who were indifferent, a common theme was that they wish to improve their relationship with the neighbours. Some even provided ways in which they believe they could improve their relationship with neighbours.

"IT COULD BE GOOD THAT WAY TOO. IF THEY WANT TO GET INVOLVED WITH US, THEN THEY'LL BE COMING OVER FOR THE BBQS AND THEY'LL BE COMING OVER FO ONE-YEAR ANNIVERSARIES. IF THEY WANT TO GET INVOLVED, IT' UP TO THEM TO DO IT. SO, IF THEY WANT NOTHING TO DO WITH US, WE GOTTA RESPECT THAT…AND I'VE HEARD THEM HAVE LITTLE PARTIES IN THEIR BACKYARD TOO AND MAYBE ONE DAY WE'LL GET INVITED YOU KNOW SO. NEVER DISCOUNT THE POSSIBILITY."

"BE MORE AWARE – LIKE LEARN MORE ABOUT PEOPLE WITH MENTAL ILLNESS AND DRUG USE, YOU KNOW? NOT EVEN JUST THE DRUG USE, BUT MENTAL ILLNESS. JUST PEOPLE THAT ARE DIFFERENT, 'CAUSE DIFFERENT IS PRETTY AWESOME, I THINK."

"MORE COMMUNITY BUILDING INITIATIVES, WHEN ONE RESIDENT MADE A NEWSLETTER IT WAS LOVELY TO SEE. THEY HAD INFORMATION ABOUT A NEW PROGRAM FOR RESIDENTS, A CROSSWORD PUZZLE AND THERE WAS ALSO AN INVITATION TO A BBQ. LIKE ISN'T THAT NICE? MAYBE WHAT I'M LOOKING FOR IS NUMBER ONE MORE KNOWLEDGE ABOUT THE DECISIONS THAT ARE BEING TAKEN, THE TYPE OF CARE BEING GIVEN AND WHY AND A SPARK OF LIFE FROM THE RESIDENCE LIKE THAT WE CARE ABOUT THE NEIGHBOURS, WE KNOW PEOPLE HERE CAN BE NUISANCES BUT WE ARE INTERESTED IN BEING INVOLVED, WE WANT TO BE FUN NEIGHBOURS NOT JUST ONES YOU HAVE TO TOLERATE."

IMPROVING RELATIONSHIPS WITH NEIGHBOURS AND RTR

Neighbours provided suggestions on how they believe relationships between themselves and RTR could be strengthened. Overall, neighbours want to be more informed and involved in what is happening. The community BBQ was discussed by various neighbours as an event that they appreciated attending as it provided them with the opportunity to interact with RTR residents and get a better understanding of the program. One individual discussed a newsletter that was made in the past by a resident. Perhaps this is something that could be re-integrated. This would help the neighbours be more informed about the program while providing residents with the opportunity to interact.

Comparison of Groups

The following section compares the similarities and differences of common themes researchers found when examining the sense of community of both residents of RTR and their neighbours.

Stigmatizing Views

There were some contradicting views that were evident between groups. Residents believed that the neighbours had preconceived notions of who they were, which resulted in the residents avoiding interactions with the neighbours. However, throughout the interview with the neighbours, it was apparent that the neighbours sympathized with the residents struggles' and supported the program. Residents view themselves in a specific way and, therefore, believe that others mirror those thoughts.

[NEIGHBOUR]: *"I DON'T LITTER ON THEIR LAWN AT THE RESIDENCE WHY DO THEY LITTER ON MINE? YOU KNOW?"*	COMPLAINTS When discussing the types of complaints that neighbours had about the residents, the residents felt the complaints were unnecessary and overexaggerated; however, when the neighbours were asked about their complaints regarding the residents they explained that, as homeowners, neighbours hope that others living in their neighbourhood will respect their property. However, through the interviews and focus groups it appears that residents and neighbours have different ideas of respect. Interestingly, both residents and neighbours indicated that a big part of community is being respectful to others living in your community; however, the neighbours do not believe that the residents are respectful towards their property, suggesting that residents and neighbours have different definitions and ways of showing respect.

Improving Relationships

For the most part, both residents and neighbours agreed that they desire to improve their relationships with one another. Both groups believe they can accomplish this by engaging in more group activities such as the community BBQ and garbage pick-up days. Interestingly, both groups brought up the distribution of flyers to inform the neighbourhood of key information and events regarding RTR and the community. Perhaps, the residents could create and administer the flyers throughout the community. Not only could this help inform the neighbours, but it could also provide the residents with an opportunity to engage and develop relationships with the neighbours in a less daunting way.

WHAT IS COMMUNITY?

In examining the themes of community inclusion, it is important to look at the responses as a whole rather than looking at the positive and negative views individually. This shows the big picture idea of what community means to those in the RTR neighbourhood.

RESIDENTS

"People just being nice to one another"

DEFINITION

"Smoking weed, for instance. There could be a kid around or something like that. People that don't like it. But it goes for mutual respect, right?"

RESPECT

"I really love it here and get along with everybody pretty good. so my sense of community is good"

BELONGING

"I never had a home for a long time... this is the only place that I really stuck to and it's really good. They're showing us guys that we can do something. That's we're worthwhile"

CHANGE

" They don't talk to you like they're judging you... She was chatting to us like we were just ordinary people"

INCLUSION

NEIGHBOURS

"Physical and social space you interact with"

DEFINITION

"I have not felt physically threatened by the residents, I have a newborn and toddler and it is important to feel very safe"

SENSE OF SAFETY

"A lot of people consider this neighbourhood unsafe, because it's made up of a lower socioeconomic profile, but no one is actually violent"

SAFETY

"In general, a lot of us agree with the philosophy to rehabilitate people to be functioning members of society"

REINTEGRATION

"Something comfortable and quiet. The RTR have done several initiatives like a community barbecue and took the lead on a street clean-up which was nice... it felt like they want to involve us"

INCLUSION

"[IT] MEANS FEELING COMFORTABLE WITH YOUR NEIGHBOURS"

"IT'S LIKE THEY THINK WE'RE NOTHING BUT A BUNCH OF ALCOHOLIC DRUG ADDICTS... WE ARE, BUT WE'RE TRYING TO CHANGE THAT, YOU KNOW?"

"WE ARE INTERESTED IN BEING INVOLVED, WE WANT TO BE FUN NEIGHBOURS... NOT JUST ONES YOU HAVE TO TOLERATE"

SELF-IMPOSED STIGMATIZATION

"They're not very social of me. I'm not social with them either. I don't know why. I just - I guess they're a little bit different because they have their own homes and they're rich and they're old. And then I'm young and I'm on welfare and using"

"Someone is making a noise in our neighbourhood, and they assume it is us"

NON-EXISTENT/NO DESIRE TO ENGAGE

"The more they know about us, the more they won't like us"

"The neighbours in the townhouses haven't reached out to us and we don't reach out to them"

ANXIETY

"I'm anxious and nervous around all the neighbours, especially the ones on our street"

LACK OF COMMUNICATION

"We didn't have much input and in general, it's a sense of disgruntlement and lack of transparency"

LACK OF RESPECT FOR PROPERTY

"Residents have written apologies for stealing packages from neighbour's doorsteps... they're being encouraged to overcome their actions, but it would be really nice if we wouldn't have to deal with that in the first place"

NIMBYism

"I will always vote for a party who wants this type of program, but you feel differently when it's in your neighbourhood"

"I want people to be reintegrated but I'm also a homeowner hoping for the home value to go up"

OVERCROWDING

"Our population tripled overnight... There is now almost constant pedestrian traffic, increased ambulance and police visits"

JohnHoward SOCIETY OF ONTARIO

Conclusion

Chronic homelessness is a rising issue across Ontario, therefore there is a growing need for programs like RTR to provide the necessary supports and services for this population. Not only is it important to provide this population with services for their complex health and housing needs, but also to give them a place to call home. The purpose of this project was to use RTR as a model of a supportive housing program in order to examine the successes and challenges and use the information to improve services and apply the knowledge to implement additional supportive housing programs across Ontario. The main finding of the project was the value that the residents of RTR place on having meaningful relationships with others. Other themes that were drawn out throughout the project were interrelated with relationships in some way. Residents of RTR seek relationships in order to feel a sense of belonging and purpose. The importance of relationships also goes hand-in-hand with another major theme of the project, which is the importance of having a sense of community. Both residents and neighbours wish to be more community-oriented. Doing so will increase residents' sense of belonging and hopefully increase the neighbours understanding and awareness towards the population living at RTR and diminish any existing misconceptions that they may have. Having both meaningful relationships inside and outside of the residence provides the residents of RTR with feelings of security within their tenancy.

Having a consistent place to call home is not something that the individuals living at RTR have experienced for a long time or ever. Providing individuals within this population with a home provides them with dignity.

Shared Meaning

Throughout this project, data was collected across four groups: residents of RTR, staff of RTR, stakeholders associated with RTR, and the neighbours of RTR. The purpose of collecting data across multiple sources was to understand various perspectives of the program in order to compare across groups but also in hopes of triangulating our research findings.

Overall, it was found that there is a shared meaning across all groups when it comes to medical supports being the most helpful and meaningful supports offered at RTR in allowing residents to maintain tenancy and enhance their quality of life. There were, however, some aspects that not all groups agreed upon. The first one being the residents of RTR yearning for more meaningful human contact and relationships. Residents demonstrated feelings of loneliness, as they expressed their desire for more human connection with other residents, the staff of RTR and their neighbours. However, when researchers brought this up at the Data Party, staff were surprised by how prevalent loneliness appeared as a theme in the interviews.

Additionally, neighbours were under the impression that the residents had no interest in connecting and interacting with them. It appears as though residents have difficulty initiating social interactions with staff and neighbours. This could be for a variety of reasons, but the most prevalent reason seems to be that residents believe that due to their social differences with the staff and neighbours, they would not want to have relationships with them. For the neighbours, these self-imposed stigmas that residents have may be reinforced by the neighbours through certain behaviours such as their surveillance of the residents. When talking with the neighbours, they suggested that they have an interest to connect with the residents; but also, expressed feelings of distrust towards the residents and some stigmatizing thoughts. Neighbours explained that they have security cameras set up in case the residents engage in theft on their property. They also discussed that they were unhappy when women were being taken into the residence, as they assumed that they were sex workers. These types of stigmatizing beliefs and behaviours may cause the neighbours to be less welcoming and unapproachable for the residents.

Lastly, there are unwritten norms of living in a community in regard to being respectful towards your neighbours. Although both residents and neighbours indicated that being respectful is a major component of living in a community, it appears that both groups have different ideas of what it means to be respectful. Residents believe that they are respectful throughout their community, but the neighbours disagree. Some of the instances and behaviours that the neighbours discussed had to do with guests of the resident creating a raucous or certain behaviour that the residents did while they were using substances, that they otherwise would not have done, and felt bad about following the incident. The hope is that this study helps to transfer learnings from Rita Thompson's place to any other place supporting individuals who have experienced homelessness and have active addictions and health concerns.

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Appendix A

Rita Thompson Residence (RTR) Research Results Matrix		
Outcome Question	Indicator	Data Source
Resident Tenancy		
1. Within the first year, how many instances were there where tenancy was interrupted?	Maintaining Tenancy	Administration and tracking (i.e. case notes)
2. Has the health of residents improved, declined, or stayed the same over the course of their involvement in RTR?	Maintaining Tenancy	Tools administered by Nurse Coordinator & JHS-Ottawa Staff (i.e. MoCA, GAIN SS, SPDAT, MCAS) One to one interviews and Staff Satisfaction Survey
3. How much intentional (i.e. where individuals transition to other supports) or unintentional (i.e. individuals are evicted) resident turnover has occurred at RTR since its inception	Maintaining Tenancy	Administration and tracking (i.e. case notes)
4. What has been the most helpful in delivering or managing the health needs of residents?	Health	One to one interviews with residents, Staff Satisfaction Survey
5. What has been a barrier in delivering or managing the health needs of residents?	Health	One to one interviews with residents, Staff Satisfaction Survey
6. What has been the most helpful in maintaining continuity in tenancy for residents?	Maintaining Tenancy	One to one interviews with residents Staff Satisfaction Survey
7. What has been the least helpful in maintaining continuity for residents?	Resident stabilization	One-to-one interviews with residents Focus group with residents, Staff Satisfaction Survey Stakeholder Satisfaction Survey
8. Is there anything JHS-Ottawa staff does differently now, compared to when it opened with regards to transitioning new residents?	Resident & health stabilization	Staff survey, interviews, and focus group
9. Is there a shared meaning of what successful health care management and maintaining tenancy looks like across residents, staff, and health providers?	Shared meaning	All data sources
Community Inclusion		
10. Within the first year of RTR's operation, did staff witness any instance(s) of NIMBYism? If so, were the responses to combat it successful?	Community inclusion (staff, stakeholder perspective)	Focus group, interviews with staff and stakeholders
11. Are the services and supports available through external stakeholders (i.e. other housing services such as the Targeted Engagement and Diversion Program or Ottawa police) used effectively to mitigate neighborhood concerns?	Community inclusion (staff, resident, stakeholder perspective)	Focus group, interviews with staff and stakeholders
12. What are the successes of RTR's Community Engagement Team?	Community inclusion (staff, resident, stakeholder perspective)	Focus group, interviews with staff, stakeholders,

Rita Thompson Residence (RTR) Research Results Matrix		
Outcome Question	Indicator	Data Source
13. What are the challenges facing RTR's Community Engagement Team?	Community inclusion (staff, resident, stakeholder perspective)	Focus group, interviews with staff and stakeholders
14. Overall, what processes have worked best for RTR for engaging and maintaining neighbourhood support for the housing program?	Community inclusion	Focus group, interviews with staff and stakeholders
15. Overall, what are the most challenging aspects for engaging and maintaining neighborhood support for RTR?	Community inclusion (staff, resident, stakeholder perspective)	Focus group, interviews with staff and stakeholders
16. Is there a shared meaning between residents, staff at RTR, stakeholders, and neighborhood residents on community inclusion and support?	Community inclusion Shared meaning	Focus group, interviews with staff and stakeholders

EFFECTIVE, JUST & HUMANE