The At-Home *Research and Demonstration Project on*
Mental Health and Homelessness
Mental Health Commission of Canada

"Existing" in the eyes of others : the impact of the Montreal *At-Home* project after 18 months, from the participants' point of view

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Preface

What can we learn from the Montreal *At-Home* research project that ran from 2009 to 2013 under the auspices of the Mental Health Commission of Canada? For homeless people with high or moderate needs in terms of mental health, the «Housing First» approach includes rapid access to housing (with a rent subsidy) and the more or less intensive support of multidisciplinary teams working in the community. In all, 469 people were recruited in Montreal, 285 in the experimental groups receiving services from the *At-Home* team and 184 in the control groups receiving services as usual.[1] Every tenth person recruited into the project (by date) for each of the groups (high and moderate needs, experimental and control groups) was selected for a qualitative interview relating to life experience up to the moment of recruitment.[2] Of these 46 people, 45 were again interviewed 18 months later (one of the participants having deceased in the meantime). The intention in this second interview was to go back over the previous eighteen months to look at possible differences in the experience of the experimental and control groups since the beginning of the project.

In the qualitative interviews at the beginning of the project, participants spoke (among other things) about certain services they had received at various moments in their lives and of what those services had meant for them. In roughly half of the cases, the services are just described without being positively or negatively evaluated, but in about one third of all the cases mentioned, they make a positive evaluation. To what extent do the results of the *At-Home* project in Montreal allow the identification of some of the characteristics contributing to positive outcomes in service provision for homeless people with mental health issues, from their point of view? What can be learned from the project to give more recognition and support to organisations and services that integrate one or other of these characteristics? In order to answer these questions, the following text is divided into two parts: first, a profile of the participants and their past experience as presented by them at the beginning of the project, and, second, an overview of their situation 18 months later, from their point of view.

[1] 81 (17%) in the Housing First (High Needs) experimental group, 204 (43%) in the Housing First (Moderate Needs) experimental group, and 184 (39%) in the two control groups, Treatment as Usual (High Needs) and Treatment as Usual (Moderate Needs).

[2] This method of selection was adjusted subsequently to make sure that women were adequately represented. The distribution of the 46 participants in the sample across the experimental and control groups is identical to that of Montreal participants as a whole: 17% (experimental, high needs)), 43% (experimental, moderate needs) and 39% treatment as usual (high needs and moderate needs), while the percentage of women in the sample (35%) is close to that of the overall percentage (32%).

The point of departure

In our preliminary report on the narrative interviews at the beginning of the project,[3] we drew attention to the overall characteristics of the sample in terms of relationships (to family and friends), mental health, substance dependency, homelessness, use of services, material conditions of existence, and hopes for the future (among other items). Thus 80% of the men and 75% of the women at base-line see alcohol or drug dependency as a key problem in their day-to-day lives, 47% of the men and 87% of the women have either attempted suicide or have suicidal thoughts, and 70% of participants (men and women) refer to negative experiences during childhood or adolescence (sexual abuse, incest, violence, parental alcoholism, being abandoned) as having had a determinant effect in their lives – one woman in three referring to sexual abuse in childhood. The women in the sample are 45 years old on average, and three quarters of them have children, approximately half still having regular contact. The men are slightly older on average (47 years old), and are not only less likely to have children (41%), but also less likely to be in contact with them, only one of the eleven declared fathers saying that he is still in contact with his offspring.

Arrival in the street

Based on the narratives, we calculate that the men in the sample have been homeless, on average, for a total of six and a half years, and the women, for an average total of five and a half. That being said, nearly a third of the sample (28%) have been homeless for a total of ten years or more, men being, on average, 34 years old when they first experience homelessness, and women 37. As far as the first experience of homelessness is concerned, 41% of participants mention substance dependency as a contributing factor, and 41% the inability to pay the rent. These two principal "causes" can be related to each other (several respondents making an explicit connection between the two), given that substance dependency can reduce the money available for meeting other needs such as paying rent. But participants can also attribute their becoming homeless to their desire to get away from a rooming house or an apartment in which they are subject to peer-pressure or violence associated with substance abuse, or to the fact that their family may no longer be willing to help them out, given their dependency on drugs or alcohol. The inability to pay the rent is also associated with inadequate income (Québec welfare rates being well below the poverty line), but none the less, were it not for substance abuse, several of these participants – according to their version of events – would not have become homeless in the first place.

After substance dependency and inability to pay the rent, the next most frequently mentioned contributing factor to becoming homeless is leaving an institution such as a prison, a hospital or a residential facility for the under-eighteens. This type of explanation is mentioned by 30% of participants in the sample. Prison experience is mentioned by 37% of the men (only one of the women mentioning a short stay in prison) and is also seen as a contributing factor to subsequent homelessness, as are prolonged or frequent stays in hospital.

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[3] McAll, Christopher, *et al., Chez soi : Projet de recherche et de démonstration sur la santé mentale et l'itinérance de Montréal : Premier rapport sur les récits de vie,* Version 3.1, Montréal : CREMIS, le 15 mai 2012.

One participant explains how he had not been able to keep his apartment after three such stays in a mental hospital. Overall, 57% of the men refer to periods of time spent in mental hospitals (20% making frequent visits) and 56% of the women (25% repeatedly).

Leaving a residential facility for young offenders and adolescents in care (the Quebec system ironically housing the two categories in the same establishment) can also be seen as a contributing factor, 22% of the sample being 25 years or less at their first experience of homelessness, although some participants tell how they moved directly from a negative home environment on to the street. The lack of economic means, the lack of supporting networks of family and friends, and in some cases the presence of a mental health issue, exacerbate the suddenness of the transition between the institutional environment and the outside world. Issues of mental health are also identified at base-line as contributing factors to homelessness, being mentioned by 25% of the participants. In one case, a problem of severe depression is seen as being linked to the loss of a job, the breakdown of a marriage and the inability to remain in housing, while in another, the respondent explains that his refusal to accept treatment (and the psychiatric diagnosis that went with it) – a refusal that he later regrets – led to his being left to fend for himself by his family and to finding himself on the street. We can presume that these contributing factors interrelate in complex ways. For example, two of the men in the sample see their separation from their respective spouses as the beginning of a downward spiral including alcoholism and depression, which in turn contribute to their becoming homeless.

If dependency on alcohol and drugs is presented as one of the principal causal explanations for a first experience of homelessness, the subsequent experience of homelessness itself is strongly associated with continuing dependency. Participants dwell on a variety of factors that underlie their continuing dependency, including the need to "screen" themselves from physical discomfort, insecurity and danger, humiliation, solitude, boredom, and painful memories, among other things. Social pressures also play a role, several participants referring to the distinction between "real" friends (with whom they may no longer have any contact) and the "acquaintances" who are a part of their actual networks on the street, on whom they may depend for protection and even survival, but who are preoccupied above all by the need to ensure their own supply of alcohol or drugs.

For women, in many cases, the narratives suggest a long history of abuse, male violence and domination, aggravated mental-health issues, poverty and economic dependency, substance abuse, prostitution, but a history punctuated by some happy memories linked to childhood or home-life, bringing up children, or being in a relationship. If, at one point, these women cross a frontier between being in their own home and being homeless, the ever-present dominant males ready to provide some kind of home environment in return for sexual services, and continuing circulation between women's shelters and various short-term residential arrangements, somewhat blurs the distinction between having a home and being homeless.

Being homeless

Homelessness, as recounted in these interviews, really means circulating among a variety of places including rooming houses, shelters, metro stations, parks (in the summer months),

friends' or family members' apartments or basements for short periods of time, hospitals, detox units and prison (for some). These interviews raise the question of the impact of homelessness on mental health. Participants describe the dangers and stress of being homeless, and also the feeling of depression associated with "being of no value" in other people's eyes or, as one participant puts it, as having lost his sense of self, his "old me" ("*ancien moi"*). This sense of loss can be aggravated by the death of near kin, an aggravating factor that occurs with some frequency in the interviews : a quarter of respondents in the sample referring to the death of one or both parents as being a key negative element in their lives, while several other respondents suggest that they have been sorely affected by the death of a brother or a sister. The basic material facts of existence on the street can also be presented as wearing down the physical and mental health of participants, blurring the frontier between the two, – for example, the effects of a succession of sleepless nights and of wandering from one resource to another, winter and summer, being a case in point.

The more participants find themselves locked into a pattern of homelessness, the more they may be dependent on existing community-based services to get by. Altogether they identify 63 organizations (other than the seven hospitals and other public institutions mentioned) that have come to their aid at one point or another and 227 specific instances of intervention or service-use, – dwelling in some detail in many cases on the nature of the intervention and on what it meant for them. A little less than half (44%) of the service contacts mentioned are presented as being merely instrumental (a meal, a bed for the night, a prescription obtained, a place to sit out an hour or two of the day), but others are seen as having had a positive or a negative impact (32% and 19% of all mentions respectively).[4] Positive impacts tend to be associated with being listened to, being recognized as a person, having people take the time to talk things over, being treated with warmth and friendliness and with respect for autonomous decision-making, while negative impacts flow from the contrary of all the above qualities, as well as from a sense of insecurity associated with some shelters, a loss of liberty associated with what are seen as over-restrictive rules and, for some, the forced proximity with other homeless people which can be seen as threatening for self-image where respondents have difficulty accepting the homeless label. Hopes for the future, where there are any, tend to be modest – finding an apartment, reconnecting with the family, gaining access to some kind of "normal life" – although some participants can be more ambitious in terms of professional aspirations, and others more overtly pessimistic, one participant seeing the recent deaths of several of his friends (or "acquaintances") as being an indication of what may happen to him in the near future.

Convergent pathways

The 46 base-line narratives, when set out as parallel "life-lines" detailing what people see as the succession of significant events and moments that make up their story (and "explain" the present), represent what we could describe as convergent testimony on the paths leading to homelessness and the consequences on people of being there : from their point of view, mental health problems can lead to homelessness and can then be aggravated by the experience of homelessness itself; substance abuse or dependency can be seen as one of the principal explanations for the first arrival on the street and as a key means of survival (and self-

[4] The remaining mentions (4.4%) are ambiguous, being in part positively and in part negatively evaluated.

destruction) once there; problems in family relations can be at the heart of many of these "downward spirals", and then can break off altogether when the frontier is crossed between "normal life" and the world of the street. At the heart of these stories are not just the problems of surviving in material terms, but the need to "exist" socially, to be somebody, to connect with the social world, to be recognized as a person with a past and a future. To what extent did the *At-Home* project in Montreal respond successfully to these needs and preoccupations expressed at base-line?

After 18 months

After 18 months in the project, one apparent difference between the experimental and control groups relates to the feeling of well-being. Jean, for example, who is diagnosed with high mental-health needs and is part of the experimental group with housing provision and intensive support from the *At-Home* team, talks of a new sense of "calm" :

> Je suis devenu plus calme, moins nerveux, moins anxieux si tu veux là. Ouais. Moins stressé là, par rapport à avoir peur au lendemain tout le temps [...] Quand t'es dans la rue, t'a, t'a peur au lendemain, qu'est-ce qui va se passer demain comment je vais arriver. Alors [...] ça faisait du bien ça. Je veux dire, de savoir que dans un mois, dans deux mois, dans trois mois, ben, on va être quand même toujours à la même place tu sais [...] Puis, on, on va être, être euh, on va être finalement là, dans le confort plutôt que d'être dans la misère si tu veux là (04 **Jean** HN Exp)[5]

In comparison to the control groups (receiving treatment as usual), members of the experimental groups are more likely to say that they feel secure and at peace,[6] that that they are now able to live at their own rhythm, that their mental health has improved,[7] that they have reduced their consumption of prescription medicines,[8] and that they are less dependant on drugs and alcohol.[9] Members of control groups are more likely to say that that they live under stress and in fear of violence,[10] that they have suicidal thoughts,[11] that their physical health has

[5] Fictional name, as are all the names in this document. [HN Exp] refers to high needs experimental group, [MN Exp] to moderate needs experimental group, [HN TAU] to high needs control group (treatment as usual) and [MN TAU] to moderate needs control group, (treatment as usual).

[6] Members of the experimental groups are five times as likely as those in control groups to say that they experience a new sense of "peace" (one third of the members of the experimental groups expressing this sentiment).

[7] Members of the experimental groups are three times as likely as those in control groups to say that their mental health has improved over the last 18 months (one third of the members of the experimental groups expressing this sentiment).

[8] Members of experimental groups are four times as likely as those in control groups to say that they have reduced their consumption of prescription medicines (22% of the members of the experimental groups expressing this view).

[9] As far as drugs and alcohol dependency are concerned, members of experimental groups are twice as likely as members of control groups to say that they have reduced consumption over the last 18 months (30% expressing this view), while members of control groups are more than twice as likely to say that their dependency on drugs and alcohol has remained the same or increased (47% expressing this opinion).

[10] Members of the control groups are four times as likely to say that they live with a continual fear of violence (one third of the members of the control groups expressing this sentiment).

[11] Members of the control groups are more than twice as likely as members of experimental groups to say that they have contemplated suicide over the last 18 months (24% expressing this view).

worsened[12] and that their problems of dependency on drugs and alcohol have stayed the same or increased. To what extent do the interviewees provide us with explanations for these differences?

Housing and well-being

Rapid access to housing is a key dimension of the *Housing First* approach (as its name implies) and the experience of being housed occupies a central position in the narratives of the members of the experimental groups. All but one of the members of the experimental groups was in housing at the moment of the interview at 18 months. Members of the control groups were also housed for varying periods of time during the 18 months, and approximately half (46%) were in housing (or residential accommodation) at the time of the interview. On the face of it, members of the control groups seem to have done fairly well in gaining access to housing, even if the proportion having done so is less than half that of the experimental groups. However, the type of housing is very different, and the periods of time spent being housed are much shorter in the case of the control groups, and for more than half of the latter are interspersed with periods in shelters or on the street. Typically, for members of the control groups, being housed means finding space in a rooming house or staying (temporarily) in a friend's apartment.

The fact that a significant proportion of these groups at any one time are in housing does not mean that they have housing stability, or that they have found a "home" in the full sense of the word. Only three people can be said to be in a stable situation (in terms of housing or its absence) over the 18-month period among the control groups: two stay in the street and in shelters throughout the period, and a third (a woman) recounts how she has managed to stay in the same apartment, but at the cost of being subject to the violence of a male partner and, during the period immediately preceding the interview, of having to provide sexual services to the concierge in lieu of rent.

The housing experience of the experimental groups tends to be different. In this case they choose rental apartments (and in a few cases, social housing) from the options that are provided to them by the *At-Home* housing team in the area of town that they prefer to live in. Not all the apartments chosen are considered to be in good condition. Participants refer to problems of infestation or poor maintenance in more than a third of the housing provided :

> "It is a very old building and it is dirty and my window is dirty, you know, and I don't have energy to clean it and the floor I see a lot of insects you know. And since I move here, I see a lot and I'm scared of this." (35 **Cynthia** HN Exp)

In this case, as in some others, the participant is aware of her own responsibility in having chosen the apartment in the first place, but nonetheless attributes some blame to the *At-Home* housing team for having proposed the apartment as one of the choices. In some of these cases participants move on to better housing afterwards. On the other hand, approximately two-thirds of all housing mentioned by members of the experimental groups is considered to be in

[12] Members of control groups are four times as likely as members of experimental groups to say that their physical health has deteriorated over the last 18 months (47% being of this opinion).

good condition. Whatever the condition, the mere fact of having access to stable housing (with the rent supplement provided by the project) tends to be seen as having an impact in terms of security, tranquillity, and intimacy, and having a space of one's own in which one can do whatever one feels like doing – including behaving in strange ways – without being constantly in the public eye:

> " […] je suis plus calme, plus terre-à-terre comme on appelle, je suis plus porté à, à mieux vivre, parce que là j'ai un logement. [...] mon humeur est meilleure [...] Je dors plus [...] En dormant plus, bien, le moral lève. Je suis moins porté à faire des psychoses, comme on dit, je suis moins porté à rester sur le même problème. À cette heure s'il y a quelque chose que j'aime pas, c'est comme le poste de TV, si j'aime pas le poste de TV je le change! (rire) (05 **René** MN Exp) " Puis, en appartement, mettons que t'es choqué, tu peux te parler tout seul. Tu peux te parler tout seul chez vous. Il y a de quoi qui m'est arrivé. J'ai parlé tout seul pendant une demi-heure. Mais ça devant le monde, tu fais pas ça. Tu vas passer pour une soucoupe." [...] "Ce que j'aime c'est que t'es tout seul. Tu es chez vous. Tu as la paix. C'est serein. Si tu veux écouter de la musique ou la TV t'as le choix. Si tu veux manger à une telle heure, t'as le choix de manger à une telle heure. Tu veux te laver à une telle heure, t'as le choix de te laver à une telle heure. Tu fais ce que tu veux" (11 **Hervé** MN Exp) "Je peux dire que finalement je suis capable de payer mon loyer, puis j'aime, j'adore mon appartement… même si les planchers sont pas trop beaux [petit rire], j'adore mon appartement. J'ai de la place, j'ai un chat, puis ça, ça m'apporte beaucoup de bonheur. [,...] Là j'ai de la liberté pour faire à l'heure que ça me tente, toutes ces tâches-là." (34 **Chantal** MN Exp)

One respondent mentions how good he felt one evening when he was working at his sewing machine and listening to music, measuring the distance he had come over the previous few months:

> "À un moment donné au mois de septembre, j'étais chez moi, une fin de semaine, un samedi ou un dimanche soir, j'écoute de la musique, tranquille, j'étais là avec ma machine à coudre, j'avais un sac à dos à réparer, la musique était bonne, j'étais bien… puis ça vient nous traverser le corps mais d'aplomb qu'à un moment donné j'ai tout arrêté, puis j'ai fait un genre de pause puis je me sentais bien, c'est comme un… le bonheur vient nous envahir, c'est comme on est bien, on est relax, on est détendu, je prends le temps d'explorer ou de regarder dans ce que je vis aujourd'hui : je l'ai mérité, je l'ai gagné, je l'ai bâti de moi-même, je regarde ma table où ce qu'y a tous mes pinceaux, ma peinture, puis le petit projet que je suis en train de faire… un autre projet qui va démarrer bientôt, je suis en train de bricoler… cette machine à coudre là, je l'ai eue cet été, puis je l'ai mis de côté, si j'en ai de besoin, puis là je suis en train de l'utiliser; j'écoute de la musique; je suis bien… Puis c'est la première fois que j'avais cette feeling-là de : oh, enfin… Puis ça dure pas longtemps, ça, ça dure une heure, une heure et demie, puis après ça c'est voop! Mais j'ai pris le temps de le savourer. C'était spécial" (08 **André** MN Exp)

André's sentiments in this respect are not untypical of the way in which participants express their sense of individual well-being in relation to their new-found housing conditions. Marcel,

for example, makes the connection between the view from his apartment and the possibility of "introspection" :

> "J'ai des grandes pièces, c'est frais, c'est beau. Deux belles portes patio. J'ai sept châssis dans ma chambre. Je regarde le ciel quand je me couche. Je me lève, je fais beaucoup d'introspection, puis je regarde le ciel, la nature, le beau quartier que vous m'avez apporté. J'ai un grand balcon qui fait environ 21 pieds puis il est privé, à moi". (19 **Marcel** MN Exp)

Bertrand echoes these views. Having his own home has enabled him to "find himself" :

> "Moi je dirais en gros là, quand t'as un logement là, ce projet-là il est vraiment bon, man. Parce que, je sais pas comment les autres ils l'utilisent, mais je peux dire que si j'avais pas eu ce projet-là, [...] j'aurais pas eu toute l'intimité que j'ai pu avoir avec moi, [...] j'aurais pas été heureux comme je le suis maintenant. Je pense que t'es heureux vraiment, c'est de se retrouver, point final. Puis le projet m'a permis vraiment de me retrouver. [...] Je suis confiant maintenant, plus confiant qu'avant, grâce à ce projet-là, man". (32 **Bertrand** MN Exp)

Bertrand's problem is that he is fond of music and dancing, and his neighbour downstairs tends to object:

> "Je dansais tellement que le monsieur il était tanné. Parce que t'sais, quand t'as la musique, tu te rends pas compte que t'es en train de bouger, là. [rire][...] parce que le monsieur en bas il me disait : " Hey, comment ça que tu fais du bruit comme ça man? c'est pas normal. " Mais je lui ai dit : " Tu danses? c'est pas normal que je danse? " Des fois il monte… Parce que le plancher il était comme sensible un peu, là, il faisait plein de bruit, quand on bougeait ça craquait trop". (32 **Bertrand** MN Exp)

Other respondents in the experimental groups (approximately one third) talk of the difficulty they have in getting on with neighbours or landlords, but nearly a half say that they get on well with them, and most people make a connection between their new sense of well-being and their having a home of their own.

There is thus a connection made by certain respondents between housing security or stability and the perception of improved mental health, the decreasing use of prescription medicines and the general sense of having gained control over one's life. Marcel, for example, makes the link between having a secure home and reducing his use of anti-depressants:

> "Moi ça m'a fait [...] du bien, beaucoup de bien. Parce que je suis moins nerveux, je prends moins de médicaments à cette heure, avant je prenais 150 mg d'antidépresseurs, à cette heure je prends 50mg je trouve qu'il y en a assez, tu sais. Avant j'habitais dans la rue, c'était pas un cadeau [...] Je me sens plus en sécurité euh… je suis pas stressé, je suis pas gêné par personne, j'ai la tête tranquille…tout ça pour dire que je prends moins de médicaments". (19 **Marcel** MN Exp)

The feeling of security stemming from having a home of one's own is matched, in several cases, by the perception of greater financial stability. Even if the fact of having to pay rent (albeit with a subsidy), electricity bills and other necessities can pose significant financial problems, none the less members of the experimental groups are three times more likely than members of control groups to say that their financial status has improved over the last 18 months.[13]

Housing and dependency

The connection between their new sense of security and the decreasing consumption of alcohol or drugs can be an explicit one. For example, one respondent mentions that he no longer consumes the amount of beer that he consumed previously when living on the street:

> "Ma consommation elle est beaucoup réduite. Mais, je veux dire, de la boisson, j'en ai toujours pris pas mal pareil, mais [...] depuis que je suis rendu chez nous je bois bien moins. Parce que, si je suis fatigué ou j'ai quelque chose, au moins je peux me reposer, tu sais. C'est pas drôle d'être pris dans la rue, là" [...] " je vais prendre peut-être six-sept bières dans ma journée, ça c'est régulier, puis c'est pas une grosse brosse, on s'entend-tu? Ça fait que c'est pas mal mieux par exemple que dans le temps que j'étais dans la rue, où [...] je pouvais en boire sans calculer, là, puis dormir dehors" [...] "Parce que le problème de la consommation majeur des personnes, c'est la solitude [...] Ou bien c'est pour oublier quelque chose qui te fait de la peine, t'sais. Ça fait que si tu décides d'arrêter de consommer, c'est probablement parce qu'il y a quelque chose qui est arrivé à toi qui [te rend] plus heureux, il y a peut-être une lumière un peu plus éclairée au bout du tunnel, tu sais". (37 **Stéphane** MN Exp)

This echoes the opinion of a member of one of the control groups who describes how he has to consume a given amount of marijuana every day (carefully budgeted) just in order to cope with the stress of being homeless:

> "With all of the walking and no sleep, it is a little hard on the body and on the mind because you are right in the downtown where you get all of the lunch hours and the rush hours and crowds, noises and the stress, it is really something, I find it hard. *How do you compare your self with two years ago when you started being homeless?* Well it is on my mind all the time, how this is impacting me. I have lost weight, my mind is more stressed, I smoke a lot more cigarettes now and a lot more marijuana too, it is almost a medication now to keep me calm, that's about it. My appetite is up and down. But generally I am exhausted all the time. And I feel tired with every step. Every step is like a long trip, here and there. *And you smoke more Marijuana?* Yes. *How much do you smoke comparing to before?* Before it was one or two a day, I used to be more regimented with it, it would be in the morning and in the afternoon or on the evenings, but now is anytime that I feel stressed I find myself smoking". (01 **John** MN TAU).

[13] 37% of experimental group members expressing this opinion.

One high-needs participant receiving treatment as usual, eloquently expresses the way in which cocaine takes her away from the problems of her day-to-day existence and constitutes a central part of her life:

> "On dirait que la drogue là, c'est comme si notre mère venait de nous prendre dans nos bras pour nous endormir pis on était poussé dans un lit, pis on était dans le paradis, dans les bras du petit Jésus, comme quand on est bébé. " (29 **Marie-Hélène** HN TAU)

Some participants in the experimental groups see their reduced consumption of alcohol or drugs as the result of a choice that had to be made between keeping their apartment or maintaining their previous life-style:

> "Avant le projet Chez soi, je faisais beaucoup de drogue. Puis c'était ça à peu près mes journées : essayer d'en avoir, en fumer, essayer d'en avoir, en fumer… Mais depuis le projet Chez soi, je fais plus de drogue. Ça c'est l'fun [...] J'étais tellement contente d'avoir un appartement qui avait de l'allure que j'ai dit : "non, c'est plus pour moi ça, c'est fini". J'ai dit : "j'ai une chance terrible d'avoir cet appartement-là, fait que, je veux plus faire de la drogue, je veux plus. Puis c'était fini" (34 **Chantal** MN Exp) "J'étais un grand consommateur, moi.[...] Au début, j'ai eu de la misère [...] Puis de moins en moins puis, à un moment donné, j'ai arrêté. *Qu'est-ce qui vos a aidé à arrêter?* Je ne voulais pas perdre mon logement. Quand tu as 1300$ par mois puis [tu es] dans la dope: T'as des problèmes hein! Je me suis dit "whoah". *Qu'est-ce qui a fait le déclic? Qui a fait que vous avez décidé "Moi, je change"?* J'avais un logement que j'aimais, j'avais un endroit où je pouvais vivre, de l'argent pour m'acheter du linge puis manger plutôt que le donner au *pusher*. Ça fait que j'ai arrêté [...] Je me trouve très bon. C'est merveilleux. (16 **Réal** MN Exp)

The connection between reduced consumption of drugs or alcohol and housing security may not always be as clear as this, but for the one third of experimental group members who mention such a reduction, the sense of security that comes from being securely housed can be seen as a contributing factor.

Support and recognition

Deriving comfort from having a home and increased financial security is inseparable from the support provided by the ACT and ICM teams as described by respondents. Some participants in the experimental groups express surprise at their not being judged by the project's service providers, in relation, for example, to dependency problems or the consequences of their behaviour in terms of damage to property:

> "I can talk and be open with them, I can be myself without being counterproductive [...] There are some people I cannot be with like that, in a position to be judging people. The project is what keeps me together. They are in research and I am going to give them what they want. I feel great with this project. [...] At Christmas I make donuts and stuff. I make them for project Chez soi...I make squares for them. I wrap them with ribbons in a nice box. I like doing that. My cupboard is full." (10 **Édith** MN Exp) "*Qu'est-ce qui a*

> *le plus aidé dans le projet Chez-soi?* Qu'est-ce qui m'a aidé, c'est de sentir qu'on se faisait traiter comme un être humain (25 **Diane** MN Exp)

Others emphasize the availability of team members, the significance for them of the regular home-visits, the fact that they are treated with respect, that they are listened to, that they are accompanied during stays in hospital, periods of depression, or judicial proceedings, that members of the team encourage them in the realization of their desire to contact family, get involved in social activities or pursue other goals:

> "Il y avait un gars qui était là même pour vérifier si le poêle marchait, si l'eau coulait comme il faut, il a tout vérifié ça lui. Il a regardé les murs, voir si c'était bien peinturé… Puis il y avait une autre femme, il y avait ma travailleuse qui était là aussi, puis elle elle posait des questions, ça fait que moi j'ai rien eu à faire. [rire] [...] j'ai aimé ça, je sentais qu'il y avait du monde qui s'occupait de moi puis j'ai ben aimé ça comment ça a marché. " (34 **Chantal** MN Exp) " [L'intervenante du projet Chez-soi] est une personne qui compte beaucoup pour moi dans ma vie, [...] c'est une bonne personne, vraiment. Puis elle m'écoute vraiment, [...] Parce qu'il y a du monde qui sont tout seul dans la vie [...] ils ont personne à qui parler [...] Puis savoir qu'il y a quelqu'un qui vient nous voir une fois par semaine pour parler puis tout ça, c'est bon. C'est très bon [...] Moi je savais même pas c'était quoi être bipolaire, tu sais. [...] J'ai appris tout ça, puis j'ai appris c'est quoi aussi avoir quelqu'un qui nous écoute, là, qui s'inquiète pour nous… mais je sais pas si c'est s'inquiéter… c'est avoir de l'aide, t'sais, parce que moi avant j'avais pas ça (32 **Bertrand** MN Exp)

Members of the experimental groups can also express a feeling of increased self-confidence or self-worth as a consequence of being in the project, due both to the way in which they are treated and to their changed material conditions:

> "La différence, que je pourrais dire, entre quand j'étais dans la rue, puis aujourd'hui dans le projet, c'est que, quand j'étais dans la rue, je marchais sur la rue, je ne disais pas bonjour à personne, je ne regardais pas personne. Puis aujourd'hui, depuis que je suis dans le projet, quand je marche, quand je sors de chez nous, j'ai pas peur de dire à quelqu'un "bonjour", puis euh, je suis capable de le faire à cette heure. Avant j'étais pas capable de faire ça. Fait que il y a ça de changé. Pis j'ai un petit peu moins peur du monde, j'ai moins peur du monde que j'avais avant, parce que avant, j'avais bien peur du monde-là (27 **Jocelyn** HN Exp) " Je parle plus. Je suis plus sympathique. Je suis moins agressif. Je suis moins sarcastique. Si quelqu'un va me parler et mettons qu'il va dire une parole blessante ou *whatever*, j'agirai pas de la même façon que j'ai déjà agi (11 **Hervé** MN Exp) "Avec le projet "Chez soi" j'ai appris à reprendre ma dignité humaine. C'est important l'estime de soi. C'est ça que vous nous avez donné: L'estime de soi.[...] Regarde comment je suis aujourd'hui: Je suis bien, je suis confortable, je suis assis dans le fauteuil, je ne veux rien savoir, je te regarde, je pète le feu, et là je vois de l'amour et de l'amitié. [...] Tu m'as jamais vu aussi calme comme ça, si heureux, en harmonie avec les autres, en harmonie avec moi-même, positif et fonceur dans la vie. Et droit devant. Je tourne une page sur le passé. Et je vais savourer la vie à pleines dents. (21 **Michel** MN Exp)

In all, two-thirds of the members of the experimental groups express positive (and in some cases, highly positive) opinions about the ACT and ICM teams and attribute a significant part of their sense of well-being to the relationships developed with team-members (extending to feelings of friendship in some cases) and to the constancy of the support provided. Curiously enough, given that members of control groups do not have access to ACT and ICM services but only encounter interviewers at regular intervals over the 18-month period, while continuing to live much as they had been doing before, the *At-Home* team members encountered can also be positively evaluated by this latter group, one third expressing a positive opinion about the relationship built up with them over time.

Autonomy and decision-making

The increased self-confidence expressed by members of the experimental groups tends to be associated with their making their own decisions. They can again be somewhat surprised at the degree of responsibility required of them by the project, some referring to a new-found feeling of liberty or autonomy that has developed over the period, as a consequence, in part, of that responsibility:

> "On m'a laissé choisir le quartier où j'allais habiter [...] J'ai la liberté avec le projet "Chez soi" [...] c'est pas de la dictature. Ils te laissent faire ce que tu veux dans ton logement.(21 **Michel** MN Exp)

This is in sharp distinction with members of the control groups, none of whom mention any such comparable feeling of liberty or autonomy as having been part of their experience over the 18-month period, with some placing emphasis on their being subject to petty rules and regulations relating to personal behaviour, access to and use of services, presence in the public domain, or other aspects of their daily lives. Stefan's complaints about the lady running his boarding house are not untypical:

> " So all this control that she's doing [...] I can't wear my shoes in the house. I have to pay money if I come in the house after the curfew, pay for the lock. If I have the police call the house, I have to pay $150. If I'm out of the house for 24 hours, I have to call and report and tell her where I'm going and tell her where I'm coming from. All these things that she's doing [...] it's not normal. When you pay your rent, you have the ability to go in and come out if you want. " (33 **Stefan** HN TAU)

Daniel, a high needs participant, and Anne (moderate needs), are both in control groups, and also complain of the rules to which they are subject in their residential accommodation:

> "Ici on n'a pas le droit de rien faire. Si tu veux recevoir du monde, à neuf heures faut que tu les mettes dehors; puis si tu veux prendre une bière, regarder un film, ou quelque chose, bien t'as pas le droit [...] du fun il faut que tu ailles t'en faire ailleurs" (03 **Daniel** HN TAU) "Ici, qu'est-ce qui me manque le plus, c'est que j'ai pas le droit de visite plus que 11 heures. À 11 heures, faut que tout le monde soit parti. Mais moi je trouve ça… c'est comme si on serait une adolescente là-dedans, là, tu sais [ce que je] veux dire? On est capable s'il y a quelque chose ou si ça va pas, bien de dire : "Hey, envoye, va-t'en!". Là tu sais, on n'a pas 15 ans, on n'a pas 17 ans.."(17 **Anne** MN TAU).

Friendship and family ties

It is not always easy for members of the experimental groups to get used to being in housing and on their own. Even if they tend to be appreciative of their relationships with the ACT and ICM teams, they can also express feelings of solitude, 26% placing emphasis on the difficulties they have faced in terms of loneliness and isolation since the beginning of the project:

> "Au niveau des amis, m'a te dire que présentement j'en ai pas [...] je suis seul, j'ai le voisin d'en bas, j'ai le voisin d'à côté, j'ai le voisin d'en haut [...] j'ai l'épicier, j'ai euh, alors c'est mes relations, tu sais" (04 **Jean** HN Exp)

It's not just a question of being alone in one's apartment, but of missing the acquaintances with whom one was constantly surrounded before coming into the project. For Elisabeth, it's the people she misses most, even if she has the company of her daughter in her current accommodation:

> "Ouais, c'est le monde. J'aimais ça, il y avait beaucoup de monde, t'sais, t'étais bien entourée, là, quand t'es en logement, tu t'en retournes tout seul, dans ton petit coin, t'sais. J'aimais ça, la vie qui allait, t'sais, il y avait beaucoup de vie là-dedans. T'écoutais les problèmes des autres, ça t'aidait dans tes problèmes t'sais (rires), j'aimais ça (24 **Elisabeth** MN Exp)

However, it cannot be said that this type of intervention necessarily contributes to an increase in such sentiments, since the members of the control groups express the same sentiment in similar proportions – 28% mentioning their loneliness as a key problem over the previous 18-months. In their case, the solitude can be seen as being part of the general experience of homelessness rather than that of being isolated within the four walls of an apartment, although they are also moving in and out of housing and can feel the same sense of loneliness as those in the experimental groups:

> "T'sais, je suis isolé aussi, pis des fois j'ai de la peine d'être dans ma cage à poule, pis je le dis pas. Peut-être aussi je pleure des fois, pour dire que je suis tannée de regarder la TV et la radio, pis souvent c'est des reprises, t'sais. Pis t'es là, t'es chez vous, pis t'as de la communication avec personne" (29 **Marie-Hélène** HN TAU)

The feeling of loneliness brings up the question of friendship. As mentioned previously, some participants make the distinction between "real" friendship and the type of acquaintances that tend to be the lot of those living on the street and in shelters. There is a deep ambiguity expressed concerning these relationships. Survival on the street is difficult without strong connections to other people who share the same condition and share the knowledge necessary to survive, but since many of these connections are made in relation to drug and alcohol consumption, the needs associated with the latter can frequently run counter to friendship:

> " Des amis, je n'en ai presque pas. J'ai un chum que je vois de temps en temps [...] À part ça, j'ai pas d'amis "ben ben". Dans les missions, je connais tout le monde quasiment,

> mais je peux pas dire que c'est des amis. Ils prennent de la drogue, ils te volent puis ils te "crossent". C'est pas vraiment des amis. " (11 **Hervé** MN Exp) "C'est des amis de consommation, c'est pas mes chums dans le fond là t'sais [...] Il y en a qui reconnaissent que j'ai un problème, là [...] ils m'en donnent d'autres, c'est pas vraiment mon chum… S'ils me disent "non", ben là je comprends c'est mon chum, au moins il voit quelque chose, t'sais". (31 **Albert** HN Exp); "Il y a-tu quelque chose de la rue qui me manque? Si ça me manque, ça me manque pas longtemps [...] Ah, il y a peut-être des gens là, parce que c'est pas toutes des mauvaises personnes dans la rue, que des fois je vais voir là. Mais j'ai eu tellement de déceptions que je peux pas vraiment… hey, je suis tellement mieux chez nous, non, il y a pas grand-chose qui me manque de la rue". (37 **Stéphane** MN Exp)

Some participants in the experimental groups express regret at having lost contact with their former network of friends, and others attempt to maintain these contacts, but there is a general sentiment expressed of needing to move away from these old relationships where solidarity and mutual support can coexist with their opposites.

While one in four members of the experimental groups express feelings of solitude, however, others mention the new friendships that they have managed to make over the 18-months.[14] These new friends can be encountered in social activities or may be neighbours living in the same apartment building. The fact of having one's own home in which friends can be received can be seen as a contributing factor to the building of friendships and the reciprocity of which they are a part:

> "Quand je vais à la piscine, je rencontre des femmes puis je jase avec, puis des fois elles viennent chez nous, moi je vais chez eux… Puis même avec le centre de jour, bien j'ai rencontré du monde, ça fait que je me suis fait des amis là, ça fait que ça a beaucoup changé. (34 **Chantal** MN Exp); "En fait, j'ai réussi à m'affirmer ici [...] D'où le fait que je suis devenue amie avec Joanne, on a eu un coup de foudre d'amitié elle puis moi [...] c'était le fun au bout, une femme de 63 ans quand même [...] elle est toute cute, elle est toute belle [...] Puis elle m'accepte comme je suis [...] C'est fou là, c'est vraiment l'amie que je cherche depuis toujours, et je l'ai trouvée. Et ça c'est nouveau. Ça fait que là [...] la solitude, je connais plus ça, là. On reste dans le même bloc, on est deux femmes seules [...] elle est venue cogner, elle savait qu'il y avait quelqu'un, puis c'est pas grave, elle vient cogner pareil. (39 **Brigitte** MN Exp).

If one third of experimental group members say that they have made new friendships since the beginning of the project, and that these friendships have become a central part of their lives, a similar proportion state that they have reconnected with their family.[15] Another third of experimental group members place the continuation of existing relationships with their family at the heart of their experience over the period, some of them mentioning the purely negative

[14] Experimental group members are five times as likely as members of control groups to say that they have made new friendships over the last 18 months (33% of the members of experimental groups expressing this view).

[15] Experimental group members are six times as likely as members of control groups to say that they have reconnected with their family over the last 18 months (37% of the members of experimental groups expressing this view).

aspects of those relationships, others referring to positive and negative aspects at the same time. Others have attempted to make contact with their family but without success. Family relationships, both in their negative and positive aspects, thus remain at the heart of the lives of the members of the experimental groups as recounted in interview, two thirds placing emphasis on such relationships. Members of the control groups tend to be of a similar opinion, the same proportion seeing family relationships as being key elements in their lives. The problem though is that little has changed for them over the last 18 months. The negative aspects of these relationships are seen as predominating, and only one person mentions having reconnected in a positive way with family over the period.

Having a home of one's own is as key an element in reconnecting with family as it is in the building of new friendships. But it is not just being able to invite one's children, brothers and sisters, or parents (where they survive) to one's apartment that emerges as a contributing factor to reconnecting with family. Family members may not yet have crossed that threshold, the contact being limited to telephone calls, or meetings in parks, restaurants or some other public space. The principal factor mentioned is that of wanting or being ready to remake the contact, of being no longer ashamed of one's condition in the eyes of family members, who remain of central importance in spite (in some cases) of years of lost contact. Jean had already remade contact with his sister before the project began, but over the last eighteen months the links have become stronger:

> "Moi ce qui s'est produit c'est que j'ai perdu ma famille, pendant à peu près une vingtaine d'années-là [...] J'ai perdu ma famille, j'ai perdu mes sœurs, et tout ça. Et puis elles savaient pas où est-ce que j'étais, elle savaient pas où est-ce que je résidais. (04 **Jean** HN Exp)

Some see the family as more accepting or showing more understanding since they are in the project :

> *"Au niveau de tes relations familiales?* Euh, ça va bien. Ça ça va beaucoup mieux. Beaucoup plus d'acceptation du côté de mes parents, beaucoup plus d'acceptation du côté de ma sœur… mes nièces sont en amour avec moi, ma filleule est en amour avec moi : je pouvais pas demander mieux là, t'sais, (39 **Brigitte** MN Exp);

For several participants, being part of the experimental group allows them to consolidate relationships with the family that existed in some form or other before the project started :

> "Je vois plus souvent ma famille. Euh, ça m'a donné [...] un sentiment que ma famille m'a pardonné [...] ils m'ont donné un sentiment de confiance, [...] puis ils m'appellent souvent, puis j'ai plus de relations normales qu'un frère puis une sœur peuvent avoir… Puis avec ma mère, mon père, ça s'est replacé aussi" (37 **Stéphane** MN Exp); "Ils [la famille] savent que ce projet-là, ça a changé ma vie, t'sais. Puis c'est pour le meilleur [...] c'est sûr que ça aide dans les rapprochements [...] parce que quand t'as un logement, ils voient que tu fais tes affaires, ta famille ils vont l'apprécier aussi. (32 **Bertrand** 23 MN Exp)

For some, rebuilding contacts with the family can be a slow process. René takes it one step at a time:

> " Je remonte la côte, tu sais, des échelons, des escaliers, tranquillement, pas trop vite parce que je veux pas me pitcher puis commencer à promettre avec eux autres, puis je tiens pas ma promesse… Ok. Je ne veux pas me *pitcher* trop vite. *Puis là les échelons que vous avez réussi à monter, c'est lequel?* Huh, ben là, ils me font plus confiance, Ok. Première des choses, ils savent aussi que j'ai lâché la drogue, tranquillement pas vite, euh, j'ai lâché mes magouilles, c'est ça qui fait qu'ils ont plus confiance. " (05 **René** MN Exp)

This is particularly the case for participants who have children whom they have not seen for some time. Edith talks to her daughter over the phone, but the latter has yet to come and see her in her apartment:

> "*You said that since you have been in the project, you have started talking to your daughter again.* Yeah. I talk to her every night. It's good, she is a hairdresser.[...] *Has she come to visit you here?* Not yet, but she is going to be coming. She is sending me pictures of the baby when she was born. Here she is when she was pregnant.[...]. *When did you start talking to her again?* [...] I talk to her every night. I call her. [...] She says call here every night…on weekends when she doesn't sleep in. She's a hairdresser and she'll be coming soon. (10 **Edith** MN Exp)

The resulting renewed relationships are not always easy however, and may remain somewhat limited, but just the fact of having remade contact can be presented as a major change in the respondent's life. Among the participants in the control groups, several refer to positive elements in their relationships with the family, but for the most part, either contacts have been lost, or family members are portrayed in a negative light, or they are simply not mentioned:

> "Je me câlisse de mes parents comme de l'an quarante. Depuis que je suis pas là, je suis bien. Je suis mieux dans rue que dans ma famille" (06 **Philippe** HN TAU); " Elles [ses filles] ne savent pas comment j'ai déboulé, comment j'ai connu la déchéance, c'est assez pour vouloir me tenir loin. " (29 **Marie-Hélène** HN TAU)

Day-to-day lives

The differences between experimental and control groups are reflected in their day-to-day lives. While members of the control groups tend to continue the daily rounds that are typical of those who are homeless, members of experimental groups gradually come to adapt (sometimes with difficulty) to their new lives, of which the "rhythm" stems from their own decisions rather than from the rules of the services which they use. Some refer to the pleasure, at the outset, of just being at home doing nothing:

> "Au début, avec le projet, je faisais rien. Je restais chez moi puis j'écoutais la TV puis je faisais rien du tout, là. Mais ça faisait mon affaire quand même parce que [...] j'ai tellement souvent déménagé que ça me faisait du bien juste de rester là puis rien faire, t'sais" (34 **Chantal** MN Exp)

Chantal subsequently becomes involved in a number of activities, including regular visits to the swimming pool. A "typical day" for Edith is representative of such social involvement:

> "Typical day is for me to get up in the morning, I get up, I make my breakfast, I make my room up, I do my chores, I am off for the day. I go out to *Rue des femmes*. I go to a centre for women and I do my art there.[...] I go for swimming often enough, three or four times a week. If I can get five or six times a week, I'm happy. [...] I lost 28 pounds. [...] I go to AA meetings [...] I like it. *Excellent. How about your social activities. Do you see the same people?* No. Nope. I changed my whole life, my whole thinking of life, my well being. (10 **Édith** MN Exp)

Others, such as Jocelyn (high needs) complain of being stuck at home with nothing to do[16] :

> "Je l'ai mon appartement, je paye le loyer à tous les moins mais qu'est-ce que je fais, moi dans mon appartement là? Qu'est-ce qu'il faut que je fasse? J'ai rien à faire icitte là. J'ai aucun travaux à faire. […] T'as pas de communication ben, ben avec le monde tandis que quand t'es dehors, t'es tout le temps en contact avec le monde, t'as quelqu'un avec qui parler» (226 **Jocelyn** HN Exp)

Having a home and a place to put things may also mean that participants can indulge more easily in their favourite pastimes, such as collecting videos, sewing or painting. Some also discover (or rediscover) the art of cooking, of buying groceries, of leading what several describe as a "normal" life, in spite of the financial restrictions under which they are operating:

> "Je fais une vie normale comme tout le monde, je me dis je fais une vie normale". (19 **Marcel** MN Exp)

Their day-to-day lives can also be marked by the planning and realization of new projects, relating, for example, to a hobby, education or professional training.[17] Some members of experimental groups can complain of boredom (spending their days in front of the television, for example), but it is the members of the control groups who are twice as likely to say that they suffer from boredom in their everyday lives.[18]

High needs and moderate needs

The analysis presented here is based on the overall comparison of control groups and experimental groups. Even if the *N* is small – 45 cases in all (46 at baseline) – the randomized selection of these cases from the overall population of 469 participants suggests that similar

[16] Members of experimental groups are four times as likely as members of control groups to say that they are involved in social activities (26% of the members of experimental groups mentioning such involvement).

[17] Members of experimental groups are more than five times as likely as members of control groups to mention that they are involved in such projects (33% of experimental group members mentioning this kind of involvement).

[18] 28% expressing this opinion.

results might have been obtained had it been possible to do qualitative interviews with all participants. There are, however, apparent differences between the high needs and moderate needs groups which have not been dwelt on in the foregoing analysis and which need to be looked at more closely here.

The analysis in the preceding sections is based on the identification of 24 variables defined on the basis of a close analysis of the interviews. Some of the variables relate to the perceived negative or positive changes (or lack of changes) over the previous 18 months in relation to family relationships, sense of security, sense of peace, respect of intimacy, ability to live at one's own rhythm, autonomy, stress, boredom, distrust of others, mental health, physical health, use of drugs and alcohol, consumption of medicines, involvement in social activities, solitude/new friendships, financial situation, development of new projects, work experience. Other variables do not so much express change between the situation at base-line and at eighteen months as the fact (according to respondents) of having had negative or positive experiences over the eighteen-month period, irrespective of what might have been the case beforehand. These variables include: having suicidal thoughts, housing conditions, and relationships with landlords, neighbours, *At-Home* personnel or personnel working in other organisations. Each variable has been scored on a scale from +3 to -3 depending on the degree of positive or negative emphasis placed by the respondent on this particular variable in the interview (with a score of 0 when the variable is not mentioned). By combining the positive and negative scores on these 24 variables for each individual respondent we arrive at totals varying from [+33] to [–13].[19] Tables 1 to 4 present our scores for perceived negative and positive outcomes after eighteen-months by individual and by group.

[19] Coding for each variable is based on a [+/=/–] system and our evaluation of the extent to which individual respondents place positive or negative emphasis on the given variable in interview (with [=] indicating no change over the 18 months). In terms of the first set of 18 variables, the [+] sign thus indicates improved relationships, more security or peace, greater intimacy, greater ability to live at own rhythm, more autonomy, less stress, less boredom, less distrust of others, better mental or physical health, less dependency on drugs or alcohol, lower consumption of medicines, greater involvement in social activities, less solitude/ creation of new friendships, better financial circumstances, and involvement in new projects or paid work, and [–] the contrary of the above. For the remaining variables, [–] indicates the presence of suicidal thoughts, while [+/–] indicate positive or negative evaluations of relationships with landlords, neighbours, *At-Home* and other personnel, or of housing. Each variable is rated on a sevenfold scale [++] [+] [(+)][ ] [(–)] [–] [– –] where [ ] represents no (or only neutral) information provided. Ambiguous cases are represented by [+/–] or [–/+], transition (with change) over time by [+>–] or [–>+] and no change from one period to another by [=(+)], [=] or [=(–)] depending on whether the stable state is positively, neutrally or negatively evaluated. This sevenfold scale was then translated into a number system ranging from [+3] to [–3] with [0] as the rating for no change. Perceived positive or negative change within the eighteen-month period (irrespective of the situation at base-line), coded as [+>–] or [–>+], is rated as [–1] or [+1], depending on whether the end state is negative or positive, while no change of a negatively evaluated situation is rated as [–1] and no change of a positively evaluated situation as [+1]. Ambiguously evaluated situations [+/–] or [–/+] are rated at [0] since the negative and positive values cancel each other out.

Table 1: Experimental group (high needs)
Perceived negative and positive outcomes after eighteen-months, by individual

Respondent #	18-month outcomes rating	Negative outcome	Positive outcome
40	**–13**	xxxxxxxxxxxxx	
09	**–10**	xxxxxxxxxx	
35	**–08**	xxxxxxxx	
31	**0**		
27	**0**		
22	**+02**		xx
15	+**10**		xxxxxxxxxx
04	+**20**		xxxxxxxxxxxxxxxxxxx

Table 2: Control group (high needs)
Perceived negative and positive outcomes after eighteen-months, by individual

Respondent #	18-month outcomes rating	Negative outcome	Positive outcome
33	**–12**	xxxxxxxxxxxx	
03	**–6**	xxxxxx	
36	**–3**	xxx	
29	**–2**	xx	
06	**0**		
26	**+1**		x
41	**+1**		x
14	**+6**		xxxxxx

Table 3: Experimental group (moderate needs)
Perceived negative and positive outcomes after eighteen-months, by individual

Respondent #	18-month outcomes rating	Negative outcome	Positive outcome
43	**–11**	xxxxxxxxxxx	
45	**–08**	xxxxxxxx	
02	**–05**	xxxxx	
24	**+02**		xx
12	**+02**		xx
25	**+05**		xxxxx
16	**+06**		xxxxxx
44	**+06**		xxxxxx
11	+**11**		xxxxxxxxxxx
39	+**11**		xxxxxxxxxxx
08	+**12**		xxxxxxxxxxxx
21	+**13**		xxxxxxxxxxxxx
46	+**14**		xxxxxxxxxxxxxx
05	+**15**		xxxxxxxxxxxxxxx
19	+**17**		xxxxxxxxxxxxxxxxx
37	+**19**		xxxxxxxxxxxxxxxxxxx
10	+**20**		xxxxxxxxxxxxxxxxxxxx
32	+**24**		xxxxxxxxxxxxxxxxxxxxxxxx
34	+**33**		xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Table 4: Control group (moderate needs)
Perceived negative and positive outcomes after eighteen-months, by individual

Respondent #	18-month outcomes rating	Negative outcome	Positive outcome
07	**–10**	xxxxxxxxxx	
01	**–08**	xxxxxxxx	
28	**–08**	xxxxxxxx	
13	**–06**	xxxxxx	
38	**–06**	xxxxxx	
17	**–05**	xxxxx	
23	**–03**	xxx	
42	**–01**	x	
30	**+01**		x
20	+**18**		xxxxxxxxxxxxxxxxx

These results indicate differences between high-needs groups and moderate-needs groups, in terms of perceived benefit obtained from participation in the project. The members of experimental groups with moderate needs perceive greater benefit than those with high needs, while the latter are less clearly distinguished from the control group. We could conclude that their high needs impose a heavier burden on these individuals, relating, for example, to the capacity to adjust, to relationships with others, and to exposure to prejudice and issues of self-confidence, and that the period of 18 months was not long enough to have a significant impact.

The startling result remains that relating to the difference between the moderate needs groups (experimental vs control). The benefit obtained by the moderate needs experimental group from their participation in the *At-Home* project appears to be considerable.

If there appear to be fairly clear differences between experimental and control groups in terms of what has happened in their lives over the past 18 months, there are notable exceptions on both sides. For example, one member of the control group with moderate needs, describes how his mental health had improved measurably since before the beginning of the project, based on a fresh diagnosis and treatment. This perceived improvement, that was already apparent in the interview at base-line, is seen as continuing, and the respondent reports positive outcomes in terms of reduced dependency on alcohol, improved mental health, improved financial circumstances, involvement in new projects, increasing sense of security and a stable relationship with a partner. The overall profile in this case corresponds to the majority of the profiles in the experimental moderate needs group and constitutes an exception among those with moderate needs and treatment as usual. There are four other cases in the control groups where participants end up in stable housing (or residential accommodation) with which they appear to be relatively satisfied – in spite of some complaint as to the rules to which they are subject or the space available. In each of these cases they refer to a serious physical health issue (a hip problem, paralysis or visual impairment) which appears to have contributed – in two cases *in extremis* –, to their being found housing.

There are also exceptional cases among the experimental groups. One female respondent in the high needs group (ACT) evaluates in a positive way her initial involvement in the project (with respect to housing, for example) but was subsequently caught up with by an abusive brother. The latter is described as forcing her to move to another apartment in a less desirable neighbourhood, and as re-establishing the old relationship of domination to which she attributes most of her problems. She mentions none of the positive outcomes described by other participants in the project, talking, in interview, of her suicidal tendencies:

> " J'ai le gout de tout prendre la médication, puis, puis me crisser, tout prendre de la médication, prendre de la boisson puis plus jamais me réveiller (09 **Élise** HN Exp)

Two similar cases involve women who have suffered long-term abuse or violence, either from childhood or at the hands of a spouse over a number of years. Both of them express appreciation for the support of the *At-Home* teams (ACT and ICM respectively), and one expresses pride in her apartment, but their past experience weighs heavily throughout their account of the 18-month period, notably in terms of depression, anxiety, fear and continuingly negative family relationships. They mention few positive outcomes. In two other cases, males with high needs and moderate needs respectively, seem to have remained throughout the 18-month period subject to the same mental health issues that predominated at base-line (according to their version of events). The worlds of both of them are strongly marked by a sense of paranoia, and the ACT and ICM teams are seen as being negatively disposed towards them. Again, there are few if any positive outcomes mentioned, although one of them seems to appreciate the fact of being housed.

These last five cases (three women and two men) make up five of the six participants in the experimental groups whose overall evaluation of their experience in the project is negative.

We could conclude that the violence and abuse to which certain women have been subject and the risk they run of finding themselves once again in an abusive relationship, require a type of intervention that is more adapted to their situation, notably in terms of protection. It would seem also that certain mental health problems – in this case, paranoia – can limit the success of this type of intervention, at least over the short time period of 18 months.

Conclusion

Over the 18-month period that was the object of the second series of interviews, there are thus marked differences between the experimental and control groups, and between the high needs and moderate needs experimental groups, in terms of respondents' perceptions. Having a home of one's own and more stable material conditions, having intensive support and recognition on the part of the ACT and ICM teams, not being subject to moral judgment on the part of the latter, and having to make one's own decisions appear to go together to produce the positive outcomes mentioned by the participants. Not the least of these positive outcomes for experimental group members is to have been able to overcome some of the stigmatisation and discrimination to which they are subject in their daily lives, notably in relation to access to – and stability in – housing, but also in relation to the access to other kinds of services. Discrimination in access to housing can be a major obstacle for homeless people on welfare, irrespective of their capacity to pay the rent. When such people also have mental health issues, access to decent housing can be highly problematic.[20]

The *Housing First* approach, as developed in the Montreal context, seems to have been successful for many of the participants, more especially for those with moderate needs in terms of mental health. That being said, some of the ingredients of that success are present in various ways in the variety of services that exist already. As mentioned above, 32% of all mentions of such services in the base-line narrative interviews are associated with positive evaluations, while 19% are negatively evaluated. Being treated as a human being and made to feel thereby that one "exists" in the eyes of others, while gaining access to needed services and, under certain conditions, housing, are at the heart of such positive evaluations. The results of the At-Home project in Montreal suggest that there is a significant advantage in concentrating these positively evaluated aspects in a single approach, but that wherever they exist, alone or in combination, they are key elements in the success of any intervention with respect to homelessness, and need to be recognized and supported.

[20] See McAll, Christopher, *et al*., *Au-delà du préjugé : trajectoires de vie, pauvreté et santé*, Québec : Les Presses de l'Université du Québec, 2012.